



SEDGWICK COUNTY, KANSAS

DIVISION OF FINANCE

Purchasing Department

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[www.sedgwickcounty.org/finance/purchasing.asp](http://www.sedgwickcounty.org/finance/purchasing.asp)

**ADDENDUM 1**

**RFP #21-0065**

**MEDICAL SERVICES – SHERIFF’S OFFICE**

November 19, 2021

The following is to ensure that proposers have complete information prior to submitting a proposal response. Here are clarifications regarding our request.

Questions and/or statements of clarification are in **bold** font, and answers to specific questions are *italicized*.

- 1. The due date for submissions will be Tuesday, December 14, 2021.** Late proposals will not be accepted and will not be considered for award recommendation.

**Cost**

- 2. What is the annual cost for the current contract?**

*Answer: \$6,606,557.40*

- 3. What were the total off-site costs for each of the last three (3) fiscal years?**

*Answer: 2018 – \$745,732.00 2019- \$1,217,976.00 2020- \$1,734,746.00*

- 4. Annual cost for HIV, HEP C, hemophilia, MS/MD, & Cystic Fibrosis for the last two (2) years by classification.**

*Answer: All included in contract.*

- 5. Number of and annual cost for onsite x-ray and onsite labs for the last two (2) years.**

*Answer: Cost in annual contract. Number unknown at this time.*

- 6. RFP p. 82, section 9.1 states the outside medical cap will be \$450,000.00 and also states the cap will be \$425,000.00. Please confirm which amount is correct.**

*Answer: \$425,000.00 is correct.*

- 7. Can you provide current staff’s salary range and seniority with the current vendor?**

*Answer: That information is proprietary to current vendor.*

- 8. Is the health services provider responsible for the cost of all drug screenings for employees at the facility?**

*Answer: No.*

**9. Under the current contract, who is financially responsible for the cost of HIV and HEP medications and other HEP and AIDS-related drugs? Will this remain the same under the new contract?**

*Answer: The vendor, is financially responsible and will remain so under the new contract.*

**10. Do you currently have a financial limit (POOL) with the current contract? If so, what does it cover and how much is it?**

*Answer: No.*

**11. Have you gone over the financial limit (POOL)?**

*Answer: No.*

**12. How much is the current co-pay?**

*Answer: \$5.00 per sick call and per prescription. No co-pay for emergencies or chronic care visits.*

**13. Would you like the new contractor to re-price all medical claims?**

*Answer: Subject to negotiation.*

**14. What is the three (3) year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray, and laboratory?**

*Answer: That information is proprietary to the vendor. Costs over cap have already been disclosed.*

**15. Is the health services provider responsible for the cost of all drug screenings for employees at the facility?**

*Answer: No.*

**16. Does the county require that cost proposal is submitted separately from the technical proposal?**

*Answer: Yes.*

**17. What is the cost for staff to park in the garage?**

*Answer: \$13.33 per month per person.*

**18. Who is financially responsible for destruction/shredding of privileged health information?**

*Answer: The vendor is responsible.*

**19. Please provide the ADP that should be used in pricing / staffing.**

- a. Please provide the following by year for the last three contract years for your facility:**
- b. Average monthly number of patients on HIV, psychotropic, hepatitis, and blood products relating to hemophilia medications.**
- c. HIV, psychotropic, hepatitis, and blood products relating to hemophilia medications dollars**

*Answer: Specific costs are proprietary to vendor; county simply pays flat annual rate.*

**20. Please confirm vendors be financially responsible for: prior to booking cases, bedside bookings, and p re-existing conditions.**

*Answer: Vendor will be financially responsible for all of the above.*

**21. What were the total pharmaceutical costs for each of the last three (3) fiscal years?**

*Answer: Pharmaceutical costs are included in annual contract cost and are not separated.*

**22. Please provide the TOTAL dollars spent on pharmacy at your facility by year for the last three (3) years.**

*Answer: Proprietary to vendor. The county pays flat rate inclusive of all pharmaceutical services.*

### **Contract**

**23. Please provide a copy of the current contract and its amendments.**

*Answer: Due to the size of the attachments for this addendum, that information will be sent out separately.*

