



**JEFFERSON COUNTY, TEXAS  
PURCHASING DEPARTMENT**

1149 Pearl Street – First Floor  
Beaumont, Texas 77701  
409-835-8593

**ADDENDUM TO RFP**

RFP Number: RFP 17-037/YS  
RFP Title: Inmate Health Care Services for Jefferson County Correctional Facility  
RFP Due: 11 am CDT, Tuesday, February 6, 2018  
Addendum No.: 1 (one)  
Issued (Date): January 24, 2018

**TO OFFEROR:** This Addendum is an integral part of the RFP package under consideration by you as an Offeror in connection with the subject matter herein identified. Jefferson County deems all sealed proposals to have been proffered in recognition and consideration of the entire RFP package – **including all addenda.** For purposes of clarification, **receipt of this present Addendum by an Offeror should be evidenced by returning it (signed) as part of the Offeror’s sealed proposal.** If the Proposal has already been received by the Jefferson County Purchasing Department, Offeror should return this addendum in a separate sealed envelope, clearly marked with the RFP Title, RFP Number, and Opening Date and Time, as stated above.

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Reason for Issuance of this addendum:

1. Questions and answers from Offerors
2. Sample schedule and personnel requested for Inmate Mental Health Care

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**The information included herein is hereby incorporated into the documents of this present Bid matter and supersedes any conflicting documents or portion thereof previously issued.**

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Receipt of this Addendum is hereby acknowledged by the undersigned Offeror:

ATTEST:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Approved by \_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (Offeror)

\_\_\_\_\_  
Title of Person Signing Above

\_\_\_\_\_  
Typed Name of Business or Individual

\_\_\_\_\_  
Address

## OFFEROR QUESTIONS AND ANSWERS

1. Q: On page four (4) of the RFP, in the box stating “Proposal Submission”, the first bullet states that the bidder should include a completed proposal copy of this specification packet in its entirety. Please define the specification packet, and if “a complete RFP following the Response format” on page 25, 2. Response Format, is considered the specifications packet, along with the requested forms.

A: We ask that a submission contain a full copy of our specifications and any proposal specific to your company be included within or behind it. There are forms throughout our specification packet that are necessary and must be completed and returned. The Purchasing Department has found that when requiring vendors to include the entire specification packet as part of a proposal, completed and necessary forms are more likely to be included.

2. Q: Attachment A on page 58 of the RFP details the past five (5) years of the current provider’s/Jefferson County’s off-site expenditures and Attachment A also shows an annual \$500,000 aggregate cap. Is the County requiring an aggregate cap from all interested bidders with this RFP? If so how much of a cap is the County requiring each bidder to propose?

Please understand by requiring an aggregate cap, the County is pre-paying for any potential off-site expenses several months prior to those expenses being realized, IF they’re needed at all, and with the provider proactively maximizing and managing on-site services as the County is requesting, those off-site cap funds (tax payer funds) may not be necessary. The County receives no additional benefit by requiring an aggregate cap, the County receives no cost-savings, nor change in the tax dollars spent. With there being zero benefit in the County pre-paying for off-site services through an aggregate cap, would the County consider waiving this cap requirement? Please understand waiving the cap requirement would not alter service delivery, the quality of care, and would ensure the County’s tax dollars stay in the County’s coffers instead of the successful bidder’s.

A: The cap is \$500,000.00. Yes, the County would like the aggregate cap included. The cap pays for all outside medical services including hospital, ambulance transports, and specialty visits and procedures. In respect to the cap, the cap has been met and exceeded every year since its inception 20 years ago. The agg cap is calculated into the total price of the annual contract and thus divided by 12 months (\$41,667.00 per month). This allows the County to more effectively establish a monthly budget. In the event that the cap is not met, the unspent money will be credited back to the County.

3. Q: Please confirm the Jefferson County Correctional Facility is NCCHC accredited. If so, when is the next scheduled inspection?

A: The County is currently NCCHC accredited. We are scheduled to be inspected next month, February 12-14.

4. Q: What are typically the busiest days and times for new intakes or inmate transfers?

A: The busiest times for new intakes are Friday and Saturday nights. The busiest day for transfers is Wednesday.

5. Q: Do the current provider’s Mental Health Counselors/MHPs manage any component of the intake process? If not, would the County like to see proposals which include the Mental Health Counselors/MHPs assisting with the intake process through conducting basic mental health assessments prior to acceptance?

