

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE GOLDEN STATE FINANCE AUTHORITY  
AND  
THE COUNTY OF LASSEN  
REGARDING A JAIL MEDICAL CARE FEASIBILITY STUDY  
FOR THE NORTH STATE REGION OF CALIFORNIA**

**THIS MEMORANDUM OF UNDERSTANDING ("MOU")** is dated March 17, 2026 and made between the **GOLDEN STATE FINANCE AUTHORITY ("GSFA")** and the **COUNTY OF LASSEN ("County")**. This MOU is made in reference to the following facts:

**RECITALS:**

- (a) GSFA is a joint powers authority organized and existing under Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code, exercising powers common to its forty member counties and all additional powers given to a joint powers entity under any of the laws of the State of California.
- (b) Under the Joint Exercise of Powers Act (Gov. Code, §§ 6500 et seq.), GSFA and County (collectively, the "Parties") are authorized to enter into an agreement to jointly exercise any power common to both entities.
- (c) GSFA, in consultation and coordination with County, issued a Request for Proposals for a Jail Medical Care Feasibility Study (RFP # 2025-GSFA-001, issued October 13, 2025) (the "RFP"), attached hereto as **Attachment A**.
- (d) GSFA received a response to the RFP (the "Proposal"), attached hereto as **Attachment B**, under which third-party consultant NCCHC Resources Inc. ("Consultant") will provide services to a group of counties in a designated region, as described in the RFP, (the "Designated Region"), including County, to conduct a feasibility study that evaluates alternative models for jail medical care delivery.
- (e) The Designated Region that County is a part of also includes the Counties of Del Norte, Humboldt, Modoc, Siskiyou, Tehama, and Trinity.
- (f) County desires for GSFA to contract with Consultant to provide the services described above to County.
- (g) Following execution of this MOU and agreements with the other counties in the Designated Region, GSFA will contract with Consultant and will facilitate the execution of the services in the Designated Region.
- (h) County will pay GSFA for a defined share of Consultant's services and GSFA will remit those payments to Consultant.

**THEREFORE, THE PARTIES SHALL JOINTLY EXERCISE THEIR COMMON POWER AS FOLLOWS:**

1. Recitals Incorporated. The above recitals are true and correct, and are hereby incorporated into this MOU.
2. Authority. This MOU is authorized by Government Code sections 6500 et seq. and Section 6 of that certain *Amended and Restated Joint Exercise of Powers Agreement* dated November 1, 2019.
3. Responsibilities of GSFA. GSFA shall do all of the following:
  - a. Upon execution of this MOU and agreements with all of the other counties in the Designated Region, GSFA shall engage Consultant to provide the services described in the RFP and Proposal.
  - b. GSFA shall facilitate Consultant's timely execution of those services by acting as an intermediary between County, other counties in the Designated Region, and Consultant; convening coordination meetings between county staff and the Consultant; and mediating any disputes between the Consultant and the counties in the Designated Region, or among those counties.
  - c. GSFA shall act as a pass through between County and Consultant for all amounts due to Consultant consistent with the terms of the RFP, Proposal, and any subsequent agreement GSFA shall enter into with Consultant. Upon receipt of an invoice from Consultant, GSFA shall bill County for its proportionate share of those costs, as described in Section 5. GSFA shall then remit those payments it receives from County to Consultant.
  - d. Except as provided in Section 5, GSFA shall bear all costs of administering this MOU and its agreement with Consultant, and County shall have no responsibility for those costs.
4. Responsibilities of County. County shall do all of the following:
  - a. County shall promptly pay to GSFA all undisputed payments billed to GSFA by Consultant, as described in Section 5.
  - b. County shall reasonably cooperate with Consultant and GSFA as Consultant provides the services described in the RFP and Proposal. This includes without limitation cooperating with Consultant to gather any information and documentation necessary to support Consultant's work.
5. Fiscal Provisions.
  - a. County and the other counties within the Designated Region have agreed to a cost allocation to pay for a fixed share of Consultant's services ("Cost Allocation"), attached hereto as **Attachment C**.
  - b. GSFA shall bill County a proportionate amount of the costs of services. Specifically, County's share of each bill shall be the percentage of the total costs for the Designated Region allocated to County in the Cost Allocation, divided by the total amount of all participating counties in the Designated Region.
  - c. As shown in the Cost Allocation, County's maximum not-to-exceed amount for the services described herein, absent subsequent written amendment of this MOU, is \$33,438.39.

- d. Consultant will bill GSFA for all services it performs pursuant to the RFP and Proposal. Consultant will not bill County for these services.
  - e. Upon receiving an invoice from Consultant for those services, GSFA shall bill County for those amounts due within 30 days of receipt of any such invoice.
  - f. County shall pay GSFA all amounts so billed within 30 days of receipt of an invoice from GSFA. Payments shall be made to "Golden State Finance Authority."
  - g. GSFA shall bear all costs incurred for work performed by officers, employees, or other staff of GSFA and its affiliates (including Rural County Representatives of California) related to the subject matter of this MOU.
  - h. County shall bear all costs incurred for work performed by County officers, employees, or other staff related to the subject matter of this MOU.
6. Term. This MOU shall become effective as of the date signed by both parties and shall remain in effect until the completion of the services described in the RFP and Proposal and shall remain in effect unless terminated pursuant to Section 7.
7. Termination. County acknowledges that GSFA will contract with Consultant in reliance on County executing this MOU, and that the services Consultant will perform for County shall also benefit other counties in the Designated Region. Therefore, neither County nor GSFA may unilaterally terminate this MOU for any reason.
- a. Termination for Cause by County. Should County identify cause for termination, including but not limited to nonperformance by Consultant or a clear likelihood that Consultant will be able to perform without increasing its fees beyond the amounts stated in the Cost Allocation, County shall notify GSFA in writing of its desire to terminate. GSFA, in coordination with the other counties in the Designated Region, shall then at its sole discretion determine whether cause for termination exists. If GSFA determines that causes for termination exists, it shall first attempt to address the causes for termination with Consultant, and if it is unable to do so terminate this MOU.
  - b. Termination for Cause by GSFA. Should GSFA identify cause to terminate its agreement with Consultant or cause to terminate this MOU, it shall promptly notify County of its intent to terminate this MOU. GSFA shall coordinate with the other counties in the Designated Region prior to taking any action to terminate its agreement with Consultant or this MOU. GSFA shall retain sole discretion for determining whether cause exists for termination of its agreement with Consultant or this MOU.
  - c. Effect of Termination with Another County. Should GSFA terminate its agreement with any other county in the Designated Region, GSFA shall promptly notify County and then coordinate with Consultant and County to identify a means of modifying its agreement with Consultant such that services may continue. GSFA shall then provide County the opportunity to modify or terminate this MOU due to any change in project scope or cost.

- d. In the event of cancellation of this MOU for any reason, GSFA shall promptly bill County for all outstanding amounts due, and County shall promptly pay those amounts. No additional costs shall accrue following termination of GSFA's agreement with Consultant.
8. Compliance with Law. GSFA and County shall perform all functions related to the services or activities described herein in accordance with all applicable federal, state, and local laws, ordinances, regulations.
9. Independent Contractor. GSFA shall, during the entire term of this MOU, be construed to be an independent contractor and nothing in this MOU is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which GSFA performs the services which are the subject matter of this MOU. GSFA and affiliate staff performing services under this MOU not be deemed employees of County for any purpose.
10. Mutual Indemnification. In lieu of and notwithstanding the pro rata risk allocation which might otherwise be imposed between the parties hereto pursuant to Government Code section 895.6, the parties agree that all losses or liabilities incurred by a party shall not be shared pro rata but instead the parties agree, pursuant to Government Code section 895.4, as follows:
- a. GSFA shall hold harmless, defend, and indemnify County, its agents, officers, and employees, against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees, expert fees, litigation costs, and investigation costs), damages, judgments or decrees by reason of any person's or persons' bodily injury, including death, or property (including property of County) being damaged by the negligent acts, willful acts, or errors or omissions of GSFA, or any person employed by or under GSFA in any capacity, during the provision of services provided for herein, except when the injury or loss is caused by the sole negligence or intentional wrongdoing of County.
- b. County shall hold harmless, defend, and indemnify GSFA, its agents, officers, and employees, against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees, expert fees, litigation costs, and investigation costs), damages, judgments or decrees by reason of any person's or persons' bodily injury, including death, or property (including property of GSFA) being damaged by the negligent acts, willful acts, or errors or omissions of County, or any person employed by or under County in any capacity, during the provision of services provided for herein, except when the injury or loss is caused by the sole negligence or intentional wrongdoing of GSFA.
12. Insurance. GSFA and County shall each secure and maintain in full force and effect during the full term of this agreement commercial general liability insurance or participation in a self-insurance program with limits of liability of not less than \$1 million combined single limit bodily injury and property damage. Policies shall be written by carriers reasonably satisfactory to each party. On request, a

certificate evidencing the insurance requirements of this paragraph shall be provided.

12. No Third Party Beneficiary. Except as stated in Paragraph 7 (Termination), nothing in this MOU shall be construed to create any rights of any kind or nature in any other party not a named party to this MOU.
13. Authorization. Each party executing this MOU and each person executing this MOU in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purporting to act.
14. Entire Agreement/Amendments. This MOU supersedes all previous agreements or understandings, and constitutes the entire understanding between the parties with respect to the above referenced services, terms of compensation, and otherwise. This MOU shall not be amended, except in a writing that is executed by authorized representatives of both parties.
15. Governing Law and Venue. This agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Sacramento County, California.
16. Notices. Any notice required to be given pursuant to the terms and provisions of this MOU shall be in writing and shall be sent first class mail to the following addresses:

GSFA: Golden State Finance Authority  
Attn: Executive Director  
1215 K Street, Suite 1650  
Sacramento, CA 95814

County: Lassen County Administrative Services  
221 S. Roop Street, Suite 4  
Susanville, CA 96130

**IN WITNESS WHEREOF**, GSFA and County have executed this Memorandum of Understanding on the day and year set forth below.

Date: \_\_\_\_\_ **GOLDEN STATE FINANCE AUTHORITY**

By: \_\_\_\_\_  
**Executive Director**

Date: \_\_\_\_\_ **LASSEN COUNTY**

By \_\_\_\_\_  
**Chair, Board of Supervisors**

APPROVED AS TO FORM:



\_\_\_\_\_  
County Counsel



\_\_\_\_\_  
GSFA General Counsel

**ATTACHMENT A**

Request for Proposals # 2025-GSFA-001  
Including Addendum #1 thereto

**ATTACHMENT B**

Consultant Proposal

# **ATTACHMENT C**

## **Cost Allocation**



Request for Proposals (RFP)

Jail Medical Care Feasibility Study  
RFP # 2025-GSFA-001

Release Date: October 13, 2025

Issued By:  
Golden State Finance Authority (GSFA)  
1215 K Street, Suite 1650  
Sacramento, CA 95814

Responses due: December 12, 2025 @ 5:00pm Pacific Time

Dear Applicant,

The Golden State Finance Authority (GSFA) invites you to submit a proposal to conduct a feasibility study on long-term alternatives for jail medical care across one or more of five identified regions within California. This Request for Proposals (RFP) outlines the requirements for your proposal.

This RFP is part of a competitive process to identify a qualified consultant or team of consultants with expertise in correctional healthcare systems, regional service delivery, and cost-benefit analysis. The selected consultant(s) will evaluate the feasibility of different medical care delivery models across multiple counties and prepare regional reports to inform future local decision-making.

This public process is designed to provide transparency and accountability for participating counties. Following the close of the bidding period, submitted proposals will be reviewed and evaluated according to the criteria outlined in this RFP. Please review the confidentiality provisions carefully and direct any questions to GSFA in advance of submitting any documentation you consider proprietary or confidential.

**SUBMISSION DEADLINE:**

**Interested parties must submit a Notice of Intent to Respond in order to participate in this RFP process. Final proposals must be received by 5:00 P.M. Pacific Time on December 12, 2025. Late submissions will not be considered.**

Please direct all questions via email to Jason Hansen ([jhansen@rcrcnet.org](mailto:jhansen@rcrcnet.org)) and Eric Will ([ewill@rcrcnet.org](mailto:ewill@rcrcnet.org)). Answers to all questions will be shared with interested parties by the method and in accordance with the schedule outlined in the RFP.

We look forward to receiving your proposal and working together to explore innovative and sustainable solutions for regional jail medical care in California.

Sincerely,  
Patrick Blacklock  
Executive Director  
Golden State Finance Authority

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## **1. Background Information**

### **1.1 The Entity**

The Golden State Finance Authority (GSFA) is a duly constituted joint powers authority and public agency established in 1993 under Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the California Government Code. GSFA operates governmental programs and projects to promote public safety and economic development, among public purposes.

GSFA's membership is composed of 40 California counties. Each member county appoints one elected Supervisor from its Board of Supervisors to serve on the GSFA Board of Directors, which governs the agency.

GSFA administers a range of programs focused on infrastructure, housing, energy, and public services. As part of its commitment to strengthening service delivery and regional collaboration, GSFA is administering this RFP on behalf of participating counties to evaluate long-term alternatives for the delivery of jail medical care.

In this role, GSFA will serve as the contracting entity, facilitate the evaluation and selection process, and act as the fiscal intermediary for compensating the selected consultant using funds contributed by participating counties.