**24. RFP p. 11, section 2.4 requires a minimum of five (5) years' experience in providing services similar to those specified in the RFP. Please confirm that bidders must have five (5) years of corporate operational experience, versus five (5) years of individual experience in the industry.**

*Answer: Bidders must have five (5) years operational experience.*

**25. RFP page 30 mentions the Juvenile Detention Facility. Please confirm that juvenile services are not part of this RFP.**

*Answer: Juvenile services are not included, yet adjudicated juveniles who are housed here will need to be cared for.*

**26. RFP page 42 requires vendors to implement two (2) different MAT programs and then asks vendors to describe their experience administering Vivitrol. Please confirm that the vendor would only be responsible for the costs associated with staffing an MAT program and not the cost of medications used for treatment.**

*Answer: Vendor is responsible for all pharmaceuticals as outlined in the pharmaceutical costs of RFP.*

**27. RFP page 60, section 5.19 says, "The contractor will be expected to replace existing medical equipment at the beginning of the contract..." There is also a current inventory of clinic equipment on p. 60-61. Please clarify: Would the contractor need to immediately replace only existing equipment in fair or poor condition, then subsequently replace other equipment as needed? Contractor will need to immediately replace items listed as fair or poor condition.**

*Answer: Contractor will need to immediately replace items listed as fair or poor condition.*

**28. RFP page 77-82, section 8.0 Contract Terms and Conditions:**

**a. Does the county acknowledge the company's right to ensure that any requested replacement of the central contact person/Health Service Administrator be supported by performance related facts and due process?**

*Answer: Yes.*

**b. Does the county acknowledge that rejecting all assigned vendor or subcontractor staff for "any reason" may be discriminatory?**

*Answer: Yes.*

**c. Does county acknowledge that rejecting all assigned vendor or subcontractor staff for "any reason" may interfere with contractor's ability to comply with General Contractual Provisions #1 (see also e.g., Sedgwick County Mandatory Contractual Provisions Attachment, Sec. 13)?**

*Answer: Yes.*

**d. Are the salaries of personnel, independent contractors and subcontractors considered confidential information, the disclosure of which would violate K.S.A. §45-221(30)?**

*Answer: Yes for actual salaries, however, salary ranges may be disclosed.*

**e. Does the county agree that the policies, procedures, protocols, manuals, and forms originating with the company (and utilized at the site(s)) are its intellectual property and shall not be utilized without company authorization?**

*Answer: Yes.*

**f. Will policies, procedures, protocols, manuals, and forms originating with the company (utilized at the site(s)) be returned to the company upon termination of the contract?**

*Answer: Yes.*

**g. Please confirm the healthcare provider will provide approval of medical restraints and therapeutic seclusion to make medically necessary treatment decisions.**

*Answer: Yes.*

**29. Does the site have any contracts with hospitals or specialists? If so, please disclose and provide any special arrangements (formal or informal) or contracts with local hospitals, specialty and/or ancillary providers regarding inmate services, along with any amendments and attachments.**

*Answer: Proprietary to the vendor.*

**30. Will the county please confirm that under K.S.A. §45-221(1) it has a duty not to disclose records specifically prohibited or restricted by federal law, state statute and rule of the Kansas Supreme Court and that DOJ v. Reporters Comm. For Free Press, 489 U.S. 749, 764 (1989) stands for the same proposition in upholding privacy rights in public information which was compiled in a computerized summary located in a single clearinghouse of information?**

*Answer: Yes.*

**31. Considering the holding in DOJ v. Reporters Comm. For Free Press and the Kansas Uniform Trade Secrets Act, K.S.A. §60-3320 et seq. will the county confirm that it will not release records appropriately marked “confidential” or “proprietary”?**

*Answer: Confirmed.*

**32. Will the county allow electronic signatures for proposal documents and forms?**

*Answer: Yes.*

**33. Will the county be open to receiving electronic proposals either via email, the public purchase website or on a flash drive? Please confirm that vendors must submit only one (1) original paper copy and one (1) electronic copy (flash drive) as stated on page 10 of the RFP.**

*Answer: Should you elect to participate, submit one (1) original AND one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:*

*Joe Thomas  
Sedgwick County Purchasing  
525 N. Main, Suite 823  
Wichita, KS 67203*

*SUBMITTALS are due NO LATER THAN 1:45 pm CST, TUESDAY, December 14, 2021. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.*

