

**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.