### **1.2 The Project**

Counties throughout California are increasingly challenged by the rising cost and complexity of providing legally required medical care to individuals in county jails. Many counties are experiencing staffing shortages, rising contract costs, uneven access to behavioral health and specialty services, and difficulty maintaining compliance with state and national care standards. These issues are particularly pronounced in rural and medium-sized counties, where scale, geography, and resource limitations create barriers to service delivery.

In response to these concerns, GSFA has convened five regional task forces composed of County Executive and Administrative Officers (CEOs and CAOs) to explore long-term alternatives for delivering jail medical care. Each task force represents a distinct geographic region of California (See Exhibit A: Map) and includes counties that have expressed interest in exploring regional collaboration as a strategy for improving service delivery, quality of care, and cost-efficiency.

This RFP is being issued to procure a qualified consultant, or team of consultants, to conduct a feasibility study that evaluates alternative models for jail medical care delivery.

The selected consultant(s) will conduct a comprehensive analysis within each of the five regions, including a needs assessment, model evaluation, and cost-benefit analysis. Deliverables will include five distinct regional feasibility reports to support each task force's efforts to make informed decisions about the future of jail medical services in their region.

The overarching goal of this initiative is to identify realistic and sustainable alternatives that improve healthcare outcomes, enhance operational efficiency, and maintain compliance with best

practices and legal mandates. By evaluating the potential for regional coordination, counties aim to leverage shared resources while maintaining local control and accountability.

### **County Participation and Regional Approach**

This feasibility study is being conducted in partnership with counties across five defined regions of California. Each region comprises counties that have voluntarily joined a regional task force convened by GSFA. The counties participating in each task force have expressed a shared interest in exploring regional strategies to improve the delivery, cost-effectiveness, and quality of jail medical care.

The regions and their participating counties are as follows:

- **North State Region:** Del Norte, Humboldt, Lassen, Modoc, Siskiyou, Tehama, and Trinity Counties
- **Bay Area Region:** Napa, Solano, and Sonoma Counties
- **Central Coast Region:** San Luis Obispo, Santa Barbara, and Ventura Counties
- **Sacramento/Sierra Region:** Colusa, El Dorado, Glenn, Lake, Mono, Placer, Sutter, Yolo, and Yuba Counties.
- **Central Valley Region:** Fresno, Kings, Madera, and Merced Counties

While counties are grouped regionally to support collaboration and potential shared service models, each county retains full discretion over its participation in future implementation activities. The feasibility study is intended to provide each task force with data-driven insights and practical options tailored to both regional and local contexts.

Respondents to this RFP may submit proposals to serve one or more regions. GSFA encourages submissions from consultants capable of delivering a comprehensive study across all five regions, with pricing and deliverables broken down by region. While preference may be given to respondents capable of completing the full scope of work across all five regions, GSFA reserves the right to award partial proposals, including selecting one or more respondents to serve individual regions. This may include awarding only portions of a proposal or issuing multiple awards across different geographic regions if doing so better serves the needs of participating counties.

The consultant(s) selected through this process will be expected to produce a separate feasibility report for each region, with the flexibility to incorporate any additional county-specific considerations identified by individual task forces.

### **Current Challenges in Jail Medical Service Delivery**

Counties across California are facing a growing set of challenges in delivering mandated medical care to individuals housed in county jails. These challenges vary by jurisdiction but often include common themes such as:

- Staffing shortages
- Escalating contract costs
- Limited access to behavioral health services

- Operational inefficiencies
- Difficulty maintaining compliance with state requirements and national standards
- Increased litigation and liability risks related to inadequate or delayed care
- 

## 2. Key Information

### 2.1 Administrative Guidance

This RFP is intended to provide interested parties (referred to as "respondents") with sufficient information to prepare and submit a proposal that is responsive to the goals and requirements set forth by GSFA. This RFP is not intended to limit creative solutions or disqualify respondents who may propose innovative approaches to the scope of work. Respondents who believe they can fulfill the objectives of the RFP using alternative methods or models are encouraged to provide clear justification and documentation to support those proposals.

Respondents are advised of the following responsibilities:

- Review the entire contents of this RFP carefully, including all instructions, requirements, and attachments.
- Ensure that all required components of the proposal are completed and submitted by the deadline.
- Submit questions by the specified deadline if clarification is needed regarding any part of the RFP.
- Avoid including conditional statements, assumptions, or exceptions that may conflict with the intent of the RFP.
- Ensure that all information provided is accurate, complete, and appropriately documented.

This procurement process is designed to promote fairness, transparency, and the selection of a qualified consultant(s) that can deliver high-quality work on behalf of participating counties. GSFA reserves the right to modify or cancel any portion of this RFP at any time before contract execution.

### 2.2 Confidentiality

All submissions, including all supporting documentation, become public after contracts are awarded. GSFA reserves the right to delay release of these records to other bidders or the public until the contract award date.

GSFA is subject to the California Public Records Act (Government Code section 7920.000 et seq.) ("PRA"), which provides public access to all records in GSFA's possession – including submissions for this RFP. Everything submitted to GSFA is presumptively a public record. Such disclosure may be made regardless of whether the proposal (or portions thereof) is marked "confidential," "trade secret," "proprietary," or otherwise, and regardless of any statement in the proposal (a) purporting to limit the GSFA's right to disclose information in the proposal, or (b) requiring GSFA to inform or obtain the consent of the Proposer prior to the disclosure of the proposal (or portions thereof).

Exceptions to disclosure are those parts or portions of a proposal that are justifiably defined as business or trade secrets, as determined by GSFA its sole discretion, and are plainly marked by the Proposer as “confidential,” “trade secret,” or “proprietary.”

GSFA will not, in any way, be liable or responsible for the disclosure of any such record or any parts thereof, if disclosure is required or permitted under the California Public Records Act or otherwise by law, as determined by GSFA in its sole discretion. A blanket statement of confidentiality or the marking of each page of the proposal as confidential will not be deemed sufficient notice of exception. The Proposers must specifically label only those provisions of their respective proposal which are “confidential,” “trade secret,” or “proprietary” in nature.

In the event GSFA is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked “confidential,” “trade secret,” or “proprietary,” Proposer agrees to defend and indemnify GSFA from all costs and expenses, including reasonable attorneys' fees, incurred in connection with any action, proceedings, or liability arising in connection with the Public Records Act request.

### **2.3 Proposal Preparation Costs**

GSFA is not liable for any cost incurred by the respondent associated with the preparation of their proposal nor the negotiation of a contract for services prior to the issuing of the contract.

### **2.4 Proposal Terms**

By submitting a proposal in response to this RFP, the respondent agrees to the terms and conditions set forth in this document. Respondents are responsible for understanding all requirements, obligations, and expectations outlined in the RFP, as well as any subsequent addenda issued prior to the final submission deadline.

Submission of a Notice of Intent to Respond is required. Any proposals submitted without such notice may be subject to disqualification or may not be reviewed. It is the responsibility of the respondent to ensure that all required materials, including supplemental documentation, are submitted to GSFA by the final deadline specified in this RFP. Conditional responses may be rejected.

Participation in this RFP process does not create an obligation on the part of GSFA to award a contract. GSFA reserves the right to reject any or all proposals, and to request clarification or additional information from respondents at any point during the review process. GSFA also reserves the right to modify the scope of work, timeline, or evaluation process if it is determined to be in the best interest of the participating counties.

All terms and conditions set forth in this RFP, and any attachments or exhibits, will be incorporated into the final agreement with the selected consultant unless otherwise modified by mutual written agreement. In submitting a bid, Respondent agrees to enter into an agreement on a form prepared by GSFA consistent with the provisions of this RFP.

## **3. Administrative Requirements**

### 3.1 Legal Requirements and Attestations

Respondents must include the following documentation and attestations as part of their submission:

- **Proof of Legal Entity:** Provide documentation verifying that the respondent is legally authorized to do business in the State of California.
- **Insurance Requirements:** Confirm that the respondent holds, or will obtain prior to contract execution, insurance at the coverage levels described in 3.2, below.
- **Non-Discrimination Assurance:** Certify that the respondent does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability, or other legally protected class in employment practices or service delivery.
- **Litigation Disclosure:** Disclose any current or recent litigation or legal claims filed against the respondent or key personnel within the past three years that could affect the organization's capacity to perform the scope of work.
- **Regulatory Compliance:** Attest that the respondent will comply with all applicable federal, state, and local laws and regulations throughout the duration of the contract, including the Public Records Act.
- **Subpoena and Legal Cooperation Clause:** Acknowledge that any materials submitted or communications with GSFA may be subject to subpoena or public records requests, and agree to cooperate fully in any resulting legal or compliance matters.

These requirements are intended to ensure that the selected consultant(s) possess the legal and operational capacity to fulfill the obligations of the contract in a public sector environment.

### 3.2 Insurance Requirements

A Respondent awarded a contract pursuant to this RFP must take out and maintain during the life of said agreement the following policies of insurance:

1. **Commercial General Liability (CGL):** Coverage on an "occurrence" basis, including products and completed operations, property damage, bodily injury, and personal and advertising injury with limits not less than \$1,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** Coverage for any auto, or if Contractor has no owned autos, covering hired and non-owned autos, with limits not less than \$1,000,000 per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
4. **Professional Liability (Errors and Omissions):** Insurance appropriate to the Contractor's profession, with limit no less than \$1,000,000 per occurrence or claim and \$2,000,000 aggregate.

## 4. Submission

#### **4.1 Notice of Intent to Respond**

A notice of intent to submit a proposal, including the name and contact information for a primary contact, must be provided via email to **both Eric Will ([ewill@rcrcnet.org](mailto:ewill@rcrcnet.org)) and Jason Hansen ([jhansen@rcrcnet.org](mailto:jhansen@rcrcnet.org))** by **5:00 P.M. Pacific Time on October 27, 2025**. Any proposals submitted without the respondent providing this notice by the due date may not be considered.

#### **4.2 Questions**

Any questions pertaining to the RFP must be submitted via email and can be submitted at any point up to the question deadline: **5:00 P.M. Pacific Time on November 12, 2025**. GSFA shall provide a summary of all questions and GSFA's response to all respondents who have submitted an Intent to Respond after the period for questions has passed. Responses to questions will be issued as an addendum to this RFP and will be a binding component of this RFP.

Respondents requiring clarification on the intent, terms and conditions, content of this RFP, or on procedural matters regarding the competitive bid process may request clarification by submitting questions in writing to GSFA. Respondents must submit all questions via email to **both Eric Will ([ewill@rcrcnet.org](mailto:ewill@rcrcnet.org)) and Jason Hansen ([jhansen@rcrcnet.org](mailto:jhansen@rcrcnet.org))**. Only questions submitted in writing to this email address shall be binding and official.

If a respondent who desires clarification or further information on the content of the solicitation, but whose questions relate to the proprietary aspect of its proposal and disclosure exposes its proposal to other bidders, the question may be submitted using the same criteria above with the notation "CONFIDENTIAL." The respondent must explain why the question is sensitive in nature. If GSFA, in its sole discretion, concurs that the disclosure of the question or answer would expose the proprietary nature of the proposal, the question will be answered, and both the question and answer will be confidentially maintained. If GSFA does not concur with the proprietary aspect of the question, the question and answer will not be confidentially maintained, and the respondent will be notified.

#### **4.3 Form of Submission**

The preferred method of submission is email. Electronic submissions should be submitted in a searchable portable document file (PDF) format, though files may also be submitted in their native format for readability, such as Microsoft Excel files for data tables. If a respondent is unable to provide a submission via email due to technical considerations means, they may do so with GSFA's consent and by alternative means acceptable to GSFA.

It is the respondent's responsibility to ensure its proposal is submitted in a manner that enables GSFA to easily locate responses to all requirements in the Scope of Work (see Section 6), descriptions, and supporting documentation.

Final submissions must include a cover letter signed by an individual authorized to bind the respondent's organization contractually. The signature block must indicate the title or position that the individual holds in the organization. An unsigned final proposal may be rejected. Signatures may be scanned copies of wet signatures or digital signatures made consistent with Government Code section 16.5, as interpreted by Chapter 10 of Division 7 of Title 2 of the

California Code of Regulations. Digital signatures created in Adobe software are presumed to comply with this requirement.

A respondent is responsible for ensuring all submission material is submitted by the deadline, whether submitted via email or as hard copy. Please submit applications via email to **both Jason Hansen ([jhansen@rcrcnet.org](mailto:jhansen@rcrcnet.org)) and Eric Will ([ewill@rcrcnet.org](mailto:ewill@rcrcnet.org))**. For hard copy submissions that have received GSFA's consent, please mail to the following address:

1215 K Street, Suite 1650  
Sacramento, CA 95814

#### **4.4 Withdrawal and Resubmission**

A respondent may withdraw its final submission at any time prior to the submission deadline, by submitting a written notification of withdrawal via email signed by an authorized representative of the respondent. The respondent may thereafter submit a new or modified proposal prior to the respective submission deadline. Modification offered in any other manner, oral or written, will not be considered. Other than as allowed by law, final proposals cannot be changed or withdrawn after the submission deadline date and time.

#### **4.5 Irrevocable Offer**

A respondent's final submission is an irrevocable offer for 60 days from the scheduled contract award date. A respondent may extend the offer in the event of a delay of contract award. Offer extensions must be confirmed in writing via email sent to GSFA signed by an authorized representative of the respondent.

