



**ADDENDUM NO. 1 - RFP 24-066 FOR INMATE AND JUVENILE
HEALTHCARE SERVICES**

APRIL 30, 2024

All Vendors:

The purpose of this addendum is to modify and/or clarify the above project. Information published here becomes part of the solicitation and is official and final. Vendors are to acknowledge the receipt of all addenda in their submission.

CLARIFICATION:

If a future addendum is determined by the RFP Administrator, to be necessary, issue date will be by 5:00pm on Tuesday, May 7, 2024.

Any additional questions for Addendum No. 2 are to be submitted by 5:00pm on Thursday, May 2, 2024.

Vendors submitting questions are to be detailed and specific as to what section or paragraph there is a question on and, if after a thorough search of RFP, the information requested cannot be found. Questions without this information or a statement that information was not found will not be considered.

Vendors shall acknowledge in their proposal response the receipt of all issued Addendum.

ITEM 1: VENDOR QUESTIONS RECEIVED AND ANSWERED:

- Q1. Please confirm the Average Daily Population for County inmates (Adults) and Juvenile residents (Youth) to be used for staffing and pricing?
- A1. This information is as provided in RFP, Section 4: Description of Facilities and Program Needs, for 2023 at the Ottawa County Jail the ADP was 267 and at the Ottawa County Juvenile Detention Center the ADP was 21.95.
- Q2. What is the average stay for County inmates and Juvenile residents?
- A2. This information is as provided in RFP, Section 4: Description of Facilities and Program Needs, at the Ottawa County Jail the average was 23.1 days and at the Ottawa County Juvenile Detention Center the average was 23.45 days.

- Q3 How many infirmary and/or medical beds are available?
- A3. Ottawa County does not have an infirmary. The vendor will need to address this issue in their proposal.
- Q4. Please provide a breakdown of the ADP on the following designations (for OCJ):
County – 267
State DOC – approx. 43 Parolees and 61 Diverted Felons
Federal – Temporary Hold / Transitional Detainees (not applicable)
Native American – Temporary Hold / Transitional Detainees (not applicable)
ICE – Temporary Hold / Transitional Detainees (not applicable)
US Marshal – Temporary Hold / Transitional Detainees (not applicable)
Work Release – Zero
Indigent – 126 (fluctuates dependent on inmates financial situation)
Other – N/A
- A4. See above for answer. This information is as provided in RFP, Section 4: Description of Facilities and Program Needs.
- Q5. If US Marshal or ICE detainees are housed at OCJ or OCJDC, is third party invoicing required?
- A5. No (not applicable).
- Q6. Is the OCJ or OCJDC accredited? If yes, by whom, when is the next accreditation date and please provide a copy of the last audit including any deficiencies or required corrective actions.
- A6. OCJ is not accredited. OCJDC is accredited through ACA. Next accreditation dates are either late Sept. or early Oct. Audit not available.
- Q7. If not currently accredited, does the OCJ or OCJDC wish to obtain NCCHC and/or ACA accreditation?
- A7. Not at this time.
- Q8. Is the OCJ or OCJDC currently subject to any court orders or legal directives? If yes, please provide copies of the orders or legal directives.
- A8. No.
- Q9. How many Ottawa County Jail (OCJ) officers work at the jail? At the Juvenile Detention Center?
- A9. 52 current correctional officers at the OCJ and 26 at the OCJDC
- Q10. Is the Healthcare Services Provider responsible for the cost of all drug screening for Ottawa County employees at the facility?
- A10. No.

Q11. Who is your current medical services contractor?

A11. VitalCore.

Q12. Please provide a copy of the current medical services contract with the current provider including all exhibits, attachments, amendments, etc.

A12. As there is an active RPF, the County is not releasing any current contracts at this time.

Q13. Why is the County going out to RFP/RFQ/ITB at the current time?

A13. The current medical services contract term is expiring.

Q14. What are some of the current pain points with your current provider? What needs to be improved from the current provider?

A14. Not relevant to RFP.

Q15. Will the County allow for the top 2 or 3 vendors to make oral presentations after the panel scores the responses?

