

Request for Proposals

Health Care Services for Inmates Incarcerated in British Columbia Provincial Correctional Centres

Ministry of Public Safety & Solicitor General – Corrections Branch

Request for Proposals Number: ON-001946

Issue date: September 15, 2010

Closing Time: Proposal must be received before 2:00 PM Pacific Time on: **Wednesday, November 10, 2010**

GOVERNMENT CONTACT PERSON: All enquiries related to this Request for Proposals (RFP), including any requests for information and clarification, are to be directed, in writing, to the following person who will respond if time permits. Information obtained from any other source is not official and should not be relied upon. Enquiries and any responses will be recorded and may be distributed to all Proponents at the Province's option.

Cheryl Akey, Procurement Specialist

Fax: (250) 387-7309 Email: purchasing@gov.bc.ca

DELIVERY OF PROPOSALS:

Proposals must not be sent by mail, facsimile or e-mail. Proposals are to be submitted as follows:

A. Four (4) hard copies of the proposal and one (1) copy on CD or DVD must be submitted by hand or by courier, with an unaltered, completed Request for Proposals cover page including an originally-signed Proponent Section to:

Purchasing Services Branch
c/o 2nd Floor 563 Superior Street, Victoria, B.C. V8V 1T7
Attention: Cheryl Akey

Proposal envelopes should be clearly marked with the name and address of the Proponent, the Request for Proposals number, and the project or program title.

OR

B. One complete electronic proposal must be received in accordance with BC Bid Instructions for e-bidding. Only pre-authorized e-bidders registered on the BC Bid system can submit electronic bids.

PROONENTS' MEETING:


☐ A Proponents' meeting will be held at the locations and dates listed on the next page

Note: A transcript or minutes of the meeting will be distributed to those Proponents who have returned the Receipt Confirmation Form. Attendance is optional; but is recommended. Oral questions will be allowed at the Proponents' meeting; however, questions of a complex nature, or questions where the Proponent requires anonymity, should be forwarded in writing, prior to the meeting, to the Government Contact person designated above.

PROONENT SECTION:

For hard-copy proposals, a person authorized to sign on behalf of the Proponent must complete and sign the Proponent Section (below), leaving the rest of this page otherwise unaltered, and include the originally-signed and completed page with the first copy of the proposal. For electronic proposals, all parts of the Proponent Section (below) must be completed except the signature field, as the BC Bid e-bidding key is deemed to be an original signature. The rest of this page must be otherwise unaltered and submitted as part of your proposal.

The enclosed proposal is submitted in response to the above-referenced Request for Proposals, including any addenda. Through submission of this proposal we agree to all of the terms and conditions of the Request for Proposals and agree that any inconsistent provisions in our proposal will be as if not written and do not exist. We have carefully read and examined the Request for Proposals, including the Administrative Section, and have conducted such other investigations as were prudent and reasonable in preparing the proposal. We agree to be bound by statements and representations made in our proposal.

Signature of Authorized Representative: 	Legal Name of Proponent (and Doing Business As Name, if applicable): JILL SCHMIDT HEALTH SERVICES INC.
Printed Name of Authorized Representative: JILL SCHMIDT	Address of Proponent: <div style="text-align: center;">S22</div>
Title: President	Authorized Representative phone, fax or email address (if available): jh1schmidt@gmail.com
Date: November 7, 2010	

A PROPOSAL TO PROVIDE HEALTH CARE SERVICES
FOR INMATES INCARCERATED IN
BRITISH COLUMBIA PROVINCIAL CORRECTIONAL CENTRES

RFP# ON-001946

CLOSING DATE AND TIME:

November 10, 2010
2:00 PM

Jill H. Schmidt, RN
S22

S22

Ph: (604) 818-2475 Fax: (604) 888-9565

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VISION STATEMENT

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KEY FEATURES OF THIS PROPOSAL

We are pleased to offer the following proposal for comprehensive health care services for Inmates incarcerated in British Columbia Correctional Centres as outlined in Request for Proposal # ON - 001946.

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This proposal is jointly submitted by Ms. Jill H. Schmidt, RN, President of Jill Schmidt Health Services Inc. and S22 We previously provided contracted health care services to approximately 1500 Inmates incarcerated at Correctional Centres in British Columbia including North Fraser Pretrial Centre, Fraser Regional Correctional Centre, Ford Mountain Correctional Centre, Surrey Pretrial Services Centre, and Prince George Regional Correctional Centre.

The Proponents have an impressive history of providing high quality, uninterrupted correctional health care without budget overruns. Our central location in the Fraser Health Authority (5 of the 9 Correctional Facilities are in the FHA) S21

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The Proponents are both recognized leaders in health care delivery with a combined total of 30 years experience in B.C. Corrections. Jill Schmidt Health Services Inc. is an experienced health care provider with the documented leadership and business management skills required to meet the challenges of a full service Province-wide healthcare delivery model. S22

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Ms. Schmidt will provide the leadership role of Contractor's Manager and assumes overall responsibility for successful performance of the Contract. She has 12 years experience providing unparalleled correctional health care. She has S21 and has the unique ability to work successfully as an independent Contractor's Manager while simultaneously meeting the varied needs of Correctional Program Directors, Business Managers, and union representatives. S21

S21 Ms. Schmidt has always adopted a proactive approach to preventative health management for inmates. She has shown innovation in cost reduction.

