REQUEST FOR BID: HEALTHCARE SERVICES FOR DETENTION CENTER

Solicitation Number: CCSO-05
Closing Date/Time: May 21, 2013 at 3:00pm
Location: 31 Klein St., Room 208, Walterboro, SC 29488
Procurement: Healthcare Services for Detention Center

Addendum #2
This addendum is dated 5-14-2013
Answers to questions
COLLETON COUNTY RFP QUESTIONS

STAFFING
1. Who is/are your current physician(s)? Dr. Bush
2. Would you like the vendor to work with this physician if possible? Yes
3. How many days is the current physician in the facility? One/Wednesday
4. How long does the physician stay? Until all inmates are seen for that day
5. Is an NP acceptable with oversight by a licensed physician? N/A
6. Please provide your current nursing schedule. 7am-7pm/7 days a week
7. What are the current salaries for the nurses? LPN -$20.00/hr
   a. Is there a shift differential?
   b. If so, is s/he a RN or LPN? LPN
   c. Is s/he administrative only? No

PHARMACY
9. Who is the current pharmacy? Clinical Solutions
10. Is the county responsible for the cost of any medications? A percentage
11. Who is responsible for the cost of pharmaceuticals? Southern Health Partners
12. Are medications in blister packs? Yes
   a. Are blister packs acceptable?
13. Please provide the following information about medication administration.
   a. Who administers medications, e.g., RNs, LPNs, medical assistants? LPNs
   b. How are evening medications being set up for the evening correctional staff? see attachment
   c. How many med passes per day do you currently have and at what times? twice per day am/pm
   d. Are meds passed out in the housing unit and by whom? yes, Medical staff
   e. Are any medications sent with inmates upon discharge? see attachment
   f. Are the med carts owned by the county? No, Clinical Solutions
14. Are any medications allowed to be brought in from home? see attachment
15. Are any medications allowed to be “kept on person” within the jail? see attachment
16. Are there over-the-counter medications on commissary? Yes
17. Please provide a listing of current commissary items. see attachment
18. Under the current contract, who is financially responsible for the cost of HIV medications and other
   AIDS-related drugs? Southern Help Partners and Access Network - Hampton, SC

SCREENINGS / SICK CALL
19. What time and location(s) is sick call currently conducted? Daily between 7am - 7pm
20. Are there specific times that jail security does not want inmate movement for sick call? see attachment
   a. If so, when?
21. Is a security officer currently present for every sick call? Yes
22. Who is responsible for cost of medical supplies? Southern Health Partners
23. Who is responsible for the cost of labs and X-rays? Southern Health Partners

SPECIALTY SERVICES / ONSITES
24. What on-site specialty clinics are conducted? Voc rehab, Xrays and Access network
25. How many physicals are performed each week? 20 or more
26. Do you have a dental room and equipment? No
27. Do you currently have a dentist who comes on-site? No
   a. If so, how long is the dentist on site?
   b. How many days per week is the dentist on site?
   c. Does the dentist have an assistant?
28. If you don’t have a dentist on site, how many inmates do you take off-site to see the dentist in a month? Four to six

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29. Please provide a list of medical equipment that is currently on-site for use by the vendor. None.
30. Do you use a mobile x-ray service? Yes
   a. If so, who? United Mobile Imaging
31. Does the county currently TB test inmates? Yes
   a. Is screening completed upon booking or at 14 days? Yes
   b. How many TB tests were completed in 2012? Average over 50/year

FINANCIAL / DISCOUNTS / LIMITS
32. Are there any special business license fees or taxes that are to be paid to the city or county? No
33. Do you currently have a financial limit with the current contract? N/A
   a. If so, what does it cover and how much is it?
34. Have you gone over the financial limit? N/A
35. How much is the current co-pay? N/A
36. Please provide the current contract.

