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REQUEST FOR PROPOSALS #2018-33  
Medical Staffing Services Jail  
RESPONSE TO CLARIFYING QUESTIONS #2  
July 23, 2018

Note that these are questions submitted by interested firms to the above referenced solicitation. The below answers are for clarification purposes only and in no way alter or amend the RFP as published.

1. *Section I.C.1.b.(5).(a); p 13 - Resumes. Will the County accept job descriptions in lieu of resumes and copies of licensure, as we will not have the opportunity to interview current staff for suitability of employment with our company?*

**Answer:** Yes

2. *Terminated Contracts. Please confirm that five (5) years are required as per Section 5.2, p 12, as this conflicts with Statement of Work, I.C.2.f.3, p 19.*

**Answer:** Please see Addendum #2

3. *Litigation Requirement. Please confirm that three (3) years are required as per Section 5.3; p 15, as this conflicts with Statement of Work, I.C.2.f.4, p 19.*

**Answer:** Please see Addendum #2

4. *Statement of Work, I.D.1.a.(4) p 22 – Sick Call.*

- a. *How frequently is Sick Call performed weekly at the Residential Center?*

**Answer:** 2 times per week by a RN for four hours each day and 1 time a NP for four hours.

- b. *Please clarify if “a physician shall be on duty at all times” means either the Medical Director or Mid-level Practitioner.*

**Answer:** It means available and capable of being in contact for directions, questions or information as is normally described as “on-call.”

- c. *Please clarify if the above statement means “on call” since the staffing plan in the RFP only provides 4 hours per week of a Medical Director, and 40 hours per week of a Mid-level (two (2) hours per week which are allocated to the Residential Center).*

**Answer:** Yes; it means “on call.”

5. *How many inmates are housed at the Residential Center?*

**Answer:** 114

6. *Statement of Work, I.C.1.a.(2).(d), p 11 – Opioid Treatment Center.*

a. *Is there currently an opioid treatment program on-site at the Clackamas County Jail?*

**Answer:** No.

b. *If yes, who administers this program?*

**Answer:** N/A

c. *If yes, is it an NCCHC accredited program?*

**Answer:** No.

d. *If yes, how many inmates are currently enrolled in this program?*

**Answer:** N/A

7. *How many inmates are currently on a medication-assisted treatment program?*

**Answer:** 2

8. *Is methadone given to all opioid-addicted inmates, or only to pregnant inmates?*

**Answer:** Currently methadone is only given to pregnant inmates. However, seeking expansion to drug assisted treatment for opioid-addicted inmates.

9. *Please identify the local hospital(s) utilized for emergencies and inpatient stays.*

**Answer:** Providence Willamette Falls (Preferred), Milwaukie Providence, Oregon Health Sciences University, Portland Providence, Kaiser Permanente Sunnyside Medical Center

10. *Is the Facility currently NCCHC accredited?*

**Answer:** No.

a. *If yes, when was the most recent audit?*

**Answer:** N/A

b. *If yes, were there any deficiencies in the last audit? Please provide details.*

**Answer:** N/A

*c. If there were any corrective actions from the audit, please provide details and indicate whether all corrective actions have been completed.*

**Answer:** N/A

11. *Does the Jail currently utilize an electronic medical record system? If so, please identify.*

**Answer:** Yes; CorrecTek.

12. *Does the Jail currently utilize an electronic medication administration record (eMAR)? If so, please identify.*

**Answer:** Yes; CorrecTek.

13. *Are mental health services provided by a community services board (CSB) or private provider, other than those addressed in the RFP?*

**Answer:** Currently provided through contract with Corizon Health and QMHP discharge planner is provided through County Health.

*a. If yes, please identify the mental health services, personnel, and hours provided by the CSB/private provider.*

**Answer:** As stated in Attachment 2 of the RFP #2018-33: QMHP is for 56 hours per week and a Psychiatric Nurse Practitioner for 40 hours per week.

*b. 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?*

**Answer:** Yes.

14. *Schedule; p 2. Given that the deadline for submission of questions is July 26 at 5:00 p.m. PDT, there are only three (3) business days for receipt of responses before our proposal must be sent. In order to prepare our proposal incorporating responses to questions, will the County consider extending the current due date for proposals, at least by one week?*

**Answer:** No.

15. *Would the county consider an extension of two weeks on the proposal closing date, given the extremely short timeframe between the clarifying questions deadline (factoring time for the County to answer) to the proposal closing date?*

**Answer:** No.

16. *Please clarify the duties and responsibilities of the ADA Coordinator.*

**Answer:** The ADA Coordinator will communicate and work with the Jail's Facility ADA Coordinator for inmates with disabilities who are also under medical care by the jail medical department. This ADA Coordinator will be trained and knowledgeable concerning the requirements of applicable state and federal laws regarding accommodation and the provision of auxiliary aids or services to qualified inmates with disabilities. The ADA Coordinator will ensure

reasonable accommodation to qualified inmates with disabilities without cost when needed and not an undue burden, to provide equal access to and participation in medical programs, services, and activities and ensure effective communication with all individuals with disability participating in medical services.

17. *The fourth bullet point asks the contractor to describe pricing strategy and total pharmacy cost. Does the county prefer that no cost information be included in 5.3 Scope of Work? If yes, should the contractor refer the reader to the separate cost proposal for total pharmacy pricing?*

**Answer:** The County prefers the Vendor give cost information.

18. *RFP states “Medications may not be changed or discontinued without consulting with the current prescribing provider.” Does this apply to newly arriving detainees with the County requiring a consult with their historical community provider? Does this apply to current detainees seen by specialists in the community during their incarceration? Or does this requirement only apply to current detainees and medications prescribed by providers in the facility?*

**Answer:** This applies to current detainees and medications prescribed by providers in the facility. For newly arriving detainees with the County and current detainees seen by specialists in the community during their incarceration, it could generally be on a case-by-case basis.

