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# MEMORANDUM

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Date: June 5, 2018

To: The Honorable Chairman and Members  
Pima County Board of Supervisors

From: C.H. Huckelberry  
County Administrator

Re: **Correctional Health Services Procurement**

Chairman Elias asked for additional information regarding the history of health services delivery at the Pima County Adult Detention Center (PCADC) and Juvenile Detention Center (PCJDC) and the procurement process that resulted in the selection of the vendor that is scheduled to begin providing service on July 1, 2018.

The historical background for the delivery of health services at PCADC and PCJDC is provided in my May 15, 2018 Memorandum to the Board of Supervisors titled *Health Services Procurement for the Pima County Adult and Juvenile Detention Center Facilities*. To summarize, Pima County operated and staffed health services at both facilities prior to 2002. Staffing to serve this vulnerable and complex population was historically a challenge. The recruitment and retention of qualified clinician and support personnel in the setting of a very competitive labor market was particularly challenging. Additionally, a 2001 independent audit raised concerns, which Pima County felt could be best be addressed in a timely manner through the addition of outside services. For these reasons, the County entered into the first of a series of closely monitored contracts with external vendors.

Since 2002 medical and behavioral health care at PCADC has been provided by a for profit operator. First Correctional Medical, Inc. also provided care from 2002 until 2006 at PCJDC when University Physicians Healthcare assumed responsibility for care at the juvenile facility. In 2010, following a procurement process, Conmed Healthcare Management, Inc. was selected to provide medical and behavioral care for both PCADC and PCJDC effective July 1, 2010.

On November 16, 2017, Pima County Behavioral Health published a Request for Proposal (RFP) (#BH-2018-01) for comprehensive physical and behavioral healthcare for detainees housed in PCADC and PCJDC effective July 1, 2018. A mandatory pre-proposal conference was held on December 13, 2017 and attended by 23 individuals representing ten organizations from across the country. Those attending the pre-proposal conference included representatives from a local hospital and an Arizona-based behavioral health organization; however, no bids were received from firms headquartered in Arizona. Three addendums to the RFP were published in response to 263 questions received from five potential bidders and a national pharmacy. The solicitation closed on February 9, 2018. Four bids were received: Centurion of Arizona, LLC, headquartered in Virginia;

The Honorable Chairman and Members, Pima County Board of Supervisors  
 Re: **Correctional Health Services Procurement**  
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Corizon Health, Inc., headquartered in Tennessee; Correct Care Solutions, LLC, also headquartered in Tennessee; and Wexford Health Sources, Inc., headquartered in Pennsylvania.

The Evaluation Committee assembled for this solicitation consisted of five Pima County employees: Lieutenant James Smead, PCADC Medical and Mental Health Section, Pima County Sheriff's Department; Jennifer Torchia, Juvenile Services Director and Chief Probation Officer, Pima County Juvenile Court; Danna Whiting, Director, Behavioral Health Department; William Martz, MD, Medical Director, Behavioral Health Department; and, Garrett Hancock, Health System Business Director, Behavioral Health Department. These individuals were selected for their knowledge of the complexity of service delivery to this unique population and the contractual oversight responsibility of Pima County.

The quality of the services as articulated in the bidder's proposed Project Plan, a requirement of the RFP, was the principal factor in the scoring for this procurement; accounting for a maximum 40 points. In contrast cost considerations were only valued at a maximum of 30 points. The scoring results are summarized in the table below. The three top scoring bidders were invited for a formal in-person presentation to the Evaluation Committee.

