

RFP # BH-2018-01

ADDENDUM 3

Responses to Vendor Questions Received as of 01/26/2018

Medical

1. Exhibit A – Adult. #7.3. Bridging Medications (p 22). This item states: “Contractor must bridge medications which can be verified within the first 12 hours after the receiving screening...” Attachment A1-10 – Sample Performance Indicators. #18 Bridging Medications (p 2). This item states: “Medications that can be verified are bridged within 8 hours.” Please clarify if bridging of verified medications is to occur within 12 hours or 8 hours of the receiving screening. **The expectation is that the medications are bridged within 8 hours of the booking time.**
2. What percentage of new detainees reporting medications have their medications verified and receive a bridged order? How many of the new detainees reporting medications, but had no bridged orders, require a face-to-face provider assessment within 24 hours vs. 48 hours? What are the current compliance rates for meeting all bridge order and initial provider assessment timeliness thresholds? **We do not track %s for the first 2 questions here. The most recent compliance rate for the month of December 2017 is 41%.**
3. Exhibit A – Adult. #6.2.8. Restraints (p. 18). In the event Security deems a detainee unsafe for medical access for assessment, what is the County’s expectation for the Contractor to maintain compliance? **The Pima County Sheriff’s Department takes all reasonable steps to ensure arrestees can be assessed when requested. The County’s expectation is for contractor to maintain 100% compliance.**
4. Exhibit A – Juvenile #4.1. Screening and Medical Diversions (p.5). The RFP states: “CONTRACTOR will begin a medical and mental health screening by an RN who has experience working with youth in a behavioral health crisis within 5 minutes of CONTRACTOR being notified, unless already responding to an emergency in Detention.” Is the County flexible with the 5 minute requirement to allow an RN to complete sick call? Can the 5 minute requirement be extended in non-emergent situations? **If the RN is busy with a youth, either in an emergent situation or during sick call, the Court is willing to be flexible on the five-minute requirement for responding to a screening at intake. However, emergent situations always take priority and if the youth to be screened is in crisis, the screening must take priority. Documentation should be entered in the record as to why the five-minute time frame was not met.**
5. Please provide any available data on recent compliance rates with the five-minute timeframe to begin a medical and mental health screening. **The current contract does not include the five-minute timeframe.**
6. At PCADC, what are the most recent compliance rates for providing the receiving screenings within the required 30 minute timeframe? **79%**
7. Exhibit A – Juvenile #6.4. Immunizations (p.12). Who is responsible for the costs of immunizations – the County or the Contractor? **The Contractor.**

8. Exhibit A – Juvenile 6.5. Coordination with Education (p.13). The RFP states: “CONTRACTOR shall have staff available from 3:00 pm – 11:00 pm for health care activities.” This extends past the current bedtime for juveniles in the facility.
 - a. Will medical staff have availability to see juveniles up to 11:00 p.m.? **Juvenile bedtime will not be extended for routine medical appointments. Healthcare staff have until 10:00 for routine medical appointments.**
 - b. Please clarify if this means that the bedtime for juveniles will be extended to 11:00 pm to accommodate health care activities? **Same as above**
 - c. Is it the expectation of the County for the Contractor to have all health care activities completed prior to bedtime? **Yes. We would like all health care activities that involve the youth’s presence to be completed by 10:00 PM.**
9. Please provide the current health providers staffing schedule at PCJDC. Has that been sufficient to accommodate youth's education schedule and provide timely healthcare services that meet contract compliance standards? **The staffing schedule currently in place at PCJDC is available in the current contract which can be found following the instructions in Addendum #1. The requirements for youth education in the RFP are different from those in the current contract.**
10. Where do pregnant youth receive Ob/GYN care? (including birth services)? How many pregnant youth received any onsite prenatal or Ob/GYN services over the past two years? **Youth receive Ob/GYN care offsite through an outpatient provider as necessary. There have been no pregnant youth receiving services onsite.**
11. What is the contractor’s role in discharge planning for youth and, in particular, making arrangements for continuity of medications upon release to the community? **Pima County’s expectation is that the Contractor is responsible for robust discharge planning for youth. Working with all system partners including RBHA, Court, Probation, and family/guardians. Medications must be provided upon release in correspondence with the requirements as stated in the RFP.**
12. What type of system is currently in place to track all aspects of the sick call process, including for youths? **At PCADC, requests are filled out by the inmates and placed in a secure box in the housing unit. The nurse picks up the forms during med pass and delivers them to the medical unit. The Contractor staff triages the forms and schedules appropriate follow up. The forms are scanned into CorEMR. If the request is completed on a tablet, a Contractor staff member checks the electronic forms, triages them, and schedules appropriate follow up. In either case, Custody never handles or reviews Sick Call Requests. See Court Policy E-E07, Medical Care and Treatment, in the RFP for additional information.**
13. What is the name of the web-based platform that detainees now utilize via tablet to make sick call requests? **Tablets are only used at PCADC. The platform is Request link. A GTL product.**
14. Are RNs allowed to resolve minor or routine health complaints through the face-to-face triage process or do all triaged SCRs require referral to a prescribing provider? **RNs can resolve the complaint if it is within the scope of practice for an RN, except for urgent conditions as noted in the RFP that must be seen by a prescribing provider within 24 hours. If so, what percent are resolved by RNs vs. referred on a prescribing provider? This is not tracked.**
15. Are medical RNs allowed to triage and resolve minor health complaints for any category of complaint, including mental health and dental? **Qualified health care professionals may**