A15. This information is as provided in RFP, Section 7: Proposal Selection and Award Process. As part of the proposal evaluation process, the finalist vendor(s) may be invited to attend an in-person or virtual interview. The County reserves the right to interview any number of qualifying vendor(s) as part of the evaluation and selection process.

Q16. Are there any special business license fees or taxes that need to be paid to the County?

A16. As per RFP, Section 5: Scope of Work, Section I. Vendor Mandatory Minimum Qualifications, Vendor shall be licensed to do business in the State of Michigan. As the question and request for information is unclear, no additional information can be provided.

Q17. Do you currently have a financial limit (POOL) with the current contract? If so, what does it cover and how much is it?

A17. We will need additional information on what is meant by "financial limit (POOL)". This is not a term that is familiar so clarification on what is being requested is needed. Any clarifying information / re-worded question(s) will be part of Addendum No. 2.

Q18. Have you gone over the financial limit (POOL)? If so, how many months into the contract before you went over the limit? How much over the financial limit (POOL) did you go over each year?

A18. We will need additional information on what is meant by "financial limit (POOL)". This is not a term that is familiar so clarification on what is being requested is needed. Any clarifying information / re-worded question(s) will be part of Addendum No. 2.

Q19. How much is the current co-pay?

A19. Question and request for information is unclear, no answer can be provided.

Q20. What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, mobile x-ray and laboratory?

A20. As there is an active RPF, the County is not releasing any information on average spending / expenses at this time.

Q21. Would the County prefer the awarded vendor to review/verify the inmate/detainee medical bills, apply any discounts, and pay the invoice for the county (act as a third-party administrator)?

A21. Yes. As per RFP, Section 5: Scope of Work, Paragraphs 1.1, 12.1, 12.2 and 12.3 The Healthcare Services Provider will be responsible for requesting information regarding private health insurance on all inmates and residents. All information on insurance, including primary and secondary insurers, is to be part of the inmate or residents healthcare record and shall travel with them in instances where care is needed off-site. Healthcare Services Provider shall be responsible for the timely management, coordination, payment, and adjudication of all offsite healthcare costs.

Q22. Would you like the awarded vendor to re-price all medical claims?

A22. As per RFP, Section 5: Scope of Work, Vendors are encouraged to supply an alternate detailed proposal that has proven strategies for reducing the overall healthcare cost for Ottawa County. To be determined as part of contract award

Q23. What is your current process for re-pricing medical claims?

A23. This information not available.

Q24. Do you have a state statute that you reprice to?

A24. Vendor to be knowledgeable on State of Michigan statutes.

Q25. Please identify the County's Jail Management System (JMS)

A25. The OCJ uses Jail Tracker and the OCJDC uses YouthCenter.

Q26. Will direct access to the JMS be available to the clinical computers? If yes, what are the requirements? (Installation, Network, Accounts)

A26. The County will provide VPN to the vendor network. Information on requirements unavailable.

Q27. Please identify the current Electronic Medical Record (EMR) system including application and version.

A27. CorEMR v5.5.0

- Q28. If required, will the County's IT infrastructure support EMR installation or will additional cabling and drops be required? Who would be responsible for the cost?
- A28. Question and request for information is unclear, no answer can be provided. Without knowing the specific EMR, cannot answer if additional cabling and drops would be required.
- Q29. Will the County require the EMR to provide any of the following interfaces?
JMS: OCJ - ___; OCJDC - Yes
Lab: OCJ ___; OCJDC - No
Pharmacy: OCJ ___; OCJDC - Yes
Electronic prescription interface: OCJ ___; OCJDC - No
Health Information Exchange: OCJ ___; OCJDC - No
Other N/A
- A29. See above for answers. If blank, answers will be provided as part of Addendum No. 2
- Q30. Is there internet connection already in the medical unit(s)?
a. Is this provided by the county or the current contractor?
b. If the current contractor is providing, what is the cost?
c. What kind of network gear is needed that a contractor must supply for internet at the facility? What is the type of network gear already in place.
- A30. There is internet connection in the medical unit(s) that is provided by the County. No information available on specific network gear.
- Q31. Are there internet capabilities where the medical staff will be seeing patients? Exam rooms? Booking areas? re the internet connections hardwire or wireless?
- A31. There is wireless in all of the pods, medical, intake and the Medical staff office. There is also hardwire connectivity in the Medical office, Mental Health office and the Medical supervisors office.
- Q32. If County is providing internet circuit for the awarded vendor:
Is it a dedicated circuit? Or delivered through the County's network?
What is the bandwidth?
- A32. There are hardwired connectivity points located throughout the facilities. Additional information is not available.
- Q33. Who would be responsible for providing network infrastructure (switches and firewall)?
Will any structured cabling be required?
- A33. The County. No structure cabling required.
- Q34. Is there a dedicated fax line to the Medical Units at the OCJ and OCJDC? If no, are there fax lines available?
- A34. Yes, at both the OCJ and OCJDC.