<b>Evaluation Criteria</b>	<b>Maximum Points</b>	<b>Centurion</b>	<b>Corizon</b>	<b>CCS</b>	<b>Wexford</b>
Project Plan	40	35.6	23.5	28.6	30.4
Cost	30	25.0	24.9	29.5	30.0
Experience	10	8.5	7.0	6.8	7.9
Management/ Staff Turnover	10	8.4	6.2	5.2	7.7
References	5	4.6	4.1	4.6	3.7
Financial Viability	5	5.0	3.0	3.0	4.0
<b>Total</b>	<b>100</b>	<b>87.1</b>	<b>68.7</b>	<b>77.7</b>	<b>83.7</b>

For your information and background the solicitation in its entirety can be found at: [http://webcms.pima.gov/government/behavioral\\_health/](http://webcms.pima.gov/government/behavioral_health/). Additionally, attached please find the agenda, sign-in sheet, notes from the preproposal conference as well as the list of invitees for this solicitation.

**Attachments**

- c: Jan Leshar, Chief Deputy County Administrator  
 Dr. Francisco Garcia, Assistant County Administrator for Community and Health Services

# AGENDA

## RFP # BH-2018-001: Pre-Proposal Conference December 13, 2018

9:00 to 10:00 am	<p><b>Introductory Session:</b> Pima County Adult Detention Center Conference Room: 1270 W. Silverlake Rd. Tucson, AZ 85713.</p> <p>Meet at the main entrance, in front of the visitor desk at 9:00 sharp to be escorted in</p> <p>Led by Danna Whiting, Behavioral Health Administrator</p>
10:00 am to 12:00 pm	<p><b>Site Inspection/Tour:</b> Pima County Adult Detention Center: 1270 W. Silverlake Rd. Tucson, AZ 85713 and the Mission Minimum Security Facility: 1801 S. Mission Rd, Tucson, AZ 85713 (1/3 mile from PCADC mail jail).</p> <p>Led by Capt. Darin Stephens and Lt. James Smead of the Pima County Sheriff's Department.</p>
12:00 to 2:00 pm	<p><b>Lunch / Break:</b> On your own. Refer to list of restaurants in the area if you need ideas for where to go.</p>
2:00 to 3:00 pm	<p><b>Site Inspection/Tour:</b> Pima County Juvenile Detention Center: 2225 E. Ajo Way, Tucson AZ 85713</p> <p>Please go to the "Master Control" entrance of the detention center. As you face the Court, this is to the right of the court building. Do not enter the main Court building. There is a small parking area in front of the master control entrance to PCJDC.</p> <p>Led by: Teresa Campbell and Ramona Panas of the Pima County Juvenile Detention Center.</p>
3:00 pm to 4:00 pm	<p><b>Pre-Proposal Conference Wrap-Up and Final Questions:</b> Pima County Juvenile Detention Center Conference Room: 2225 E. Ajo Way, Tucson AZ 85713</p> <p>Led by Garrett Hancock, Business Operations, and Danna Whiting</p> <p>Session will officially end at 4:00 but continue longer if all are in agreement.</p>

**SIGN IN SHEET**  
**Pre-proposal Conference RFP BH-2018-001**  
**December 13, 2017, 9:00 a.m. - 4:00 p.m.**

Organization	Representative	E-mail Address	Phone #
BioReference Laboratories, Inc.	Arnoldo Gonzalez , Regional Service Representative	agonzalez@bioreference.com	500-279-5227
Carondelet St. Joseph's Hospital	Nancy Melcher, St. Joseph's, Chief Nursing Officer	Nancy.melcher@carondelet.org	520-873-5168
	Per Schau, Carondelet Medical Group, CFO	—	
	Dawn Valenzuela, Carondelet Medical Group, Market Operations Director	—	
Connections Health Solutions, LLC	<del>Nate Velez, Executive Director</del> Pat Benchik CEO	Phdconnections@rizonas.com	520-444-8948
Corizon Healthcare	Christopher Bell, VP Business Development	Christopher.bell@corizonhealth.com	615-651-3870
	Everette Crumpler, IT Business Development Analyst	everette.crumpler@corizonhealth.com	615-660-6426
	Charles Guffey, VP West Region	Charles.Guffey@corizonhealth.com	515-635-7173
	Glenda Newell-Harris, MD, Regional Medical Director	glenda.newell@corizonhealth.com	510-326-4094
Correct Care Solutions	Chris Bove, Chief Operating Officer	cbove@correctcaresolutions.com	615-394-5205
	Donna Christy, Regional Manager	Dochristy@correctcaresolutions.com	806-418-5366
	Brad Dunbar, EVP, Local Detention Division	bradunbar@correctcaresolutions.com	901-371-7854
	Gina Rose, Senior Director of Client Services	—	