respond to health service requests. Pima County's expectation is that all health care providers operate within the scope of their license.

16. Are the completion timeframes for urgent (24 hours) and non-urgent (seven days) referrals to prescribing providers the same whether the complaint is medical, mental health, or dental? **Yes.**
17. RFP Section 6.1 notes that the required face-to-face contact for triaged needs to be completed by an RN or higher, while the associated performance indicator in Attachment A1-10 indicates that the expectation is LPN or higher. Is the intent that SCR triage be completed by an LPN or higher, or RN or higher? **The requirement is RN or higher.**
18. What specialty clinics are currently taking place onsite at the jail? Please provide a comprehensive list of current sub-contractors who provide onsite specialty services. **Specialty clinics are listed in the "Chronic Care Visits" section of the statistical data report, Attachment A1-5. We are not aware of any of these visits being done by sub-contractors.**
19. We understand that currently telehealth is only being used for HIV+ patients in the County. Approximately how many patients does this involve on a monthly basis? **Current average is 7/month.**
 - a. Are there any limits that the County has on which specialties can be provided via telehealth, or the ratio of telehealth vs. face-to-face provided services? **No, as long as telehealth is appropriate for the health condition.**
 - b. What percent of submitted sick calls, by discipline, require face-to-face triage? **Not tracked.**
 - c. Would the County allow the use of telehealth as another option for completing sick call or chronic care appointments? **As long as telehealth is appropriate for the health condition.**
20. We understand that LabCorp performs diagnostic laboratory testing services. Do they also handle stat testing? Are all lab tests completed off-site, including stat lab orders? What is the required turnaround time for receiving ordered lab results? Is this requirement being met in a satisfactory manner? **Current vendor has a waived laboratory and all other testing above waived is completed offsite (including STAT).**
21. How often does the County have to make payments for either inpatient and outpatient off-site health care services when no other payer exists? How much were these payments in the two most recent calendar or fiscal years? **In most cases, outpatient off-site health care services do not have another payer. In the case of inpatient services, if the patient qualifies for AHCCCS (Medicaid), the Contractor is only responsible for about 1/3 of the cost due to Federal Financial Participation (FFP). In fiscal year 2016, claims paid by contractor for outpatient services and inpatient services that did not qualify for FFP totaled \$342,286.88 and the Contractor's portion of claims qualifying for FFP was \$44,225.69. In fiscal year 2017, those numbers were \$682,233.36 and \$117,133.57 for the FFP payments.**
22. Please clarify the sharp increase in the number of monthly Chronic Care Visits for Hepatitis patients from July and August 2016 to current levels through June 2017 that total well over 100. Has there been any change in criteria used to treat Hepatitis C patients or is there any plan to do so in the near future? **We do not know what to attribute the increase in chronic care visits to. We have not seen an increase in the number of Hepatitis C patients in the jail.**
23. What hours are the juveniles available for sick call? **From 6:30-9:30 AM and from 3:30-10:00 PM.**