- Q35. Provide information on the following office equipment used by medical staff and who owns them:
Number of desktop or laptop computers.
Number of scanners
Number of printers
- A35. The specific numbers of listed office equipment are not available, and listed office equipment is owned by the Healthcare Services Provider.
- Q36. How are the clinical computers currently managed? On the County's windows domain? The Healthcare Services Provider domain? Or in an unmanaged Windows workgroup?
- A36. On County's windows domain.
- Q37. Who is responsible for providing PC hardware and peripherals? If mixed responsibility, please explain.
- Q37. Question and request for information is unclear, no answer can be provided.
- Q38. Does the current Healthcare Services Provider use / provide time clocks for staff?
- A38. No.
- Q39. Who is responsible for providing copiers and if County, what is the model number?
- A39. There is a County provided copier at the Jail Medical Unit and at Juvenile Detention Unit. If necessary, make and model numbers to be provided to the awarded vendor.
- Q40. Please provide a list of all medical equipment that would be available to the awarded vendor.
- A40. This information is as provided in RFP, Section 4. Description of Facilities and Program Needs. If necessary, vendors to define any financial responsibility for medical equipment as part of their submitted proposal.
- Q41. How many AED's are on site? And who is responsible for the maintenance?
- A41. At the OCJ, five (5) units are maintained by the Sheriff's Office. At the OCJDC, one (1) unit is maintained by Ottawa County.
- Q42. Would a new Healthcare Services Provider be required to have the medical staff on a separate email address from the jail staff?
- A42. Email address requirements for medical staff to be determined during contract award.
- Q43. Does Ottawa County Jail (OCJ) and Ottawa County Juvenile Detention Center (OCJDC) wish to retain any or all current medical staff?
- A43. Yes, if possible.

Q44. Are any members of the jail or juvenile detention current healthcare services provider unionized? If yes, please provide copies of each union contract, contact information for each union contact person and the number of union grievances that resulted in arbitration cases over the last 12 months.

A44. No

Q45. Indicate the titles of the providers of medical and mental health care services at the OCJ and OCJDC. Please check all that apply and indicate the average number of hours per each week for each:

Psychiatrist

Psychologist

Master's Level Social Worker

Registered Nurse (RN) 84 hours

Nurse Practitioner 6 hours

Licensed Practical Nurse (LPN) 84 hours

Jail Chaplain

Other (please explain).

A45. All available information is as provided in RFP, Section 4: Description of Facilities and Program Needs. Final staffing will be mutually agreed upon by written agreement between the Healthcare Services Provider and OCJ and OCJDC.

Q46. From the current vendor, what is current staff and nurse salary range or hourly rate and their seniority? Is there a shift differential?

A46. As there is an active RPF, the County is not releasing any information on salary ranges or hourly rates.

Q47. Who is/are the current physician(s) at the OCJ?

A47. Dr. Bryant Pierce and PA Ruth VanderArk

Q48. Would you like the awarded vendor to work with these physicians if possible?

A48. Yes, if possible.

Q49. How many days is the current physician in the facility? How long does the physician stay?

A49. All available information is as provided in RFP, Section 4: Description of Facilities and Program Needs.