**SIGN IN SHEET**  
**Pre-proposal Conference RFP BH-2018-001**  
**December 13, 2017, 9:00 a.m. - 4:00 p.m.**

Organization	Representative	E-mail Address	Phone #
Correctional Medical Group Companies	Ryan Ahern, Director of Financial Operations	RYAN.AHERN@CMGCOS.COM	954-495-6530
	Vicky Bettner, Assistant Program Manager	vicky_bettner@cmgcos.com	(619) 729-7044
	Jodel Jencks, Regional Vice President of Operations	jodeljencks@cmgcos.com	916-666-0273
	Joanna Garcia, Regional Vice President of Operations	joanna.garcia@cmgcos.com	321-890-4248
	Patrick Turner, Director of Partnership Development - US West	patrick.turner@cmgcos.com	281-268-9365
Diamond Drugs	Jeff DiGiorgio, Director of Proposals and Correctional Business Development	proposal@diamondpharmacy.com	1-800-882-6337 X-7004
Tucson Medical Center	Rhonda Bodfield, Director, Communications and Public Policy		
Wexford Health Sources Inc.	Don Hulick, Business Development & Client Relations	dhulick@wexfordhealth.com	618-615-9948
	Ed McNeil, National Business Development & Client Relations Director	emcnei1@wexfordhealth.com	404-862-7110
	Becky Payne, Wexford Health's HSA at Yavapai County	Becky.Payne@yavapai.us	928-554-8674
Pima County Administration	Jan Leshner, Chief Deputy County Administrator		

Centurion  
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Centurion

Angela Goehring  
Christie Nader  
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1593 Spring Hill Rd, Suite 610, Vienna, VA 22182

**SIGN IN SHEET**  
**Pre-proposal Conference RFP BH-2018-001**  
**December 13, 2017, 9:00 a.m. - 4:00 p.m.**

Organization	Representative	E-mail Address	Phone #
Pima County Behavioral Health	Cheri Clinton, Program Coordinator	Cheri.Clinton@pima.gov	520 724 1298
	Sharon Grant, Contracts/Grants Manager	sharon.grant@pima.gov	520-724-7042
	April Guzman, Program Coordinator	April.guzman@pima.gov	520-724-7515
	Garrett Hancock, Admin. Services Manager	GARRETT.HANCOCK@PIMA.GOV	520 724 7833
	William Martz, MD, Correctional Medical Director	Will Y Martz	520-260-0937
	Mark Person, Deputy Behavioral Health Administrator	Mark.Person@Pima.Gov	724-7518
	Tiffany Truax, Special Staff Assistant	T.Hay. Truax@Pima.Gov	724-7516
	Danna Whiting, Behavioral Health Administrator	Danna.whiting@pima.gov	724-7958
Pima County Juvenile Detention Center	Teresa Campbell, Detention Programming Supervisor		
	Ramona Panas, Detention Program Coordinator		
	Jennifer Torchia, Director of Juvenile Services Chief Probation Officer		
Pima County Adult Detention Complex	Walter Jefferson, Policy & Procedure Coordinator	WALTER JEFFERSON	351-8399
	Lt. James Smead, Medical & Mental Health Section	JAMES SMEAD@SHERIFF.PIMA.GOV	351-8304
	Capt. Darin Stephens, Inmate Services Division		
Procurement	Jennifer Moore, Procurement Officer		

**RFP # BH-2018-01, ADDENDUM 1  
ATTACHMENT 7**

**Notes from the Pre-Proposal Conference, December 13, 2017**

**9:00am Pima County Adult Detention Center (PCADC) Tour:**

9:00 am: Lieutenant Smead introduces himself and discusses connection between Pima County Adult Detention Center (PCADC) and Pima County Behavioral Health (PCBH).