24. The following statistics are provided for the time period of July 2016 – June of 2017:

- Number of emergency room visits - total of 369
- Offsite outpatient services visits - total of 498
- Ambulance transports – total of 159

Please confirm that the statistics are based upon date of service from 7/1/16 – 6/30/17 and are accurate and final. **These are the numbers reported to us by the Contractor for dates of service in fiscal year 2017.**

- a) Does the above emergency room visits total include a portion or all of the 83 inpatient admissions? If so, please identify how many admissions were included in the ER visit total. **Yes, some patients taken to the emergency room are admitted and are included in the 83 inpatient admissions. However, we do not readily have available how many.**
- b) Does the total number of ER visits include observation stays that extend beyond the initial ED admit, but did not result in an inpatient admission? **Yes, but the County's policy is to not pay for observation beyond 36 hours.**
- c) The volume of ER visits and other outpatient services appear to be high compared to other jails of a similar size. Can the County provide some insight as to the variances in service or acuity at the jail that would create higher utilization? **We do not believe that our jail population is markedly different from other jail populations of the same size and we believe that efficiencies can be achieved to reduce the number of offsite healthcare visits.**

Behavioral Health

25. How many and what percent of new detainees met criteria for expedited treatment initiative or alternatives to incarceration (ATI) over the past 12 months? **We do not track this; it is managed by Pre-trial services.**

26. At PCADC, RFP section 4.1.4, (the RFP states that) BH staff can initiate order with Pretrial to have patient released at intake and transferred for treatment. On the average, how many of these orders are completed monthly or annually? **The requirement is for the Contractor to identify detainees with mental illness and comply with procedures (such as J-HIDE) in place and request the detainee sign consent to share community mental health treatment information with pre-trial services, which informs the recommendation to the judge. Roughly, 45% of the detained population are receiving community mental health services through the RBHA.**

27. Patients from Ajo that are in need of suicide watch are transferred to PCADC. What is the estimated time of transfer? How often do these transfers occur (section 4.3). **It takes approximately 2 hours to drive from Ajo to PCADC. It can take up to 8 hours for transport based on staffing and other arrangements. This is very infrequent and only happens a couple times a year, at most.**

28. Exhibit A – Adult. #10.3. Special Housing (p 28). This item states: “Mentally ill detainees housed in the mental health units must receive a minimum of 10 hours per week of therapeutic group or individual activity.” Please clarify if this applicable only for patients that are MH2 status. **Yes. The requirement is for those able to participate in group therapeutic activities.**

29. The RFP requires that that all detainees in the mental health units must receive a minimum of 10 hours per week of therapeutic group or individual activity. Can these patients refuse

any or all of the offered services and still remain on the units? If so, would the requirement be considered met if the offer was properly documented? **Yes they can refuse treatment at any time and, no, they will not be moved for refusing treatment. If the detainee refuses treatment, the expectation is that the contractor make additional attempts to encourage participation/engagement and document repeated attempts to engage the detainee.**

30. Are any specialized housing units in the PCADC, such as the Acute Mental Health Unit, licensed or certified by an external agency, such as the Arizona Department of Health Services? **No, this is not required for adult jails in Arizona as indicated in ARS 36-402.11.** If so, please provide sufficient information to permit bidders to understand their responsibilities with respect to maintaining licensure/certification. Is the contractor responsible for any licensure fees? **Not applicable.**
31. On average, how many court hearings require medical provider participation in a given month? Is participation required in person, or is video-conferencing allowed or provided for such purposes? **We do not track this stat, however, we estimate that the total number of hours for a provider to testify or provide services around testimony, i.e. letter to the court, is approximately 2 hours/month.**
32. Please explain the sharp decline in the average daily census on the behavioral health caseload from July 2016 to June 2017. What is the estimated or anticipated behavioral health caseload rate relative to the County's average daily census for 2018? **We do not track this data but it is believed that the number depends on who is being counted and who is being included on the mental health caseload. The mental health caseload is comprised of more than detainees with an actual diagnosed mental illness. Detainees can be placed on this caseload in connection to the charges they are brought in on, type of medications prescribed, etc. We believe the number of truly mentally ill detainees mirrors the current national trends.**
33. Are all BH services, except for suicide watch, offered at Ajo? **No.**
34. Does the RBHA have MHP's come in to the facility to work with the BH and and/or attend treatment team meetings? **No.**
35. What level of group programming is currently being completed at the site? **We are not aware of all the groups offered at the jail. We do understand that multiple organizations, including faith based programs who come into the jail, provide groups.**
36. What other agencies are providing substance abuse services? What type of services are they providing? **CODAC provides Recovery Toolbox to females and assists with MRT. All other programs are provided by volunteers.**
37. Is a competency evaluation completed by an outside provider prior to pursuing an order for restoration or is it the sole responsibility of the contractor? **The vendor is not involved in forensic services as this compromises our NCCHC accreditation. The vendor is only responsible for medical services for RTC enrolled detainees. Medical services include medication management (psychiatrist) and therapeutic services as needed.**
38. It is noted that some detainees come to PCADC from other counties for restoration services. How many, on the average, come from other sites? **Approximately 6/year are brought in from other counties.**
39. Are all the detainees in this program housed in BH Housing of the facility with the BH detainees that are being followed and treated? **No, RTC detainees are housed according to their classification Some are in Behavioral Health and some are in General Population.**