- Q50. Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician?
- A50. As per RFP, Section 5, Scope of Work, Section H. Staffing Proposed staffing will be in accordance with positions required to meet the standards for NCCHC, ACA, and PREA and fulfill all necessary healthcare operations. Final staffing will be mutually agreed upon by written agreement between the Healthcare Services Provider and OCJ and OCJDC.
- Q51. Are there currently any unfilled positions? If yes, please identify any open positions and the length of time vacant.
- A51. This information not available.
- Q52. Does the County want the awarded vendor to provide CPR and AED training for staff at the OCJ and OCJDC?
- A52. See RFP, Section 5. Scope of Work, Section D Healthcare Training and Education. Health education includes patient education, in-service education and first aid, CPR training and blood-borne and airborne pathogen training, as well as insulin management (including sliding scale regimens) and allergy management for Correctional and Juvenile Detention Facility employees.
- Q53. Indicate the level of screening for inmates and residents and using the information below, check all that apply
 Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer.
 Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer. (part of intake form)
 Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional.
 Other (please explain) Not Applicable
- A53. Answer is as provided above. All additional available information is as provided in RFP, Section 4: Description of Facilities and Program Needs and Section 5: Scope of Work, Section A. Medical Care and Section B. Mental Health Care. If after a thorough review of each of these sections and the information provided in Addendum No. 1, specific additional information is required for a complete proposal submission, specific question(s) detailing what is being requested, to be submitted and Addendum No. 2 will be issued.
- Q54. Which discipline/credential conducts the 14-day health assessment (e.g., RN, Mid-level Practitioner, Physician)?
- A54. As per RFP, Section 5. Scope of Work, Section A Medical Care, Paragraph 2.0 Health assessments shall be completed by a qualified health care professional and in accordance with current NCCHC standards.

- Q55. Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform in the last year?
- A55. As per RFP, Section 5. Scope of Work, Section A Medical Care, Paragraph 1.0 assessment screening for tuberculosis is completed as part of intake evaluation and as per Paragraph 2.0 tuberculin skin test is completed as part of initial health assessment. Number of TB tests performed in 2023 – approx. 713 at OCJ and 163 at OCJDC.
- Q56. How many simultaneous med passes occur? How many med passes are conducted daily? At what time?
- A56. None. Three (3) med passes daily, different regions may be conducted at the same time; 0700, 1400, 1900 hours (staff dependent).
- Q57. How many medication carts do you have at OCJ and OCJDC? Who owns them? And how many med carts are utilized per med pass?
- A57. Two (2) carts at OCJ and one (1) cart at OCJDC are owned by Ottawa County and the number utilized per med pass is the number as needed.
- Q58. Will the County or Medical Service Provider be responsible for paying the bills of the current pharmacy company (Contract Pharmacy Services) under the new contract? In addition, under the current contract, who is financially responsible for the cost of HIV medications and other AIDS-related drugs? Will this remain the same under the new contract?
- A58. All additional available information is as provided in RFP, Section 5: Scope of Work, Section C. Pharmacy Services. If after a thorough review of each of these sections and the information provided in Addendum No. 1, specific additional information is required for a complete proposal submission, specific question(s) detailing what is being requested, to be submitted and Addendum No. 2 will be issued.
- Q59. Who administers medications, e.g. RN's, LPN's, medical assistants?
- A59. Qualified Health Care Professionals. As part of a vendors proposal submission, Healthcare Services Provider shall draft and provide a holistic outline of a proposed medical plan.
- Q60. Are medications passed out in the housing units? If yes, by whom?
- A60. Yes ,and by Qualified Health Care Professionals.
- Q61. Does the facility currently utilize an electronic Medication Administration Board (eMAR)? If yes, please identify the software program.
- A61. The OCJ does not, and the OCJDC does. No additional information is available.

