

**CALIFORNIA PRISON HEALTH CARE RECEIVERSHIP CORPORATION  
OFFICE OF THE RECEIVER**

**REQUEST FOR PROPOSALS  
FOR**

**Enterprise Imaging and Radiology Assessment and Planning  
For The**

**California Department of Corrections and Rehabilitation  
Under Direction of the Californian Prison Health Care Receiver**

**FOR CALIFORNIA ADULT PRISON FACILITIES**

**September 11, 2007**

**PROPOSALS DUE: 2:00 p.m. October 11, 2007**

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## I. REQUEST

The Receiver of the California Department of Corrections and Rehabilitation (CDCR) prison health care system is requesting proposals for an assessment of CDCR's existing enterprise imaging and radiology services and assistance with the development a plan for the future provisioning of imaging and radiology services to its inmate -patient population. The awarded contract will be a service agreement with the Receiver through the California Prison Health Care Receivership Corporation (CPR).

## II. BACKGROUND

As a result of the State of California's ongoing failure to provide medical care to pr ison inmates at constitutionally acceptable levels, the United States District Court for the Northern District of California has established a Receivership to assume the executive management of the California prison medical system and raise the level of ca re up to constitutional standards. On February 14, 2006, the Court appointed Robert Sillen to serve as the Receiver and granted him, among other powers, the authority to exercise all powers vested by law in the Secretary of the CDCR as they relate to the administration, control, management, operation, and financing of the California prison medical health care system.

The Court's actions stem from the case of *Plata v. Schwarzenegger* -- a class action law suit brought on behalf of the CDCR's adult inmates. Applicants should refer to the Court's October 3, 2005 "Findings of Fact and Conclusions of Law Re Appointment of Receiver" and the Court's February 14, 2006 "Order Appointing Receiver" for further information regarding the conditions underlying the Rec eivership and the powers and responsibilities of the Receiver. These and other relevant documents can be found on CPR's website at: <http://www.cprinc.org/materials.htm>.

The CDCR mental health and dental systems are also under court supervision as a result of two additional inmate class actions: *Coleman v. Schwarzenegger* and *Perez v. Tilton*. To avoid duplication of effort, certain health care initiatives that support the entire health care system are being coordinated by the *Plata*, *Coleman* and *Perez* courts. To facilitate such coordination, the courts have agreed that the Receiver will be responsible, in addition to his management of the medical system, for the oversight and implementation of certain mental health and dental support functions, including radiology.

While the problems identified by the courts and the Receiver reach into almost every element of the health care system, it is without question that the existing radiology services are inadequate to meet the needs of the confined adult populatio n. The selected contractor will be expected to provide a plan for centralization and management of enterprise imaging services in the most expeditious and cost -effective manner.

CDCR currently delivers healthcare services to over 175,000 inmate -patients in thirty-three institutions throughout the state. The scope of the healthcare mission includes dental care, primary care, acute and urgent care, chronic care management, long -term care, hemodialysis, physical therapy and rehabilitation, and infirmary -level care. Cases requiring specialty consultation or complex management are seen remotely by telemedicine or are referred to neighboring medical/dental offices or hospitals. The scope of imaging services required by the patient population includes plain film radiology, CT, MRI, ultrasound, nuclear medicine, dental radiology (digital and plain film), and angiography, as well as emerging imaging modalities, such as PET and SPECT scans. Currently the CDCR performs approximately 175,000 imaging and radiology procedures annually, the majority of which (92%) are done in -house. General film radiology is the most common medical imaging procedure performed (150,100 exams/yr), followed by MRI (7123), ultrasound (7098), CT (4753), and mammography (4142). Also, approximately 3 million dental radiographs are taken each year.

Until recently, healthcare operations in the thirty -three institutions were confined to silos, with no central planning, management, or oversight of services. Consequently, each institution has been responsible for managing its own radiology program, resulting in widely varying methods of service delivery and operation. For example, several institutions maintain their own CT scanners, while others contract out for these services. Neighboring institutions may have contracts with different radiology medical groups at wildly different rates and levels of service. Some institutions have outdated equipment dating from the 1980's; others meanwhile have purchased new imaging devices, although they lack the expertise and equipment necessary to install them. Several prisons have purchased and installed new computed radiography imaging systems that may be mutually incompatible with one another.

The effects of the lack of central management and planning are not limited solely to the institutions themselves. Because the CDCR's healthcare information technology infrastructure has suffered from a decade of neglect, the current network is insufficient to support a PACS, and all digital images must be printed and stored as hard copies. Additionally, facilities in extremely remote California locations have had great difficulty recruiting and retaining radiology staff and identifying neighboring radiology groups that can provide timely reads of films.