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The Proponents have put together a management team that has a proven ability to provide high quality, large-scale, integrated correctional health care. Further, we have the vision, leadership, stability, and human resources required to provide high quality, integrated, and cost-effective service delivery to all Centres in the Province.

Our approach in responding to this RFP follows the same format as the RFP itself. Each question or section in the RFP is numbered and typed in red. Our detailed response follows in black.

All pricing formulas are clearly indicated for the Province as a whole.

4 REQUIREMENTS

The Proponents are pleased to offer this proposal to provide complete health care services for inmates incarcerated in B.C. Correctional Facilities. S21

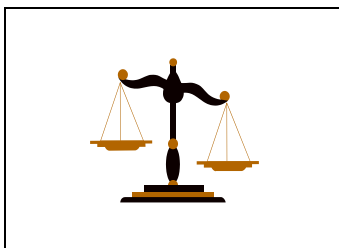
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S21 In addition, we have provided selected quotes from practitioners familiar with our work who have provided written references found in Appendix C.

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Information Access Operations

INFORMATION AND PRIVACY REQUEST: CTZ-2012-00122

NOTICE OF RECORDS WITHHELD FROM RELEASE

DESCRIPTION OF DOCUMENT:	The proposal submitted by Jill Schmidt (Sentry Correctional Health Services Inc.) in response to RFP # ON-001946: Request for Proposals Health Care Services for Inmates Incarcerated in British Columbia Provincial Correctional Centres, Issue date: September 15, 2010, Closing date: November 10, 2010.
NUMBER OF PAGES:	Pages 9 - 10
REASON FOR REMOVAL:	Section 21 (disclosure harmful to business interests of a third party) Section 22 (disclosure harmful to personal privacy)
INITIALLED:	BM

4.1—APPROACH

4.1.1—GENERAL SERVICE DELIVERY

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S21 Ms. Schmidt and S22 have both clinical and administrative experience and have contracted health care services at NFPC, FRCC, SPSC, FMCC, PGRCC, PGYCC, HUTDA LAKE and ARCC.

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1. Name a contact person for the proposal, and include this person's address, phone and fax numbers, and email address. This information will not be evaluated, but may be used to contact the Proponent.

The contact person for this proposal is:

Ms. Jill Schmidt
President and CEO
Jill Schmidt Health Services Inc.

S22

Telephone: 604-818-2475
Fax: 604-888-9565
Email address: jhlschmidt@gmail.com

The Proponents' fully functional corporate office is centrally located in Langley within close proximity to 5 of the 9 Correctional Facilities covered by this proposal. We are within an hour of the Vancouver International Airport and 20 minutes from Abbotsford Airport for ease of travel to sites in Victoria, Nanaimo, Kamloops, and Prince George.

2. Provide an overview of how the Contractor's responsibilities listed as items (a) through (i) below will be performed, including the titles of the personnel who will be responsible for each.

In consultation with the Ministry, the Proponents will assume overall responsibility for the daily planning, delivery and organization of all Health care Services. Our responsibilities include, but are not limited to, the following:

a) providing appropriate triage, treatment and referral of Inmates;

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b) ongoing assessment and monitoring of Inmates;

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S21, S22

c) participating in the case management of Inmates;

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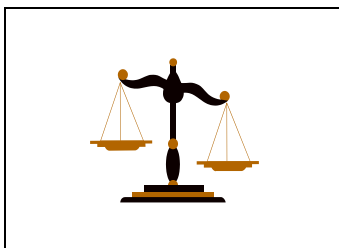
d) individualized treatment;

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e) supervising, scheduling and training of the Contractor's Health Care Personnel;

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NUMBER OF PAGES:	Pages 17 - 18
REASON FOR REMOVAL:	Section 21 (disclosure harmful to business interests of a third party)
INITIALED:	BM

S21, S22

f) liaising with community health services and outreach programs for release planning;

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g) addressing Inmate complaints, including verbal complaints;

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h) gender and culturally relevant program content and delivery;

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i) reviewing developments in the health care field.

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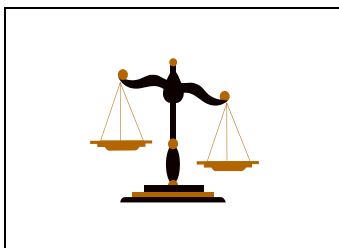
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4.1.1.1 — DELIVERY OF MEDICAL SERVICES

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3. Provide an overview of how the Contractor will provide Physician's clinics according to schedules established with each Centre. Explain reasons for the proposed approach.

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NUMBER OF PAGES:	Pages 24 - 26
REASON FOR REMOVAL:	Section 21 (disclosure harmful to business interests of a third party)
INITIALLED:	BM

4.1.1.2 — Delivery of Mental Health Services

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4. Describe how the Mental Health Services in (a)-(c) will be delivered including the titles of the personnel who will be responsible for each and explain why this approach is appropriate.