A: No, they do not. Yes, we would like to see the proposal based on the attached Mental Health

Staffing Requirements on page 14 of Addendum.

6. Q: On average, how many inmates are placed on detox protocols on a weekly, monthly, and annual basis? On average, how many inmates were placed on detox protocols annually over the past three (3) years (2014, 2015, and 2016) and in 2017?  
A: There were 1830 inmates placed on detox protocols in 2017. The average is 35 per week.
7. Q: What has been the County's census for pregnant females each of the past three (3) years (2014, 2015, and 2016) and in 2017? What is the average length of stay for this population?  
A: 2015 – 20; 2016 – 25; 2017 - 15
8. Q: Are any OBGYN services currently provided on-site in the Jefferson County Correctional Facility? Please explain how OBGYN services are currently provided, how often, and who currently provides on-site OBGYN services.  
A: No. Initially the inmate is seen and assessed by the NP/PA or MD and referred to a local OBGYN for routine care. Please see Appendix D for a list of providers.
9. Q: Please explain where pregnant females who are addicted to opiates receive services? Does the County use local clinics for such services? If so, please name. Please explain any addiction maintenance programs, and the process of enrolling this high-risk population in such programs. Please provide as much detail as possible.  
A: Pregnant inmates who are already being treated by a methadone facility are treated by Texas Treatment Services. If the pregnant inmate is not established at a facility, a protocol is in place for the MD to order three (3) days of methadone from the emergency pharmacy until the inmate can get into Texas Treatment Services. If, for some reason this cannot be done, the inmate would be sent to Baptist Hospital for treatment.
10. Q: What has been the Jefferson County Correctional Facility's census for inmates with HIV for each of the past three (3) years (2014, 2015, 2016) and in 2017? What is the average length of stay for this population?  
A: The average number of HIV inmates per month at JCCF: 2015 – 11; 2016 – 8, 2017 – 6. There is no available date for average length of stay.
11. Q: Does the County's current provider manage an on-site HIV/Infectious Disease Clinic? If not, would the County be interested in proposal which include such a clinic?  
A: All inmates with chronic conditions including HIV are seen and managed by the provider for their chronic conditions once every 90 days unless otherwise specified as recommended by NCCHC.
12. Q: The rate of diagnosed HIV cases has increased significantly over the last few years. Consequently, in an effort for interested bidders to develop an accurate model, which will reduce the County's overall costs, would the County be interested in requiring all proposals to include an aggregate cap to cover HIV medications?  
A: No.
13. Q: Assuming the charges allow, are the courts typically understanding and agreeable to release inmates with high-risk and high-cost medical conditions?  
A: Every effort is made by the County and the courts to release high medical risk inmates depending on the charges and the individual circumstances of each case.
14. Q: Are IV therapy services currently provided on-site in the Jefferson County Correctional Facility? Would the Jefferson County Correctional Facility be agreeable to IV services on-

site?

A: JCCF technically has a medical department, not an infirmary. As such, IV fluids are given when required but other IV therapies are done off-site. No, unless a requirement of NCCHC accreditation.

15. Q: What is the average length of stay in the infirmary?

A: We do not have an infirmary. There are eight (8) isolation cells in the medical department which house many types of inmates, not just those with medical needs.

16. Q: What is the current process for inmates to request medical attention (paper "kite" process, kiosk and Commissary provider's software)?

A: Inmates fill out a paper sick call form. They have multiple locations to receive and submit these paper forms. It is anticipated to forward with the kiosk type. It will be the contractor's responsibility to audit this process until the software format is used.

17. Q: On average, how many tuberculin (TB) tests does the Jefferson County Correctional Facility manage on an annual basis? Will the County provide the serum for TB testing, or will the serum be the provider's responsibility?

A: Over the past three (3) years, the medical department has placed an average of 12,000 TB tests per year. The local health department provides the serum and syringes for the inmates and correctional staff.

18. Q: How many TB tests for detention administration, officers, and personnel should be considered/modeled on an annual basis? Will the County provide the serum for TB testing, or will the serum be the provider's responsibility?

A: Approximately 250 TB tests are done for corrections staff annually. The serum and syringes are provided by the local health department.