The guidance you need is based on one principle: If the medication is clinically necessary, provisions must be made to supply that medication. The policy should include consulting with the designated health services staff in the situation at hand and then making appropriate arrangements.

It is advisable that inmates entering the facility on prescription medication continue to receive the medication in a timely fashion as prescribed, or acceptable alternate medications are provided as clinically indicated.

Newly admitted inmates who report taking medications currently or who bring medications with them are to continue their medication unless there is a clinical reason to alter or discontinue the medication. Note that the NCCHC E-02 Receiving Screening standard states in Compliance Indicator 9 that “prescribed medications are reviewed and appropriately maintained according to the medication schedule the inmate was following before admission.” Protocols should be in place so that the drugs are administered in a timely fashion as dictated by clinical need. Clinical need is the key factor; therefore, medications should be prescribed only when they are clinically indicated.

Continuity of care is an important concept in this standard as it intends to help prevent adverse patient outcomes. For instance, it may not be possible to maintain a therapeutic dose of medication unless medications are taken as prescribed. Inordinate delays in receiving clinically indicated prescription medication may result in significant morbidity or mortality. Adverse patient outcomes can also occur when there are frequent changes in medication orders, medication histories are not reviewed by the clinician or treating clinicians are unaware of each other’s prescribing practices. The facility provider will evaluate the medical necessity of prescriptions for newly admitted inmates to ensure that there is continuity of care and that health needs are met.

19. *While Section 1, Notice of Request for Proposals, notes that “Sealed Proposals may be emailed to [procurement@clackamas.us](mailto:procurement@clackamas.us),” page 5, section 2.6 Submission of Proposals does not mention this option. Is emailing an acceptable way to submit, and if yes, would the county prefer a separate email for technical and for pricing? Please advise.*

**Answer:** As stated in Section 2.5 “Proposals must be submitted in accordance with Section 5,” which allows for electronic submission. The County would prefer one email for any and all documents for the Vendor wishes to submit in response to the Request for Proposal.

20. *Is the Facility currently under a consent decree?*

**Answer:** No.

*a. If so, please provide details.*

**Answer:** N/A

21. *Are there any remanded juveniles housed in the Facility?*

**Answer:** No.

22. *Please provide a breakdown of the inmate/detainee population included in the overall population figures, as follows:*

**Answer:** As of July 16<sup>th</sup>, 2018 inmate/detainee population in the Clackamas County Jail:

<u>a. County</u>	<u>483</u>
<u>b. State DOC</u>	<u>0</u>
<u>c. ICE</u>	<u>0</u>
<u>d. U.S. Marshals Service</u>	<u>0</u>
<u>e. Work Release</u>	<u>0</u>
<u>f. Other</u>	<u>0</u>

23. *Please provide a breakdown of the inmate/detainee population included in the overall population figures, as follows:*

**Answer:** As of July 16<sup>th</sup>, 2018 inmate/detainee population in the Clackamas County Jail:

<u>a. Juvenile</u>	<u>0</u>
<u>b. Transgender</u>	<u>2</u>

24. *Staffing.*

*a. Please provide salaries/pay rates of current staff (i.e., RN, LPN, Mid-level Practitioner, mental health staff, etc.)*

**Answer:** County does not have data available.

*b. What are the current evening, night, and weekend shift differentials?*

**Answer:** County does not have data available.

*c. Are there currently any unfilled positions?*

**Answer:** Yes

*i. If so, please identify the position and length of time unfilled.*

**Answer:** 1 RN FTE with a length of two weeks unfilled; and .4 QMHP FTE with a length of two weeks.

*d. Is the current staffing plan considered adequate for the Facility?*

**Answer:** The County is unable to address this question as is currently stated. The RFP process gives all vendors the opportunity to propose what they believe is the adequate staffing plan to accomplish the goal of providing effective and appropriate health care to the inmates in the Clackamas County Jail.

*e. Can more than one staffing option be provided and still be considered compliant with the RFP?*

**Answer:** Yes.

25. *Please clarify. The RFP Staffing Plan does not include a Psychiatrist, only a Psychiatric NP. RFP Item D.1.b.(4).(d) states: "Contractor shall provide a psychiatrist to participate in the program, review issues related to suicide prevention, and address the resolution of problems in accordance with applicable NCCHC standards." RFP Item D.1.o states: "...and the psychiatrist must be available to provide emergency verbal orders for medication and consultation in patient management decisions."*

*a. Is it the County's intent to include a Psychiatrist in the Staffing Plan?*

**Answer:** The County currently has a Psychiatric NP on staff, with no current plans of including a Psychiatrist in the Staffing Plan, but it remains the County's option to include a Psychiatrist in the Staffing Plan in the future. The County will consider all options in the Bidder's proposal that would maximize safety and benefits to the County and its inmates, as well as maximizes the effectiveness and efficiency of the inmate mental health operations.

26. *Please clarify. The RFP Staffing Plan include 12 hours per week of an RN for the Work Release Center - 4 hours day shift and 8 hours evening shift. RFP Item 5.4, Budget, states: "Residential Center to include 8 hours of RN time and 2 hours of NP time."*

*a. Is it the County's intent to have eight (8) hours per week of RN coverage for the Work Release Center or 12 hours per week?*

**Answer:** The schedule requires two 4 hour RN shifts per week and one 2 hour NP shift per week.

27. *Please clarify. RFP Item c.1 (p 14) states: "Daily sick call." Page 22 (4) states: "Contractor shall conduct sick call Monday through Friday at both. Sick call shall be held in the medical rooms located in the inmate housing areas of the facilities."*

*a. Please clarify if sick call is to be held Monday through Friday or 7 days per week.*

**Answer:** The Facility requires NP sick call Monday through Friday. RN sick call is acceptable on Saturday and Sunday. As a result, the facility requires 7 days per week sick call and coverage of varying levels.