9:04 am: Danna welcomes potential vendors and discusses meeting agenda, purpose of meeting and contract overview.

Introductions: Bio-Reference Laboratories, Carondelet St. Joseph's Hospital, Correctional Medical Group Companies (CMGC), Corizon Healthcare, Correct Care Solutions, Wexford Health Sources, Connections Southern Arizona, Centurion, Diamond Drugs, Pima County.

Danna provided a brief description of the contract background; PCBH, vendor and RBHA roles; PCADC detainees need for behavioral health services; MAT services provided for pregnant woman; future goals for MAT; booking process and the Restoration to Competency (RTC) program.

Sharon discussed bid requirements which include the following:

- a. Required to bid on all three sections of the Scope of Services.
- b. All questions and deviation requests should be submitted no later than January 26, 2018.
- c. Around the end of February, County will request best and final offers.
- d. Depending on the proposals received, there may be oral presentations scheduled with the top bidders. This is tentatively scheduled for March 12, 2018.
- e. Recommendation for award will be made mid-March and contract will be developed after that.
- f. New contract begins July 1, 2018.

Sharon represents PCBH in the RFP process and works with procurement to ensure that the process is being followed accordingly. Sharon discussed guidelines for tour including bidder's ability to ask questions as long as they are aimed at the group. Garrett and Danna will lead question and answer time at the day's conclusion and all questions need to be directed to them. Sharon provided a website and contract number where the current healthcare contract can be found (to address questions regarding staffing, pharmacy, rates being paid and current open positions:

pima.gov/public-econtracts  
Search by Contract Number: 13%0580  
or by Vendor: Conmed

9.25am Tour: Policy and Procedure Coordinator Walter provided outline of tour including that all detainees must be accompanied by a Corrections Officer (CO) and all detainees walk on the right side of the hall.

Walter described the booking and intake process including the roles of EMTs and RNs; the pre-trial services process; video court; photo and finger printing; the separation between male and female detainees in the booking area; the body scanner that identifies contraband; how appropriate housing is determined; and the side cells that hold unruly and uncooperative detainees.

Questions:

1. How are medical rejections handled? **Group clarified that rejections occur during the intake process and must be determined within 90 minutes of arrival. The decision to medically reject is made by the vendor, not the Sheriff's Dept. This is identified during screening/assessment and then communicated immediately to the supervising physician who makes the ultimate decision. Once the decision is reached to reject, the vendor notifies custody and the arresting officer and informs them if an ambulance is required. The arresting officer is permitted to leave during the 90 minutes with the understanding that they must return to transport if a rejection occurs. Currently the Sheriff's Department has an agreement to allow the arresting officer to make their own decision whether to wait the 90 minutes or leave and potentially have to return for a rejection.**
2. How quickly do screenings need to be completed in comparison to booking time? **The initial screening must occur within 30 minutes of the booking time.**
3. Are there any exceptions to the 30 minute requirement if intake is busy? **Yes. If 10 or more bookings in 1 hour, requirement is flexed to 45 minutes. 20 or more bookings in 1 hour, requirement is flexed to 90 minutes.**
4. How many staff are required to complete a medical screen? **Two, an EMT and a RN.**
5. What percent of detainees are rejected? **Approximately 4-5 a month.**
6. What is the average timeframe for a detainee to be housed? **Within 2-4 hours.**
7. If a detainee is in need of detox, what is the average timeframe for them to be housed? **Within 0-3 hours.**
8. How are detainees in detox monitored? **The nurse assesses the detainee and recommends housing. Medical staff then monitor as clinically indicated.**
9. Where is a detainee housed upon completion of video court? **The booking area.**
10. During high volume times, what is the process and timeframes for getting people through and how does that vary? **The detainee must be seen by the EMT within 30 minutes of**

booking and by the RN within 8 hours of booking. Note: if an urgent or emergent medical and/or behavioral health need is identified, the detainee must be seen by an RN within 90 minutes of booking. If there are more than 10 or more detainees brought in at a time, the vendor is responsible for bringing in additional staff to ensure above timeframes are met.