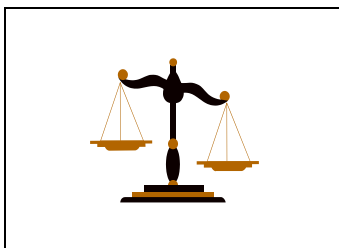
a) diagnostic and functional assessments where indicated, which can be augmented with external assessment tools if approved by the Ministry;

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b) suicide prevention/management;

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NUMBER OF PAGES:	Pages 29 - 30
REASON FOR REMOVAL:	Section 21 (disclosure harmful to business interests of a third party)
INITIALLED:	BM

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c) supervision and delivery of mental health programs throughout the Centres to those Inmates assessed as needing these services;

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5. Describe any of the Proponent's existing special programs that may be incorporated into the Services for mentally disordered Inmates that are included in the Proponent's pricing.

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S21, S22

4.1.1.3 — Delivery of Addiction Services

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6. Describe how the addictions and concurrent disorder services in (a) - (e) will be delivered including the titles of the personnel who will be responsible for each and explain why this approach is appropriate.

a) withdrawal management;

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b) addiction assessment tools (note: prior to their use, all addiction tools will require Ministry approval);

S21, S22

c) counselling interventions;

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d) relapse prevention;

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e) counselling, with an emphasis on group work.

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7. Identify the proposed number of Addictions Counsellors' hours that will be provided per in each Centre, and the average number of Inmates they will serve in each Centre per week. Include a description of why the average number of Inmates is reasonable and achievable.

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8. Describe the outcome measures proposed and how the Proponent intends to assess the effectiveness of their addiction services through this series of measures.

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4.1.2 — Intake Process

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9. Provide specific examples where the Proponent would inform the Warden that an Inmate's physical and/or mental health may affect the Centre's ability to safely house that Inmate.

Within 24 hours of intake, all Inmates have a health assessment performed by a physician or a nurse acting under the direction of a physician. All health care information obtained during assessment and throughout an Inmate's incarceration is considered confidential. S21

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4.1.3 — Prioritizing Health Care Services Requests

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10. Describe the proposed process and considerations for prioritizing Health Care Services requests for referrals and treatment that are specific to all of the Services (Medical, Dental, Mental Health & Addiction)

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- All health care request forms are confidential. A nurse reviews each one and the nurse is responsible for triage to the appropriate health care provider including physician, psychologist, dentist or mental health coordinator.

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4.1.4 — Case Management and Release Planning

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11. Describe how the Proponent plans to establish and maintain linkages with appropriate community programs and agencies in order to facilitate the continuity of care between custody and the community.

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S21 Critical linkages include Health Authorities, hospitals, private practitioners, outreach nursing programs, the Centre for Disease Control, alcohol and drug service agencies, community mental health services, residential treatment facilities, health education and information services, and other service and support agencies.

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12. Provide a plan for the provision of an Inmate-specific integrated case management approach with community professionals and resources, which ensure the sharing of appropriate information while maintaining the protection of privacy consistent with the Freedom of Information and Protection of Privacy Act.

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NUMBER OF PAGES:	Pages 44 - 45
REASON FOR REMOVAL:	Section 21 (disclosure harmful to business interests of a third party)
INITIALLED:	BM

4.1.5 — Service Delivery Team

S22

13. Provide an organization chart of the proposed team delivering Services that includes all Health Care Personnel, organized by Centre and type of position, and that outlines all reporting relationships. Include all the roles listed in section 3.7.2 as well as any additional roles required for corporate capability functions such as human resources, labour relations, finance & administration, contract and operations management, etc. If more than one organization is proposed to deliver the Services, identify which organization is responsible for each position named in the organizational chart. If any team members are in roles not defined in the RFP, include a description of their role(s) and responsibilities,

S21

Response Guidelines

14. Describe how you intend to ensure both local and provincial integration of Services, addressing all of the bullets below. Include how this integration works for Inmates moving from one Centre to another.

S21

a) a seamless experience for Inmates receiving services, from one discipline to another.

S21

b) strong communication among the different roles and services;

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c) consistency of service delivery across the province;

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S21, S22

d) a structure which functions as a multi-disciplinary team, each stream commanding equal importance.

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4.1.6 — Recruiting, Hiring and Retaining Staff

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Proponents should have formal, documented procedures for providing new staff, as needed. These processes should include an interview process and first-hand checking of references provided.

Proponents should propose strategies that will recruit and retain the employee and/or sub-contractors required to perform the Services. Proponents should also propose strategies to address the delivery of Services in the event of personnel shortages and/or recruitment challenges.

15) Explain the proponents approach to recruiting and hiring new staff, including all steps in the process and estimated timelines for completion.

S21, S22



Information Access Operations

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NUMBER OF PAGES:	Pages 53 - 54
REASON FOR REMOVAL:	Section 21 (disclosure harmful to business interests of a third party)
INITIALLED:	BM

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16. Describe what incentives will be offered (excluding the hourly bonuses specified in section 4.4.3) to recruit and retain the employees and/or sub-contractors required for the delivery of these Services.

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S21

17. Describe how Proponents will ensure service delivery levels are met in the event of personnel shortages (i.e. due to geography, limited local resources, etc.)