40. Exhibit A – Juvenile 10.4. Substance Use Treatment Program (p.20). The RFP states: “In addition to the sessions listed in Section 10.1, Contractor will provide three one-hour sessions per week, per housing unit (up to 6 housing units) of structured group discussions related to substance use issue.”
- a. Can these sessions be conducted during daytime educational hours? **No.**
 - b. Is it the expectation of the County for all sessions to be conducted in the various housing units simultaneously, or can they be scheduled in a staggered pattern throughout the week? **They may be staggered and units may be combined. See also #8 in Addendum #2.**
41. Are all youth required to receive a treatment plan and behavioral plan as part of their mental health assessment? **Yes.**
42. How frequently do medical staff participate in Child and Family Team Meetings and where do these meetings take place? How much time is typically required to participate in these meetings? **This is not tracked but the expectation is that the vendor participates in all CFTs. Meetings are scheduled for one hour on average and take place in the Juvenile Detention facility.**
43. Based on review of the RFP, it is unclear whether the PCJDC includes a segregation unit or houses juveniles in disciplinary or administrative segregation. There does not appear to be a segregation unit in the floor plans, and it does not appear that any statistics regarding segregation rounds were included in the PCJDC Statistical Data Report. Please describe the use of administrative and disciplinary segregation, if any, at PCJDC. Please include enough information that bidders can determine the average number of juveniles placed on segregation status at any given time and the length of time juveniles remain in segregation. **PCJDC does not have or use segregation. They do have disciplinary room confinement that happens in the unit where the youth is housed. This confinement is only as long as the youth is acting out or a risk to themselves, others, or the institution. Please see Attachment 1 to this Addendum for additional information.**
44. Does the PCJDC use a “Behavioral Room Confinement” protocol as described in the Arizona Juvenile Detention Standards? If so, please describe this protocol, frequency of use, and healthcare staff involvement. **This standard just started in January of 2018. See Attachment 1 for further information.**
45. Please indicate what role the contractor may have in the placement and monitoring of juveniles in disciplinary or administrative segregation. **The Contractor’s role would be in providing information about a youth’s mental health status to custody staff when custody staff are making disciplinary decisions. We don’t use segregation at PCJDC so this part of the question is not applicable.**
46. If the PCJDC does not use segregation for juveniles, and instead uses alternatives to segregation, please describe these alternatives and any role that the healthcare contractor may have in assisting the PCJDC in developing specific alternatives? **The Court is always open to ideas and suggestions for alternatives for youth behaviors. We determine these situations on a case by case bases and ask for the Mental Health professionals to assist in developing an alternative behavior plan that would be most effective for a specific youth.**
47. The PCJDC Statistical Data Report shows no youth use of restraint bed from July 2016 through June 2017. However, a total of 101 restraint checks were completed during this timeframe. Please explain how restraint checks are counted and what these data represent. If not restraint checks for youth in the restraint bed, is the PCJDC using

ambulatory restraints? If so, please describe. In what area of PCJDC are youth restrained? **These are checks of mechanical hand and leg restraints (handcuffs and shackles). Youth are in a housing unit in a cell with the restraints on until it is safe to remove them.**