To improve the quality, efficiency, and timeliness of radiology services delivered to the CDCR's patient population, the Receiver is seeking to create a statewide strategy for centralizing the oversight, management, and delivery of imaging and radiology services. This redesign of imaging and radiology services will occur in concert with other improvements taking place throughout the prison healthcare system, including overhauls of information technology and telemedicine; consequently, we expect to have the infrastructure to support PACS and teleradiology in 2008.

### III. ANTICIPATED SCOPE OF SERVICES

The Receiver is seeking a contractor to perform an operational assessment of existing CDCR imaging and radiology services and subsequently make recommendations on how to restructure the program for maximum benefit to the CDCR's healthcare mission and its patients. Specifically, the contractor will

- Provide an assessment of the current state of imaging and radiology services, including capabilities, staffing, organizational/management structure, and technical infrastructure;
- With specific reference to other institutionalized healthcare settings, including correctional systems, provide a critique of the above findings in light of currently available technology and industry best practices;
- Estimate the return on investment which can be realized from the establishment of centralized radiology operations, including staffing, capital equipment investment, implementation of information systems, purchasing of supplies, and the reading of images in-house by centralized, internal staff (as compared to outsourcing this function).
- In conjunction with CPR leadership and the *Perez* and *Coleman* court representatives, create a vision of the future state of California prison enterprise imaging and radiology services, including
  - The types of imaging services CDCR should perform in-house versus outsourcing
  - A comprehensive, enterprise-wide staffing model, from senior management on down to individual institutions
  - The feasibility of mobile CT scanners and other capital equipment
  - An approach to integrating radiology services between dental and medical
  - A strategy for implementing teleradiology, including contracting with remote providers
  - The tactical steps required to centralize all enterprise imaging and radiology operations and to transition from multiple analog film systems to a single, centralized PACS system with both a clinical archive and a separate off-site back-up archive for disaster recovery.
- Provide a road map, including estimated costs, resources required, and duration of effort, for the Receivership to restructure and modernize the CDCR's enterprise imaging and radiology program to achieve the stated vision.

In pursuit of these objectives, the contractor will be expected to

- Lead a kick-off meeting for the project in Sacramento, CA.
- Visit CDCR's headquarters in downtown Sacramento and a sample set of approximately 8 prisons, including
  - At least two prisons that have significant space constraints limiting availability of on-site capital equipment;
  - At least two prisons that currently use advanced imaging modalities on-site, such as CT scanning or ultrasound;

- At least two prisons that have installed digital imaging equipment.
- At these facilities, assess imaging and radiology clinical workflow ; the condition and placement of imaging suites; dental radiology equipment; facility layout constraints; transport requirements for off -site imaging; timeliness , quality (as related to meeting the ACR standards for radiology reporting) and reliability of contracted radiologist evaluations; and perceived need for imaging services.
- Interview relevant CDCR personnel, including leadership and front -line clinical (medical and dental) and technical staff.
- Participate in a teleconference open to all CDCR radiology staff at all prisons intended to gather suggestions and feedback from front-line personnel and inform them of this project.
- Present interim findings and analysis no later than the fourth month of the engagement in Sacramento, CA.
- Present the final report and recommendations at a meeting in Sacramento, CA.

The successful contractor will meet the following qualifications:

- Extensive experience with imaging and radiology services in a variety of clinical settings. Experience in correctional healthcare preferred.
- Demonstrated history of success in prior enterprise -scale imaging assessment and strategic planning projects.
- Familiarity with the state of teleradiology in California, including California's regulatory environment as it affects the provision of distance medical services both within the state and beyond the state's borders.
- Familiarity with dental radiology and the need for storage and accessibility statewide.
- Familiarity with color digital dental intraoral imaging.

The contractor will work at the direction of the Receiver or the Receiver's designee. All work of contractor's staff will be at the day -to-day direction of a Project Executive or Project Director designated by the contractor.

#### **IV. DELIVERABLES**

The deliverables required will be stipulated in conjunction with the approved work plan and associated staffing plans and schedules.

**ALL DELIVERABLES CREATED BY THE CONTRACTOR UNDER THE AGREEMENT, WHETHER OR NOT IDENTIFIED AS CONTRACTUAL DELIVERABLES, WILL BE THE PROPERTY OF THE RECEIVER.**

## **V. SELECTION AND CONTRACTING PROCESS**

An Evaluation Committee (the “Committee”) will review the submitted proposals in accordance with submittal requirements and evaluation criteria set forth below and will recommend to the Receiver a short list of firms for further consideration. Upon acceptance of the short list, the Receiver may invite short-listed firms to make oral presentations to the Committee.