19. Q: Section 4.9.34 on page 36 of the RFP states, "Contractor will perform pre-employment physicals for JCCF employees. The Contractor's physician will be responsible for obtaining a history and performing a physical for prospective employees of JCCF." How many pre-employment physicals should be considered on an annual basis? Is the County also interested in UI drug screening as a component of the physicals on County employees? If so, how many should be considered on an annual basis? Would providing the UI test be the provider's responsibility?

A: There were 97 pre-employment physicals in 2017. Drug screens are done off-site. The County also currently uses an off-site facility for County employees.

20. Q: Is the County requiring flu shots to be provided to County employees and the high-risk inmate population? If so, how many should be considered for both employees and high-risk inmates on an annual basis? If required, will the County be providing the serum/vaccine for such services?

A: The County Employee Health Department provides flu shots for employees. Flu shots were given to 160 high-risk inmates in 2017. CCS (current provider) provided the flu shots for inmates.

21. Q: Please provide the annual expenditures related to x-ray, laboratory, medical waste, ambulance services, specialty OBGYN services, and specialty services over the past three (3) years (2014, 2015, 2016) and in 2017.

A: The aggregate cap figures, which encompass OBGYN, specialists, and ambulance transports have been provided (see Attachment A). On-site x-ray, lab, and medical waste are provided by the contractor and would have to be provided by them at their discretion.

22. Q: Please provide the annual expenditures related to EMS/ambulance services over the past three (3) years (2014, 2015, 2016) and in 2017.
- A: Included in aggregate cap.
23. Q: Please confirm the medical provider will be responsible for the cost of ambulance and care-flight services.
- A: Ambulance services fall under the aggregate cap. So yes, the medical provider will initially pay for the services like any other medical bill from an outside provider or facility, but since the County pay \$500,000.00 toward the cap and then covers any outside medical bills once the cap has been exceeded, the County ultimately pays for this service.
24. Q: On average, how many EMS/ambulance calls are made per week, per month, and in 2017?
- A: There was an average of seven (7) ambulance transports per month in 2017.
25. Q: Please supply a complete equipment list of the medical and ancillary equipment to include, but not limited to: any computer equipment, EKGs, O2 tanks, wheelchairs, crutches, AEDs, auto scopes, thermometers, blood pressure cuffs, blood pressure machines, locking medication carts and/or any other pieces of necessary medical equipment. Are medication carts owned by the County or the pharmacy? Please also include the age and condition of each piece of equipment.
- A: The medical provider is responsible for supplying their own computers. There is one (1) EKG machine, ten (10) O2 tanks, five (5) wheelchairs, two (2) AEDs, two (2) blood pressure machines, two (2) locking medication carts, two (2) O2 concentrators. All equipment, other than oxygen tanks is owned by the County. Please also see page 15 of Addendum for list.
26. Q: Please provide a detailed vacancy report for any and all healthcare positions as well as with contractors for the past three (3) years (2014, 2015, 2016) and in 2017. Please also include the duration for how long each position remained vacant.
- A: Over the course of the last five (5) years there have been six (6) positions vacant over 30 days that resulted in credits to the County (4 RN, 1 LVN, 1 DON).
27. Q: Is the County interested in proposal which include Case Managers and/or Discharge Planners to assist with the release process and decrease recidivism?
- A: Yes, please see Mental Health Staffing Requirements on page 14 of Addendum.
28. Q: Is the County requiring 24/7 coverage in each of the housing areas?
- A: 24/7 nursing is required for the facility, not for each individual housing area except for the maximum security dorms. It is preferred that at least an LVN be present in this area 24/7. There is office space dedicated for this position in this area.
29. Q: Specifically which specialty services (scheduled HIV Infectious Disease Clinic, OBGYN, Dialysis, Orthopedic...) are currently provided on-site at the Jefferson County Correctional Facility?
- A: No specialists provide on-site medical services.
30. Q: Does the Jefferson County Correctional Facility allow for inmate family members to provide inmate medications?
- A: An inmate's personal medications are used occasionally if necessary and decisions regarding the medication are made on a case by case basis.
31. Q: The last sentence in Section 4.9.17 of the RFP states, "Contractor shall provide, furnish, and supply pharmaceuticals and drugs to JCCF using a blister pack form of packaging." Is the County requiring for 100% of inmate's medications to be managed through blister packs, or

would stock/bulk medications be approved for certain medications?

A: Stock/bulk medications are okay for certain medications.