11. If the detainee has been waiting more than 90 minutes to see an RN and an emergent situation occur, what does corrections do? Again, it is the vendor's responsibility to identify this during intake and take immediate action. If an emergent medical rejection is made, the medical provider communicates this to custody with a recommendation to call 911 if ambulance is required. Custody does not overstep, they follow the vendor's recommendations.

Tour moves to Medical Observation Unit (MOU) aka Infirmary. Lieutenant Smead and Walter discussed that the MOU is overseen by the vendor 24/7. There is one CO stationed in the MOU to assist with safety and security. The MOU includes 4 cells for reverse isolation. Detainees are able to participate in video visitations while they are there. The detainees have tablets available to them to make telephone calls, participate in programming and to download music. Most detainees are brought to the MOU by medical referral. The far left holding area is for males and the lobby houses two females or protected custody detainees. Detainees on suicide watch are not housed in the MOU. The medical unit also contains a phlebotomist, dental, exam rooms and x-ray rooms available for detainees and a pharmacy room. Detainees color codes are as follows:

Orange: general population

Green: juvenile

Red: sentenced to one year or less at mission

White: not classified to housing unit yet

Black and White Stripes: administration segregation and/or disciplinary status

Questions:

1. How does the med pass work currently? Medical staff prepares med cart for administration to the unit. During all med deliveries the nurse is paired with a corrections officer from the pod where the med pass is happening to work as a team. The CO confirms person's identity with picture and detainee ID #. Once identity is confirmed, the nurse administers the medications. This is repeated until all meds are delivered.
2. How are situations handled when forced medications are required? Medical staff works with custody to perform this if required and member is under involuntary treatment status. Custody's role is to physically restrain the detainee while medical staff administer med.
3. Is there any way for detainees to communicate with custody while in the MOU? There is a button in their holding area that they can push to contact corrections. Each cell has a call box that notifies the central control room.

4. Are juvenile detainees kept separate from adults while in the MOU? **Yes, by a screen.**
5. Does radiology include digital diagnostic and ultrasound? **Images are electronically scanned in detainee's electronic health record and read by Banner-University Medical Center. Ultrasound is not available.**
6. Is the electronic health record directly linked to X-Ray? **No, documents are scanned into the system.**
7. Is telemedicine available to detainees and does telemedicine provide heart and lung exams? **No, other than teleradiology, telemedicine is only utilized once a month for detainees with an HIV diagnosis. PCBH is open to additional telemedicine.**
8. Where do behavioral health counselors meet with detainees? **In the 10 exam rooms, in pods, and/or an individual cell.**

The tour moves to 1 Sierra (1S) the Acute Mental Health Unit. Lieutenant Smead informed group that males are housed on the North side of the unit and detainees on suicide watch and/or females are on the South side of the unit. All new CO's receive 20 hours of behavioral health training. Corrections participates in weekly meetings with entire team to discuss patient progression. Males and females are separated by a recreation yard.

#### Questions:

1. How is 1S physically different from other units? **Males and females are separated, there are larger window cells for more visualization, COs provide suicide watches; COs can assess detainees from their desk and the Sergeant's office is to the left of this unit.**
2. How often do checks occur for a detainee on suicide watch in the mental health pod (1S)? **On the mental health unit checks occur every 5 minutes during a suicide watch. Suicide watches are not used for interaction with patients. Custody also added that the unit is highly visible with glass doors and 360 view of nearly the entire pod.**
3. Does the jail use a barcode system to match medications with correct detainee? **No not currently. Current system is picture ID match with detainee #.**
4. Can vendor visit by video? **No, face to face only.**
5. Are the cells individual? **No, there can be more than one detainee housed in each cell unit.**
6. How often are detainees able to spend time in the day room? **As much as possible; it is dependent on population and staff.**