- Q62. Is there a Keep-On-Person program at the OCJ or the OCJDC? If yes, what medications are included in the KOP program?
- A62. Yes, at the OCJ, inhalers, some topical ointments and nitroglycerin tablets. No at the OCJDC.
- Q63. Are any medications allowed to be brought from home?
- A63. Yes, at both OCJ and OCJDC, need to be approved by Qualified Health Care Professionals and verified by the filling pharmacy.
- Q64. Are there over-the-counter medications on commissary? (provide list of current medical commissary items) If yes, are the inmates/residents allowed to keep commissary medications on person?
- A64. The following Over-the-counter medication is available on OCJ commissary: Pharmacy Alka Seltzer, decongestant phenylephrine, aspirin, ibuprofen, non-aspirin, multi-vitamin, lip balm, Halls cough drops and antacid. See response to question above on KOP.
- Q65. What is the facility's policies on providing medication to inmates/residents upon discharge? Are medications sent with inmates/residences upon discharge?
- A65. Yes, for both OCJ and OCJDC, if brought in, blister packs or MAT prescriptions.
- Q66. Does Ottawa County have a current back-up pharmacy for emergency medications? If yes, who?
- A66. Yes, Walgreens
- Q67. Do you get credit on returned medications?
- A67. Yes
- Q68. Is receiving inmate/residents medications in blister cards acceptable?
- A68. Yes
- Q69. What is the order cut-off time for new orders, refill orders and stock orders? How are medication orders currently delivered to the OCJ and OCJDC?
- A69. The Healthcare Services Provider shall provide a written protocol of provision for pharmaceutical services to ensure that prescribed medications are readily available no more than twelve (12) hours after prescribed. procedure(s) that will be followed to ensure that incarcerated persons receive their medications as ordered. Information on cut-off times and delivery methods is not relevant for submission of a proposal in response to RFP 24-066.

Q70. Would the County please provide three months of recent pharmacy utilization data?

A70. Question and request for information is unclear, define what is meant by "utilization data". Any clarifying information / re-worded question(s) / request for additional information that is submitted will be part of Addendum No. 2.

Q71. What are the recent average scripts per inmate per month?

A71. The County is not provided with this very specific data / inmate breakdown.

Q72. As related to pharmacy statistics, please provide the following information for the past two years.

Average number of inmates on psychotropic medication(s) each month

Average number of inmates on HIV/AIDS medication(s) each month

Average number of inmates on hepatitis medication(s) each month

Average number of inmates on hemophilia medication(s) each month

Average number of inmates with diabetes each month

A72. The county is not provided with this very specific breakdown. **If available**, response to be provided in Addendum No. 2.

Q73. What time(s) and location(s) are sick calls currently conducted?

A73. All available information is as provided in RFP, Section 5: Scope of Work, Section A. Medical Care, Paragraphs 3.0, 3.1 and 3.2. Time and locations of sick calls are conducted in a designated medical location.

Q74. Is a nurse sick call conducted by RN/s or by LPN's? Which discipline(s) conducts med passes (e.g. CMT, LPN, RN, etc.)?

A74. All additional available information is as provided in RFP, Section 5: Scope of Work, Section A. Medical Care, Paragraphs 3.0, 3.1 and 3.2. If after a thorough review of each of these sections and the information provided in Addendum No. 1, specific additional information is required for a complete proposal submission, specific question(s) detailing what is being requested, to be submitted and Addendum No. 2 will be issued. Med passes conducted by Qualified Health Care Professionals.

Q75. Is a security officer currently present for every sick call?

A75. Yes, for both OCJ and OCJDC.

Q76. How long does an average med pass take to complete?

A76. Question and request for information is unclear, no answer can be provided.

- Q77. What on-site specialty clinics are conducted? Are there currently any specialty clinics being conducted on-site? If so, please identify. Provide name and contact information and frequency of clinic.
- A77. All available information is as provided in RFP, Section 5: Scope of Work, Section A. Medical Care, Paragraphs 5.0, 5.1, 5.2 5.3, 6.0, 7.0, 7.1, 7.2, 7.3, 7.4 and 7.5. If after a thorough review of these sections, specific additional information is required for a complete proposal submission, specific question(s) detailing what is being requested, to be submitted and Addendum 2 will be issued. As part of a vendors proposal submission, Healthcare Services Provider shall draft and provide a holistic outline of a proposed medical plan. No contact information will be provided for any current providers.
- Q78. How frequently does the current provider hold “Chronic Clinic”?
- A78. This question and request for information is unclear, identify what is meant by “Chronic Clinic”, no answer can be provided. Any clarifying information / re-worded question(s) will be part of Addendum No. 2.
- Q79. You indicated that Mental Health Services are provided by the current medical provider. Does this include Ottawa County’s MAT program, or would this be managed in conjunction with Community Mental Health?
- A79. As per RFP, Section 5: Scope of Work, Section A. Medical Care, Paragraph 18.0; The Healthcare Services Provider shall work with OCJ and OCJDC on the coordination and continuation of the established comprehensive medication assisted treatment (MAT) program with services that include, but are not be limited to, use of medications in the treatment of opioid use disorder (MOUD).
- Q80. Summary of request for information; Medication-Assisted Treatment.
- Do you currently continue MAT medication (e.g., methadone, buprenorphine, naltrexone/Vivitrol) when a patient entering the facility was receiving the medication in the community? Or do you require these patients to detox?
 - If you continue MAT medication, which medication(s) do you provide?
 - How many patients are you treating on average per month by medication?
 - What medication (e.g., methadone, buprenorphine, etc.) do you currently use for opioid-dependent pregnant patients?
 - Do you currently induct new patients into MAT at the facility prior to discharge? If so, what medication(s) do you provide?
 - How many patients are you inducting on average per month by medication?
 - If you are not currently inducting new patients into MAT, are you interested in providing an induction service going forward?
 - Please provide the percentage of intakes who enter the facility on a verified MAT program in the community.
 - Please provide the percentage of intakes diagnosed with opioid use disorder (OUD).