48. The PCJDC Statistical Data Report shows a total of 85 youth placed on suicide watch between July 2016 and June 2017. In what area of PCJDC are youth placed on suicide watch? Are youth confined to a room or area while on watch? **Depends on the level of the suicide watch. Please refer to Attachment 1 of this Addendum #3 for the policy on suicide watch.**
49. What is the average length of time youth remain on suicide watch? **We do not have this information.**
50. A total of 438 “suicide watch evaluations” were conducted at PCJDC between July 2016 and June 2017. Please describe the scope and any PCJDC-specific requirements for these evaluations. **Please refer to Attachment 1 of this Addendum #3.**
51. PCJDC Policy E-201, Administration and Dispensing of Medications, refers to using psychotropic medication as a “chemical restraint” in emergency situations. We recognize that the PCJDC Statistical Data Report indicates no youth received emergency psychotropic medications from July 2016 through June 2017. However, we want to ensure we understand the PCJDC policy. Please provide an operational definition of chemical restraint as used by the County. Are all emergency psychotropic medications considered by Pima County to be chemical restraints? **Pima County does not define the use of chemical restraints. Expectation is for vendor to establish procedures for this and to administer services in compliance with licensure. Juvenile Detention only considers a chemical restraint if a youth’s behavior is so extreme that it cannot be controlled any other way. The use of a chemical restraint must be approved by the Director of Juvenile Court. See Attachment 1 of this Addendum for additional information.**

Pharmacy

52. Is the County currently experiencing difficulties with meeting the 24-hour timeframe for detainees to receive ordered medications? Are there any available data showing timeliness compliance for ordered and received medications for detainees? **The vendor is required to provide these services. Current compliance rates are 100%.**
53. Does the County currently utilize any systems or databases that assist in expediting the medication verification process, besides utilizing J-HIDE? **No.**
54. The monthly psychotropic medication orders between February 2017 through June 2017, almost double from the same time frame in 2016. While in comparison, the total cost of the medication has remained the same. Please clarify this spike and the differences in this information. **The Pharmacy information that we have has been shared in the RFP and Addendum #1. There is not much fluctuation in the number of detainees on psychotropic meds which is most likely the more significant number. It appears that they started doing prescriptions for two weeks instead of 30 days.**
55. Are the medication dispensing fees included in the total pharmacy costs in Addendum 1 - Attachment 3 and the Revised Pharmacy Data A1-6? If not, what are the total dispensing fee costs for the last 12 months? If a new vendor is awarded the contract, will the new vendor need to purchase inventory from the current contractor? **We do not know the fees. Pima County will not dictate where medications are purchased. The expectation is that the vendor is prepared to begin services immediately on the first day of contracted services.**

Whether or not to purchase existing inventory will be up to the vendor and the current provider.

56. What is the current process for how medications are identified, verified and ordered for the detainees at Ajo since the vendor does not actually complete the intake receiving screen for those detainees? Vendor can utilize the RBHA portal to verify Medicaid enrollment and current medications. In addition, Ajo security staff commonly allow families to bring medications to the facility and inmates take their own medication.
57. In Attachment A1-6, what medications are included in the "Misc Antiviral" category? Please refer to the Pharmacy Report attached in Addendum #1 for the most detailed pharmacy information the County has available.
58. The answer to question #13 in Addendum #2 references page 6 of the Pharmacy Report document and states that the drugs included in the "Other" category are detailed in the Pharmacy Report. However, the drugs included in the "Other" category are not listed in the detail report. Please provide. My apologies. In the previous RFP, we combined several smaller categories from the vendor provided Pharmacy Report into an "other" category. In this one, we did not, providing instead all of the categories in this exhibit. We do not have additional detail of what Correct Rx has included in their "Other" category.

