



# Suspension of Competition Acquisition Request

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1. Fully describe the product(s) and/or service(s) being requested.  
Inpatient Psychiatric Hospital for persons with high acuity needs and require immediate inpatient services.
2. Identify the selected vendor and contact person; include the address, phone number and e-mail address for each.  
BHC Heritage Oaks Hospital - James Stoeltzing, 4250 Auburn Blvd, Sacramento, CA 95841, (916) 830-2239, james.stoeltzing@uhsinc.com  
BHC Sierra Vista Hospital - Martin Gutierrez, 8001 Bruceville Road, Sacramento, CA 95823, (916)480-5113, Martin.Gutierrez@uhsinc.com  
Aurora Behavioral Healthcare-Santa Rosa, LLC - Wade Sturgeon, 1287 Fulton Road, Santa Rosa, CA 95401 (877) 978-4848, wade.sturgeon@aurorabehavioral.com
3. What is the total cost of the acquisition? If an agreement, state the total cost of the initial term and the amounts for potential renewal terms.  
Term Maximum - \$47,000,000  
FY 2017-28 (Prorated) - \$500,000  
FY 2018-19 - \$5,000,000  
FY 2019-20 - \$5,500,000  
FY 2020-21 - \$12,000,000  
FY 2021-22 - \$12,000,000  
FY 2022-23 - \$12,000,000
4. Identify the unique qualities and/or capabilities of the service(s) and/or product(s) that qualify this as a Suspension of Competition acquisition.  
Inpatient Psychiatric Hospitals are a unique level of care for Mental Health Services. These facilities are licensed to provide inpatient services to persons with high acuity needs. Fresno County DBH will contract with any hospital in which persons served are referred. Fresno County persons served are referred to this type of facility by Emergency Departments (ED) and other crisis mental health service facilities. Fresno County is automatically invoiced for persons served and will contract with any hospital that serves Fresno County persons.
5. Identify from Administrative Policy #34 what circumstances constitute a Suspension of Competition.  
 In an emergency when goods or services are immediately necessary for the preservation of the public health, welfare, or safety, or for the protection of County property.  
 When the contract is with a federal, state, or local governmental agency.  
 When the department head, with the concurrence of the Purchasing Agent, finds that the cost of preparing and administering a competitive bidding process in a particular case will equal or exceed the estimated contract amount or \$5,000 whichever is more.  
 When a contract provides only for payment of per diem and travel expenses and there is to be no payment for services rendered.  
 When obtaining the services of expert witnesses for litigation or special counsel to assist the County.  
 When in unusual or extraordinary circumstances, the Board of Supervisors or the Purchasing Agent/Purchasing Manager determines that the best interests of the County would be served by not securing competitive bids or issuing a request for proposal.
6. Explain why the unique qualities and/or capabilities described above are essential to your department.  
Inpatient Psychiatric Hospital Services are essential to DBH because persons with high acuity mental health needs are increasing. Fresno County residents benefit from DBH having this agreement with inpatient psychiatric hospitals to ensure there are beds available if a person is in crisis and has high acuity mental health needs.
7. Provide a comprehensive explanation of the research done to verify that the recommended vendor is the only vendor with the unique qualities and/or capabilities stated above. Include a list of all other vendors contacted, what they were asked, and their responses.  
The vendors above are the hospitals that ED and crisis mental health service facilities refer persons to who are in need of this level of care. DBH's Managed Care Division receives invoices from any hospital in which Fresno County persons served are referred. DBH utilizes Purchasing Agreements for non-contracted hospitals until the spending authority is depleted. Once the hospital has used half of the allotted money, Managed Care notifies Contracted Services to begin contract negotiation with the hospital.

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Requested By:

Senior Staff Analyst

Title

[\[Sign\]](#) Double click!

**I approve this request to suspend competition for the service(s) and/or product(s) identified herein.**

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Department Head Signature

[\[✉ Sign\]](#) Double click!

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Purchasing Manager Signature

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