#### **4.6 Additional Information Requests**

Prior to the award of contract(s), GSFA must be assured that a selected respondent has the resources to successfully perform under the contract. This includes, but is not limited to, personnel in number and requisite skill; equipment of appropriate type and quantity; financial resources sufficient to complete performance under the contract; and experience in similar endeavors. If, during the evaluation process, GSFA is unable to assure itself of the respondent's ability to perform under the contract if awarded, GSFA has the option of requesting from the respondent any information that GSFA deems necessary to determine the respondent's responsibility. If such information is required, the respondent will be so notified and will be permitted five (5) business days to submit the information requested in writing.

#### **4.7 Contract Award**

Contracts are anticipated to be awarded on **January 26, 2026**, but this date is subject to change at GSFA's sole discretion. Should GSFA award the contract at a date following the Bid Irrevocability Period and the selected Proposer opts not to accept the award at that time, GSFA may award the contract to another Proposer, or reject all remaining proposals and reissue the RFP, in its sole discretion.

#### **4.8 RFP Schedule**

This RFP follows a 60-day proposal window. Final submissions to this RFP must be submitted via email by 5:00 P.M. Pacific Time on **December 12, 2025**.

<b>RFP Process</b>	<b>Date</b>
RFP issued	October 13, 2025
Deadline to provide notice of intent to respond	October 27, 2025
Deadline for question submissions	November 12, 2025
Deadline for final submissions	December 12, 2025
Anticipated contract award	January 26, 2026
Offer irrevocability period ends	March 27, 2026

## 5. Evaluation

This section presents the evaluation process and scoring procedures GSFA will follow to evaluate proposals submitted in response to this solicitation. The evaluation process is designed to allow GSFA to determine whether each respondent is responsive and responsible, and which proposal best meets the needs of participating counties and provides the best value overall. A responsive proposal is one that best meets all the requirements set forth in this solicitation.

### 5.1 Point Distribution Matrix

All proposals will be assigned points according to the following matrix. The matrix identifies each evaluation component, the scoring methodology, and the maximum points available for scored components. Each evaluation component relates to a requirement from this RFP, as noted.

<b>Evaluation Component</b>	<b>Maximum Score</b>
Legal Requirements and Attestations (3.1)	Pass/Fail
Notice of Intent to Respond Submitted (4.1)	Pass/Fail
Submission Validation (4.3)	Pass/Fail
Administrative Information (6.1)	10 Points
Regional Needs Assessment (6.2)	10 Points
Model Evaluation and Comparative Analysis (6.3)	15 Points
Performance and Compliance Criteria Review (6.4)	10 Points
Comparative Cost Summary and Fiscal Considerations (6.5)	10 Points
Implementation Roadmap and Risk Considerations (6.6)	5 Points
Regional Reporting and Presentation Requirements (6.7)	5 Points
Consultant Qualifications and Staffing Plan (6.8)	10 Points
Proposal Narrative Format and Completeness (Section 7)	5 Points
Regional Coverage Incentive (proposal covers multiple regions)	10 Points
Proposal Cost and Fiscal Reasonableness	10 Points
<b>Total Maximum Score</b>	<b>100 Points</b>

### 5.2 Scoring

GSFA will review each proposal in detail to determine its compliance with the solicitation requirements. GSFA reserves the right to use multiple means to validate and determine the respondent's response to a requirement. This may be through details in its description and/or supporting documentation provided or material that is publicly available, that may either support or contradict the respondent's claim of intended compliance.

### **5.3 Minimum Point Threshold**

A respondent must pass all pass/fail components and score at least 50 points to be awarded a contract. Failure to meet this requirement will disqualify the requester.

### **5.4 Award Determination**

GSFA may award one or more contracts based on the proposals received and the regions proposed to be served. While preference may be given to respondents capable of completing the full scope of work across all five regions, GSFA reserves the right to award partial proposals, including selecting one or more respondents to serve individual regions. This may include awarding only portions of a proposal or issuing multiple awards across different geographic regions if doing so better serves the needs of participating counties.

Contracts will be awarded in descending order of total score, as determined by GSFA, in its sole discretion, through the evaluation process described in Section 6. Proposals must meet all pass/fail criteria and achieve a minimum threshold score to be considered for award.

Respondents should also acknowledge that GSFA may conduct a post-scoring, pre-award negotiation phase with one or more top-ranked proposers. This phase may be utilized to clarify cost proposals, adjust deliverables, or align contractual terms to ensure the final award best meets the needs of participating counties and provides the best value overall.

The final award(s) will also be subject to review and input from participating counties, and may take into account considerations such as regional alignment, cost-effectiveness, consultant availability, and demonstrated understanding of county-specific priorities.

GSFA reserves the right to make no award, to negotiate with one or more respondents, or to reissue the RFP if it determines that doing so is in the best interest of the project or participating counties.

### **5.5 Rights Conferred**

An award under this RFP does not confer any exclusive right to future contracts, project implementation, or continuation beyond the scope of work defined herein. The contract resulting from this RFP shall not establish any claim, interest, or entitlement to future work with GSFA, participating counties, or their affiliates.

GSFA reserves the right to issue additional solicitations, engage other consultants, or modify the project approach at its discretion. Similarly, participating counties retain full authority to pursue separate or alternative strategies based on the findings of the feasibility study.

### **5.6 Protests**

GSFA's Executive Director will make the final decision regarding selection of one or more Proposers and award of contract(s). This determination is final and conclusive. This procurement process does not include any provision to protest either the process or resulting contract award(s). **The venue for any action or proceeding relating to this procurement process will be Sacramento, California.**

All submissions must address each of these requirements and include all requested information. Narrative descriptions must be clear and apply directly to the solicitation requirements. Any documentation necessary to support narrative descriptions must be included in the submission. Any conflicting information may result in the proposal being deemed non-responsive and may result in the Bidder being disqualified.

## 6. Scope of Work

All submissions must address each of these requirements and include all requested information. Narrative descriptions must be clear and apply directly to the solicitation requirements. Any documentation necessary to support narrative descriptions must be included in the submission. Any conflicting information may result in the proposal being deemed non-responsive and may result in the Bidder being disqualified.

GSFA may reject any or all proposals and may waive any immaterial deviation or defect in a proposal. GSFA's waiver of any immaterial deviation or defect shall in no way modify the solicitation documents or excuse the respondent from full compliance with the solicitation specifications if awarded the contract.

**The awarded consultant(s) must complete all work within 12 to 24 months of contract execution, with the exact duration determined by the number of regions covered in the scope of work, unless an extension is approved in writing by GSFA.**

### 6.1 Administrative Information

Respondents must include the following administrative details in their proposal:

- **Primary Contact Information:** Provide the name, title, organization, phone number, and email address for the individual authorized to act on behalf of the respondent.
- **Proposed Project Team:** List all key personnel who will be assigned to the project, including roles and responsibilities. Resumes or bios must be included in an appendix.
- **References:** Provide a minimum of three (3) professional references from prior clients, preferably public sector or corrections-related engagements, who can speak to the respondent's qualifications, performance, and integrity.
- **Regional Coverage:** Indicate the region(s) the respondent is proposing to serve. Respondents may submit a single proposal covering one or more regions, but must provide distinct cost estimates and work plans for each.
- **Project Management Approach:** Include a brief description of how the respondent will manage communications, timeline tracking, and quality control.

Respondents should also acknowledge their understanding that GSFA will serve as the contract administrator and fiscal agent, but that project funding will be provided by participating counties. All work and deliverables must be completed in coordination with GSFA and designated points of contact within each regional task force.

## 6.2 Regional Needs Assessment

The selected consultant will be responsible for conducting a comprehensive needs assessment within each of the covered regions. This task will involve gathering and synthesizing information from participating counties to understand the current landscape of jail medical care delivery, including the structure, scope and performance of existing arrangements.

At a minimum, the needs assessment must include the following elements:

- **Inventory of Existing Service Models:** Identify and describe the current medical care delivery approach used in each participating county.
- **Contractual and Operational Overview:** Collect and summarize available data on existing contracts (where applicable), including service providers, contract scope, staffing levels, performance metrics, costs, and renewal timelines. Consultants are expected to engage with county staff to obtain this information, subject to confidentiality limitations.
- **Identification of Shared Challenges and Gaps:** Document common operational or systemic challenges faced by counties in the region, including but not limited to workforce shortages, limited behavioral health coverage, inconsistent service levels, or difficulties with care coordination and compliance.
- **Stakeholder Engagement Summary:** Summarize findings from interviews or meetings with county representatives, jail administrators, health services staff, and other key stakeholders. The consultant is expected to work collaboratively with each regional task force to schedule and conduct these engagements.

The needs assessment must be tailored to each region and reflect both individual county conditions and collective trends. The findings will form the basis for the subsequent comparative model evaluation and recommendations.

## 6.3 Model Evaluation and Comparative Analysis

Based on the findings of the regional needs assessment, the consultant will evaluate the feasibility, strengths, and limitations of multiple models for jail medical care delivery. At a minimum, this evaluation must include the following three core models:

1. **County-Operated (In-House) Model**
2. **Contracted Medical Services Model**
3. **Regional Joint Powers Authority (JPA) or Shared Contract Administration Model**
  - Under a JPA, service delivery could include the direct provision of medical services by the JPA entity itself, or a shared administrative structure focused on regional contract procurement, vendor oversight, and performance monitoring.

Respondents are encouraged to evaluate additional models or hybrid approaches, particularly if informed by regional conditions, stakeholder feedback, or innovations in correctional healthcare delivery.

The consultant must assess each model across a consistent set of criteria, tailored to the needs of each region. At a minimum, the evaluation should include the following elements:

- **Operational Feasibility:** Evaluate whether each model can be implemented in the context of the region's current capacity, staffing, administrative infrastructure, and geographic characteristics.

- **Staffing and Workforce Considerations:** Assess the viability of recruiting, retaining, and managing appropriate clinical and administrative personnel under each model, including the potential for shared or pooled staffing in regional approaches.
- **Legal and Governance Frameworks:** Identify the legal authorities, liabilities, and governance structures associated with each model. For the JPA or shared services model, describe the required legal steps and institutional agreements needed for implementation.
- **Administrative Complexity and Oversight Requirements:** Compare the level of administrative effort, oversight, and inter-agency coordination required for each model. Highlight where resource or capacity gaps may exist.
- **Scalability and Flexibility:** Evaluate how adaptable each model would be to changes in jail population, medical needs, or funding availability.
- **Alignment with County Preferences:** To the extent possible, reflect the perspectives of participating counties regarding their interest in or concerns about each model, based on stakeholder input collected during the engagement process.

The consultant will be expected to provide a side-by-side comparative analysis of the selected models, supported by qualitative findings and, where appropriate, quantitative indicators. This comparative framework will serve as the foundation for the cost-benefit analysis and implementation planning to follow.

#### **6.4 Performance and Compliance Criteria Review**

The consultant will assess the ability of each proposed service delivery model to meet established standards of care and comply with relevant regulatory requirements. This includes evaluating how each model supports the delivery of safe, high-quality, and legally compliant jail medical services.

At a minimum, the consultant must review each model's potential to satisfy the following performance and compliance criteria:

- **Standards of Care Compliance:** Assess each model's potential to support the development and maintenance of a jail medical care system that meets accreditation standards established by nationally recognized entities, such as the National Commission on Correctional Health Care (NCCHC). Evaluation should also include compliance with applicable California regulations governing medical and behavioral health services in county detention settings. Applicable standards will vary based on local policies and/or federal consent decrees. Consultants must work with each participating county to ascertain local standards, and every proposed model must demonstrate how it will meet these requirements.
- **Staffing Ratios and Coverage:** Assess each model's capacity to meet minimum staffing expectations based on average daily jail population and patient acuity. This includes primary care, behavioral health, dental, and nursing coverage, as well as provisions for 24/7 on-call or in-facility care.
- **Range of Required Services**  
Determine whether each model can deliver or coordinate access to a full continuum of care, including at a minimum but not limited to:
  - Primary and urgent medical care
  - Behavioral health services (including 24/7 response where applicable)

- Dental services
- Medication management
- Telehealth capabilities
- Specialty referrals and off-site transport coordination
- Medication Assisted Treatment
- **Continuity and Quality Assurance:** Examine the systems and policies within each model for medical recordkeeping, care continuity (including during intake and release), patient complaint resolution, and ongoing quality assurance. Assess how oversight responsibilities would be structured, particularly in shared or regional models.
- **Risk Mitigation and Liability Management:** Review how each model mitigates risks related to inadequate care, delayed treatment, staffing failures, and non-compliance with court mandates or legal settlements. This includes consideration of potential exposure to litigation and the capacity for effective monitoring and intervention.

This review should be completed for each region independently, informed by the findings of the needs assessment and with attention to the practical realities of implementation. Where possible, the consultant should provide examples or benchmarks from comparable counties or jurisdictions.

## 6.5 Comparative Cost Summary and Fiscal Considerations

The consultant will develop a high-level comparative summary of the estimated costs and fiscal implications of each service delivery model evaluated. This summary should consolidate relevant financial insights from the needs assessment, model analysis, and performance review to support county decision-making.

At a minimum, the summary must include:

- **Estimated Cost Ranges by Model:** Provide cost estimates for implementation and ongoing operations, including where applicable, startup costs, staffing expenses, administrative overhead, and infrastructure needs. Estimates should be provided for each region individually.
- **Potential Cost Efficiencies or Shared Savings:** Highlight areas where regional or shared service models may yield cost savings through economies of scale, shared staffing, or streamlined administration.
- **Cost-Sharing Considerations:** Outline possible frameworks for apportioning costs among participating counties, including equal-share or population-based models. Identify any region-specific constraints or opportunities.
- **Funding and Sustainability Notes:** Identify potential funding mechanisms that could support implementation.