S21, S22

4.1.7 — Continuity of Service Delivery

S22

The Contractor will provide the appropriate level of staff required at each Centre at all times. The Ministry recognizes that situations may occur that will not always allow for this (i.e. staff illnesses, flooding or road closures which restrict staff from getting to work, labour disruptions, etc). Proponents should have a plan in place, both short term (up to 48 hours of disruption) and longer term (more than 48 hours) to ensure appropriate staffing is available when these types of circumstances occur.

18. Describe the Proponent's plan, both short term (up to 48 hours of disruption) and longer term (more than 48 hours) to ensure appropriate staffing levels during unforeseen circumstances.

S21, S22

S21, S22

4.2 — Proponent Capability

4.2.1 — Corporate Experience

Corporate Experience

Proponent organizations should have three or more years experience providing health services of a similar scope and complexity. Similar scope and complexity is defined as including the following:

19. Complete Appendix D.

The Proponents have attached completed Appendix D Forms for both Ms. Schmidt (Jill Schmidt Health Care, Inc) and

S22

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See Appendix D

20. Describe a situation where the Proponent organization was instrumental in improving health care service delivery. Include a complete description of the issue prior to the improvement, the Proponent's role in identifying the issue as well as planning, developing and implementing the improvement, and the methodology used to validate that an improvement had occurred.

S21, S22

S22

Other examples of the Proponents' role in improving Health Care delivery are available upon request

4.2.2 — Experience of Key Personnel

This section identifies a number of key roles where personnel should be identified, that will be required for the delivery of Services.

Proponents are strongly encouraged to provide names. If the Proponent organization has internal policies requiring all new positions be posted, the name of the individual(s) who will fill the position(s) on an interim basis are to be named in the proposal as a temporary placement. This policy and process should be clearly articulated in the proposal. This will give evaluators the opportunity to evaluate the individual(s) and will still allow the Proponent to post for the position. A general statement that someone will be hired meeting the qualifications stated will not score well.

S21

4.2.2.1 — Contractor's Manager & Backup Manager

Proponents should name a proposed Contractor's Manager, who will be responsible for all activities identified in section 3.7.2.1 of this RFP, from initial to final stages of Service delivery. A back-up Contractor's Manager should also be named, in the event that the original proposed Contractor's Manager becomes unavailable due to unforeseen circumstances. Substitutions for this position will require prior written approval by the Ministry.

The Contractor's Manager and backup should have 3 or more years experience in each of the following areas:

21. The name and personal resume of the person intended for each position.

Contractor's Manager - Ms. Jill Schmidt, President and CEO, Jill Schmidt Health Services, Inc.

Backup Manager - S22

Communicable Disease Lead - S22

Technology Lead - S22

Medication and Supply Services Lead - S22

Mental Health and Addictions Lead - S22

Discharge Planning Lead - S22

Resumes are attached for the seven positions noted above. (See Appendix B)

22. A high-level overview of the proposed individual's experience, detailing how the applicable numbered items [i.e. (a) through (xx)] are met. Include the name of the company relevant to the experience cited, the dates (month and year) that the proposed individual worked on the specific assignment or position, and a description of the named individual's duties and responsibilities.

Contractor's Manager - Jill Schmidt, RN

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a) managing project(s) involving the negotiation and implementation of service contracts;

Ms. Schmidt provided health care service contracts for the Ministry from 1990 – 2003 and has always

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have also been within budget. All other correctional contracts

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The Contractor's Manager is the overall director and leader of the health care team. Jill Schmidt, RN assumes this role with broad experience as both a clinician and health care contractor providing health care services at Correctional Centres across the Province. As President and CEO of Jill Schmidt Health Services Inc. she employed more than 150 health care staff at sites including Fraser Regional Correctional Centre, Surrey Pre-trial Services Centre, Alouette River Correctional Centre and Prince George Regional Correctional Centre. Ms. Schmidt has a large human resources database and community links to

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S21

. She has extensive personal

experience in successfully negotiating collective agreements on behalf of Jill Schmidt Health Services Inc. and had provided comprehensive, uninterrupted health care services to B.C. Corrections for more than twelve years.

Ms. Schmidt has successfully negotiated three collective agreements with unionized staff with no disruption in services.

S21

Ms. Schmidt has all-inclusive knowledge of correctional health care, human resources, and recruitment and retention programs. She has been involved in the start-up of new health care units at four different correctional facilities. She was also asked to take over the medical services of ARCC in 1996. Ms. Schmidt employed more than 150 personnel at Centres across the Province, which included health care managers, nurses, medical office assistants, pharmacy technicians, psychologists, psychiatrists, and physicians.

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b) supervising and providing overall direction to staff and/or sub-contractors;

S21

Ms. Schmidt has extensive experience in providing overall direction to staff and sub-contractors. As indicated throughout this proposal, Ms. Schmidt employed and managed more than 150 employees and sub-contractors; she has had formal training in union/management negotiations.

S21

c) managing large corporate budgets/financial issues;

S21

d) managing a program of similar scope and complexity.