32. Q: Are inmates provided a supply of medications and/or a script for prescribed medications upon their release? If so, what quantity is provided?

A: A three (3) day supply of medication is provided for inmates upon their release and is called in to Walgreens on Highway 365. If the inmate prefers, a ten (10) day supply will be called in to any area pharmacy, but will be at the inmate's own expense.

33. Q: What are the top 20 most prescribed pharmaceuticals?

A: The top 20 most prescribed pharmaceuticals are: Protonix, Lamisil, Ibuprofen, Tylenol, Clonidine, Zyprexa 5 & 10 mg, Mirtazapine, Lisinopril, Nortriptyline, Setraline, Depakote, Amoxicillin, Immodium, Tums, Flexeril, Librium, Bactrim, Tegretol, and Meclizine.

34. Q: What are the top 20 most prescribed psychotropics?

A: The top 20 most prescribed psychotropics are: Olanzapine 2.5, 5, & 10 mg, Mirtazapine, Nortriptyline 25 & 50 mg, Sertraline 50 & 100 mg, Divalproex DR 250 & 500 mg, CDP, Risperidone .5, 1, 2, & 3 mg, Citalopram, Benzotropine, Hydroxyzine 25 & 50 mg, and Paroxetine.

35. Q: Which over the counter (OTC) medications are currently being provided by your commissary or medical provider?

A: Common OTC meds provided are: Tylenol, Ibuprofen, Tums, Mylanta, Maalox, Claritin, Zyrtec, aspirin, and Milk of Magnesia.

36. Q: Does the County allow Keep on Person (KOP) medications? If so, please provide this policy and a list of approved KOP medications.

A: Certain KOP medications are allowed such as inhalers, creams, eye and ear drops, and medicated shampoo.

37. Q: Does the County allow methadone to be prescribed and provided in the Jefferson County Correctional Facility? If so, is there a local methadone provider which provides methadone to the County's incarcerated population?

A: Only for pregnant inmates. Please refer to question and answer 9.

38. Q: Please provide the annual spend for the last three (3) years (2014, 2015, 2016) and in 2017 on HIV/AIDS medications. Is there a locally based community provider which assists the County with the high costs of HIV medications? If so, please provide the contact information for this provider.

A: This information will need to be provided from the current contractor at their discretion.

39. Q: What are the current medication pass times?

A: Medications are passed at 7 am and 7 pm.

40. Q: Is the current provider currently providing tele-psych services? If so, how many hours per week of tele-psych services are being provided?

A: Yes, currently ten (10) hours per week of tele-psych services are being provided.

41. Q: How many completed suicides have occurred over the past three (3) years (2014, 2015, 2016) and in 2017? Has any litigation resulted from these events?

A: There has been one (1) completed suicide since 2014. No information available at this time in regards to litigation.

42. Q: How many attempted suicides have occurred over the past three (3) years (2014, 2015, 2016) and in 2017? Has any litigation resulted from these events?
- A: There have been three (3) suicide attempts in the last three (3) years. No information available at this time in regards to litigation.
43. Q: What is the accessibility for inmates requiring acute psychiatric hospitalizations when care and treatment is beyond the scope of practice on site? How many inmates were transferred to your acute psychiatric hospital over the past three years (2014, 2015, 2016) and in 2017?
- A: Once admitted to the jail, inmates remain on-site for all psych/mental health services until they are ready for release or until they are found incompetent to stand trial and are transferred to a state hospital, i.e. Rusk.
44. Q: What is the incumbent's process for inmates who meet requirements for involuntary hospitalization?
- A: Please refer to question 43.
45. Q: How many inmates were found incompetent to stand trial over the past three (3) years (2014, 2015, 2016) and in 2017? What has been the average length of time inmates wait pending transfer to the state hospital?
- A: There are currently six (6) inmates found incompetent to stand trial and waiting for transfer to a state hospital. The average wait time is almost a year.
46. Q: Are inmates currently given forced or involuntary psychiatric medications when they are a danger to self or others as a result of a psychiatric disease, disorder, or illness? If so, what is the current protocol?
- A: No.
47. Q: Where does the County send inmates requiring inpatient psychiatric treatment?
- A: Please refer to question 44.
48. Q: How does the County manage inmates who are scheduled for release yet continue to be high-risk (i.e. on suicide watch)?
- A: Inmates who are scheduled for release but are considered suicidal or high mental risk are given an Emergency Detention Order and transferred to Baptist Hospital.
49. Q: Does the County currently provide any mental/behavioral health programming? If so, which program(s) is being utilized? Who/which licensure manages these programs? Does the current provider/County offer and manage programs which address substance abuse, mental health issues, individual/group therapy, and/or re-entry case management?
- A: AA and parenting classes are provided through the JCCF education department. No group therapy is provided by the contractor at this time.
50. Q: How closely does the local mental health authority (LMHA/MHMR) provider work with the current provider and the County?
- A: The County works closely with Spindletop MHMR.
51. Q: Does the current provider, or the County currently coordinate and work closely with any locally/community based mental health providers? If so, please provide the names and contact information for these providers.
- A: Spindletop MHMR
52. Q: Which Jail Management System (JMS) does the Jefferson County Correctional Facility currently utilize? Does the County plan to make changes with this system anytime in the next