7. Are behavioral health staff assigned to this unit? **The vendor determines and decides the staff that are assigned to this unit and Corrections participates accordingly. Currently, a mental health RN is assigned to this unit and sees detainees three times a week.**

The tour moves to unit 1R. Lieutenant Smead informed group that 1R has has eight (8) dorms and there are televisions and tablets available for detainees.

Questions:

1. How does corrections respond to emergencies? **Corrections clears the affected area so medical can do their job efficiently, CO's will also grab a crash cart and or contact the tactical assistance group.**

The tour moves to unit 1A. Lieutenant Smead informed group that 1A is identified as the intake unit as all pods look the same. There is one (1) CO assigned to this unit and detainees placed in administrative segregation are also housed here.

Questions:

1. Does medical staff visit this unit? **For emergencies and or med pass only; they do not visit these units for appointments. Detainees are brought to the medical unit by custody staff.**

The tour moves to unit 1D. Lieutenant Smead informed group that 1D does NOT house detainees and is a modified area that is utilized for behavioral health staff to meet with detainees.

Questions;

1. Can behavioral health staff visit detainees at their housing unit? **Yes.**

The tour moves to the West unit. Lieutenant Smead informed group that the West facility houses remanded juveniles. The current census for remanded juveniles is 15-20. Corrections is looking to relocate this unit. Juveniles are seen by behavioral health staff.

Questions:

1. Is schooling provided for remanded juveniles? **Yes**
2. Does medical staff visit this unit? **No, remanded juveniles are taken to medical. Note: State law says juveniles cannot be removed from school for routine medical services.**
3. Are bar codes and or scanning used for medication? **No, the CO has an ID card and does a two point verification when meds need to be dispensed.**

4. Discuss administrative segregation. Those on administrative segregation are seen three times a week by Mental health. The female unit has a small inset that includes administrative segregation.

The tour moves to Restoration to Competency (RTC) unit. Lieutenant Smead informed group that the visitation area in this area is utilized for detainee interviews; that there are two (2) corrections officers assigned to RTC to ensure staff safety; that this area includes a conference room and prescribing provider room. Danna provides a brief overview of the RTC program; the role of PCBH; the role of the vendor and the RTC team; NCHCC guidelines for RTC and initial assessment timeframes.

Questions:

1. Discuss the notification process for detainees transferred from other counties? There have been only 2-3 in the past five years. The PCBH medical director will decide if there is a need to reject.
2. What is the RTC length of stay? The average length of stay is about 110 days.

Tour Ends; open for Q and A:

1. Does the OOC only address felony charges? Yes
2. Do any of the facilities have WIFI and if so what are the plans? None of the facilities have WIFI.
3. Can vendor connect with County Wi-Fi system using wireless devices? No current vendor installed their own Wi-Fi which is used in select locations only. But not throughout the jail.
4. Can the RFP proposal be delivered electronically? No, the requirements and timeframes include 1 original, 5 copies, 5 copies on thumb drive no later than 4 pm local time on 2/9/18. Delivery by USPS is not recommended due to frequent mail mix-ups with other building tenants.
5. Discuss Sell hearings? Hearing in front of judge regarding forced medications. Pima County has never had a Sell hearing.
6. How often do Sell hearings occur? There has only been one (1) in the last 4-5 years, and it was for an inmate from Cochise County. Due to low volume, do not include cost in your proposal. However, if the number of Sell hearings increases, PCBH will discuss compensation.
7. Discuss tele-radiology. Radiology occurs via telemedicine line. PCBH is open to an increase in the use of telemedicine.