*b. Please clarify what is meant by 'both.'*

**Answer:** 'Both' was a typo and sentence does not refer or imply any other entity.

*c. Please clarify if sick call is conducted in medical rooms located in the inmate housing area, as during the tour it was verbalized that all care beyond medication administration and CIWA/COWS checks are conducted in Medical.*

**Answer:** Sick call is conducted in the medical clinic of the jail not in the inmate housing areas.

28. *Page 14, c.1)a)iii. Will the county accept the use of a mid-level practitioner to share in on call responsibilities for medical and psychiatric consultation?*

**Answer:** Yes, the County will accept the use of a mid-level practitioner, specifically a Nurse Practitioner or a Physician's Assistant to share in on call responsibilities for medical and psychiatric consultation.

29. *Page 23; b.4.d. This item states: "Coordinate with CCSO in the Suicide Prevention Program." "Contractor shall provide a psychiatrist to participate in the program, ..."*

*a. Please clarify if this Suicide Prevention Program is a County provided program, or if it is referring to the Contractor's program.*

**Answer:** The program is a County required program.

*b. If this is the Jail/County program, please provide details as to staffing and services.*

**Answer:** If an inmate expresses any threats of suicide, ideas of suicide, or any attempt at suicide, a suicide precaution procedure shall immediately be put into place and the inmate will be moved to an isolation cell, placed in a suicide smock and a suicide watch log will be started. The individual will be closely observed every fifteen (15) minutes by jail staff. The suicide watch log will be used by staff to document status, behavior and actions of those on the suicide precaution status. The Jail Medical Department to include the Psychiatric NP or QMHP will evaluate the inmate as soon as practical. A determination will be made if the individual is suicidal and that determination will be communicated to jail security staff. If not suicidal the inmate will be taken off suicide protocol or placed in a step-down status to being the removal of the suicide protocol.

30. *Will the county consider the use of LPNs in conducting sick call?*

**Answer:** No.

31. *Page 29, 2. This item states that the Contractor shall be responsible for the purchase of all equipment, including replacement equipment as needed, and shall retain ownership of the equipment that it purchases'.*

*a. Please clarify that the equipment list in Attachment 3 will be available for use by the contracted vendor.*

**Answer:** Yes; the equipment will be available for use.

*b. If not, please provide a list of medical equipment by age and condition that will be available to the contracted vendor.*

**Answer:** N/A

32. *Page 38, 8 a. Please clarify if the vendor is responsible for all off-site transportation via ambulance or if Clackamas County provides transportation for scheduled off-site medical specialty appointments.*

**Answer:** The Clackamas County Sheriff's Office provides transportation for scheduled off-site specialty appointments.

33. *Mental Health Services.*

*a. What mental health services are currently provided on site at the Facility?*

**Answer:** Basic Mental Health Services for inmates to include consultation, evaluations, and assignment of appropriate medications.

*b. Are group therapy services required?*

**Answer:** No.

*i. If so, what types of groups are currently provided?*

**Answer:** N/A

*ii. Please indicate the number of times per week each group is provided.*

**Answer:** N/A

*c. Are there service agreements related to the timing of mental health evaluations and/or response to mental health referrals?*

**Answer:** There are no separate service agreements related to the timing of mental health evaluations and/or response to mental health referrals. The RFP includes general timeframes for evaluations per NCCHC guidelines. This could also be negotiated in detail and with specificity with the winning vendor, staying within NCCHC guidelines.

*d. Is there a requirement for mental health staff's involvement with mental health court?*

**Answer:** No; however all medical staff are required to effectively build relationship and foster communication to interact with county, court and outside individuals to facilities the continued care and treatment of all inmates in the custody of the Clackamas County Jail.

*i. If so, please describe the required involvement.*

**Answer:** N/A

*e. Are mental health staff responsible for coordinating trial competency examinations and transfers?*

**Answer:** No.

*f. How many inmates are currently receiving mental health services?*

**Answer:** For the month of June it was 324 individuals.

*g. Who is financially responsible for psychiatric emergencies and/or psychiatric hospitalizations—the Contractor or the County?*

**Answer:** County

*h. Please identify the hospital used for mental health inpatient referrals.*

**Answer:** There is no specific hospital. It is dependent upon availability of beds in the region.

*i. What are the requirements for mental health training for facility staff?*

**Answer:** Question is not clear and unable to be answered.

34. *Mental Health Statistics. Please provide the following information:*

*a. Number of attempted suicides in the past two (2) years*

**Answer:** 13

*b. Number of completed suicides in the past two (2) years*

**Answer:** 0

*c. Number of episodes of suicide watch per month in the past two (2) years*

**Answer:**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
29	16	25	20	39	38	45	22	32	30	24	24
21	29	46	52	33	40	42	37	33	25	29	22

*d. Number of self-injurious events in the past two (2) years*

**Answer:** 13

*e. Number of psychiatric hospitalizations in the past two (2) years*

**Answer:** 0 (not to include court ordered)

*f. Number of psychiatric inpatient hospital days in the past two (2) years*

**Answer:** No data available.

*g. Total cost of psychiatric inpatient hospitalizations for each of the past two (2) years*

**Answer:** No data available.

*h. Number of episodes of restraint per month in the past two (2) years*

**Answer:**

Only have numbers for 2017:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
24	22	6	10	1	3	5	4	10	12	12

*i. Number in restrictive housing in the past two (2) years*

**Answer:** 9,001

*j. Number of mental health requests in the past two (2) years*

**Answer:** 2,198

*k. Number of forced psychotropic medication events in the past two (2) years*

**Answer:** 0

*l. Number of inmates on psychotropic medications per month*

**Answer:** The average per month in 2017 was 181.5.

*m. Number of Psychiatrist visits per month*

**Answer:** The facility does not have a Psychiatrist. A Psychiatric NP does all visits. The Psychiatric NP averaged 138 per month in 2017.