- Do you work with a community provider/local clinic to provide methadone? If so, please provide their name and contact information.
- Do you have grant funding for MAT? If so, please provide details.

A80. As per RFP, Section 5: Scope of Work, Section A. Medical Care, Paragraph 18.0; The Healthcare Services Provider shall work with OCJ and OCJDC on the coordination and continuation of the established comprehensive medication assisted treatment (MAT) program with services that include, but are not be limited to, use of medications in the treatment of opioid use disorder (MOUD). Medication-Assisted Treatment (MAT) or Other Substance Abuse Treatment. As per RFP, Section 6: Proposal Submission Requirements, Unit 5 Program Delivery, Paragraph g) Medication-Assisted Treatment (MAT) or Other Substance Abuse Treatment Program. Provide an overview of MAT/Substance Abuse services provided at other jails in MI with additional details specific to how you would handle substance abuse inmates at OCJ. If after a thorough review of each of these sections and the information provided in Addendum No. 1, specific additional information is required for a complete proposal submission, specific question(s) detailing what is being requested (range of dates), to be submitted and Addendum No. 2 will be issued. No contact information will be provided for any current providers.

Q81. Are biohazardous waste removal services the responsibility of the Contractor?

A81. No.

Q82. Are shredding services the responsibility of the Contractor?

A82. No.

Q83. Is the Contractor required to provide Medical Gas. Which company is used to provide medical gas?

A83. No and not applicable to RFP.

Q84. Please provide statistical data for the past two (2) years by facility regarding on-site services, including but not limited to:

Intakes

Nurse sick call, Mid-level sick call, Physician sick call

Inmate physicals

Number of inmates evaluated by the psychiatric/mental health providers

Number of chronic care visits by type

Number of on-site clinic visits by type (e.g., OB/GYN, orthopedics, ophthalmology, cardiology, etc.)

Labs

X-rays

Telemedicine encounters by specialty

- A84. All **available** information is as provided in RFP, Section 4: Description of Facilities and Program Needs. If after a thorough review of these sections, specific additional information is required for a complete proposal submission, specific question(s) detailing what is being requested,(statistical data to be determined using what metrics) to be submitted and Addendum 2 will be issued. As part of a vendors proposal submission, Healthcare Services Provider shall draft and provide a holistic outline of a proposed medical plan. Statistical data for OCJDC not currently available.
- Q85. Do you currently have a dentist who comes on-site? Does the dentist have an assistant? If yes, how many days per week and how long is the dentist on-site?
- A85. As per RFP, Section 4: Description of Facilities and Program Needs, Dental services for the OCJ are coordinated through the Ottawa County Miles of Smiles. American Mobile Dental provides dental services for the OCJDC as bimonthly service visits.
- Q86. If you do not have a dentist on-site, how many inmates or residents do you take off site to see the dentist in a month?
- A86. This question is not relevant to RFP for Inmate and Juvenile Healthcare Services.
- Q87. Who is the current provider for laboratory, x-ray and diagnostic services? And are x-ray services provided using on-site equipment or through a mobile x-ray provider?
- A87. The services noted in question are handled by current Healthcare Provider. Information not available. X-ray services are provided through a mobile x-ray provider.
- Q88. Who is responsible for off-site costs – the County or the Contractor?
- A88. As per RFP, Section 5: Scope of Work, Paragraphs 1.1, 12.1, 12.2 and 12.3 The Healthcare Services Provider will be responsible for requesting information regarding private health insurance on all inmates and residents. All information on insurance, including primary and secondary insurers, is to be part of the inmate or residents healthcare record and shall travel with them in instances where care is needed off-site. Healthcare Services Provider shall be responsible for the timely management, coordination, payment, and adjudication of all offsite healthcare costs.
- Q89. Please provide historical utilization statistics for the past two (2) years by facility regarding off-site services, including but not limited to:
 Total number of ER visits by facility: OCJ; 178 and OCJDC; 8
 Number of ER visits that resulted in inpatient admissions :This type of detail not available from OCJ, OCJDC; 1
 Number of ambulance transfers by facility: OCJ; 40 and OCJDC; 8
 Number of non-ambulance transfers: OCJ; 138 and OCJDC; 0
 Number of 911 transfers: Unclear as to what is being asked
 Number of Life Flight/helicopter transfers : OCJ; 0 and OCJDC; 0
 Number of inpatient admissions
 Number of inpatient days