## 6.6 Implementation Roadmap and Risk Considerations

The consultant will develop an implementation roadmap for the recommended service delivery model(s) in each region, offering a practical pathway for counties to move from current conditions to the selected future state. This roadmap should account for the varying levels of readiness among participating counties and reflect the administrative, operational, and legal steps required to transition to a new model.

Each roadmap should include a proposed timeline that outlines major milestones, including planning, procurement, contract development, staffing and onboarding, service startup, and evaluation checkpoints. The timeline should clearly distinguish between tasks that are region-wide and those that must be completed by individual counties.

In addition to sequencing, the roadmap must highlight key risks that could delay or compromise implementation. These may include regulatory delays, labor shortages, inter-county coordination challenges, liability concerns, or resistance to operational change. For each identified risk, the consultant should recommend mitigation strategies that counties may adopt during planning and early execution phases.

This section is intended to translate analysis into action. By providing a practical, region-specific guide to implementation, the consultant will help ensure that recommendations can be realistically pursued and sustained over time. The implementation roadmap and any associated recommendations are advisory only. Deliverables intend to inform future policy officials by county officials.

### **6.7 Regional Reporting and Presentation Requirements**

The consultant will be required to deliver a final report for each participating region, summarizing all findings, analyses, and recommendations as outlined in this Scope of Work. Each report must be tailored to the specific conditions, needs, and stakeholder input of the region and must be formatted to support use by county administrative officers, boards of supervisors, and other relevant local decision-makers.

In addition to the written deliverables, the consultant will be expected to present the findings of each regional study to the respective task force in a formal meeting setting. Presentations should highlight key takeaways from the needs assessment, comparative model analysis, cost and compliance findings, and implementation roadmap. The consultant must be prepared to respond to clarifying questions and discuss options or considerations that may not be captured fully in the written report.

To support regional alignment and transparency, each report should also include an executive summary, visual aids such as comparison tables or graphics, and appendices for any technical or background materials. The consultant should work with GSFA and county liaisons to ensure that each region has the opportunity to request refinements, offer feedback, or flag any region-specific issues for clarification prior to final submission. Final regional reports, presentations, and supporting materials will present findings and recommendations for consideration by County Administrative/Executive Officers and Boards of Supervisors. Recommendations are non-binding and are intended to support informed decision-making.

### **6.8 Consultant Qualifications and Staffing Plan**

Respondents must demonstrate that they possess the expertise, organizational capacity, and professional experience necessary to complete the scope of work across multiple counties and regions. Proposals must include a staffing plan that identifies the personnel who will be assigned to the project and describes their roles, qualifications, and availability.

At a minimum, the consultant team must include personnel with expertise in correctional health care systems, public sector procurement and contracting, and regional service delivery models. Experience working with California counties, particularly in the areas of jail operations, medical care, behavioral health, or intergovernmental collaboration, is strongly preferred.

The staffing plan must identify the lead project manager and any subject matter experts or support staff who will be regularly engaged in the work. For each individual, include a brief summary of qualifications and describe their specific role in executing the scope of work. Resumes or professional bios should be provided in an appendix.

Respondents must also confirm their availability to support the project over the anticipated duration, including participation in regional meetings, stakeholder engagements, and presentation of findings. If subcontractors or partner firms will be used, clearly indicate their roles and the nature of the relationship with the lead consultant.

Proposals will be evaluated on both the strength of the team's qualifications and the feasibility of the staffing plan in delivering timely, high-quality work across all participating regions.

## 7. Proposal

### 7.1 Proposal Narrative Format

Respondents must submit a clearly written and well-organized proposal narrative that addresses all elements outlined in this RFP. The proposal must follow the structure and content requirements specified below to facilitate consistent review and evaluation.

The narrative portion of the proposal must be organized using the following section headers and sequence:

1. **Cover Letter and Executive Summary**  
A signed letter from an authorized representative summarizing the respondent's interest, qualifications, and the regions proposed to be served.
2. **Administrative Information and Contact Details**  
Identification of the primary contact, project team members, organizational background, and legal entity status.
3. **Staffing Plan and Key Personnel**  
Description of project roles, personnel assignments, qualifications, and availability, with supporting resumes or bios included as appendices.
4. **Technical Approach to Scope of Work**  
A comprehensive narrative describing how the respondent will fulfill each component of the Scope of Work, including methods, tools, and timeline assumptions.
5. **Experience and References**  
Overview of the respondent's relevant experience, especially with public sector clients or correctional health care projects, and at least three references.
6. **Cost Proposal**  
A detailed cost breakdown for each region proposed, including direct and indirect costs, estimated hours, labor rates, and assumptions.

## **7. Attachments and Supporting Materials**

Any additional documentation relevant to the proposal, including personnel resumes, proof of insurance, litigation disclosures, and required attestations. See section 7.2 for more details.

**The narrative should not exceed 30 pages, excluding appendices and attachments.** Proposals must be submitted in PDF format, with clearly labeled sections and consistent pagination. Font size should be no smaller than 11-point, and margins must be at least one inch on all sides. Failure to follow this required format may result in disqualification or reduced scoring during the evaluation process.

## **7.2 Required Attachments and Documentation**

To be considered responsive, all proposals must include the following attachments and supporting documentation. These materials will be used to verify eligibility, assess capacity, and support the scoring of narrative responses:

### **1. Resumes or Biographies of Key Personnel**

Provide current resumes or professional bios for all individuals identified in the staffing plan. Each document should clearly indicate the person's role on this project and highlight relevant experience in correctional health care, regional planning, or public sector consulting, including dates engaged in relevant activities.

### **2. Proof of Legal Entity and Business Status**

Submit documentation confirming the respondent's legal status and ability to operate in California, such as articles of incorporation, business license, or a certificate of good standing.

### **3. Certificate of Insurance**

Include documentation demonstrating current insurance coverage as required by Section 3.2.

### **4. Non-Discrimination Policy**

Attach the respondent's equal employment opportunity or a signed statement affirming nondiscrimination in hiring and service delivery practices.

### **5. Litigation Disclosure**

Provide a summary of any ongoing or recent litigation involving the respondent or key personnel that may be relevant to the project performance or contracting eligibility.

### **6. Three (3) Professional References**

Include the name, title, organization, phone number, and email address for each reference, along with a brief description of the work performed. At least one reference should be from a public sector client.

### **7. Cost Proposal and Budget Detail**

Attach a budget document outlining the total proposed cost, broken down by region (if applicable), with detailed line items for personnel, travel, indirect costs, and any subcontracted work. Each cost proposal should clearly match the narrative description of work plans.

### **8. Signed Attestation of Regulatory Compliance**

Include a signed statement attesting that the respondent will comply with all applicable local, state, and federal laws, including the California Public Records Act.

### EXHIBIT A: Map of Regions and Participating Counties



**Request for Proposals No. 2025-GSFA-001  
for  
Jail Medical Care Feasibility Study**

**Addendum #1  
Issued Tuesday, November 18, 2025**

This addendum provides answers to questions received by potential respondents.

The question period concluded on Wednesday, November 12, 2025, at 5:00pm Pacific Time. The proposal submission deadline remains December 12, 2025, at 5:00 Pacific Time.

**Responses to Questions**

- 1. The RFP instructs that proposals include a breakdown of direct and indirect costs. Please confirm whether fully burdened labor category billing rates may be used, and that indirect costs are not required if they are included within the fully burdened labor category billing rates. If a proposal is submitted with fully burdened labor category billing rates (inclusive of all indirect costs) and do not list indirect costs separately, would that cause the proposal to be given a lower score or be disqualified?**

Fully burdened billing rates that include indirect costs may be used. It will be helpful for reviewers to state in the cost proposal that fully burdened billing rates are being used to clarify why the indirect cost line item is blank. A proposal that is submitted with fully burdened labor category billing rates will not be a basis for a lower score or disqualification.

- 2. How many county jails by region are to be covered by this project?**  
During the Regional Needs Assessment (Section 6.2 of the RFP), the selected Consultant(s) will coordinate directly with each participating county to verify and document the current correctional health infrastructure within each region. This will include confirming the number and type of facilities in operation and the structure of service delivery at each site.
- 3. Does the project cover juvenile as well as adult incarcerated populations?**

It is the intention of this feasibility study to cover adult incarcerated populations housed in county jails. However, respondents may include an

estimated cost breakdown for including juvenile facilities in their proposal, without penalty to their score. In Section 5.4 – Award Determination of the RFP, it is stated:

“Respondents should also acknowledge that GSFA may conduct a post-scoring, pre-award negotiation phase with one or more top-ranked proposers. This phase may be utilized to clarify cost proposals, adjust deliverables, or align contractual terms to ensure the final award best meets the needs of participating counties and provides the best value overall.

The final award(s) will also be subject to review and input from participating counties, and may take into account considerations such as regional alignment, cost-effectiveness, consultant availability, and demonstrated understanding of county-specific priorities.”

The final scope of work will be determined during the post-scoring and pre-award contract negotiation phase, and the inclusion of optional components in a proposal could provide flexibility for the possible inclusion of such components in a contract.

**4. Is there a preliminary assessment of total project cost and budget?**

There is no preliminary assessment of total project cost and budget.

**5. Is there a not to exceed amount for this project?**

There is no established not to exceed amount for this project.

**6. Do final reports need branding? If so, what branding will be expected?**

For each separate feasibility report, the cover page will indicate the region that is included in the study as well as the consulting firm that prepared the report. It is anticipated that the report will use the consultant’s branding, but that is subject to negotiation during the contract award that will involve input by the counties within the region(s). GSFA branding will not be included in any final deliverable.

**7. Which entity will be the primary contact throughout the engagement?**

GSFA personnel will coordinate the early stages of the contract, facilitating meetings between the Regional Task Forces and Consultant(s). During these initial meetings, it is expected that each participating county assigns a point of contact person that will communicate directly with Consultant(s) throughout the engagement. GSFA will maintain active communication with

each Regional Task Force and Consultant(s) to ensure strong collaboration and can convene all parties at any time throughout the engagement.

GSFA will serve as the contracting entity, facilitate the evaluation and selection process, and act as the fiscal intermediary for compensating the selected consultant using funds contributed by participating counties for the duration of the project.

**8. As staffing and workforce considerations are listed, would we include staff training?**

Yes. Respondents may include staff training considerations in their proposed approach where relevant, including as part of the model evaluation (Section 6.3 of RFP) and implementation roadmap (Section 6.6 of RFP). However, the design and delivery of actual staff training is not part of the Scope of Work for this project. If respondents choose to discuss potential training needs or future training options, those elements should be clearly described as recommendations and, if costed, identified separately in the cost proposal.

**9. What is the time frame for the cost-benefit analysis? Does it include longer term benefits (e.g. better behavioral health care leads to lower recidivism)?**

The RFP does not prescribe a specific time frame. Respondents should propose a reasonable timeframe (e.g., short- to medium-term) for their cost-benefit analysis and may also discuss longer-term benefits qualitatively where appropriate (such as potential impacts on recidivism). Assumptions about timeframes should be clearly stated in the proposal. Timeframes may be considered as a component of scoring and in evaluation of whether and to whom to award contracts.

**10. How often do each of the five regional task forces meet? Is there a regular schedule for the regional task force meetings and where can we locate?**

There is no single, standardized meeting schedule across all regional task forces. Meeting frequency varies by region and over time. During the engagement, the selected Consultant(s) will coordinate with GSFA and regional points of contact to determine a healthy cadence of meetings and check-ins, or to convene meetings as needed.

**11. Will the final presentation include all regions or are five final presentations expected?**

Five final presentations are expected—one for each region—along with five separate regional feasibility reports, as described in Section 6.7 of RFP.

**12. Would you prefer the final presentations occur in-person or virtually?**

This will be determined at a later date by each regional task force in consultation with the selected Consultant(s). Respondents may make reasonable assumptions for budgeting purposes and should document those assumptions in their proposals.

**13. Is there an expectation for site visits in each of the jails?**

The RFP does not mandate site visits to every facility. Respondents may propose site visits where they believe such visits are necessary or add value to the Regional Needs Assessment (Section 6.2 of RFP), recognizing that access is subject to county approval and security protocols. Any proposed site visit strategy and associated costs should be clearly described in the work plan and cost proposal.

**14. How will the analysis account for contracts that are owned by the Sheriff and include juvenile facilities?**

As noted in Question 3, the primary focus of this feasibility study is adult populations housed in county jails. Where a county has a combined contract that includes both adult and juvenile populations, the selected Consultant(s) will document those arrangements as part of the Regional Needs Assessment and cost analysis (Sections 6.2 and 6.5 of the RFP). While the study's deliverables are focused on adult facilities, information gathered and recommendations made may ultimately impact both adult and juvenile populations, particularly in counties where a single provider serves both settings.

**15. Will you allow a phased model, allowing the winning bidder to work with regions in a sequenced manner?**

GSFA's preference is for all regions to undergo the feasibility study during the overall project period. However, a phased or sequenced approach may be proposed if it is clearly justified based on resource constraints and if it ensures that all participating counties in all regions are included within the agreed contract timeframe. Any proposed phasing should be explicitly described in the work plan and schedule.