8. Discuss MAT. Suboxone (buprenorphine) is currently provided for pregnant females only. A community provider makes these services available to pregnant female detainees. The current RBHA Cenpatico, was recently granted additional monies to expand these services and PCBH would like to expand this program in the future. At this time, PCBH is not asking for an expansion of the MAT program.
9. Discuss Quality Management (QM). The Quality Management team consists of two (2) RN's and a Masters level behavioral health professional. Audits are completed once a month and there is an extensive QM process for indicators that do not meet the contractual threshold requirements.
10. How long does it take for PCBH to approve leadership positions? No more than a week; our role in this process should not slow down the vendor hiring process.
11. Are there any other electronic health record or key systems utilized by the vendor? No, but the EMR chosen must be compatible with County Justice Health Information Data Exchange (J-HIDE) system used for daily electronic coordination with outside RBHA health providers. The Cenpatico Provider Portal and Spillman are also current systems utilized by vendor and recommended by PCBH. Additionally, the vendor is required to collaborate with Pre-Trial services to support their process. The EMT explains this process to the detainee upon booking and the detainee agrees or disagrees to sign a release of information. When signed, the ROI is provided to Pre-trial Services and is scanned into the electronic health record. Danna said the goals for the J-HIDE program includes adding information from the Adult Probation department.
12. Is the Medication Administration Record (MAR) completed in the electronic health record? Yes. However, PCBH is open to other modes of completion as long as it is included in the health record for auditing purposes.
13. Is the vendor required to use electronic MARs? There is no requirement to use an e-MAR system but we do require that all MARs are kept in the EMR system under patient record. Either scanned in or using an e-doc.
14. Is vendor responsible for any RTC related services in the contract? Yes, currently the Vendor provides physician hours for psychiatric appointments and prescribing psychotropics. This physician is not limited to a formulary for this program. Also, a Master's level behavioral health clinician is required to see RTC detainees 1x per month. The psychiatrist is required to have an initial appointment within 7 days of admission and the Master's level clinician within 14 days of admission. See also 10.6 of Part I of the Scope of Services in the RFP.

Mission Facility Tour. Lieutenant Smead informed group that the mission facility houses 220 females and 70-80 males; that PCADC is currently looking at expanding the facility to house

additional detainees; Work release males are currently housed in this unit; there is limited medical staff; nurses office exam room'

1. Should potential vendors bid per the current census or the potential expansion? **Bid per the current census and when expansion occurs PCBH will complete an amendment.**
2. Are detainees seen by medical at this unit? **Yes, there are exam rooms in the unit and one additional storage room that can be utilized as an exam room or staff office.**
3. Does this facility have an EKG machine? **No.**
4. Do any rooms have data connectivity/port? **Yes**
5. Discuss census. **Currently about 300 including newly charged populations. All pregnant females will remain at the PCADC main building.**
6. If services can't be provided here, will detainees be transported to PCADC? What if there is a medical emergency? **Yes. 911 will be called if there is a medical emergency.**
7. Is there 24/7 medical coverage at this facility? **There is 24/7 coverage in that staff from the main PCADC building can come over at any time. There is currently only one RN located at the Mission building for 40 hours a week. Once the women are moved to the Mission, we anticipate that 24/7 coverage located in the Mission will be required.**
8. Does this facility provide a crash cart? **Yes**
9. Does this facility provide a day room? **Yes**
10. Discuss open door housing? **The units at this facility include open door housing with an area for women, a smaller housing unit for men, and an area in the unit where detainees are provided meals.**

### **2pm Pima County Juvenile Detention Center (PCJDC) Tour:**

The Director of Juvenile Court Services and Deputy Director introduce themselves and discuss the connection between PCJDC and Pima County Behavioral Health; current outcomes, including an emphasis on mental health needs; emergent situations and the scope of services.