Electronic Medical Record / Information Systems

59. What is the County's desired timeframe for implementation of an EHR system that meets all the RFP requirements? As the County currently has an EHR, we will not go back to paper records. There is no requirement to change the EHR system, but the Contractor may if they like. We have not discussed a timeline for when a change needs to take place. The important thing is that EHR interruption be minimized.
60. To what extent is the current EHR system able to generate daily database backup files of the complete EHR and/or a standard formatted export file? Data is managed by the County and the Correctional Health provider. The data is owned by the County and securely managed on our servers. A daily export can be provided in a standard formatted export file.
61. Who is responsible for medical record security breaches when such breaches are outside the contractor's control? It would depend on the facts of the case.
62. Exhibit A – Adult. #4.1.1. Receiving and Booking (p.8). Is HIE accessible and currently in use? Does the County expect to continue with this system? HIE is accessible but at this time the County has not found it to be worth the cost due to the limited number of current positive queries that were obtained, and because the HIE pricing matrix is based on queries rather than matches found.
63. Does the current EHR system meet all the County's Performance Indicator tracking and reporting requirements, including the data required in Attachment A2-5 and A2-7? No. Which specific performance indicators and reports does the EHR currently provide and which are provided to PCADC by an alternate mechanism? EHR does not create reports for County related to performance indicators. What are the alternate mechanisms that the current contractor uses to track those indicators and reports not available through the current EHR system? We do not know; the current vendor provides reports as required.
64. What is the name of the current independent third party who performs a HIPAA Security and Privacy audit for the County? We do not use a third party security officer. The Privacy officer is part of Human Resources and the Security Officer is in IT. Together with the finance department (audits), they manage the security of County data.

65. Does the County have IT security requirements or IT security policies that EHR needs to fulfill or adhere to? **Please see the following link for information about County HIPAA and Privacy Practices.** <http://webcms.pima.gov/cms/one.aspx?portalId=169&pageId=44283>
66. In order to obtain Internet Service Provider (ISP) estimates, please provide the physical mailing address of where the domain-based message authentication reporting and conformance system (DMARC) will be located. **This would be at the jail and it is currently located at the east end of the building by the sally ports. However, the vendors that have been providing services in the past did not have their own ISP circuits into the building. They provided all of their own network infrastructure to connect their computers, printers, etc. together and then PCADC provided them fiber to get their “network” back to the DMARC at the jail, where Central IT provided them a connection out to the Internet. Central IT then worked with the vendor to set up a VPN (virtual private network) back to their corporate office/server environment. This kept them from having to pay a monthly cost for an internet circuit. PCADC will allow the Contractor to put their own circuit in, but that would require a contract through Facilities Management to provide the Contractor a Right of Entry.**
67. Please provide the current internet service provider name. **The County uses COX.**
68. What is the current month cost of the internet circuits used by the medical services team (at PCADC)? **The medical provider is not being charged a port fee. If PCADC decided to charge them a port fee, they would ensure it would be for 1 port, or \$45, but for years it has been \$0.**

Infrastructure and Inventory

69. How many computers are currently in the total jail inventory? Who is the current owner of the computer inventory? Please provide an inventory list with acquisition date and model. Will the contractor be expected to provide any additional computers? **The Contractor owns the computers used for medical purposes and the County does not track their inventory. The selected Contractor will need to provide the computers required by their staff.**
70. There are no desks or office chairs in the ADC inventory. Will all furniture observed in offices during the facility tour be available to a new vendor? **The current vendor replaced all the chairs because they wanted nicer ones. PCADC will provide desks and chairs.**
71. How many mental health offices are available for the vendor to use on the first floor of the MJ tower? **It is currently configured for three offices.**

RFP and Contract Process

72. Report #2 refers to “Daily Staffing Assignment Sheets”. We were unable to locate that specific form in the RFP or an explanation of its required data elements in RFP Exhibit B, Section 2.2.1. Does the County have an existing Daily Staffing Assignment Sheet template for vendors to populate or can the County clarify what specific daily staffing data are required for this report? **This report is intended to indicate which people filled which positions on which days. We do not have a template at this time.**
73. Please clarify that the attachments referenced in the Reporting instructions for both the ADC (Attachment A1-20) and the JDC are misidentified. Are these the correct Attachment references: A1-12 (ADC) and A2-9 (JDC)? **Correct.**
74. Total costs (for offsite services) paid for the time period of 7/1/16 – 6/30/17 are \$799,000.