*n. Number of Mental Health Professional visits per month*

**Answer:** 181 per month average in 2017

*o. Number of mental health grievances per month*

**Answer:** 1 per month average in 2017.

*p. Number of episodes of seclusions per month*

**Answer:** 0

35. *Please identify the following current providers:*

*a. Pharmacy*

**Answer:** PharmaCorp & Walgreen as Back-up provider.

*b. Ambulance service(s)*

**Answer:** American Medical Response

36. *What is the Facility's policy regarding the cost of care for pre-existing conditions?*

**Answer:** The County's policy is to provide inmates with a community standard of care and to facilitate continuity of care, including for inmates with pre-existing conditions. The service and the associated costs are outsourced to the vendor providing medical and healthcare services.

37. *Please identify and provide contact information for the following individuals:*

**Answer:** Direct contact information will not be supplied by the County.

*a. Medical Director*

**Answer:** Glenda Newell-Harris

*b. Mid-level Practitioner*

**Answer:** Sharon Brennan

*c. Psychiatrist*

**Answer:** There is no current Psychiatrist

*d. Dentist*

**Answer:** Peter Dennis

38. *Please provide a list of currently utilized off-site specialty providers and outpatient providers.*

**Answer:** This is dependent upon the needs of the patient and the continuity of care required based on the medical services needed. There are no specific off-site specialty providers and outpatient providers.

39. *What is the County's policy regarding the cost of care for pre-existing conditions?*

**Answer:** The County's policy is to provide inmates with a community standard of care and to facilitate continuity of care, including for inmates with pre-existing conditions. The service and the associated costs are outsourced to the vendor providing medical and healthcare services.

40. *Are any specialty consults provided at the hospital?*

**Answer:** No.

*a. If so, which one(s)?*

**Answer:** N/A

41. *Are there currently any specialty clinics being conducted on site?*

**Answer:** No.

*If so please identify:*

*a. Provider name and contact information*

**Answer:** N/A

*b. Frequency of clinic*

**Answer:** N/A

42. *Dialysis.*

*a. During the past two (2) years, how many inmates required dialysis?*

**Answer:** 7

*b. How many inmates are currently dialysis patients?*

**Answer:** 0

*c. Please identify the off-site dialysis provider.*

**Answer:** The facility follows continuity of care and as such utilizes the company for which the patient is under care for dialysis. The facility also uses Dialysis Management Services as a primary provider.

*d. How much has been spent annually on dialysis over the past two (2) years?*

**Answer:** No data available to County.

43. *Medication Administration.*

*a. Which discipline(s) conducts med passes (e.g., CMT, LPN, RN, etc.)?*

**Answer:** LPN and RN

*b. How many med carts are utilized per med pass?*

**Answer:** 2

c. *How long does the average med pass take to complete?*

**Answer:** Varies widely; 2 hours average.

44. *Is there a Keep-on-Person (KOP) policy at the Facility?*

**Answer:** Unable to answer; the question is not clear by what “Keep-on-Person” is defined as.

45. *What is the Facility’s policy on providing medication to inmates upon discharge?*

**Answer:** The facility will supply a current prescription for those inmates being discharged from the County Jail to include phoning the prescription to a local pharmacy. The facility will also supply 14 days (30 days, if necessary) of medications based on the individual need and coordinated with a community provider if the inmate is transferring to a treatment facility or the medications are necessary and termination of such medications would be life threatening if the inmate is released to the community without medications.

46. *Electronic Medical Records.*

a. *Will the Facility’s IT infrastructure support EMR installation, or will additional cabling and drops be required?*

**Answer:** The current infrastructure supports EMR.

b. *Who will be responsible for additional cables/drops, if required—the County or the Contractor?*

**Answer:** N/A

c. *What is the County’s expectation for a “go live” date for the EMR system?*

**Answer:** Already have an EMR system in place.

47. *Pharmacy Statistics. Please provide the following information for the past two (2) years:*

a. *Number of inmates on psychotropic medication(s) per month*

**Answer:**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
244	288	269	283	252	273	281	306	254	284	261	227
259	270	252	240	286	242	208	183	218	194	192	183

b. *Number of inmates on HIV/AIDS medication(s) per month*

**Answer:**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
7	7	5	6	6	3	1	2	6	5	2	1
2	2	6	6	6	7	5	6	6	3	4	4

*c. Number of inmates on Hepatitis medication(s) per month*

**Answer:**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
16	19	21	18	10	27	30	25	12	21	15	20
20	9	16	26	21	24	21	16	15	21	18	28

*d. Number of inmates with diabetes*

**Answer:** 1,012

48. *On-site Service Statistics. Please provide statistical data for the past three (3) years regarding on-site services, including but not limited to:*

*a. Intakes*

**Answer:** 26,457

*b. Nurse Sick Call, Mid-level Sick Call, Physician Sick Call*

**Answer:**

Physician Sick Call	1,174
Nurse Practitioner Sick Call	8,190
RN Sick Call	16,561

*c. Inmate physicals*

**Answer:** 2,728

*d. Number of inmates evaluated by the psychiatric provider*

**Answer:** 3,444

*e. Number of chronic care visits by type*

**Answer:** Data not available to County

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

**Answer:** Data not available to the County

*g. Labs*

**Answer:** 4,034

*h. X-rays*

**Answer:** 677

i. Telemedicine encounters by specialty

**Answer:** Data not available to County

49. Off-site Service Statistics. Please provide statistical data for the past three (3) years regarding off-site services, including but not limited to:

a. Total number of ER visits by facility

**Answer:** 475

b. Number of ER visits that resulted in inpatient admissions

**Answer:** 45

c. Number of ambulance transfers by facility

**Answer:** 101

d. Number of non-ambulance transfers

**Answer:** 301

e. Number of 911 transfers

**Answer:** 73

f. Number of Life Flight/helicopter transfers

**Answer:** 0

g. Number of inpatient admissions

**Answer:** 45

h. Number of inpatient days

**Answer:** 110

i. Average length of hospital stay

**Answer:** 2.44 days

j. Number of outpatient visits by provider type:

**Answer:**

<u>Pregnancy Related</u>	<u>59</u>
<u>Orthopedic Related</u>	<u>180</u>
<u>Urology/Oncology/GI/Orthodontic/Ophthalmic</u>	<u>69</u>
<u>Dialysis</u>	<u>7</u>
<u>Cardiac</u>	<u>11</u>