Jill Schmidt Health Services Inc. was the health care contractor at the new Fraser Regional Correctional Centre and Surrey Pre-trial Services Centre. She then negotiated and began managing Prince George Regional Correctional Centre, Prince George Youth Containment Centre and Huda Lake Correctional Centre. Alouette River Correctional Centre, Stave Lake

and Boulder Bay were added in 1996. North Fraser Pre-trial Centre was opened in 2001 and Jill Schmidt worked with S22 Uninterrupted health services were provided to FRCC and SPSC from 1990 to 2003. Service to Prince George was from 1995 to 2003.

Jill Schmidt Health Services Inc. provided seamless correctional health care delivery at a time when many hospital units closed due to a worldwide nursing shortage. Ms. Schmidt successfully introduced pharmacy technicians and licensed practical nurses at Prince George Regional Correctional Centre.

Similarly, it has been estimated that 30% of the population of Prince George is unable to find a family doctor. Despite this figure, physician services at Prince George Regional Correctional Centre continued uninterrupted from 1995 - 2003.

The Proponents have wide-ranging health care experience both in the correctional environment and in the complementary acute care community setting which forms an essential link to the correctional health care environment. Collectively, they managed health care contracts at North Fraser Pre-trial Centre, Fraser Regional Correctional Centre, Ford Mountain Correctional Centre, Surrey Pre-trial Services Centre, and Prince George Regional Correctional Centre. Their combined current payroll, including subcontractors, totaled more than 150 persons. Extensive human resource links to the community assured the highest quality staff at all correctional Centres in the Province.

The Contractor's Manager, Jill Schmidt had provided comprehensive health care services to the B.C. Corrections Branch for 12 years and managed health care contracts at FRCC, SPSC, and PGRCC. She always worked as a Health Care Manager. As such, Ms. Schmidt oversaw health care delivery for approximately 1500 inmates.

The Proponents believe Ms. Schmidt has the unique ability and skill to assume the role of Contractor's Manager. Since her previous involvement in B.C. Corrections as a Health Care Contractor,

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Ms. Schmidt also works for Healthlink BC, which is a telephone consultation for medical information and emergency advice. Working closely with 911, Dial a Dietician, Poison Control and Pharmacists. This position has increased general nursing knowledge regarding medical and psychiatric conditions.

1. The name and personal resume of the person intended for each position.

Backup Manager ·

S22

S22

2. A high-level overview of the proposed individual's experience, detailing how the applicable numbered items [i.e. (a) through (xx)] are met. Include the name of the company relevant to the experience cited, the dates (month and year) that the proposed individual worked on the specific assignment or position, and a description of the named individual's duties and responsibilities.

a) managing project(s) involving the negotiation and implementation of service contracts;

S22

S22

S21, S22

b) supervising and providing overall direction to staff and/or sub-contractors;

S22

c) managing large corporate budgets/financial issues;

S22

S22

d) managing a program of similar scope and complexity.

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S22

S21, S22

We also believe we have put together a senior management team of Functional Leads who will provide excellence in the provision of cost-effective, consistent and standardized health care delivery.

4.2.2.2 — Communicable Disease Lead

Proponents should name a proposed Communicable Disease Lead, who will be responsible for all activities described in section 3.7.2.2.1. The Communicable Disease Lead should be a Physician or a Registered Nurse with experience in communicable diseases.

S21

The proponents have successfully recruited a physician with 27 years of medical practice experience including an impressive background of having established and managed a Women's Health Centre for S22 will assume the role as Communicable Disease Lead. Her curriculum vitae is attached.

The Communicable Disease Lead should have 2 or more years experience providing leadership and coordination to personnel responsible for delivering services related to communicable diseases, and have experience in the following areas:

a) clinical experience in communicable diseases and infection control within an institutional setting;

S22

During epidemics, all protocol for minimizing spread of disease were put into place in both these clinic settings.

b) dealing with complex patient data sets and spreadsheets;

S21, S22

S21, S22

c) conducting outbreak analyses and recommending prevention measures on a day-to-day basis during outbreaks;

S21, S22

d) Providing clinical expertise and coordination to a variety of clinical staff;

S22

e) Assessing personnel training needs;

S21, S22

f) Organizational and corporate communication responsibilities;

S21, S22

g) Interdisciplinary teamwork and development.

S21, S22

See attached resume in Appendix B.

4.2.2.3 — Technology Lead

Proponents should name a Technology Leader, who will be responsible for all activities described in section 3.7.2.2.2. The Technology Lead should have experience in medical and electronic information systems, technology, and equipment and related supplies. The Technology Lead should be a technical support staff preferably with a nursing background or designation.

The Technology Lead is S22

The Technology Lead should have 2 or more years' experience in the following areas:

- a) Providing leadership and coordination to personnel responsible for delivering health care services:

S22

b) Dealing with complex technology, medical/dental equipment and electronic information systems;

S22

c) Providing technical expertise, support and coordination to a variety of clinical staff;

S22

d) Coordinating, updating, maintaining and purchasing of equipment and supplies;

S22

e) Assessing personnel technical training needs, and arranging necessary training;

S22

f) Organizational and corporate communication responsibilities;

S22

See attached resume in Appendix B.