**16. Are you interested in a flat fee, deliverables based or time and expense-based proposal?**

GSFA does not prescribe a single required billing structure. Respondents may propose a flat fee, deliverables-based, time-and-expense, or hybrid approach, provided the structure is clearly explained, tied to the Scope of Work, and broken down by region as required in the cost proposal. Proposals will be evaluated on clarity, fiscal reasonableness, and alignment with the RFP.

**17. Could you provide insight as to how the regions and the counties were selected for participation?**

The five regions reflect existing regional task forces convened by GSFA and participating counties that expressed interest in jointly exploring long-term alternatives for jail medical care. Counties were grouped based on geography, existing relationships, and an interest in assessing potential regional or shared service models, as described in Section 1.2 of RFP (County Participation and Regional Approach). Regional task forces are led by county CAOs/CEOs.

**18. For each covered region, please provide: a list of the facility names to be included in this project, facility address, capacity, and Average Daily Population (ADP).**

As part of the Regional Needs Assessment (Section 6.2 of RFP), the selected Consultant(s) will work with each county to develop and verify a facility inventory and associated data, using available county records and state sources.

**19. Does each facility have intake? If a facility does not have intake, where/how is intake performed?**

Intake practices vary by county and facility. The selected Consultant(s) will document intake arrangements as part of the Regional Needs Assessment in coordination with county staff and jail administrators.

**20. Are any of the covered counties housing incarcerated people from neighboring counties or other agencies under contract agreements?**

Some participating counties may have such housing arrangements. Any cross-jurisdictional housing arrangements will be identified documented by the selected Consultant(s) during the Regional Needs Assessment (Section 6.2 of RFP).

**21. Are any of the covered facilities being used for Federal holding?**

Where this is applicable, it will be identified through county interviews and document review as part of the Regional Needs Assessment and model evaluation.

**22. Are any of the facilities included currently under a consent decree, settlement agreement, or other judicial requirements for health services related issues? If so, please list the facilities subject to judicial requirements.**

As part of the Performance and Compliance Criteria Review (Section 6.4 of RFP), the selected Consultant(s) will work with counties to identify any such requirements and incorporate them into the analysis where relevant.

**23. Have any of the counties or facilities not met the California Title 15 requirements in any of the past 3 years. If so, please list the counties/facilities not in compliance and to which year(s) this applies.**

The selected Consultant(s) are expected to review publicly available information and county-provided materials, and to incorporate any known compliance issues into the Performance and Compliance Criteria Review (Section 6.4 of RFP).

**24. Please provide additional details regarding the current delivery of health care services. Is the current health care delivery model determined on a facility-by-facility basis? On a county-by-county basis?**

Current delivery models vary across and within regions. In some cases, arrangements are county-wide; in others, facility-specific factors may shape service delivery. A primary purpose of the Regional Needs Assessment (Section 6.2 of RFP) is to perform inventory and describe existing service models in each participating county.

**25. By region, what percentage (approximately) of health care is delivered by an outside vendor? By the county? In a shared arrangement?**

Developing this summary is part of the Scope of Work. The selected Consultant(s) will quantify and describe these arrangements as part of the Regional Needs Assessment and Model Evaluation (Sections 6.2 and 6.3 of RFP).

**26. In general, is medical and mental health care provided in the same manner (ex. both are provided by the same vendor, or both are provided by the county), or is care delivered differently for medical and mental health (ex. medical is provided by a vendor and mental health provided**

**by the county, or medical and mental health care is provided by different vendors)?**

Service configurations differ by county. In some jurisdictions, medical and mental health services may be integrated under one provider; in others, they may be separated between county departments and/or vendors. The RFP anticipates that the selected Consultant(s) will document these arrangements during the Regional Needs Assessment and incorporate them into the comparative analysis (Sections 6.2 and 6.3 of RFP).

**27. Are any of the facilities currently accredited by the National Commission on Correctional Health Care and/or the American Correctional Association? If so, please provide a list including the facility name and related accreditation.**

Accreditation status, where relevant, will be identified and incorporated into the Performance and Compliance Criteria Review (Section 6.4 of RFP) by the selected Consultant(s) in collaboration with participating counties.



*Proposal*

*December 12, 2025*



Jail Medical Feasibility Study  
Proposal

RFP#2025-GSFA-001

*Confidential and Proprietary*

**SOLUTIONS FROM THE MOST TRUSTED NAME IN  
CORRECTIONAL HEALTH CARE**



## NONDISCLOSURE AGREEMENT

**STOP.**

**BY PROCEEDING TO THE NEXT PAGE, YOU  
ACKNOWLEDGE AND AGREE TO THE FOLLOWING:**

This Proposal is the confidential business information of NCCHC Resources, Inc. By proceeding to the subsequent pages of this Proposal, you hereby acknowledge and agree, on behalf of yourself and your company/agency/department (collectively, "You"), that You will not (1) use for any purpose other than evaluation of this Proposal for this specific project and/or (2) disclose to any third party, any information provided in this Proposal including but not limited to fees, financial information, business strategies and plans, technical information, consultant names, any other information about NCCHC Resources, Inc. and its operations not available to the general public, and any other materials or information of a confidential or proprietary nature. If you have questions regarding this proposal and what may be released publicly if this proposal is accepted, please contact [fredmeyer@ncchcresources.org](mailto:fredmeyer@ncchcresources.org).



# Golden State Finance Authority Technical Assistance Proposal

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# Golden State Finance Authority Technical Assistance Proposal

## INTRODUCTION

December 12, 2025

Mr. Jason Hansen and Mr. Eric Will  
Golden State Finance Authority  
1215 K Street, Suite 1650  
Sacramento, CA 95814

***RE: Technical Assistance Proposal***

Dear Mr. Hansen and Mr. Will,

We are pleased to present this proposal for technical assistance as we are confident NCCHC Resources Inc. is uniquely positioned to partner with you in this endeavor for the following reasons:

- **Our Experience:** We are the consultative and technical assistance affiliate of the National Commission on Correctional Health Care (NCCHC), the nation's leader in setting standards for correctional health services. We have strong qualifications and case references from around the country in helping our clients provide quality health care through our team's extensive advisory and operations experience in correctional health care.
- **Our People:** We are proposing an integrated team composed of a senior consultant, physician, and mental health expert, supported by fiscal and correctional administrative specialists. All have corrections and operational management experience. These NCCHC Resources consultants have worked in all facets of correctional health care and have clinical and administrative expertise.
- **Our Clients:** Our clients represent a broad spectrum of correctional health care systems, generally at the county level. We strive to have all clients as references, which requires that we work closely with them to meet their expectations.

While we believe this document is fully responsive to your request and we have worked to keep the costs as low as possible and still deliver a quality work product, we would be pleased to discuss the approach and refine it as necessary to meet your needs. Please contact us with any questions. We look forward to discussing next steps and working with you on this important initiative.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred W. Meyer', written in a cursive style.

Fred W. Meyer, MA, CJM, CCHP  
Managing Director  
[fredmeyer@ncchcresources.org](mailto:fredmeyer@ncchcresources.org), 773-880-1460, ext. 288



## ADMINISTRATIVE INFORMATION AND CONTACT DETAILS

NCCHC Resources, Inc., is a 501(c)(3) not-for-profit company providing technical consulting services for correctional health care systems nationwide. As jails, prisons, and juvenile detention facilities strive to deliver constitutional health care, improve quality, and reduce liability, we offer unique expertise from the world's leaders in correctional health care.

Our parent company, the National Commission on Correctional Health Care, is widely known and respected for its pioneering *Standards for Health Services*, national accreditation and certification programs, and premier correctional health care education. NCCHC Resources was created to manage the increasing demand for correctional health care technical assistance and other consulting work through the provision of high-quality consulting services.

With our roots in NCCHC – the nation's leader in setting standards for correctional health services – NCCHC Resources offers unparalleled breadth, depth, experience, perspective, and objectivity.

Services include the following:

- Health system assessments
- Performance improvement
- Contract review and monitoring
- Suicide prevention services
- Medication-assisted treatment (MAT) expertise
- RFP support and development
- Technical assistance
- Preparation for accreditation
- Preparation for certification
- Education and training

See examples of client projects in the Relevant Experience section.

### Reduce Risk Through Quality and Consistency

Only NCCHC Resources can guarantee reliance on evidence-based practices, comprehensive familiarity with NCCHC medical, mental health, and opioid treatment program standards and regulations, and expertise in application of the standards.

Work with NCCHC Resources to:

- Objectively validate the areas where your program is doing well
- Identify areas for improvement and methods to ensure quality care
- Protect your organization by minimizing the occurrence of opioid addiction-related adverse events, suicides, and in-custody deaths
- Reduce risk and avoid health care-related grievances and lawsuits, potentially reducing liability premiums
- Educate and train staff, to include custody leadership and personnel
- Introduce new efficiencies and standardized practices
- Protect the health of the public, your staff, and incarcerated individuals
- Ensure that those incarcerated and released receive adequate and appropriate health care



### Primary Contact Information

Mr. Fred Meyer, Managing Director

NCCHC Resources Inc.  
1145 W. Diversey Pkwy  
Chicago, IL 60614

P: 773.880.1460

E: fredmeyer@ncchcresources.org

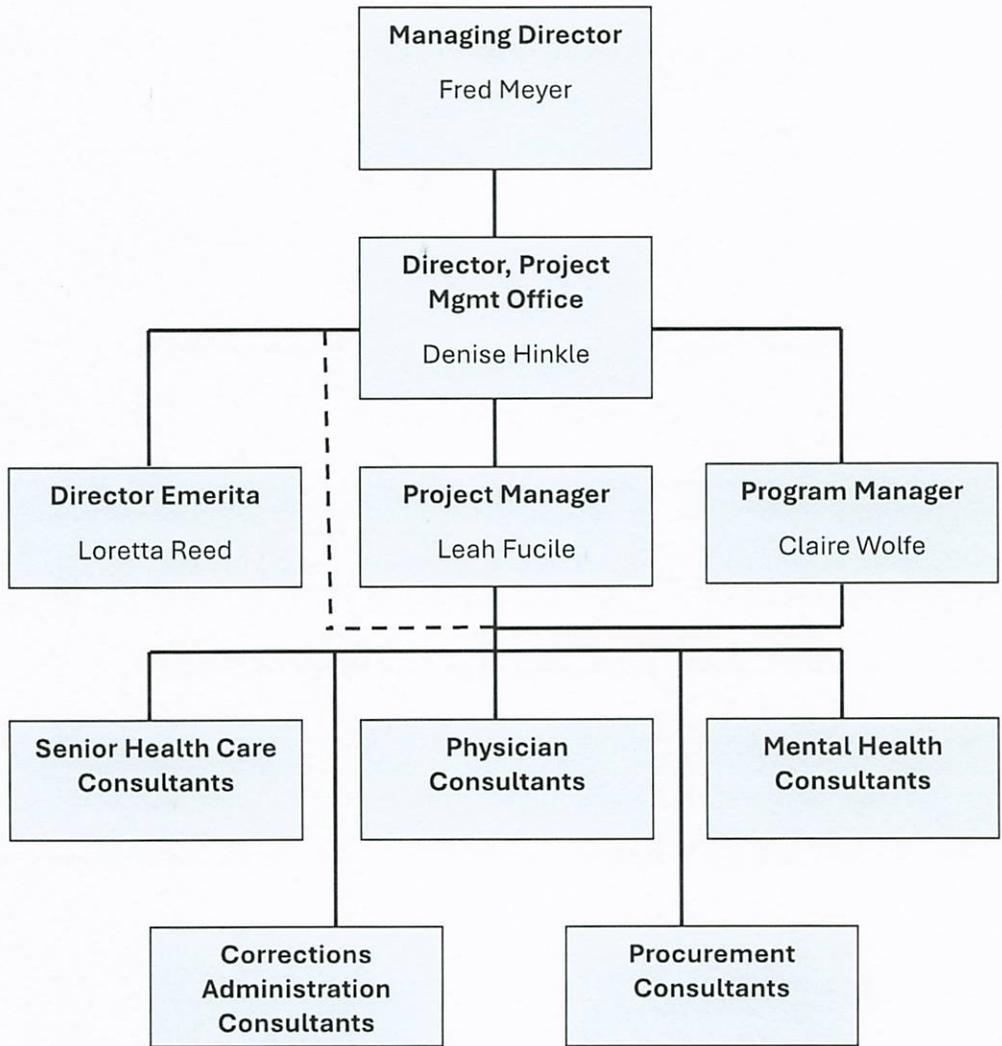
## DISCLAIMER

Technical assistance by NCCHC Resources, Inc., is a professional activity that is separate from accreditation by the National Commission on Correctional Health Care and in no way guarantees accreditation, reaccreditation, or any other outcome of a survey.



## STAFFING PLAN AND KEY PERSONNEL

Our project team includes experts with fully integrated corrections experience. From our executives and leaders to our consultants, individual team members bring varied and vast backgrounds and knowledge that specifically applies to GSFA’s needs. We are organized as follows:



See Appendix A. We are presenting biographies for a tentative project team which represents the expertise of the consultants we assign to client projects. As the national leader in correctional health care consulting, we have an extensive cadre of correctional health care experts with decades of experience in all areas of administration and operations.