Dental	5
Other	115
Outside radiology appointments	23
Out Patient Surgery	9

*k. Number of one-day surgeries by type*

**Answer:** No data available to County

*l. Number of off-site radiology exams by type (e.g., CT scan, MRI, etc.)*

**Answer:** No data available to County

50. *Expenses. Please provide the following information for the past two (2) years:*

*a. Total pharmacy costs*

**Answer:** \$418,504.00

*b. Total psychotropic medication costs*

**Answer:** \$86,331.23

*c. Total HIV/AIDS medication costs*

**Answer:** No data available to County

*d. Total ER visit costs*

**Answer:** No data available to County

*e. Total inpatient hospitalization stay costs*

**Answer:** No data available to County

*f. Total off-site specialist visit costs*

**Answer:** No data available to County

*g. Total off-site, one-day surgery costs*

**Answer:** No data available to County

*h. Total pre-booking hospital costs*

**Answer:** No data available to County y

*i. Total ambulance service costs*

**Answer:** No data available to County

51. *Methadone*

*a. Is Methadone provided on-site or off-site?*

**Answer:** On-site.

*b. Who is the local methadone provider?*

**Answer:** CODA, Inc.

52. *Is the County receptive to an alternative pricing structure?*

**Answer:** Yes.

53. *Penalties*

*a. Has the current Contractor been assessed any penalties in the past two (2) years?*

**Answer:** No.

*b. If yes, please identify the penalty type and amount for each of the past two years.*

**Answer:** N/A

54. *Has the County exceeded the contracted annual aggregate limit for outside medical services and pharmaceuticals during the past two years. If so, by how much?*

**Answer:** Yes; and the total was \$104,261.45

55. *What did the County spend for offsite costs (hospitalization, outpatient, specialty services) for each of the last two years?*

**Answer:** The County does not have that data available.

56. *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.*

**Answer:** The County has not made any discounted financial agreements/rates.

57. *Under the current arrangement, does Corizon process and sign up inmates for Medicare and/or Medicaid?*

**Answer:** No.

58. *Does jail or County staff currently enroll inmates in ACA insurance plans?*

**Answer:** Jail Staff.

59. *Are inmates charged a co-pay for medication, sick calls/doctors' visits? If so, how much are the co-pay amounts? How is the inmate co-pay system currently managed?*

**Answer:** Yes, rates as follows:

Doctor Evaluation	\$ 10.00
Nurse Practitioner Evaluation	\$ 10.00
Nurse/Sick Call	\$ 10.00
Psychiatrist Evaluation	\$ 10.00
Mental Health Evaluation	No charge
Prescription	\$ 7.00
Return to Clinic Visits	\$ 6.00
LAB Tests Urine and Blood	\$ 5.00
Over the Counter MEDS/Supplies	\$ 5.00
Emergency Response	\$ 10.00
XRAYs other than for TB Testing	\$ 5.00
Hospital/Emerg. Room	Charged at Cost
Nurse Evaluation/Sick Call	\$ 7.50
Dentist or Specialist Referral	\$ 10.00
Medications New or Per Month	\$ 7.00

It is currently charged electronically through the medical computer system (CorrecTek).

60. *Can you supply copies of the questions that intake staff currently use to screen before accepting the inmate?*

**Answer:** See attached screener for security staff intake Attachment I.

61. *What is your projected inmate population for the next three years?*

**Answer:** 500 ADP.

62. *Please provide the County's plans for any facility expansions, if any.*

**Answer:** The County has no plans at this time for expansion.

63. *Please explain the County's detention officers' role in assisting with the management of inmate medical, mental and ancillary healthcare programs and services.*

**Answer:** The jail security staff are responsible for security and movement of inmates to programs and services.

64. *Will the County provide the 3rd party audit tool and methodology used to audit #1: Record-Keeping and Reports in Table 1 – Service Line Agreement?*

**Answer:** The 3rd party audit tool is a proprietary tool used by the 3rd party conducting the assessment/audit. The methodology used may include, but is not limited to: staff-maintained reports and statistics on the consistency of compliance with agreed-upon record-keeping and reports process, CQI (Continuous Quality Improvement) studies, minutes of administrative and/or staff meetings or other relevant materials, in compliance with standard Continuity of Care.

65. *What was the total amount of penalties assessed in 2017 and YTD 2018 related to #1Record-Keeping and Reports?*

**Answer:** None.

66. *Can the County provide all the audits that will be used to manage the contract?*

**Answer:** It will be the County's discretion to share results of future audits.

67. *Will the County provide all Service Level Agreement audit reports and scores performed in 2017 and YTD 2018?*

**Answer:** Service level agreements are not currently done.

68. *Will the County provide the 3rd party audit tool and methodology used to audit #2:Service and Performance Levels in Table 1 – Service Line Agreement?*

**Answer:** The 3rd party audit tool is a proprietary tool used by the 3rd party conducting the assessment/audit. The methodology used may include, but is not limited to: policies and procedures review, staff-maintained reports and statistics on the consistency of compliance with NCCHC standards, CQI (Continuous Quality Improvement) studies, minutes of administrative and/or staff meetings or other relevant materials, in compliance with standard Continuity of Care, task analysis, productivity auditing, outcome analysis, process analysis, and comparative analysis.

69. *What was the total amount of penalties assessed in 2017 and YTD 2018 related to #2 Service and Performance Levels?*

**Answer:** None.

70. *Will the County provide the 3rd party audit tool and methodology used to audit #3:Staffing in Table 1 – Service Line Agreement?*

**Answer:** The 3rd party audit tool is a proprietary tool used by the 3rd party conducting the assessment/audit. The methodology used may include, but is not limited to: task analysis, time-and-motion studies, productivity auditing, outcome analysis, process analysis, and comparative analysis.