- a) Please confirm that the dollars are based upon the actual date of service for this time period, and not the date paid for the time period. **No, the dollars are based on the month of payment as that is when the Contractor is charged for the expense.**
- b) For the statistics on A1-5 (page 5 of 6) for ER, ambulance and outpatient services, please confirm that all amounts paid for these services are included within the total cost of \$799,000. **Yes, but A1-5 is dates of service and A1-7 is dates of payment.**
- c) Other than inpatient admissions covered by Medicaid, please confirm the amounts of \$799,000 and \$250,000 at the bottom of page 3 represent all costs associated with offsite specialty and inpatient hospitalization paid for services rendered from 7/1/16 – 6/30/17. **The \$799,366.93 number includes the County/Contractor portion of FFP and all other offsite expenses paid by the County and the billed to the Contractor. The \$250,571.71 for hospital stays is included in the \$799,366.93 number. See question #21 of this Addendum #3 for a breakdown of FFP and other expenses over two years.**

Other

- 75. What percentage of new admissions are for detainees with prior bookings in the County's jail system? **PCADC reports that their recidivism rate is 33% over the last two years.**
- 76. When determining any possible financial consequences for not maintaining NCCHC accreditation, does the County take into consideration deficiencies that are outside of the contractor's control? **Yes. The wording of the indicator is, "Maintain NCCHC accreditation, if the cause for losing accreditation was within Contractor's control".**
- 77. At PCADC, are any restraints ever initiated at the request of the medical contractor? Are there any limitations on where restraints can take place? Is there any special equipment available to assist with implementing a restraint? **Very rarely are restraints used at medical request, perhaps to limit movement during IV treatments. Restraints can be used anywhere security deems necessary, but typically in the inmate is moved to a specified area. No special equipment is used.**
- 78. Does the County currently utilize any particular language interpretation services? If so, what service provider is currently being utilized for this purpose? What percent of the current detainee population (including the youth population) does not speak or understand English and requires some type of language interpretation service? **PCADC uses Optimal but do not track statistics on spoken languages. The most common non-English language spoken is Spanish, which many staff speak. PCJDC uses Transperfect in the rare cases where a language other than English or Spanish is needed.**
- 79. Please provide a recent schedule showcasing the availability for 20 hours of required correctional officer trainings (PCADC). **PCADC will provide time during scheduled officer training days, usually only once per year. The 20 hours should be seen as a maximum; PCADC does not usually require a full 20 hours of training.**
- 80. What type of new staff orientation covering County policies and procedures is required and provided by the County for all new hires? What type of security clearance process does the County require and provide for new staff candidates? How long does the security clearance process take? **New staff must attend an 8 hour orientation. PCADC does background checks and drug screening. Clearance is usually completed in a week. PCJDC does a background check and State of Arizona Child Abuse Registry Check. The background takes about week and the registry check 10 days.**

81. Do the County's allocated FTEs for required positions take into consideration backfill required to fill direct-service positions when staff are being paid, but not available to work due to vacation or other paid time off? **Please see the Pricing and Staffing Worksheets in Appendix VII of the RFP where you should propose which positions require Relief funding and how much.**
82. Please provide recent examples of performance indicator deficiencies that required a Corrective Action Plan. **Deficiencies requiring a CAP include Performance Indicator #s 1, 2, 3, and 18 in Attachment A1-10.**
83. Please provide a report showing the current volumes and compliance rates for each of the performance indicators noted in this attachment? **Not all performance indicators in the current contract are carried over to the RFP. Therefore compliance rates may not apply.**
84. Please provide any available data on grievance trends at PCJDC. **There are few grievances at PCJDC. There have not been any grievances for over a year for medical related issues or concerns.**
85. How do detainees currently submit grievances and how are they processed by healthcare staff? Is any part of the grievance process currently being captured through CorEMR or any other electronic or web-based system? **There are many ways to submit a grievance, including submission to correctional staff, medical staff, or by sending correspondence to the County. No, we are not aware of any electronic/web-based systems which capture grievances.**
86. The statistics within RFP Attachment 2-5 suggest that only 62.3%, on average, of youth who are screened at PCJDC are actually admitted each month. Of the remaining 37.7% screened, please provide sufficient information to permit bidders to understand how and to what systems youth are diverted from the Detention Center. **In most cases youth are diverted back to their legal guardian who do not meet the criteria to be detained.**
87. Does the PCDJC use youth workers? (e.g. for food service or laundry?) If so, please indicate which roles youths may work. **Youth sort and fold the laundry when it is brought down to their living unit.**