## TECHNICAL APPROACH TO SCOPE OF WORK

### Our Understanding of Your Needs

Provision of health care in correctional settings became a constitutional mandate in 1976. Since then, correctional facilities have increasingly focused on quality. To meet this need for quality care in a fiscally responsible way, a variety of delivery models have emerged, with health services operated by government agencies, the private sector, academic institutions, and mixes of all of these. No matter which model is employed, desired outcomes can improve individual and community health, reduce adverse events, and maintain compliance with regulations and standards while keeping control of health care costs.

Across the nation, rapidly increasing costs, staffing shortages, geographical challenges, community resource availability, and other barriers affect the ability to provide a consistent and acceptable standard of care for incarcerated individuals. Facing similar concerns, the Golden State Finance Authority (GSFA) is seeking to conduct a needs analysis for providing comprehensive health care to the incarcerated populations in facilities within five regions in California. Using information gathered during that analysis, GSFA is further seeking to identify, evaluate, and compare models for providing health care to the incarcerated population on a region-by-region basis. Each region has different facilities, populations, challenges, delivery models, and available resources to be carefully considered while developing models for access to and provision of care.

The objectives for this project, on a region-by-region basis, are:

- Create an inventory of facilities to be covered by this project, to include facility demographics, current service models, non-compliance notices, and other metrics that affect the care required.
- Review and summarize health care contracts currently in place where applicable. Contracts may cover providers, nursing, mental health, dental, specialties, and other services that are integral to the provision of health care to the incarcerated population.
- Review available consent decrees, settlement agreements, or other corrective action notices as provided by each county.
- Review memoranda of understanding (MOUs) and other formal and informal agreements, as applicable, that are in place with community organizations as provided by each region.
- Identify core competencies of community-based health care and social services available in the community.
- Identify areas where current health care services are not aligned with NCHC Standards for Health Care in Jails (2026) and / or local regulations such as California Title XV.
- Develop health care delivery models to provide a full scope of health care in accordance with NCHC Standards and other regulations.
- For each county, assess the viability of each delivery model, considering the county's specific needs and including input from county stakeholders.
- Run a cost-benefit analysis for each delivery model, to the extent fiscal data is publicly available.
- By region, prepare an individualized feasibility report that describes the current state, a summary of our findings, recommendations for improved care or access to care, and an assessment and comparison of health care delivery models.
- By region, develop and present a high-level fiscal summary for each delivery model, including estimated startup costs, potential infrastructure, and administration needs, and estimated ongoing costs. Identify areas where savings may be achieved due to volume pricing, cost sharing, or other strategies.



- By region, develop a preliminary implementation plan for the recommended health care delivery model that includes startup activities, major milestones, and key risks.

### **Our Approach – Process Overview**

NCCHC Resources proposes to provide consulting services to all five regions that GSFA has outlined in the RFP, and we are confident that we can complete the scope of work within the desired 12 to 24-month timeline. For each region, NCCHC Resources will assign a senior correctional health care professional as the lead consultant, a physician, and a mental health clinician. They will be supported by other corrections experts, including those with procurement and corrections administration experience, as well as our Project Manager and NCCHC Resources leadership. The work for each region will be completed separately. Working with NCCHC Resources will provide efficiencies by executing the project using a consistent, repeatable process. The project will be completed using the following approach for each region.

#### **Project Management**

The consulting team will include an assigned project administrator and manager, whose roles are to facilitate communication, monitor progress, assure quality and consistency, and provide additional support. The project manager and the lead consultant will serve as the day-to-day points of contact for project support.

While the entirety of the project may cover multiple regions, each region will be independently managed to ensure progress and completion at the regional level. The project manager will coordinate the NCCHC Resources team, establish regular meetings with GSFA and regional stakeholders to discuss project status, and be available to answer any questions as they arise. They will also establish and track milestones to confirm progress or identify bottlenecks during the contract term, all to facilitate a successful project.

#### **Kickoff Call**

We will conduct a virtual kickoff meeting with our team, GSFA, regional and county project leadership, and others you deem necessary. The purpose of the meeting will be to confirm project objectives, identify available documentation, and discuss our site visits.

#### **Documentation Review**

We will request and review available documentation about staffing, organizational structure, policies and procedures, and operations prior to the site visits. This background information will enable us to be better prepared when we arrive at your facilities.

#### **Site Visits**

Our consultant team will conduct a site visit at each facility within the region. They will review the current medical and custody operation to understand how these services are currently provided and how current staff are deployed in the provision of service. The team will review operations as to whether they comply with NCCHC standards and regulations. Site visits are an important part of the project, as in-person observations and conversations with personnel and people in custody often provide essential information to be considered when determining the best service delivery model. This is also the most efficient way to identify whether the current health care service delivery complies with NCCHC standards.



Additionally, we will evaluate input from various stakeholders for our analysis. While on site, we will meet with those representatives to discuss facility operations, the availability of necessary data and how we will use this information in our analysis. Potential stakeholders include, but are not limited to:

- Sheriff's office
- Finance
- Human resources
- Risk management
- Information technology
- Legal counsel
- Procurement

### Collaborative Feasibility Analysis

In order to develop a meaningful analysis, it is essential that each region be transparent and work collaboratively with our consulting team. Timely access to individuals, policies, health records, statistics, and data is requested to keep the project moving forward. After the site visits, the consulting team will review the information, data, and our findings and will assess the needs of each county within the region. The team will focus on shared strengths and challenges, as well as gaps between current health care service delivery and health care that meets or exceeds standards and regulations.

The consulting team will create service models with the structure required to support correctional health care delivery, including the following: County Operated (In-House) Model, Contracted Medical Services Model, and Regional Joint Powers Authority or Shared Contract Administration Model. Additional models may be developed based on our review of facility operations. The models will detail the staff and any additional technology, processes, insurance, training, and documentation required to support the approach. Models will also note the risks involved with each strategy. We will incorporate local feedback provided by stakeholders to ensure consensus.

Once modeling is completed, estimated costs will be assigned to each model. We will review the models with each region to ensure that these costs are complete, understood, and reasonable. We will also use the models to weigh the costs and benefits of each delivery method, which will be noted in the final report.

### Implementation Plan

Once consensus is reached with regards to the model that best meets the needs of the region, the consulting team will put together an implementation plan for the chosen service delivery model. The implementation plan will account for varying levels of readiness among the counties. The framework will provide a roadmap to transition to the new model, including a timeline, milestones, planning, procurement, contract development, staffing and onboarding, service startup, and draft evaluation plan. The plan will also highlight key risks and provide mitigation strategies.

### Report

To conclude the process, we will prepare regional reports detailing our work and the assumptions made in developing and evaluating the models. Each report will first be delivered in draft format. NCCHC Resources team leadership will formally present the report and our findings and recommendations in person to each region and GSFA. After meeting to review the findings and recommendations and incorporating feedback, the report will then be marked final and delivered to GSFA and each region.



## RELEVANT EXPERIENCE

### Health System Assessments

Facing mounting high-profile criticism for providing substandard care for inmates, the governor's office of a large Midwestern state hired NCCHC Resources to conduct a comprehensive assessment of the health care provided at one of the nation's largest and most complicated departments of corrections. A hand-selected team (including a physician, a psychologist, and a nursing expert) visited selected prisons across the state, including a program with a dedicated mental health mission and several with the highest levels of security, and wrote a comprehensive and detailed assessment of health care services.

### Suicide Prevention Services

Building off of the NCCHC's groundbreaking partnership with the American Foundation for Suicide Prevention (<https://www.ncchc.org/new-suicide-prevention-resource-guide-for-corrections>), NCCHC Resources is frequently called upon to assist programs with properly addressing the suicide problem in our country's jails and prisons. Recently, we were successful in a national competition for a key project to assist a large Mid-Atlantic urban jail develop a high-quality and comprehensive suicide prevention program. Leveraging our experience in correctional health care, corrections, and justice health design, our team developed a comprehensive report that will assist the jail command and health staff in their efforts to reduce the risk of suicide within the jail's walls.

### Monitoring Activities

An Eastern jail that houses local and federal detainees experienced the death of several inmates under its care. County leadership engaged NCCHC Resources to send an expert team (a physician and a nurse) to perform a comprehensive evaluation of health care services, to make targeted recommendations for improvement, and to provide monitoring services over a four-month period. Subsequently, the jail requested an extension of this monitoring with an emphasis on assessing the corrective action plans.

In a different project, a federal court overseeing a long-term consent decree regarding civil rights violations (constitutional health care) turned to NCCHC Resources to monitor the health care aspects of the injunctive relief. Our work included support for the development of a monitoring tool that incorporated unique metrics from the NCCHC *Standards* that the court had determined were essential to health system compliance. We also sent a team to the site to use the tool to assist the court in determination of compliance. Serving the interests of the court, NCCHC Resources worked cooperatively with both state and plaintiff attorneys to gather the needed information.

### Opioid Treatment Program Training

Faced with a mounting problem with managing opioid-dependent patients in jail, the sheriff's department of a major coastal metropolitan area looked to NCCHC Resources to provide training on the opioid crisis and how the sheriff might address the needs of this growing population. Coordinating with the local community treatment program, our experts provided on-site technical training, which included a thorough review of standards for opioid treatment programs.

### Health Record Review

A state department of corrections on the East Coast hired Health Management Associates, a national research and consulting firm that specializes in publicly funded health care, to conduct a 360-degree health system analysis. Health Management Associates selected NCCHC Resources to bring additional



clinical and correctional health care expertise. This included review of 632 patient health records and interviews with providers by board-certified correctional physicians and other correctional health experts. We developed processes and protocols for evaluation and analysis. Process performance measures were novel for this project and were based on the standards of NCCHC and other authorities.

### **Accreditation and Certification Preparation**

A large jail system in a Western state was seeking NCCHC accreditation (the first county in the state to seek this prestigious accreditation in many years). The county leadership turned to NCCHC Resources to assess their readiness for a survey of health services. Our expert team visited each of the many jails, some of them in remote locations, to perform comprehensive on-site assessments. The information gathered gave the county a unique view into strengths and weaknesses and provided important data to help the jail system prepare for accreditation, which they ultimately achieved.

### **Specialized Technical Support**

When a Western state's department of corrections hired a large consulting firm to conduct a comprehensive environmental scan of health care systems at other states' corrections departments, the firm turned to NCCHC Resources to provide a correctional context to its already robust health care analytic expertise. Our experts aided development of a comprehensive data call and interviews with officials around the nation to support the gathering and analysis of data requested by the client.

### **Selected Clients and Partners**

- Allegheny County, Pennsylvania
- Bay County, Florida
- Centene Corporation
- Idaho Department of Juvenile Corrections
- Charleston County Sheriff's Office, South Carolina
- Chatham County Sheriff's Office, Georgia
- Cobb County Jail, Georgia (via WellStar Health System)
- Connecticut Department of Corrections
- Delaware Department of Corrections
- Department of Homeland Security – Immigration and Customs Enforcement
- Fairfax County Adult Detention Center, Virginia
- Grand Traverse County, Michigan
- Hudson County Correctional Facility, New Jersey
- Illinois Department of Corrections
- Middlesex County Sheriff's Office, Massachusetts
- Milwaukee County, Wisconsin
- Monmouth County Sheriff's Office, New Jersey
- Corrections Center of Northwest Ohio
- Orange County, California
- Pinellas County, Florida
- Plumas County, California
- UMC – El Paso, Texas
- Utah Juvenile Justice Services
- Virginia Department of Corrections – Fluvanna Correctional Center for Women



## PROFESSIONAL REFERENCES

### Hudson County, New Jersey

Director Becky Scott  
Hudson County Department of Correction & Rehabilitation  
Ph: (201) 395-5600 x5007  
E: BScott@hcnj.us

### Monterey County, California

Chief Deputy Tim Lanquist  
Monterey County Sheriff's Office, California  
Corrections Operations Bureau  
Ph: (831) 755-3887  
E: LanquistTS@countyofmonterey.gov

### Spokane County, Washington

Lieutenant. Darren Lehman  
Medical and Mental Health Operations  
Spokane County Detention Services Jail  
Ph: (509) 477-6767  
E: DLehman@spokanecounty.org

## CONFLICT DISCLOSURE

NCCHC Resources is not aware of any conflicts at this time.

Should any of the counties covered by this project or any affiliated program or facility seek accreditation from the National Commission on Correctional Health Care, that is an entirely separate activity. Technical assistance and/or related services from NCCHC Resources in no way guarantees or implies successful accreditation, certification, or any other favorable treatment from any other entity.

## VALUE-ADDED SERVICES

While many consultants served this field before NCCHC Resources' founding and claimed some experience with the NCCHC standards, there was no quality control, consistency, or oversight into how the standards were applied. In some cases, facilities faced unexpected risks as they worked to implement recommendations of well-meaning independent consultants, who were not held to evidence-based or standards-based advice. The foundation of NCCHC Resources' exceptional value is the reduction of these risks and our high-quality expert consultation.



## COST PROPOSAL

We acknowledge that the Golden State Finance Authority is the contract administrator and the fiscal agent for this endeavor, with funding originating from the individual counties. Based on our understanding of the desired outcomes as well as the scope and approach outlined in this proposal, our fees for this project, including expenses, are listed below. These fees were developed using the project approach presented above and the assumptions noted in Appendix C. Should actual circumstances vary from what is described in this proposal, pricing may be adjusted, up or down, to accommodate those differences.