71. *What was the total amount of staffing penalties in 2017 and YTD 2018 related to #3:Staffing?*

**Answer:** None.

72. *Do the staffing penalties start per work post after two consecutive 8 hour days of the post being vacant or not staffed properly?*

**Answer:** Not properly staff.

73. *Does security perform medication pass at the Work Release?*

**Answer:** Yes.

74. *Is 2017 the latest version of the Oregon Revised Statute, specifically ORS 169.076 (5) if not would you provide a copy or link to the latest version?*

**Answer:** 2017 is the latest version.

75. *How many offenders are housed at the Residential Services Center in Milwaukie?*

**Answer:** 114

76. *When the County refers to Medical Services being provided at Milwaukie, is the County referring to Sick Call, Chronic Disease Management and Medication Administration, and that all other care will either be provided offsite or at the jail?*

**Answer:** Yes; the Medical Services referred to at Residential Services in Milwaukie is Sick Call, Chronic Disease Management and Medication Administration (but not medication pass). Other medical services are provide offsite and not at the jail.

77. *Are Clackamas County Jail and Residential Services Center in Milwaukie currently accredited by the NCCHC?*

**Answer:** No.

78. *Does Clackamas County Jail and Residential Services Center in Milwaukie have an accredited opioid treatment program by the NCCHC?*

**Answer:** No.

79. *In Section D. Minimum Requirements for Comprehensive Healthcare Services, 1. Services, a. Medical Services, 4) Sick Call, in the fourth sentence, it states "Contractor shall conduct sick call Monday through Friday at both." Is "both" referring to the Clackamas County Jail and Residential Services Center in Milwaukie?*

**Answer:** The Facility requires NP sick call Monday through Friday. RN sick call is acceptable on Saturday and Sunday. As a result, the facility requires 7 days per week sick call and coverage of varying levels. 'Both' was a typo and should be stricken.

80. *Will the County provide a list of all past settlements with the County with which the contractor must comply?*

**Answer:** No.

81. *Will the County provide a copy of all the reports that are to be submitted daily, monthly, quarterly, and annually?*

**Answer:** No; vendor must develop and present the reports for the RFP.

82. *Please provide statistics for the last two years for the following:*

- a. *General - # of sick calls per month/year, # of bookings per month/year, # hospitalizations and # of hospital days, # of emergency room visits, # of offsite specialty visits, # or outpatient surgeries.*

**Answer:** 720 sick calls per month average, 1,288 bookings per month average, 41 hospitalizations and 100 of hospital days, 382 of emergency room visits, 368 of offsite specialty visits, 15 or outpatient surgeries

- b. *Pharmacy – # inmates on medications, # inmates on psychotropic medications, # patients on HIV medications, # patients on Hepatitis C medications, # patients on hemophilia*

**Answer:** 15,796 inmates on medications, 4,700 inmates on psychotropic medications, 108 patients on HIV medications, 469 patients on Hepatitis C medications, # patients on hemophilia medications—data not available

- c. *Mental health - # of mental health visits per month/year, # of suicide attempts, # of completed suicides.*

**Answer:** 319 per month average; 13 suicide attempts; 0 suicides completed

83. *What hospitals are currently used for emergencies and for inpatient care?*

**Answer:**

Providence Willamette Falls (Preferred)

Milwaukie Providence

Oregon Health Sciences University

Portland Providence

Kaiser Permanente Sunnyside Medical Center

84. *Do the hospitals currently provide any clinics? If so, please identify.*

**Answer:** No.

85. *Is there a methadone program? If so, please describe.*

**Answer:** Yes; we currently supply methadone to those who are deemed medically necessary.

86. *Does the county health department provide any services to inmates? If so, please describe.*

**Answer:** No.

87. *Is sick call currently conducted Monday through Friday at the Residential Services Center in Milwaukie?*

**Answer:** No.

88. *Will the County provide a copy of the Monthly Statistical Reports or Health Service Reports for 2017 and YTD 2018?*

**Answer:** No.

89. *Under D. Minimum Requirements for Comprehensive Health Care Services, Detoxification and Drug Alcohol Program, it states that the contractor will provide methadone maintenance/detoxification services. Is the expectation to keep inmates on methadone the entire extent of their incarceration? Or is this decision a provider-based decision to decide to detox or keep patient on methadone?*

**Answer:** Evidence-based decision by the designated correctional health care clinician to decide to detox or to keep patient on methadone based on medical necessity, nationally accepted clinical guidelines, and continuation of care.

90. *What has been the County's census for pregnant females each of the past two years?*

**Answer:** A total of 41 pregnant females.

- a. *What is the average length of stay for this population?*

**Answer:** No data available.

91. *Is the County's infirmary appropriately set-up to provide basic OB/GYN programs and services on-site? When possible, does the County/court system work well with the County to release these inmates as appropriate?*

**Answer:** The County facility is not set-up to provide basic OB/GYN programs and services. Yes; we work well together.

92. *How many pregnancies in the past year?*

**Answer:** 24

93. *Does the County fund termination of pregnancy?*

**Answer:** Yes through the vendor.

94. *According to the RFP, you are expecting the provider to administer flu, and other vaccines, does the county bear the cost or provider, and how many are provided annually?*

**Answer:** The provider is responsible for the cost. Annually provided is 250.

95. *On average, how many TB skin tests for employees and detainees should be considered on an annual basis? Does the County bear the cost and provide the serum?*

**Answer:** 1,715; vendor bears cost of all TB skin tests.

96. *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?*

**Answer:** No.

97. *How many inmates are participants in the mental health program currently?*

**Answer:** For the month of June it was 324 individuals.

98. *How many inmates are considered seriously mentally ill?*

**Answer:** No data is available to the county. Nor are we able to answer without a specific definition of seriously mentally ill.