five (5) years?

A: AS400

53. Q: Offeror Identifying Information asks for names and addresses of “each member, partner, and employee.” For the purpose of applying this requirement to a limited liability company, would disclosure of either (1) statutory officers, or (2) managers be considered responsive? When listing employees names and addresses, do you want the names and addresses of key positions only (e.g. HAS, DON, Medical Director), or every individual who will work at the facility.

A: Yes, a list of statutory officer and managers is necessary as well as listing key positions and any individual (if available) who will work at the facility.

54. Q: Offeror Personnel and Organization requires resumes and hours of all key personnel that will be involved in performing the project, and must provide for each person. Could you be more specific about the term “involved?” And, can we interpret “key personnel” to mean those with daily/weekly hands-on roles, such as doctors, nurses, etc., and not corporate executives who are key, but not personally providing health care?

A: Yes, those employees performing the project.

55. Q: Conflicts Disclosure Statement Form on page 49 appears to need to be completed by a “local government officer.” Can you describe how this process works?

A: Yes, the Conflicts Disclosure Statement Form is one that would need to be completed by any County employee involved in the RFP process that has or had a personal relationship with any employee of the offeror or relationship with the company, or has any other connection that could be construed as improper or not impartial to the process of the RFP.

56. Q: Please clarify why and to what extent FEMA provisions are mandated (FEMA Mandated Contract Clauses).

A: The County is required to include FEMA Mandated Contract Clauses in all IFBs, RFPs, and RFQs. These clauses generally come into effect during a declared disaster.

57. Q: Please clarify termination notice period.

A: The contract may be terminated by either party for any reason by giving sixty (60) days written notice of intent to terminate.

58. Q: 1.29, Loss, Damage, or Claim, pg. 15: This requirement as written would require your supplier to indemnify the County against all claims “arising from any cause.” Could you clarify that the provider would only be responsible for acts and omissions by its own employees, contractors, and agents?

A: Yes.

59. Q: Would the County be willing to consider off-site caps similar to current practice?

A: Any proposal will be considered as long as all other components are met by the RFP.

60. Q: Please provide a copy of your current health services contract including pricing and amendments.

A: Copy was emailed to requesting firm on January 18, 2018.

61. Q: Are there any shared cost arrangements or annual caps in pace with your current health services contract, and if so, what are they?

A: Please see question 2.