Proposed Fees				
Region	Professional Fees	Indirect Costs	Travel Expenses	Total Project Fee
North State	\$ 330,000	\$ 19,985	\$ 25,015	\$ 375,000
Sacramento Sierra	411,000	18,985	25,015	455,000
Central Valley	284,000	20,500	15,500	320,000
Central Coast	284,000	20,500	15,500	320,000
Bay Area	297,000	19,500	15,500	332,000
<b>Grand Total</b>	<b>\$ 1,606,000</b>	<b>\$ 99,470</b>	<b>\$ 96,530</b>	<b>\$1,802,000</b>

If NCCHC Resources is awarded the contract for all five regions, we will discount the above price by 10%.

We will bill these fees for each region, based on the following milestone schedule:

Billing Schedule	
Milestone	Billing Schedule
Agreement signed	25%
Regional Site visits completed	50%
Final report delivered	25%

Billing milestones will be tracked by region and will be billed independently based on the progress made for that region. For example, once the agreement is signed, each region will be billed for 25% of the total project fee. Upon completion of each regions’ site visit, each region will receive an invoice for 50% of that region’s total project fee. The same regional methodology will apply until the project is complete.



## APPENDIX A: TEAM BIOGRAPHIES

### **Fred Meyer MA, CJM, CCHP, Managing Director**

Mr. Fred Meyer works with health and custody leaders nationwide to provide detention and correctional facilities with the support needed to operate effectively and in compliance with nationally recognized health care standards. Health system assessment, performance improvement and monitoring, suicide prevention, medication-assisted treatment, interdisciplinary collaboration, education, and training are all critical to ensuring institutional risks are mitigated and constitutional care is provided. NCCHC Resources is the industry leader in these areas, helping agencies of all sizes.

Before joining the National Commission, Mr. Meyer served as Deputy Chief with the Las Vegas Metropolitan Police Department where he oversaw the largest jail system in the state of Nevada. He drove advancements in leadership collaboration and health services that led to substantial reductions in medical referrals and in-custody suicides. Fred received the Ray Coleman Administrator of Year Award from the American Jail Association in 2021.

Mr. Meyer is an NCCHC Certified Correctional Health Professional (CCHP) and is recognized as a Certified Jail Manager (CJM) by the AJA. He holds a master's degree in criminal justice from the University of Nevada, Las Vegas. He has been elected to the AJA Board of Directors for 2024-2025 and has served on the Board as their Parliamentarian.

### **Denise Hinkle CPA, CCHP, Director Project Management Office**

Ms. Denise Hinkle is an inactive certified public accountant and multidisciplinary consultant with extensive experience in accounting, project management, business advisory, executive leadership, and business ownership. She has delivered global, domestic, and local projects including process development and improvement, best practice reviews, data extraction and analysis, software implementation, and others. Throughout her career, Ms. Hinkle has mentored, coached, and led teams of all sizes where she shared her knowledge and passion for delivering innovative solutions to complex issues.

At NCCHC Resources, Ms. Hinkle directs the Project Management Office, ensuring that NCCHC Resources projects are delivered according to the NCCHC standards and the expectations of each client. She assigns and monitors project teams, manages progress, and is a resource to our clients and our consultants. Her broad skillset gives her a large library of knowledge to draw from when leading teams, evaluating operational issues, and making thoughtful recommendations.

### **Loretta Reed MBA, PMP, CCHP, Director Emerita**

Ms. Reed is a certified project management professional with extensive multi-industry experience and skill in leading cross-functional teams, clarifying issues, and delivering solutions. She has led worldwide project teams that conducted risk assessments focused on business processes, determined the key controls, and developed testing of the controls to ensure compliance. Her expertise and skill set encompass operations assessment, business analysis, finance and accounting processes, continuous quality improvement, and selection and implementation of electronic medical record systems and finance systems.



**Leah Fucile CCHP, Project Manager**

Ms. Leah Fucile has over 20 years of public sector experience and has a Bachelor of Arts degree in Criminal Justice. She oversaw contract administration, procurement, and logistical operations for the Clark County Detention Center, managing a \$65M+ budget as the Director of Administrative Operations for the Detention Services Division at the Las Vegas Metropolitan Police Department. Leah played a key role in achieving ACA and NCCHC accreditation and led efforts to embed these standards into policy and contracts. She also provided oversight of \$80M facility renovation to enhance safety and efficiency. A graduate of the National Jail Leadership Command Academy, Leah remains active in her community and serves on the American Jail Association's Corrections Workplace Committee.

**Claire Wolfe MPH, MA, CCHP, Program Manager**

Ms. Claire Wolfe previously worked for the State of New Jersey in an urban legislative district, supporting community members and organizations and guiding legislation from drafting to the Governor's desk. During that time, she advocated to the state budget committee for funding for substance use disorder treatment within correctional facilities. Prior to joining NCCHC Resources, she worked in the philanthropic arm of a multinational technology consulting firm where she successfully advocated for increased funding for federal grants aimed at increasing evidence-based educational innovation in K-12 computer science in-school and community programs.

Ms. Wolfe holds a Master of Arts in international political economy, completed at the University of York in York, England, and received her Master of Public Health degree in epidemiology at Rutgers University, where she focused her research on medications for opioid use disorder in correctional facilities. At NCCHC Resources, Ms. Wolfe supports the project management office and project teams on administrative needs, data analysis, writing, and research.

**Becky Pinney MSN RN, CCHP-RN, CCHP-A, Senior Health Care Consultant**

Ms. Rebecca Pinney possesses extraordinary leadership skills, evidenced by her role advancements to Senior Vice President, Chief Nursing Officer, at Corizon Health, from which she retired after 25 years, with more than 30 years in this field. Her experience encompasses both clinical and nonclinical roles, having managed large jail programs and serving as the lead on several state prison contracts. Her career has given her a deep understanding of clinical trends and operations practices and how they can impact the daily custody and clinical management of the inmate population. Through collaboration with other clinical and operations executives, Ms. Pinney takes a comprehensive, systemwide approach to nursing issues, standards, training, education, and staffing that supports patient safety and quality efforts.

A member of the American Nurses Association and Georgia Nurses Association, Ms. Pinney has significant involvement with NCCHC. She assisted with development of the 2014 editions of the Standards for Health Services manuals for prisons and jails, served on the committee that launched the Certified Correctional Health Professional - Registered Nurse (CCHP-RN) program, and is a member of the CCHP-RN subcommittee, the NCCHC Nurse Advisory Council, and the NCCHC Correctional Health Care Foundation.

**Nancy Booth MSN, PHN, RN, CCHP-RN, Senior Health Care Consultant**

Ms. Booth has over 50 years of experience in managing, educating, and leading healthcare teams. Now one of our independent correctional healthcare consultants, she formerly served as both Director of Nursing Services and Supervisor of Case Management for San Diego County jails, a system with over 84,000 annual admissions.



Ms. Booth developed a specialty telehealth program, established and managed the county inmate Medical Inmate Eligibility Program (MCIEP), managed infection control for the County's jails, and supervised the women's detention facility. A skilled communicator, educator, publisher, and expert speaker who has presented on a wide variety of topics, she ensures that all stakeholders — from physicians, attorneys, and law enforcement to insurance adjusters, patients, and families — understand the steps needed to successfully care for each patient both during incarceration and upon reentry. Ms. Booth currently serves as an NCCHC general surveyor and is an Accreditation and Standards Committee member.

**Dr. Reed Paulson MD, CCHP-CP, Physician Consultant**

Dr. Paulson retired from the Oregon State Penitentiary, where he served as the Chief Medical Officer. He also worked as a corrections physician specialist for the state of Oregon. His dedication to and experience with correctional health care continues to benefit correctional agencies across the nation with his work with both the National Commission on Correctional Health Care and NCCHC Resources.

Dr. Paulson holds a Master of Public Health degree from the University of California, Berkley, and a certification in Opioid Use Disorder Treatment from the USDEA and SAMHSA. He is a Fellow of the American College of Correctional Physicians as well as the American Academy of Family Physicians.

**Dr. Christopher Rosko MD, MBA, CCHP, Physician Consultant**

Christopher Rosko is a board-certified emergency physician with nearly a decade of experience as a medical provider and administrator in multiple jail settings. He has worked as an emergency physician in rural, suburban, and Level 1 trauma centers and has extensive administrative experience as Medical Director and Vice Chairman in the University of Alabama Medical Center's Department of Emergency Medicine. In addition to his medical training, Dr. Rosko received his MBA from Auburn University.

**Dr. Nikki Johnson PsyD, CCHP, Mental Health Consultant**

Dr. Nikki Johnson is the Chief of Mental Health Services for the Denver Sheriff Department (DSD). She has worked in jails and prisons with both juveniles and adults for over 15 years. Dr. Johnson earned a Bachelor of Science in Psychology and Women's Studies, a Master of Arts in Counseling Psychology, and a Doctorate of Psychology in Clinical Psychology. She has practiced as a licensed psychologist in the state of Colorado since 2008 and as a Certified Addiction Specialist since 2010.

Dr. Johnson has driven the successful implementation and expansion of a Competency Restoration Program designed to restore individuals to competency. In addition, she started a Crisis Response Team, which is a 24/7 team of mental health professionals collaborating with the deputies in prevention and de-escalation of crises involving individuals with serious mental illness (SMI). Dr. Johnson has also focused her efforts on the expansion of Medication-Assisted Treatment (MAT) within Denver jails.



**Dr. Deborah Gross, Mental Health Consultant**

Dr. Gross is a licensed psychologist with a practice focused in corrections. She is retired from Correctional Health Services in Maricopa County, Arizona. In her role as Lead Psychologist – Mental Health Unit, she was responsible for administrative supervision of mental health staff on acute psychiatric unit within a major metropolitan accredited jail health system. Dr. Gross’s correctional mental health experience dates to 2004, with an internship and postdoctoral position with CHS. She later joined the Arizona Department of Corrections in 2007 before returning to CHS in 2010. She has also worked for NAMI Arizona, ValueOptions, and the MARC Center.

Dr. Gross currently serves as Board Chair for Recovery Empowerment Network and is a member of the Board of Arizona Behavioral Health. She has served on the Board of the Arizona Foundation for Behavioral Health, the Arizona Coalition for Tomorrow (a Head Start-related entity), and the Star Centers (formerly known as Survivors on Our Own). Dr. Gross has been a surveyor in the NCCHC accreditation program since 2017 and recently became a lead surveyor.



## APPENDIX B: LEGAL REQUIREMENTS AND ATTESTATIONS

### Proof of Legal Entity and Business Status (see RFP pg. 8)

**From:** no\_reply@sos.ca.gov <no\_reply@sos.ca.gov>  
**Sent:** Monday, October 14, 2024 11:24 AM  
**To:** Info NCCHC Resources <info@ncchcreources.org>  
**Subject:** California bizfile Online - Business Filing Approved

#### Initial Business Filing Approval

10/14/2024

**Entity Name:** NCCHC Resources, Inc.  
**Entity Type:** Nonprofit Corporation - Out of State  
**Entity No.:** 6420881  
**Document Type:** Registration - Out-of-State Corporation - Nonprofit  
**Document No.:** 6420881  
**File Date:** 10/11/2024

Congratulations! The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov) and enter the entity name or entity number in the Search module.

#### What's Next?

Go to [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov) to "My Work Queue" to review the Welcome Letter for key information AND contacts you may need.

Corporations AND limited liability companies must file a Statement of Information **within 90 days** of the initial filing AND annually or every other year, thereafter. For additional resources, view Starting A Business Checklist for key steps you may need to take WHEN launching a business IN California.

For further assistance, contact us at (916) 657-5448 or visit [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).

Thank you for using [bizfile California](http://bizfileCalifornia), the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

**Important:** Do not reply to this message. Replies will be routed to an unmonitored email box.





Certificates of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/8/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Plexus Groupe LLC 21805 W. Field Pkwy, Suite 300 23 24 COI Deer Park IL 60010		<b>CONTACT NAME:</b> Commercial Insurance <b>PHONE (A/C, No, Ext):</b> 647-307-6100 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> commercial@plexusgroupe.com	
<b>INSURED</b> National Commission on Correctional Health Care NCCHC Resources Inc 1145 W Diversey Pkwy Chicago IL 60614		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Federal Insurance Company NAIC # 20281 INSURER B : Fortegra Specialty Insurance Company 16823 INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES CERTIFICATE NUMBER: 728648931 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER		36029411	11/15/2025	11/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/ AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		73606521	11/15/2025	11/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		79887425	11/15/2025	11/15/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	71749616	11/15/2025	11/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Cyber Liability		C4LPY054112CYBER2025	11/15/2025	11/15/2026	Aggregate Limit/Ded Per Occurrence \$5,000,000 Deductible \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate is issued as evidence of coverage.

<b>CERTIFICATE HOLDER</b>  Evidence of Coverage	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**Non-Discrimination Assurance**

NCCHC Resources Inc., its employees, and its affiliates, does not permit discrimination against any business, employee, applicant or client because of race, creed, color, disability, religion, sexual orientation, national ancestry, or origin. In addition, NCCHC Resources Inc. complies with all applicable requirements and provisions of the Americans with Disabilities Act (ADA).

**Litigation Disclosure**

NCCHC Resources Inc. and its key personnel have no pending or recent litigation with regards to any business matter. There are no outstanding issues that affect our ability to perform the proposed scope of work or to execute a contract with the Golden State Finance Authority or any of the regions or counties covered by this project.

**Cost Proposal and Budget Detail**

Please See Appendix C for the details pertaining to our cost proposal and project budget.