99. *One average, how many intakes do you receive per day?*

**Answer:** 41.59 for 2017

100. *What is the average length of stay at the jail?*

**Answer:** 484 for 2017

101. *In the section about Suicide Prevention efforts on p. 42, the county requested a Psychiatrist to be part of the suicide prevention program. Is the county amenable to having a Qualified Mental Health Professional (QMHP) who may not be a psychiatrist assigned to this function?*

**Answer:** Yes.

102. *On average, how many inmates are placed on suicide watch each month?*

**Answer:** 31.37 per month

103. *What is the average length of time that inmates are on suicide watch?*

**Answer:** No data is available to the County.

104. *Do you have an administrative segregation unit? If so, how many inmates are in the administrative segregation unit, on average, each month?*

**Answer:** Yes; 375 inmates are on average per month.

105. *Does the county have many inmates with co-occurring disorders: substance abuse and mental illness? A substance use counselor may be needed to treat the population's needs. **Yes.***

106. *What hours are behavioral health services on-site? Are the mental health providers available 24/7?*

**Answer:** As stated in Attachment 2: QMHP is for 56 hours per week and a Psychiatric Nurse Practitioner for 40 hours per week.

107. *Are inmates currently given forced or involuntary psychiatric medications when they're a danger to self or others as a result of a psychiatric disease, disorder, or illness?*

**Answer:** No.

108. *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?*

**Answer:** No.

109. *Please describe the level of mental health support you are looking to have provided (I.e., any Restoration to competency, level of counseling).*

**Answer:** Basic Mental Health Services for inmates to include counseling, consultation, evaluations, and assignment of appropriate medications.

110. *Please describe the current discharge planning services in place, if any.*

**Answer:** No current discharge services are provided through medical vendor other than prescription medications discharge which is described in question 75 and informational follow-up for patient or community provider for continuation of care.

111. *Please provide a listing of all medical equipment onsite that will be available for use by the Proposer. Please identify year purchased and condition.*

**Answer:** The list is supplied in Attachment 3 of the RFP.

112. *Please list any office equipment (computers, laptops, printers, etc.) that will be available for use by the Proposer, including year purchased and condition.*

**Answer:** The list is supplied in Attachment 3 of the RFP.

113. *Are there currently any vacant positions among healthcare staff? If so, identify the positions and the length of their vacancy.*

**Answer:** Yes; 1 RN FTE with a length of two weeks unfilled; and .4 QMHP FTE with a length of two weeks.

114. *Are nursing agency/temporary services being used by your current provider? If so, how often?*

**Answer:** No.

115. *Please provide the current annual medical and mental health staff turnover rate.*

**Answer:** No data available.

116. *Are there any collective bargaining agreements in place for current medical or mental health staff?*

**Answer:** No.

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

**Answer:** Yes; CorrecTek. Been in place for a minimum of 6 years.

118. *Who is responsible for EMR costs – annual license fees, training, technical support and maintenance?*

**Answer:** The vendor.

119. *Please describe the internet and Wi-Fi accessibility for healthcare staff in your facility.*

**Answer:** The facility has Wi-Fi capability for the entire jail.

120. *Who provides dental services for the County? Is the dentist accompanied by a dental assistant? Does the County contract for a dental hygienist?*

**Answer:** The vendor. Yes. The County does all dental service through the current vendor.

121. *How long is the typical wait to see the dentist or hygienist?*

**Answer:** Data not currently available to the County.

122. *Do you allow family members to provide inmate medications?*

**Answer:** Yes.

123. *Please describe your Keep On Person (KOP) policy, if any.*

**Answer:** Unable to answer; the question is not clear by what “Keep-on-Person” is defined as.

124. *Do you currently receive credit for returned medications?*

**Answer:** Information not available to the County.

125. *Please provide the top 5 most frequently prescribed non-over-the-counter pharmaceuticals.*

**Answer:** County does not have this information available.

126. *Please provide the top 5 most frequently prescribed psychotropics.*

**Answer:** County does not have this information available.

127. *Are you a narcotic free facility?*

**Answer:** No.

128. *Currently, how many days of meds are provided to inmate upon release?*

**Answer:** The facility will supply a current prescription for those inmates being discharged from the County Jail to include phoning the prescription to a local pharmacy. The facility will also supply 14 days (30 days, if necessary) of medications based on the individual need and coordinated with a community provider if the inmate is transferring to a treatment facility or the medications are necessary and termination of such medications would be life threatening if the inmate is released to the community without medications.

129. *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?*

**Answer:** Both; The County does not have that information; 7.

130. *Which diagnostic/x-ray provider does the County currently use for diagnostic/x-ray services? How often are they on-site? What's the annual cost for diagnostic/x-ray services?*

**Answer:** County does not have specific information; as needed; Data not available to County.

131. *Which laboratory provider does the County currently use for lab services? How often are they on-site? What's the annual cost for lab services?*

**Answer:** County does not have specific information; as needed; Data not available to County.

132. *Which medical waste provider does the County currently use? How often are they onsite? What's the annual cost for medical waste services?*

**Answer:** Stericycle is the medical waste provider. They come monthly to retrieve all medical waste. The annual cost is \$2,476.85.

133. *What ambulance service is currently used?*

**Answer:** AMR (American Medical Response)

134. *Please provide a copy of the most recent NCCHC and ACA Accreditation Survey.*

**Answer:** No documents exist.

135. *Is the County currently subject to any consent decrees?*

**Answer:** No.

136. *Are there any current audits or investigations pending for the County's inmate facilities*

**Answer:** No.

137. *In order to facilitate effective and efficient performance based on particularities of the successful proposer's award and expertise, and in light of the onerous and highly specific nature of many metrics, does the County anticipate customizing or modifying performance metrics, including the Service Level Agreement, in coordination with the successful proposer during contract negotiations?*

**Answer:** The measurable and quantifiable performance metrics are tailored to Clackamas County Jail, directly tied to compliance and service performance, and based on previous completed medical and behavioral healthcare services assessments and audits. The SLAs are a material requirement, and are neither unlawful, improvident, nor do they unjustifiably restrict competition. The vendor awarded the bid shall have the flexibility to negotiate certain terms and conditions

138. *Does the County require a specific format or criteria for the submission of "Exceptions" to specifications as part of a bidder's Proposal?*

**Answer:** No.

139. *What is the scope of work provided at the transition center?*

**Answer:** There is no specific work at the transition center. The work required is at the Residential / Work Release Center. The Medical Services referred to at Residential Services in Milwaukie is Sick Call, Chronic Disease Management and Medication Administration (but not medication pass).