Number of hospital observations
Number of one-day surgeries
Number of office specialty visits by provider type
Number of off-site radiology exams by type (e.g. CT scan, MRI, etc.).

A89. See answers provided above for information available at time of publication. Note some information not able to be provided as this type of detail is not readily available from OCJ, OCJDC. If able, to be provided as part of Addendum No. 2.

Q90. Does the OCJ or OCJDC provide mental health care services to inmates and residents?
If yes, answers to be provided to additional listed questions:

Can inmates/residents request mental health services? **Yes**

How many inmates/residents are currently receiving mental health services? **Fluctuates**

Are inmates/residents charged a fee for mental health services? **Yes and No (depending on inmate, resident, or service)**

Indicate who provides mental health services (check all that apply)

County Agency (Human or Social Services)

VitalCore :Contracted Healthcare Services Provider

Jail/Sheriff Department hired staff: **At OCJDC, Treatment Specialist**

Other (please explain): **OCJDC, a resident may have their own therapist**

A90. See answers above and all available information is as provided in RFP, Section 4: Description of Facilities and Program Needs and Section 5: Scope of Work, Section A. Medical Care and Section B. Mental Health Care. If after a thorough review of each of these sections and the information provided in Addendum No. 1, specific additional information is required for a complete proposal submission, specific question(s) detailing what is being requested, to be submitted and Addendum No. 2 will be issued.

Q91. What mental health services are available to inmates and residents at OCJ and OCJDC?
Check all that apply:

Crisis Intervention

Medications and their management

Psychiatric medications and their management

Referral of inmates/residents to mental health provider

Individual counseling therapy

Group counseling therapy

Substance abuse treatment/services

In-depth physical evaluation assessment (typically occurs after 14 days in custody (includes mental health issues)

Case management

Release planning

Other (please explain)

A91. All available information is as provided in RFP, Section 4: Description of Facilities and Program Needs and Section 5: Scope of Work, Section A. Medical Care and Section B. Mental Health Care. If after a thorough review of each of these sections and the information provided in Addendum No. 1, specific additional information is required for a complete proposal submission, specific question(s) detailing what is being requested, to be submitted and Addendum No. 2 will be issued.

Q92. Summary of request for information; Mental Health Services:

- a) How many inmates are currently receiving mental health services? 363 in 2023
- b) What mental health services are currently provided on site?
- c) Are group therapy services required? If so, what types of groups are currently provided?
- d) Please indicate the number of times per week each group is provided.
- e) Are discharge planning services required? If so, please provide specific requirements.
- f) Is there any specialty housing available for inmates with mental health problems? If so, please provide the number and capacity of mental health housing units.
The OCJDC utilizes resident rooms for this need.
- g) What are the number and location of suicide watch cells? The OCJDC utilizes resident rooms for this need.
- h) What is the average number of inmates in the restricted housing unit(s) at the facility?
- i) Do mental health staff conduct rounds in the restricted housing unit? If so, how many days per week?
- j) Are any mental health services provided by a community services board (CSB) or private provider, other than those addressed in the RFP? If so, please identify the mental health services, personnel, and hours provided by the CSB/private provider.
- k) Will the County continue to use a CSB/private provider of mental health services in addition to those to be provided by the new Contractor?