62. Q: What did the County spend for off-site costs (hospitalization, outpatient, specialty services) for each of the last two years?  
A: Please see Attachment A of RFP specification packet.
63. Q: Has the County successfully negotiated any discounted financial agreements/rates (e.g. Indigent, Medicaid, Medicare, etc.) with off-site providers? If so, please disclose what rates have been negotiated with each provider.  
A: That has been the responsibility of the Contractor.
64. Q: How is the inmate co-pay system currently managed and how much are the co-pay amounts?  
A: It is managed through the Commissary System. Co-pays are: \$4.00 Nurse, \$2.00 Prescriptions, \$6.00 Dentist, \$6.00 Doctor, and \$5.00 Nurse Practitioner.
65. Q: Provide a census of any and all contracted inmates to include Federal inmates, US Marshall inmates, ICE/Immigration inmates, neighboring County inmates, and/or any other contracted inmates the County has held over the past two years.  
A: We currently do not have any contracts for housing inmates at this facility.
66. Q: Please describe the County's financial responsibility for medical care for any of the contract inmates identified in the question above, including whether any of these agencies are billed directly for pharmaceuticals or other medical services.  
A: Please see question 65.
67. Q: What is your projected inmate population for the next three years?  
A: There has been an average daily population of 750 inmates.
68. Q: Please provide the County's plans for any facility expansions, if any.  
A: There are no plans for expansion at this time.
69. Q: Please explain the County's detention officers' roles in assisting with the management of inmate medical, mental, and ancillary healthcare programs and services.  
A: The corrections officer primary duties pertain to the safety and security of the facility, such as inmate movement, classification, preventing contraband, and interaction with the medical staff on issue involving inmate safety and facility security.
70. Q: Please provide statistics for the most recent two years for the number of hospital days, percentage of inmates on meds, and percentage of inmates on psych meds.  
A: 2016: 116 hospital days, 34% of inmates on meds, 8% of inmates on psych meds  
2017: 141 hospital days, 33% of inmates on meds, 9% of inmates on psych meds
71. Q: Please provide the average census and average length of stay for the infirmary.  
A: We do not have an infirmary. There are eight (8) isolation cells used for varied medical and mental issues.
72. Q: Does the County have negative pressure rooms on-site, and if so, how many?  
A: Yes, two (2).
73. Q: What hospitals are currently used for emergencies and for inpatient care?  
A: Please see Attachment D of RFP specification packet.
74. Q: Do the hospitals currently provide any clinics? If so, please identify.  
A: No.

75. Q: Is there a methadone program? If so, please describe.  
A: Please see questions 9 and 37.
76. Q: Does the County Health Department provide any services to inmates? If so, please describe.  
A: TB screenings
77. Q: Who currently performs the intake pre-screening (custody or contractor staff)?  
A: Contractor staff.
78. Q: Regarding the comment made at the pre-proposal conference about the desire to have mental health staff available during intake, can you clarify whether this was intended to apply to pre-screening and intake, or intake only?  
A: See Mental Health Staffing Requirements (page 14 of this Addendum).
79. Q: What has been the County's census for pregnant females each of the two (2) past years? What is the average length of stay for this population?  
A: Please see questions 7 and 8.
80. Q: Is the County's infirmary appropriately set-up to provide basic OBGYN programs and services on-site? When possible, does the County/court system work well with the County to release these inmates as appropriate?  
A: Basic well-being programs, and yes, when possible.
81. Q: Would the County like the proposer to administer flu and/or Hepatitis B vaccinations to inmates and County employees, and if so, how many are projected annually, and does the County bear the cost and provide the serum?  
A: Please see question 20.
82. Q: Would the County like the Proposer to provide pre-employment drug screens on prospective County employees and/or volunteers on an annual basis? If so, how many should be considered?  
A: Please see question 19.
83. Q: Please provide a listing of all medical equipment on-site that will be available for use by the Proposer. Please identify year purchased and condition.  
A: Please see question 25.
84. Q: Please list any office equipment (computers, laptops, printers, etc.) that will be available for use by the Proposer, including year purchased and condition.  
A: The contractor is required to provide their own office equipment.
85. Q: Are there currently any vacant positions among healthcare staff? If so, identify the positions and the length of their vacancy.  
A: Please see question 26.
86. Q: Are nursing agency/temporary services being used by your current provider? If so, how often?  
A: No.
87. Q: Please provide the current annual medical and mental health staff turnover rate.  
A: Please see question 26.
88. Q: Are there any collective bargaining agreements in place for current medical or mental health

staff?

A: No.

89. Q: Which JMS system is currently in use by the County?

A: Please see question 52.

90. Q: Does your facility currently use an EMR system? If so, which one and when was it implemented?

A: Yes. ERMA provided by CCS was implemented in 2013.

91. Q: Who is responsible for EMR costs – annual license fees, training, technical support and maintenance?

A: The contractor is responsible.

92. Q: Please describe the internet and wi-fi accessibility for health care staff in your facility.

A: Internet provided by cat 5 cable, there is currently no wi-fi. There are plans to upgrade network to fiber optic.

93. Q: What hours are behavioral health services on-site? Are the mental health providers available 24/7?

A: Please see Mental Health Staffing Requirements on page 14 of Addendum.

94. Q: Are inmates currently given forced or involuntary psychiatric medications when they are a danger to self or others as a result of a psychiatric disease, disorder, or illness?