4.2.2.4 — Medication and Supply Services Lead

Proponents should name a proposed Medication and Supply Services Lead, who will be responsible for all activities described in section 3.7.2.2.3. The Medication and Supply Services Lead should be a clinical pharmacologist or pharmacist.

S22

The Medication and Supply Services Lead should have two or more years experience providing leadership and coordination in the following areas:

S22

a) monitoring medication and medical supply inventories;

S22

b) monitoring medication utilization;

S22

c) risk management related to prescribed medications and drug interactions;

S22

d) investigating and reducing medication errors;

S22

e) performing medication and supply cost and trend analyses;

S22

f) assessing personnel knowledge and training needs, and arranging necessary training.

S22

S22

See attached resume in Appendix B.

4.2.2.5. — Mental Health and Addictions Lead

Proponents should name a proposed Mental Health and Addictions Lead, who will be responsible for all activities described in section 3.7.2.2.4. The Mental Health and Addictions Lead should be a psychologist or psychiatrist, with training and experience in concurrent disorders.

S22

The Mental Health and Addiction Lead should have two or more years experience in the following areas:

a) Clinical experience in mental health and addiction services;

S22

b) Providing leadership and coordination to personnel responsible for delivering services related to mental health and addictions;

S21, S22

c) Providing clinical supervision to a variety of clinical staff;

S22

d) Assessing personnel credentialing and training needs, and arranging necessary training;

S21, S22

e) Organizational and corporate communication responsibilities;

S21, S22

f) Interdisciplinary teamwork and development.

S21, S22

Please see attached resume in Appendix B

4.2.2.6 — Discharge Planning Lead

Proponents should name a proposed Discharge Planning Lead, who will be responsible for all activities described in section 3.7.2.2.5. Preference will be given to social workers or nurses named in the role.

S22

The Discharge Planning Lead should have two or more years experience in the following areas:

a) Hospital and / or ambulatory care patient follow-up;

S22

b) Providing leadership and coordination to health care personnel;

S21, S22

S22

c) Communicating with community service providers, including hospitals, health authorities, community mental health, forensic psychiatric services, other ministries, and non-governmental organizations;

S21, S22

d) Providing an integrated, inter-disciplinary approach to developing and implementing comprehensive patient care and after-care plans;

S21, S22

e) Assessing health care personnel training needs, and arranging necessary training.

S21, S22

Please see attached resume in Appendix B.

4.3 — PRICE

Cost Containment

Able to work within budgets in changing environment

S22

4.3.2 — Health Care Managers' and Assistant Health Care Managers' Wages and Benefits

The Province will pay for actual costs of wages for the Health Care Managers and Assistant Health Care Managers, to the maximum of \$48.06 per hour for the Health Care Managers, and \$46.40 per hour for the Assistant Health Care Managers for hours approved by the Ministry.

The Province will evaluate benefits, as a percentage of wages for the Health Care Managers and Assistant Health Care Managers as noted above. Benefits are defined as the hourly wage for all paid leaves, (i.e., only hours worked can be billed to the Province directly) (e.g., vacation, illness and any others), as well as the actual costs for other benefits such as medical insurance, life insurance, pension fund, etc.

Response Guidelines

23. Identify the benefit percentage that is proposed to be applied to the hourly wages of the Health Care Managers and Assistant Health Care Managers. Clearly specify this percentage for each of the first two years of the Contract Term.

Year One

S21

Year Two

24. Provide a breakdown of the benefits included in the percentages proposed.

S21

4.3.3 — Administrative Fee

Response Guidelines

25. Provide a firm, fixed, all-inclusive price for administrative costs for each of the first two years of the Contract term.

Year One:

S21

Year Two:

26. Include a breakdown of what is included and the amount budgeted for each item identified for both years 1 and 2, that clearly identifies recruitment and retention costs, all costs associated with Functional Leads wages and benefits, admin staff wages and benefits, and all other costs included as a single category.

The Proponents have calculated administrative costs, which include all expenses exclusive of wages, benefits, and sessional costs. See Appendix A.

Administrative costs include:

- Annual costs of administering seasonal influenza vaccine to Correctional staff in all Correctional Centres. Annual uptake is approximately 50% of 1,700 staff, although actual numbers fluctuate from year to year. 2 nurses x 7.5 hours x 9 Centres x 51.52 = 6,955.00 (Hourly rate plus benefits)
- Annual costs for recruitment & retention incentives, as proposed in response to section 4.1.6 of this RFP;
- Contractor's Manager staff meetings;
- Overtime rates incurred by the Contractor that have not been approved by the Ministry as per section 4.3.1;
- Overtime rates incurred by the Contractor for stat holidays worked;
- 25% of sick-leave wages and benefits incurred, and 25% of sick banks paid out at retirement, if applicable;
- Wages, benefits & expenses for staff training that are not included in section 4.3.1 above;
- All costs associated with the Contractor's Manager and Functional Leads described in section 3.7.2;
- All costs associated with the delivery of Addictions Services that are not related to Addictions Counsellors' wages and benefits;
- Administrative costs, such as, but not limited to, accounting and legal fees,
- Labour relations and human resources costs, etc;
- Court Appearances as part of Contractor's business;
- Clothing allowance;
- Pension administration fee;

- Annual nursing licensing fees;
- Travel and any related accommodations, other than travel requested in writing by the Ministry;
- All costs associated with administrative staff not addressed in this RFP;
- Costs associated with any facility that is not a Correctional Centre; and
- Any other costs not otherwise specified.