Questions:

1. What is the recent census? **High forties to low fifties. Length of stay is an average of 20-30 days.**
2. What percentage of youth have a behavioral health issue/diagnosis? **Over 75%.**

3. Does PCJDC allow outside medications? **Yes, parents and or custodial guardians are allowed to bring/provide verified medications to PCJDC for administration. Note: The pharmacy report only includes statistics regarding prescribed medications filled by the Vendor.**
4. What percentage of youth are on medications? **Review pharmacy report for these statistics.**
5. Why is the census so low? **At one time the PCJDC census was about 150. However, ten years ago PCJDC participated in a juvenile alternative program that focuses on juvenile justice reformation and since then the census has decreased dramatically.**
6. Does PCJDC provide immunizations? **No. PCJDC youth still qualify for AHCCCS while they are incarcerated (unless they have a criminal charge) and since the average length of stay is only 27 days, it is the responsibility of the youth's parents and/or custodial guardians to ensure that the youth receives immunizations. If an immunization happens to be due during a detention stay, the youth is transported to the outpatient clinic to receive it.**

2:20pm Teresa Campbell and Ramona Panas commence Tour including visits/discussions regarding the intake and reviewing areas, master control, living units, the Make a Change program, interview rooms, library, Child Family Team meetings, the Department of Child Services' role and the ASIS center.

Questions:

1. Can youth get their high school diploma at PCJDC? **Youth can receive a GED at PCJDC.**
2. Are there substance use groups? **Yes, groups are offered 2x/week.**
3. What is the oldest age a youth can be detained at PCJDC? **Once a youth turns 18, they can no longer be housed at PCJDC.**
4. Discuss youth uniforms:
  - Yellow: MAC program
  - Orange: discipline
  - Black: highest level/planner
  - White: lowest level
5. Are the vendors responsible for care for youth involved in the ASIS program? **No, the ASIS program is solely for youth not detained at PCJDC and focuses on domestic violence (DV) support.**
6. When youth utilize support for DV does this information go on their record? **Yes.**

7. What is the average age of youth detained at PCJDC? **15-17**

Tour concluded, Procurement Representative Jennifer Moore and Lt. Smead joined group and Q&A discussion begins:

Questions:

1. What is the timeframe for new staff background checks? **One week**
2. What is the last date that vendors can submit questions? **No later than 1/26/18. PCBH will post responses on the website as soon as possible after we receive them. The responses to any questions received prior to the tours will be included as well. These responses will be on the website after the Christmas holiday.**
3. Does PCJDC have any statistics on immunizations for youth in the last year? **Please review the Statistical Data Report included in the RFP.**

**People contacted about the RFP being issued:**

Contacted on 11/15 by email:

Correctional Medical Group, Patrick Turner, Director of Partnership Development – US West

Correct Care Solutions, Chris Bove, President, Local Detention Division

Correctional Health Partners – sent message through their contact form

Correctional Medical Care, [Cmc\\_corpaa@cormedcare.com](mailto:Cmc_corpaa@cormedcare.com)

Corizon Health, Frank Fletcher & Martha Harbin

MHM Centurion Correctional Services, Mike Brewer, Senior VP

Naphcare, Inc., sent email via their contact form

Southern Health Partners, sent email via their contact form

Wellcon, Inc., Todd Wilcox, Medical Director of the Salt Lake County Jail System, [trwilcox@Wellcon.net](mailto:trwilcox@Wellcon.net)

Wexford Health, Edward McNeil, National Business Development & Client Relations Director

TMC, Judy Rich, CEO, & assistant Cheryl Meadows

Banner, Tom Dickson, CEO

Contacted on 12/4 by phone:

Michael J. Duran, TMC VP, Chief Development Officer, [Michael.Duran@tmcaz.com](mailto:Michael.Duran@tmcaz.com). Cell: 906-2531. Mr. Duran said he had not heard about the RFP, probably would not fit with their business model, but he would take a look at the RFP and get back to me.

Called Kyle Bennion, Director Business Development of St. Mary's and got VM from Lisa. 872-3000

Called Sarah Frost of Banner & left message to ask who should be contacted as had not heard from Mr. Dickson.