140. *What is the distance to the transition center?*

**Answer:** The address is: 9000 SE McBrod Avenue, Milwaukie, OR 97222.

141. *What are the hours in which the scope of work is to be completed?*

**Answer:** The schedule requires two 4 hour RN shifts per week and one 2 hour NP shift per week.

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End of Clarifying Questions #2

Classification Screener

Screening Date :  
Incident #  
Inmate Name : STAFF JAIL  
Screener :  
Reviewed By  
REFUSED TO ANSWER

Attachment I

ADA	
Limited English Proficient?	
Do you need any help to communicate while in the jail	
Do need any help while in the jail because of a physical disability?	
Do any of the following apply?	
Deaf	NO
Hearing Impaired	NO
Intellectual Disability	NO
Mobility Impairment	NO
Severe Visual Impairment (Blind)	NO
Severe Speech Impairment (MUTE)	NO
Physical Impairment: other	NO
Mental Health Impairment	NO
Given ADA Information?	NO
COMMENTS:	
NONE	

Substance Abuse	
Signs of being under the influence of alcohol/drugs	
Signs of alcohol/drugs withdrawals/sweating/needle marks/tremulouse/hallucinations	
Current substance abuse needs	
COMMENTS:	
NONE	

Mental Health	
Use of psychotropic medications	
Abnormal/bizarre behaviour/dress	
Delusional/flat/incoherent/paranoid/passive	
Current mental health needs	
COMMENTS:	
NONE	

Security Risk	
Escape history	
Felony detainer/warrent	
Violent criminal history(including current charge)	
Parole violator	
Recent long-term incarceration(OSP,OSCI,OWCC,ect.)	
Current security risk	
COMMENTS:	
NONE	

Other	
Are you a foreign national?	
Do you want your consulate notified?	
Are you an American Military Veteran?	
Have you ever been a victim of sexual assault in custody?	
Previously experience sexual victimization?	
Offered PREA information?	YES
Are you currently employed?	
Are you currently homeless?	
Are you responsible for children or elderly in your care?	
Number of kids?	-1
COMMENTS:	
NONE	

Medical Health	
Current need for E.R. treatment/signs of trauma	
Current medical problems/yellow/lice/body deformity/sores/bruises/cuts	
Current medical problem that nursing needs to be aware of (ie. Diabetes)	
Carrying medications	
Has contagious illness or disease (herpes, syphilis, TB, AIDS, ect.)	
Needs to be seen by a nurse	
Have you traveled outside the United States in the last 21 days?	
COMMENTS:	
NONE	

Suicide Risk	
Suicidal threats/gestures	
Withdrawn/Non communicative	
Report received from other CJ agency	
Report from medical staff	
Danger to self/others	
Current suicide risk	
COMMENTS:	
NONE	

Protective Custody	
Deveopmental Disability	
Material witness	
Known informant	
Known enemies in facility	
Acknowledged LGBTQIA	
Charged with heinous crime/notoriety	
Ex-criminal justice personnel	
Expressed need for protection	
Other need for protection	
Current protective custody needs	
COMMENTS:	
NONE	

Management Risk	
Disruptive/combatative behaviour during arrest/intake	
History of violence while incarcerated	
History of facility rule violations	
Gang affiliation	
Current management risk	
COMMENTS:	
NONE	

Annual Income	
0 - 25,000	NO
25,001 - 50,000	NO
50,001 - 75,000	NO
75,001 - 100,000	NO
100,000 - 150,000	NO
Over 150,000	NO
-NO COMMENTS-	

Health Insurance	
Oregon Health Plan (OHP)	NO
Medicaid	NO
Private health insurance	NO
Veterans benifits	NO
No Health care coverage	NO
-NO COMMENTS-	

Other Needs/Remarks
COMMENTS: NONE

Tranferred From
COMMENTS: NONE

REFUSED

Mental Health Screener

Screening Date :  
Incident #  
Inmate Name : STAFF JAIL  
Screener : :  
Reviewed By  
REFUSED TO ANSWER

1) Are you thinking about killing yourself?

N/A

Comments:

2) Have you thought about, or attempted suicide in the past 6 months?

N/A

3 Weeks: NO

6 Months: NO

Comments:

3) Do you have visual or auditory hallucinations?

N/A

Comments:

4) Have you been prescribed medications for depression, emotional or mental health issues in the past year?

N/A

Comments:

5) In the past month, have you been anxious or depressed most days?

N/A

Comments:

6) In the past month, have you had trouble sleeping, eating or felt hopeless?

N/A

Comments:

7) Do you regularly use drugs or alcohol to control pain or emotional issues?

N/A

Comments:

8) Are you under the care of a county mental health provider?

N/A

Comments:

9) Do you want to see a mental health person?

N/A

Comments:

10) Have you experienced a recent loss?

N/A

Comments:

11) Is this your first time in jail?

N/A

Comments:

OFFICER OBSERVATIONS/IMPRESSIONS			
Interpreter used : NO	Under the influence drugs/alcohol : NO	Non-cooperative : NO	Difficulty understanding questions : NO
Crying or tearful : NO	Afraid : NO	Confused : NO	Speaking nonsense/gibberish : NO
Bizarre behaviour : NO	Embarrassed : NO	Unable to follow simple commands : NO	Paranoid/suspicious : NO
Sluggish or drowsy : NO	Appear to be seeing/hearing things : NO	Other : NO	
Specify :			

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:  
- YES to item 1 through 9  
- If you feel it is necessary for any other reason

Not Referred : YES  
Referred : NO - on: | time: | to:  
Placed on 15-minute watch : NO - By Sergeant :NO | By Medical Staff : NO

INMATE SIGNATURE