RECORDS / MANAGEMENT / OTHER
37. Would the county prefer the vendor to review/verify the inmate medical bills, apply any discounts and pay the invoice for the county (act as a third party administrator)? N/A
38. Is there a dedicated fax line to medical? Yes
   a. If not, is a fax line available?
39. Is there internet connection already in the medical unit? Yes
40. Please provide a copy of all questions/answers received by other vendors.
41. Of the total population, how many are:

<table>
<thead>
<tr>
<th>County</th>
<th>109</th>
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<tbody>
<tr>
<td>ICE</td>
<td>0</td>
</tr>
<tr>
<td>US Marshal</td>
<td>0</td>
</tr>
<tr>
<td>Juveniles</td>
<td>0</td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
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<tr>
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<tr>
<td>DOC</td>
<td>0</td>
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<tr>
<td>Work Release</td>
<td>0</td>
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<tr>
<td>Indigent</td>
<td>0</td>
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<tr>
<td>Other</td>
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</tbody>
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Mental Health

Provision of Services

42. Does your jail provide mental health services to inmates?
   □ Yes □ No

43. Can inmates request mental health services?
   □ Yes □ No
   If yes, are inmates charged a fee for mental health services?
   □ Yes □ No

44. Indicate who provides mental health services. (Check all that apply)
   □ County agency (Human or Social Services, etc.)
   □ Contracted provider
   □ Jail/sheriff’s department hired staff
   □ Other (please explain)
   Coastal Empire Community Mental Health

45. Is your mental health program accredited by any professional organization? (NCCHC, ACA)
   □ Yes □ No N/A

46. What mental health services are available to inmates in your jail? (Check all that apply)
   □ Crisis intervention
   □ Medications and their management
   □ Psychiatric medications and their management
   □ Referral of inmates 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)
   Is crisis intervention available 24 hours per day/7 days per week?
   □ Yes □ No

47. Indicate the titles of the provider(s) of mental health services in your jail. Please check all that apply and indicate the average number of hours per week for each.
   □ Psychiatrist – _______ hours/week
   □ Psychologist – _______ hours/week
   □ Masters Level Social Worker – _______ hours/week
   □ Registered Nurse (RN) – _______ hours/week
   □ Nurse Practitioner – _______ hours/week
   □ Licensed Practical Nurse (LPN) – _______ hours/week
   □ Jail Chaplain – _______ hours/week
   □ Other (please explain) ____________________________________________

B. Screening, Referral, and Documentation
48. Indicate the level of screening for inmates at your jail. (Check all that apply)
   X Basic intake health screening, generally done at booking for medical and mental health issues
   by correctional officer
   X Separate screening tool specific to mental health/suicide prevention issues completed by
     correctional officer
   _____ Separate screening tool specific to mental health/suicide prevention issues completed by RN or
   mental health professional
   _____ Other (please explain) ________________________________________________________________

49. Is there a secondary review of screening reports for accuracy, completeness, legibility, and the
    referral process? (e.g. by first line supervisor, jail nurse, etc.)
   X Yes, by whom? ________________________________________  No

50. Is staff required to use a prescribed form when making mental health referrals?
   X Yes  _____ No

51. Are arresting/transporting officers and probation agents, etc. required to complete a pre-
    incarceration form identifying mental health risk issues?  Yes  X No

C. Staff Training
52. Does your jail staff receive ongoing training on mental health issues?
   X  Yes How often? (please explain) Mental Health Representative
   How is training delivered? (please explain) ________________________________________________
   No

53. Does your jail staff receive ongoing training on suicide prevention issues?
   X  Yes How often? (please explain) Individual classes when offered
   How is training delivered? (please explain) ________________________________________________
   No

D. Inmate Programs
Please list the programs offered to inmates in your jail, such as education, religious, recreation, life
skills, substance abuse, etc.

   Church program ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
13 b - All medications are given by medical staff before the shift ends.
e - Yes, only if the inmate came in with the meds (prescription only)

14 Yes, must be prescription medication, no narcotics

15 Yes, inhalers, eye drops, nasal drops (prescriptions or prescribed by Dr. Bush)

17 MEDICAL
6011 ANTACID TABLETS
6012 COUGH DROPS
6020 GEN. TYLENOL 325MG
6030 IBUPROFEN
6050 CHLORPHEN TABLETS
6060 PKT - HYDROCORTISONE CRM
6065 ANTIBIOTIC OINTMENT
6080 ANTI-FUNGAL CREAM
6215 VITAMIN A&D OINTMENT
6220 GENERIC EXCEDRIN

20 No movement of inmates during family Court video Conferencing or other situations that arise and no movement is warranted.