Our administrative costs include, insurance, Contractor's Manager wages, and Functional Lead wages and benefits, secretarial wages and benefits, Backup Contractor's Manager wages and benefits, communication costs, business licensing fees, legal fees, union negotiation fees, and all other costs related to administration of the contract not noted elsewhere.

Professional Dues – This is the annual amount for nurse registration dues. This also is part of the collective agreement. The cost is approximately \$200.00 per nurse.

Payroll and Accounting – This cost covers all bookkeeping, accounting and payroll costs.

Our detailed administrative costs can be found in Appendix A and include all nine Centres.

APPENDIX A: BUDGET

START-UP

Start Up Wages and Benefits	Two Months
Contract Manager	25,000
Addiction Lead	21,700
Discharge Planning Lead	23,330
Pharmacy Lead	28,000
IT Lead	28,000
Infectious Disease Lead	28,000
Administrative Assistant	11,700
Payroll and Benefits	10,000
Office Rent	10,000
Computers (x60)	6,000
Fax	200
Printer	200
Phones	2,000
Pagers	200
Photocopier	500
Office Supplies	250
Desks	2,400
Travel to all Centres	11,187
Admin Fee	50,000
Staff Meeting (4 hrs)	12,600
Total	258,667

APPENDIX A: BUDGET TRAVEL START-UP

Travel to all centres

Prince George

Leads	Flights	1	5	550	2,750
	Meal per diem	1	5	55	275
	Hotel	1	5	113	565
Contractor	Flights	1	1	550	550
	Meal per diem	1	1	55	55
	Hotel	1	1	113	113

Nanaimo

50 km @ .50/km					
Leads	Mileage	1	5	25	125
	Ferry	1	5	110	550
	Meal per diem	1	5	55	275
	Hotel	1	5	113	565
Contractor	Mileage	1	1	25	25
	Ferry	1	1	110	110
	Meal per diem	1	1	55	55
	Hotel	1	1	113	113

Victoria

145 km @ .50/km					
Leads	Mileage	1	5	72.5	363
	Ferry	1	5	110	550
	Meal per diem	1	5	55	275
	Hotel	1	5	113	565
Contractor	Mileage	1	1	72.5	73
	Ferry	1	1	110	110
	Meal per diem	1	1	55	55
	Hotel	1	1	113	113

Kamloops

650 km @ .50/km					
Leads	Mileage	1	5	325	1,625
	Meal per diem	1	5	55	275
	Hotel	1	5	113	565
Contractor	Mileage	1	1	325	325
	Meal per diem	1	1	55	55
	Hotel	1	1	113	113

Total 11,187

APPENDIX A: BUDGET

ADMINISTRATIVE

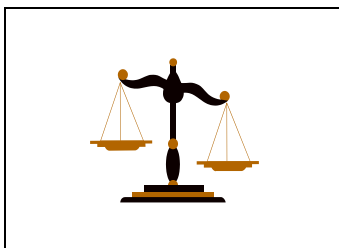
Administrative Fee

		Year One	Year Two (3% inflation)
WAGES AND BENEFITS			
Contractor's Manager		150,000	154,000
Addiction Lead	NP	130,000	133,900
Discharge Planning Lead	MSW	140,000	144,200
Pharmacy Lead	Doctor	168,000	173,040
IT Lead	Doctor	168,000	173,040
Infectious Disease Lead	Doctor	168,000	173,040
Back up Contractor Physician Consult		50,000	51,500
Finance Manager		80,000	82,400
Payroll and Benefits		60,000	61,800
Administrative Assistant		70,000	72,100
Labor Relations Officer (pt)		60,000	61,800
HR Officer (pt)		60,000	61,800
Quality Improvement Nurse		60,000	61,800
Electronic Communication		15,000	15,450
Contractor Staff Meetings		10,000	10,300
Office rental		60,000	61,800
Office Utilities		6,000	6,180
Office Supplies		5,000	5,150
Business License		120	125
Education		25,000	25,750
Insurance		15,000	15,450
Travel and Accommodation		13,500	13,905
Overtime Rates		200,000	206,000
Overtime Stat Holidays		8,000	8,240
Stat pay		155,000	159,650
25% sick time		140,000	144,200
25% sick banks for retirement		4000	4120
Accounting and Legal		20,000	20,600
Psychological Tests		2,000	2,060
Court Appearances		2000	2060
Advertising		9,000	9,270
Clothing Allowance		10,000	10,300
Nursing Licences			
RN/RPN (x50)	200	10,000	10,300
LPN (x25)	200	5000	5,150
Staff Flu Vaccine		7,000	7,210
2 days at each Centre			
Recruitment Bonus \$500.00 (x8)		4000	4,120
Management Fee		400,000	412,000
Total		2,489,620	2,563,810

