



Colleton County

**Procurement Office
31 Klein Street
Walterboro, SC 29488
Phone: (843) 782-0504**

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?
8. Is there a supervising nurse? Joann Thomas
 - a. If so, is s/he a RN or LPN? LPN
 - b. 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
 - a. If so, which are allowed?
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 onsite?
 - 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 onsite, how many inmates do you take off-site to see the dentist in a month? Four to six

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:

County	109
ICE	0
US Marshal	0
Juveniles	0
Native American	0
Federal	0
DOC	0
Work Release	0
Indigent	0
Other	

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)

- 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
- 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.)

- Yes, by whom? _____ No

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

- Yes No

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

C. Staff Training

52. Does your jail staff receive ongoing training on mental health issues?

- 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?

- 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
Candu

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