A: Please see question 46.

95. Q: Does the County coordinate with any locally based community-based providers to assist with your mental health population? If so, who are these providers and what assistance do they provide?

A: Please see questions 47 and 50.

96. Q: Please describe the current discharge planning system in place, if any (mental health/behavioral health).

A: Please see questions 43 – 48.

97. Q: How long is the typical wait to see the dentist?

A: Within three (3) days of sick call.

98. Q: Who is the current pharmacy provider?

A: CCS uses Diamond Pharmacy.

99. Q: Do you allow family members to provide inmate medications?

A: Please see question 30.

100. Q: Please describe your Keep on Person (KOP) policy, if any.

A: Please see question 36.

101. Q: Do you currently receive credit for returned medications?

A: This is proprietary data of the current contractor (CCS).

102. Q: How much was spent on (1) all medications, (2) HIV medications, and (3) psychotropic medications for each of the last two (2) years?

- A: This is proprietary data of the current contractor (CCS).
103. Q: Please provide the top 25 most frequently prescribed non over-the-counter pharmaceuticals?  
A: Please see question 33.
104. Q: Please provide the top 25 most frequently prescribe psychotropics?  
A: Please see question 34.
105. Q: How often are medication passes conducted each day? Are they conducted at the inmate's cell side or are the inmates brought to the pill window? Who conducts medication pass?  
A: Please see question 39.
106. Q: Is dialysis provided on-site or off-site? Who is the current dialysis provider? How many dialysis patients did you have in each of the past two years?  
A: Please see Attachments B and D of RFP specifications packet.
107. Q: Which diagnostic/x-ray provider does the County currently use for diagnostic/x-ray services? How often are they on-site? What is the annual cost for diagnostic/x-ray services?  
A: Please refer to question 21 and Attachment D of RFP specifications packet.
108. Q: Which laboratory provider does the County currently use for lab services? How often are they on-site? What's the annual cost for diagnostic/x-ray services?  
A: Please refer to question 21 and Attachment D of RFP specifications packet.
109. Q: Which medical waste provider does the County currently use? How often are they on-site? What is the annual cost for medical waste services?  
A: Please refer to question 21.
110. Q: What ambulance service is currently used?  
A: Please refer to Attachment D of RFP specifications packet.
111. Q: Please provide a copy of the most recent NCCHC Accreditation Survey.  
A: This facility was accredited by NCCHC in June of 2015 and is undergoing a survey on February 12, 2018. Any additional specific information regarding survey reports will need to be requested from CCS per Cheri Campbell the Administrator.
112. Q: Does the County intend to pursue any accreditations in the upcoming year? If so, which one(s), and who will be responsible for associated costs?  
A: Yes, NCCHC, February 2018. The contractor is responsible for associated costs.
113. Q: Is the County currently subject to any consent decrees?  
A: No.
114. Q: Are there any current audits or investigations pending for the County's inmate facilities?  
A: No.
115. Q: Page 40, Section E, Offeror Personnel and Organization states: "Jefferson County is committed to using the selected Performance Review Company according to reasonable and well-planned timeframes, to the extent possible." Is Performance Review Company supposed to be the Offeror?  
A: Yes.

## **MENTAL HEALTH STAFFING REQUIREMENTS**

Psychiatrist – Monday-Friday, four (4) hours per day

Mental Health Coordinator (LPC/LCSW) – Monday-Friday, eight (8) hours per day

Case Manager (LCSW) Discharge/Admin – Monday-Friday, eight (8) hours per day

Mental Health Provider (LPC/LCSW) Intake – Monday-Friday, twenty-four (24) hours per day

## EQUIPMENT INFORMATION

Items	
EKG	1
Pulse Oximeter	3
WA Vital Signs Monitor	3
Thermascan Thermometers	2
Oral Thermometers	2
Autoclave (dental)	1
X-ray Processor (dental)	1
X-ray machine (dental)	1
Dental Chair	1
AED / Defib	1
Medication Cart	2
Stretcher	1
Hospital beds	2
Exam tables	3
Wheelchairs	4
Walkers	4
Crutches	3
Nebulizer	4
Emergency bags	2
Disaster box	1
O2 Concentrator	2
Medication refrigerator	1
Centerfuge	1
Lab refrigerator	1
Lab cart	1
IV pole	1
Pill crusher	2
Scales	4
Medication shelves	5