**Subpoena and Legal Cooperation Clause**

NCCHC Resources Inc. acknowledges that materials submitted in response to GSFA’s RFP and other communications with GSFA may be subject to subpoena or public records requests. NCCHC Resources Inc. will cooperate with legal and compliance matters resulting from such actions.

**Regulatory Compliance**

For the duration of this contract, NCCHC Resources Inc. will comply with all applicable local, state, and federal laws and regulations, including the California Public Records Act.

A handwritten signature in black ink, appearing to read "Fred Meyer".

By: \_\_\_\_\_  
Fred Meyer, MA, CJM, CCHP  
Managing Director

Date: \_\_\_\_\_  
\_12/12/2025\_\_\_\_\_



## APPENDIX C: PRICING ASSUMPTIONS AND DETAILS

### 1. Regions covered by this project:





### Golden State Finance Authority - Master Facility Information

County	Jail Facility	Street Address	NCCHC Accredited	ADP	Capacity	Annual Bkgs	Intake?	Medical Provider
<b>North State Region</b>								
Lassen	Lassen County Adult Detention Facility	1405 Sheriff Cady Lane Susanville, CA 96130	Yes	120	156	1,400	Yes	Wellpath
Modoc	Modoc County Jail	102 South Court Street Alturas, CA 96101	No	32	48		Yes	No Public Info
Del Norte	Del Norte County Jail	650 Fifth Street Crescent City, CA 95531	No		145		Yes	
Humboldt	Humboldt County Correctional Facility	901 Fifth Street Eureka, CA 95501	Withdrew App 2021	400	417		Yes	Wellpath Med/County MH and SUD
Trinity	Trinity County Correctional Facility	701 Tom Bell Road Weaverville, CA 96093	Info Req CSSA 2025		53		Yes	No Public Info
Tehama	Tehama County Jail	502 Oak Street Red Bluff, CA 96080	No		227		Yes	Tehama County Health Services Agency
Siskiyou	Siskiyou County Jail	315 South Oregon Street, Yreka CA 96097	No	101	104		Yes	Siskiyou County
<b>Sacramento/Sierra Region</b>								
Yolo	Monroe Detention Center	140A Tony Diaz Drive Woodland, CA 95776	No		452		Yes	Wellpath
Sutter	Sutter County Jail	1077 Civic Center Blvd Yuba City, CA 95992	No	300	356		Yes	
Yuba	Yuba County Jail	215 5th Street Marysville, CA 95901	Info Req 2025 CSSA		428		Yes	Correctional Health Partners
Glenn	Glenn County Jail	141 S Lassen Street Willows, CA 95988	No		140		Yes	Wellpath
Colusa	Colusa County Jail	929 Bridge Street Colusa, CA 95932	Applied 8/2025	53	92		Yes	County Services
Lake	Lake County Jail	4913 Helbush Drive Lakeport, CA 95452	No		297	4,000	Yes	Wellpath
Placer	South Placer County Jail	11801 Go For Broke Road Roseville, CA 95678	No		420		Yes	Wellpath
Placer	Placer County Auburn Main Jail	2775 Richardson Drive Auburn, CA 95603	No		645		Yes	Wellpath
El Dorado	El Dorado County Jail - Placerville	300 Forni Road Placerville, CA 95567	No		303		Yes	
El Dorado	El Dorado County Jail - South Lake Tahoe	1051 Al Tahoe Blvd South Lake Tahoe, CA 96150	No		158	4,560	Yes	
Mono	Mono County Jail	49 Bryant Street Bridgeport, CA 93517	No	10	44		Yes	
<b>Central Valley Region</b>								
Fresno	Fresno County Jail	1225 M Street Fresno, CA 93721	Yes	2536	2427		Yes	Wellpath
Madera	Madera County Jail	195 Tozer Street Madera, CA 93638	No	425	650		Yes	
Merced	Merced County Main Jail	700 W 22nd Street Merced, CA 95317	No	200	225		Yes	Wellpath
Merced	John Latorraca Correctional Center	2584 W Sandy Mush Road El Nido, CA 95341	Yes	375	564		No	Wellpath
Kings	Kings County Jail	1570 King's County Drive Hanford, CA 93230	Yes	422	576		Yes	Wellpath
<b>Central Coast Region</b>								
San Luis Obispo	San Luis Obispo County Jail	1585 Kansas Avenue San Luis Obispo, CA 93405	Yes	443	587	8,277	Yes	Wellpath
Santa Barbara	Santa Barbara County North Jail	2301 Black Road Santa Maria, CA 93455	Application 2025	360	376	6,000	Yes	Wellpath
Santa Barbara	Santa Barbara County Jail	4436 Calle Real Santa Barbara, CA 93110	Yes	448	819	7,500	Yes	Wellpath
Ventura	Ventura County Jail Pre-Trial Detention Facility	800 S Victoria Avenue Ventura, CA 93009	Yes	560	890	23,000	Yes	Wellpath
Ventura	Ventura County Jail Todd Road Facility	600 Todd Road Santa Paula, CA 93060	Yes	573	796	n/a	No	Wellpath
<b>Bay Area Region</b>								
Sonoma	Sonoma County Main Adult Detention Facility	2777 Ventura Avenue Santa Rosa, CA 95403	Yes	711	1413		Yes	Wellpath
Sonoma	Sonoma County North Facility	2254 Ordinance Road Santa Rosa, CA 95403	Yes		559		No	Wellpath
Napa	Napa County Department of Corrections	2210 Napa Valjejo Highway Napa, CA 94558	No		304		Yes	Contractor - Not Listed
Solano	Claybank Detention Facility	2500 Claybank Road Fairfield, CA 94533	No		385		No	Wellpath
Solano	Stanton Correctional Facility	2450 Claybank Road Fairfield, CA 94533	No		347		No	Wellpath
Solano	Solano County Justice Center Detention Facility	530 Union Avenue Fairfield, CA 94533	No		522		Yes	Wellpath

2. Facility specific data, based on public record research:



### **3. Pricing and Proposal Assumptions by Region:**

#### North State Region

- Seven facilities within this region
- Site visit one facility per day
- Facility locations are spread out; projected two separate visits to cover region

#### Sacramento Sierra Region

- Eleven facilities in this region
- Site visit one facility per day
- Projected two separate visits to cover entire region

#### Central Valley Region

- Five facilities in this region
- Site visit one facility per day
- Projected one five-day trip for consulting team

#### Central Coast Region

- Five facilities in this region
- Site visit one facility per day
- Projected one five-day trip for consulting team

#### Bay Area Region

- Six facilities in this region
- Site visit one facility per day
- Projected one five-day trip for consulting team

ATTACHMENT C  
North State Region Cost Allocation

**North State Region** – Selected Consultant: *NCCHC Resources Inc.*  
Region Total: \$375,000

<b>Participating Counties</b>	<b>Total County Population (Jan 2025) Pro-Rata Cost Allocation</b>	<b>Percent Total Project Cost for Designated Region</b>
Del Norte	\$30,909.20	8.24%
Humboldt	\$155,823.42	41.55%
Lassen	\$33,438.39	8.92%
Modoc	\$10,411.36	2.78%
Siskiyou	\$50,433.56	13.45%
Tehama	\$75,487.91	20.13%
Trinity	\$18,496.15	4.93%
<b>Total</b>	<b>\$375,000</b>	<b>100%</b>

**To:** County Board of Supervisors  
**From:**  
**Date:**  
**Re:** Informational Overview of the Jail Medical Care Feasibility Study and County Participation

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### **Recommended Action**

Adopt the attached Memorandum of Understanding (MOU) with the Golden State Finance Authority (GSFA) to provide cost reimbursement for participation in a regional Jail Medical Care Feasibility Study focused on evaluating long-term, sustainable alternatives for jail medical service delivery.

### **Background and Rationale for County Participation**

Counties throughout California are increasingly challenged by the rising cost and complexity of providing legally required medical care to individuals housed in county jails. Many face persistent staffing shortages, escalating contract and litigation costs, and increasing difficulty maintaining compliance with state and national care standards. These challenges are particularly pronounced in rural and mid-sized counties, where limited scale, geographic constraints, and workforce availability create additional barriers to service delivery.

Publicly available data and county experience indicate that contract costs for jail medical services have increased significantly from one contract period to the next, often alongside expanded regulatory requirements and heightened expectations for specialty and behavioral health care.<sup>1,2,3</sup> At the same time, chronic workforce shortages have contributed to increased reliance on contract-based service models and temporary staffing arrangements, which can create operational instability and additional fiscal pressure.<sup>4</sup> Limited service partner options amplify the counties' concerns should one partner no longer be available.

In parallel, counties have observed increased litigation and liability exposure related to jail medical care, underscoring the financial and risk management implications of existing delivery models. In discussions with regional working groups, PRISM, a member-directed risk management joint powers authority, noted recent cases involving in-custody deaths and medical care claims that resulted in multimillion-dollar settlement demands and increased county costs.

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<sup>1</sup>Fresno County Board of Supervisors. (2024, December 3). *Approval of amendment to jail medical services contract* (Agenda Item No. 8). County of Fresno Board of Supervisors meeting agenda.

<sup>2</sup>Lake County Board of Supervisors. (2025, June 10). *Jail medical services contract and associated cost increases* (Agenda Item No. 5.11). County of Lake Board of Supervisors meeting agenda.

<sup>3</sup>Monterey County Board of Supervisors. (2025, November 18). *Update and actions related to jail medical care services* (Agenda Item No. 15). Monterey County Board of Supervisors meeting agenda.

<sup>4</sup>California State Auditor. (December 2025). *State Health Care Staffing Contracts*.

In response to these shared challenges, the Rural County Representatives of California (RCRC), in partnership with PRISM, convened five regional task forces in early 2025 composed of County Executive and Administrative Officers (CEOs and CAOs). The purpose of these task forces was to explore long-term strategies for improving the delivery, quality, cost-effectiveness, and risk management of jail medical care, including the potential for regional collaboration.

Following a series of working group meetings with each region, the Golden State Finance Authority (GSFA), RCRC's affiliated public agency, issued Request for Proposals (RFP No. 2025-GSFA-001) on October 13, 2025. The purpose of the RFP is to procure a qualified consultant, or team of consultants, to conduct a feasibility study evaluating alternative models for jail medical care delivery across five defined regions of California, encompassing a total of 26 participating counties (See EXHIBIT A for a map of participating counties within each region). The feasibility study is intended to support counties in assessing regional collaboration opportunities, cost-effective service delivery approaches, quality-of-care considerations, and compliance with applicable state and national standards (See Exhibit B for list of deliverables to be completed under the contract).

The RFP submission period closed on December 12, 2025, resulting in two qualifying proposals. GSFA conducted an internal evaluation process that included technical scoring and consultation with each CAO-led regional working group in early January 2026. Through this process, regional working groups identified preferred consultants to support the feasibility study within their respective regions.

This staff report is provided to support the Board's consideration of the attached MOU related to participation in the Jail Medical Care Feasibility Study. Through the proposed MOU, the county would partner with the GSFA to fund and participate in a coordinated, data-driven evaluation of long-term jail medical care alternative alongside similarly situated counties. Under the anticipated structure, GSFA will serve as the contracting entity and program facilitator, convene coordination meetings between county staff and the selected consultant, and act as the fiscal intermediary responsible for processing and paying consultant invoices using funds contributed by participating counties. The feasibility study will be performed exclusively by the selected consultant, and the MOU will become effective only upon execution by all participating counties within the region.

## EXHIBIT A: Map of Regions and Participating Counties



## **EXHIBIT B: Jail Medical Care Feasibility Study Project Deliverables**

The selected consultant(s) will complete a regional feasibility study to evaluate long-term alternatives for jail medical care service delivery. Deliverables will be completed separately for each participating region and will include, at a minimum, the following components:

### **1. Regional Needs Assessment**

- Inventory of current jail medical delivery models across participating counties
- Summary of existing contracts, staffing structures, and operational arrangements
- Assessment of workforce capacity, vacancy pressures, and recruitment challenges
- Continued synthesis of stakeholder input from county administrators, jail leadership, and health staff

### **2. Comparative Evaluation of Service Delivery Models**

- Side-by-side analysis of feasible jail medical care delivery models, including:
  - County-operated (in-house) models
  - Contracted medical services models
  - Regional or shared administrative/governance models (i.e. JPA or shared contracting model)
- Evaluation of each model's operational feasibility, staffing viability, governance complexity, scalability, and alignment with county priorities

### **3. Performance, Compliance, and Risk Review**

- Assessment of each model's ability to meet applicable constitutional, clinical, and regulatory requirements
- Identification of operational, clinical, and liability risks associated with each model
- Analysis of oversight and quality assurance requirements under alternative governance structures

### **4. Comparative Cost and Fiscal Analysis**

- Detailed cost estimates for each model, by county and region
- Identification of major cost drivers, fiscal risks, and sustainability considerations
- Evaluation of potential economies of scale or shared-service efficiencies in the long-run

### **5. Implementation Roadmap**

- Region-specific implementation pathways for feasible models
- Identification of key milestones, sequencing considerations, and decision points
- Overview of recommended governance, staffing, procurement, and administrative actions
- Risk mitigation strategies and readiness considerations

### **6. Regional Reporting and Presentation**

- Stand-alone comprehensive written feasibility report for each region, including:
- Presentation of findings to each regional working group
- Final materials suitable for briefing County Board of Supervisors