APPENDIX A: BUDGET ANNUAL TRAVEL

Annual Travel Costs for all Leads and Contractor's Manager to visit each Centre

Prince George					
Physician	Flights	52	1	550	28,600
Weekly	Meal per diem	52	1	55	2,860
	Travel Time	52	1	500	26,000
	Hotel	52	1	113	5,876
Leads	Flights	6	5	550	16,500
	Meal per diem	6	5	55	1,650
	Hotel	6	5	113	3,390
Contractor	Flights	6	1	550	3,300
	Meal per diem	6	1	55	330
	Hotel	6	1	113	678
Nanaimo					
Mileage return 50 km x .50 per kilo					
Leads	Mileage	6	5	25	750
	Ferry	6	5	110	3,300
	Meal per diem	6	5	55	1,650
	Hotel	6	5	113	3,390
Contractor	Mileage	6	1	25	150
	Ferry	6	1	110	660
	Meal per diem	6	1	55	330
	Hotel	6	1	113	678
Victoria					
Mileage return 145 km x .50 per kilo					
Leads	Mileage	6	5	72.5	2,175
	Ferry	6	5	110	3,300
	Meal per diem	6	5	55	1,650
	Hotel	6	5	113	3,390
Contractor	Mileage	6	1	72.5	435
	Ferry	6	1	110	660
	Meal per diem	6	1	55	330
	Hotel	6	1	113	678
Kamloops					
Mileage return 650 km x .50 per kilo					
Leads	Mileage	6	5	325	9,750
	Meal per diem	6	5	55	1,650
	Hotel	6	5	113	3,390
Contractor	Mileage	6	1	325	1,950
	Meal per diem	6	1	55	330
	Hotel	6	1	113	678
					130,458

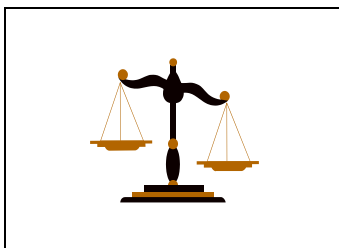


Information Access Operations

INFORMATION AND PRIVACY REQUEST: CTZ-2012-00122

NOTICE OF RECORDS WITHHELD FROM RELEASE

DESCRIPTION OF DOCUMENT:	The proposal submitted by Jill Schmidt (Sentry Correctional Health Services Inc.) in response to RFP # ON-001946: Request for Proposals Health Care Services for Inmates Incarcerated in British Columbia Provincial Correctional Centres, Issue date: September 15, 2010, Closing date: November 10, 2010.
NUMBER OF PAGES:	Pages 87 - 118
REASON FOR REMOVAL:	Section 22 (disclosure harmful to personal privacy)
INITIALLED:	BM

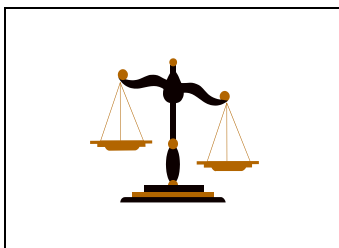


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NUMBER OF PAGES:	Pages 119 - 134
REASON FOR REMOVAL:	Section 21 (disclosure harmful to business interests of a third party) Section 22 (disclosure harmful to personal privacy)
INITIALLED:	BM



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NUMBER OF PAGES:	Pages 135 - 141
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INITIALLED:	BM

APPENDIX F: TRANSITION PERIOD

Transition Plan

Jill Schmidt Health Services Inc. has a proven track record of being able to successfully transition in as a new service provider without disruption of healthcare delivery. The following transitions ran smoothly due to the implementation of an organized plan:

- In 1994, JSHS Inc. was awarded the Contracts for FRCC and SPSC. Ms. Schmidt had previously managed the centres. We went into the facilities on the first day of the contract and business carried on as usual.
- In 1995, Jill Schmidt Health Services Inc. was awarded the contracts for PGRCC, PGYCC and Hutda Lake.. Business carried on as usual from the first day of the contract. Ms. Schmidt stayed in Prince George for two weeks, working directly with the staff. She was available to answer any questions and participated in the physical move into the new facility. Ms. Schmidt visited these facilities every two months, participating in the day-to-day activities of the Centres in order to ensure set standards were being met and to stay current with any issues or concerns the staff might express.
- In 1996, JSHS Inc. was asked by the Government to take over the medical services at ARCC. Prior to assuming responsibility, there had been staffing difficulties and the medical clinic needed to be moved into another building. Ms. Schmidt staffed this new centre and business carried on without any problems. Two of staff members hired by Ms. Schmidt at that time continue to work at the facility.
- There were no disruptions in service and all services continued as scheduled.

S21

Due to her extensive experience, Ms. Schmidt will be able to evaluate more efficient ways of working together as a team and with Inmates. Ms. Schmidt has a proven track record of working at each Centre as a Contractor dramatically reducing workload and improving service delivery in a more efficient manner.

S21

APPENDIX F: TRANSITION PERIOD

S21

If awarded the contract, Jill Schmidt Health Services Inc. will ensure there will be no disruption of health care service delivery. Continuity of high quality direct care is a priority: JSHS Inc. will:

S21

APPENDIX F: TRANSITION PERIOD

S21

APPENDIX G: ORGANIZATION CHART

S21