If the Receiver elects to conduct oral interviews, the entire proposed Key Staff of any short-listed teams must be available to participate in these interviews. The Committee will then make a final evaluation and submit its recommendation to the Receiver. The Receiver will make a final determination and authorize negotiations with one or more of the firms that have submitted their qualifications and whose responses are most advantageous to the Receiver.

The Receiver reserves the right to seek clarification of information submitted in response to this RFP and/or request additional information during the evaluation process. The Receiver reserves the right to accept or reject any or all qualifications and selections when it is determined, in the sole discretion of the Receiver, to be in the best interest of the Receiver.

The Receiver intends to negotiate and enter into a services agreement (“the Agreement”) with the selected Respondent promptly upon selection. Prior to commencing the Services, the selected contractor must sign the Agreement and provide proof of insurance.

The Agreement will include the General Terms and Conditions and Contractor Certification Clauses set forth at:

<http://www.documents.dgs.ca.gov/ols/GTC-307.doc> and <http://www.documents.dgs.ca.gov/ols/CCC-307.doc>, except that all references to the State of California or the Department of General Services will mean the California Prison Health Care Receivership Corporation.

The Agreement is anticipated to be for a period of not more than 6 months.

## **VI. EVALUATION CRITERIA**

The Committee will review Proposals in accordance with the following criteria:

- A.** Respondent's proven experience, capabilities and resources, at both the corporate and individual levels, in providing imaging consulting services to programs comparable in size, scope of work, and urgency.

- B.** Qualifications, availability and commitment of key staff. Respondents shall clearly identify the key staff that will perform each of the above -described areas of scope, what role each is anticipated to fulfill in connection with the Project, and what percentage of their time will be devoted exclusively to this Project.
- C.** Proven systems, management techniques, required expertise and resources designed to facilitate timely and effective decision -making and stakeholder coordination.
- D.** Cost or relative value of services provided.
- E.** Completeness and comprehensiveness of response to this RFP and compliance with the submittal requirements.
- F.** Quality of oral interviews including technical analysis and presenta tion (if requested by the Receiver).
- G.** Legal actions that might affect Respondent's ability to perform as contracted.
- H.** Absence of any relationship that could constitute a conflict of interest or otherwise impede the ability of the Respondent to protect the in terests of the Receiver.

## **VII. SUBMITTAL REQUIREMENTS**

### **A. RFP Schedule**

<b>Event</b>	<b>Date</b>
RFP Issued	September 11, 2007
Deadline for questions regarding RFP	September 24, 2007
Responses to questions	September 28, 2007
Statements of Qualifications due	October 11, 2007
Notification for interviews	October 16, 2007 (estimated)
Interviews	October 24 - 26, 2007 (estimated)
Selection announced	November 19, 2007 (estimated)
Estimated project start date	December 6, 2007 (estimated)

### **B. Addenda**

Any questions regarding the RFP should be submitted to CPR in writing. CPR will, at its discretion, respond to questions in an addendum. Any necessary information not included in this RFP that CPR deems necessary and relevant to responding to the RFP will also be issued in an addendum . CPR makes no guarantee that all questions submitted will be answered.



Addenda will be sent to all known applicants. If the Respondent did not receive this RFP directly from CPR, notify CPR in writing of a request to receive any addenda by September 25, 2007.

### **C. Format**

Proposals should be clear, concise, complete, well organized and demonstrate both Respondent's qualifications and its ability to follow instructions.

8 (eight) bound copies of the Proposal should be provided, with all materials spiral bound into books of approximately 8-1/2" x 11" format, not to exceed forty (40) single-sided pages total length. At least one (1) copy must contain original signatures and be marked ORIGINAL.

Pages must be numbered. We will not count, in the total, the graphic cover sheet, cover letter, table of contents, blank section dividers (tabs), explanations about legal actions, and a maximum of 12 resumes, which may be included in an appendix. The entire Proposal shall also be submitted in electronic (pdf) format on CD, organized in the same manner as the printed submissions.

The Proposal shall be placed in a sealed envelope with the submitting firm's name on the outside of the envelope.

All respondents are requested to follow the order and format specified below. Please tab each section of the submittal to correspond to the numbers/headers shown below.

Respondents are advised to adhere to submittal requirements. Failure to comply with the instructions of this RFP may be cause for rejection of submittals.

The Receiver reserves the right to waive any informalities in any submittal and/or to reject any or all submittals. The Receiver reserves the right to seek clarification of information submitted in response to this RFP during the evaluation and selection process. The Committee may solicit relevant information concerning the firm's record of past performance from previous clients or consultants who have worked with the Respondent.

### **D. Contents**

The Proposal must include the following items:

1. A cover letter signed by an officer of the firm submitting the Proposal, or signed by another person with authority to act on behalf of and bind the firm. The cover letter must contain a commitment to provide the required Services described with the personnel specified in the

submission. The letter should certify that the information contained in the Proposal is true and correct. Please also indicate the contact person(s) for the selection process along with contact information.