A92. Information on areas in the facilities (f and (g, to be provided as part of Addendum 2. As per RFP, Section 4: Description of Facilities and Program Needs, Mental Health services are currently provided and managed by the current medical services provider. The current contractor has a Psych APRN/NP on site four (4) hours per week at the OCJ and two (2) per week at the OCJDC to manage mental health services and continuity of care. As per RFP, Section 5: Scope of Work, Section B. Mental Health Care, The Healthcare Services Provider shall implement a comprehensive mental health program for the emotional needs of the inmates and residents to include evaluation, treatment and/or referral. All inmates and juvenile residents will receive a behavioral health (BH) screening to identify mental illness, suicide risk, substance use, and neurocognitive and neurodevelopmental disorders. As per RFP, Section 6: Proposal Submission Requirements, Unit 5 Program Delivery, Paragraph h) Mental Health Care: Describe Behavioral Telehealth Program options, including opportunities that would benefit mental

health care outcomes for both inmates and residents. Healthcare Services Provider to provide as part of their proposal, recommendations on mental health care as part of a quality improvement program. If after a thorough review of each of these sections and the information provided in Addendum No. 1, specific additional information is required for a complete proposal submission, specific question(s) detailing what is being requested, to be submitted and Addendum No. 2 will be issued.

Q93. Summary of request for information Mental Health Statistics: Please provide the following information:

- Number of attempted suicides in the past two (2) years
- Number of deaths by suicide in the past two (2) years
- Number of episodes of suicide watch per month in the past two (2) years
- Number of self-injurious events in the past two (2) years
- Number of psychiatric hospitalizations in the past two (2) years
- Number of psychiatric inpatient hospital days in the past two (2) years
- Total cost of psychiatric inpatient hospitalizations for each of the past two (2) years
- Number of episodes of restraint per month in the past two (2) years
- Number in restrictive housing in the past two (2) years
- Number of forced psychotropic medication events in the past two (2) years
- Number of Psychiatrist visits per month
- Number of Mental Health Professional visits per month
- Number of Mental Health grievance per month
- Number of episodes of seclusions per month

A93. The county is not provided with this specific breakdown. **If available**, response to be provided in Addendum No. 2.

Q94. Is there a secondary review of mental health screening reports for accuracy, completeness, legibility, and the referral process? (e.g. by first line supervisor, jail nurse etc.) And if yes, by whom?

A94. Dependent on screening responses.

Q95. Is staff required to use a prescribed form when making mental health referrals?

A95. No.

Q96. Are arresting/transporting officers and probations agents etc. required to complete a pre-incarceration form identifying mental health risk issues?

A96. Yes.

Q97. Is crisis intervention available 24 hours per day / 7 days a week?

A97. Yes.

Q98. Is the mental health program accredited by any professional organization? If yes, provide information.

A98. No.

Q99. Does OCJ or OCJDC staff receive ongoing training on mental health issues? If yes, how often and how is training delivered?

A99. Yes, for OCJ staff, a minimum of 2 hours is required per year. Conducted in-person, virtual, or online training. For OCJDC staff, annually by Health Care Provider, in-person, and on-line training

Q100. Does OCJ or OCJDC staff receive ongoing training on suicide prevention issues? If yes, how often and how is training delivered?

A100. Not a separate training, part of mental health training.

Q101. Please list the programs offered to inmates and residents at the OCJ and OCJDC, such as education, religious, recreation, life skills, substance abuse etc.

A101. This question is not relevant to RFP for Inmate and Juvenile Healthcare Services.

Q102. Summary of request for information, Expenses: Please provide the following information for the past two (2) years:

- Total pharmacy costs
- Total psychotropic medication costs
- Total HIV/AIDS medication costs
- Does the facility currently receive any assistance on HIV/AIDS medication costs? If so, please explain.
- Total ER visit costs
- Total inpatient hospitalization stay costs
- Total off-site specialist visit costs
- Total off-site, one-day surgery costs
- Total pre-booking hospital costs
- Total ambulance service costs

A102. As there is an active RPF, the County is not releasing any information on expenses at this time.