2. Executive Summary: The Executive Summary must include a clear description of the primary advantages of contracting with your organization. It should also include a brief explanation of how the Respondent satisfies the evaluation criteria, and a brief statement that demonstrates Respondent's understanding of the desired Services.
3. Demonstration of the Respondent's Qualifications: Please provide the following information:
  - a) Your company's name, business address and telephone numbers, including headquarters and local offices.
  - b) A brief description of your organization, including names of principals, number of employees, longevity, client base, and areas of specialization and expertise.
  - c) A description of your company's prior experience related to correctional and healthcare facilities.
  - d) A description of your company's prior experience in California.
  - e) A description of your company's specific areas of technical expertise as they relate to this RFP.
  - f) A description of your company's internal training and quality assurance programs.
4. Professional references: Describe previous work on no more than three projects of comparable scope and magnitude for which you provided similar types of services. Provide complete reference information including project name, location, client, total contract amount (and firm's amount if different), principal-in-charge, day-to-day technical project director/manager, key staff, date completed, client reference (name, current position and phone number), and a brief narrative of project description for each project identified and described above. **Experience may not be considered if complete reference data is not provided or if named client contact is unavailable or unwilling to share required information.**
5. Qualifications of Technical Personnel: Submit current resumes for Key Personnel committed to this project and a statement regarding their local availability. Specifically describe previous related experience, its pertinence to this program, and provide references including the name, address and telephone number of a contact person who can verify the

information provided. Provide brief description of referenced project(s), as well as any professional certifications, accreditation, special licensing or other qualifications which qualifies the professional to perform in their designated area of responsibility.

6. Legal action: Respondent must provide a listing and a brief description of all material legal actions, together with any fines and penalties, for the past five (5) years in which (i) Respondent or any division, subsidiary or parent company of Respondent, or (ii) any member, partner, etc., of Respondent if Respondent is a business entity other than a corporation, has been:
  - a) A debtor in bankruptcy;
  - b) A defendant in a legal action alleging deficient performance under a services contract or in violation of any statute related to professional standards or performance;
  - c) A respondent in an administrative action for deficient performance on a project or in violation of a statute related to professional standards or performance;
  - d) A defendant in any criminal action;
  - e) A principal of a performance or payment bond for which the surety has provided performance or compensation to an obligee of the bond; or
  - f) A defendant or respondent in a governmental inquiry or action regarding accuracy of preparation of financial statements or disclosure documents.
7. Default Termination: Disclosure whether your company has defaulted in its performance on a contract in the last five years, which has led to the termination of a contract.
8. Conflict of Interest: Identify any existing financial relationships with other vendors that may be a part of your proposal, and explain why those relationships will not constitute a real or perceived conflict of interest.
9. Cost Proposal: Provide a cost proposal for performing the Services.

#### **E. Modification or Withdrawal of Proposal.**

Prior to the Proposal due date, Respondents may modify or withdraw a submitted Proposal. Such modifications or withdrawals must be submitted to CPR in writing. Any modification must be clearly identified as such and must be submitted in the same manner as the original (e.g., appropriate copies,

paper size, etc.). No modifications or withdrawals will be allowed after the Proposal due date.

#### **F. Public Opening**

There will be no public opening of responses to this RFP. However, after a contract is awarded all Proposals may be available for public review. CPR makes no guarantee that any or all of a Proposal will be kept confidential, even if the Proposal is marked "confidential," "proprietary," etc.

#### **G. General Rules**

1. Only one Proposal will be accepted from any one person, partnership, corporation or other entity.
2. Proposals received after the deadline will not be considered.
3. This is an RFP, not a work order. All costs associated with a response to this RFP, or negotiating a contract, shall be borne by the Respondent.
4. CPR's failure to address errors or omissions in the Proposals shall not constitute a waiver of any requirement of this RFP.

#### **H. Reservation of Rights**

The Receiver reserves the right to do the following at any time, at the Receiver's discretion:

1. Reject any and all Proposals, or cancel this RFP.
2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any Proposal.
3. Request that certain or all candidates supplement or modify all or certain aspects of their respective Proposals or other materials submitted.
4. Procure any services specified in this RFP by other means.
5. Modify the specifications or requirements for services in this RFP, or the required contents or format of the Proposals prior to the due date.
6. Extend the deadlines specified in this RFP, including the deadline for accepting Proposals.
7. Negotiate with any or none of the Respondents.

8. Terminate negotiations with a Respondent without liability, and negotiate with other Respondents.
9. Award a contract to any Respondent.

**Inquiries in regard to this RFP should be addressed to:**

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