**34. Please provide the Health Services Data Reports for each of the last three (3) fiscal years.**

**a. Please provide the offsite EVENTS and the DOLLARS spent on offsite services for by year for the last three (3) years by the categories below, at your facility:**

- |                         |                        |
|-------------------------|------------------------|
| • Hospitalization       | • Specialty visits     |
| • Hospital days         | • Outpatient surgeries |
| • Hospital admissions   | • Diagnostics          |
| • Emergency room visits |                        |

**b. Please provide the amounts relating to staffing withholds or performance withholds incurred by the incumbent by year for the last three years.**

*Answer: Due to the size of the attachments for this addendum, that information will be sent out separately.*

**35. Please describe dialysis information/need.**

*Answer: There was an average of between one (1) - three (3) dialysis patients per month for the past two (2) years. On average 36 dialysis treatments were performed each month for the last two (2) years. Currently there is not a dedicated space for a dialysis unit, but space does exist.*

**36. Current annual Salaries of personnel in the main jail medical/jail annex**

*Answer: Pending information*

**37. Copy of the current contract.**

*Answer: Please see attachments*

**38. Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician?**

*Answer: Yes.*

**39. Is there a shift differential for nurses?**

*Answer: Yes.*

**40. How many health assessments are performed each week?**

*Answer: Average 125 per week.*

**41. How many Sheriff's Office staff will need TB screening on a yearly basis?**

*Answer: There is approximately 300 detention staff. It will be optional for staff to receive the screening.*

**42. Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform in 2020? How many were done so far in 2021?**

*Answer: Vendor asks questions. The test is voluntary and offered at the 14 day physical.*

*2020 – 62*

*2021 - 0*

**43. Are there any special business license fees or taxes that are to be paid to the city or county?**

*Answer: The county is not aware of any special business license fees or taxes. However, you will need to check with the City and State concerning any of their fees.*

**44. May we provide an alternate proposal?**

*Answer: Yes.*

**45. Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the invoice for the county (act as a third-party administrator)?**

*Answer: Yes.*

**46. Can we please have a copy of all questions/answers received by other vendors?**

*Answer: Yes.*

**47. Is the jail currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive.**

*Answer: No.*

**48. Of the total population, how many are:**

*Answer: Totals are approximate by month*

County	519
Juveniles	2
Native American	6
DOC	12
Work Release	0
Indigent	Unknown
Other	710

**49. Indicate the level of screening for inmates/detainees at your jail.**

*Answer: 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.*

**50. 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.)**

*Answer: Yes, reports are reviewed by providers.*

**51. Are arresting/transporting officers and probation agents, etc. required to complete a pre-incarceration form identifying mental health risk issues?**

*Answer: Yes.*

**52. Will the county allow the top two (2) or three (3) vendors to make oral presentations after the panel scores the responses?**

*Answer: Undecided at this time.*

**53. Please provide a list of the current offsite healthcare delivery network.**

*Answer: Proprietary to the vendor.*

**54. Will the county entertain suggestions for operational changes to the health services program if such changes remain in compliance with governing standards and result in an overall cost savings?**

*Answer: Yes.*

**55. Will hours of service delivered via tele-medicine and tele-psychiatry, count towards contract provider hours?**

*Answer: Yes.*

**56. Will the Vendor be responsible for contracting with an ambulance service, or will the vendor use a county system?**

*Answer: Use County System.*

**57. Please provide a list of county-owned vs. contractor-owned equipment at the facility?**

*Answer: See RFP.*

**58. Please provide the number of AED located throughout the facility as well as who is responsible for checking the equipment, frequency of checks, as well as who is financially responsible for the disposable supplies associated with equipment upkeep (pads/batteries)? Will the county want the vendor to do CPR and AED training with their staff at the Jail?**

*Answer: Two (2) AEDs. Medical is responsible for checking them, the financial aspects associated for the use and disposal of equipment and/or accessories. No training is required.*

**59. What is the average number of female patients housed at the adult detention center?**

*Answer: Average of 238 based on latest three (3) month median.*

**60. Is the vendor responsible for providing interpreter services for non-English speaking inmates?**

*Answer: No.*

**61. Are there any special requirements for contract medical staff entering the facility such as clear bags, no cell phones, required searches, or any similar security measures?**

*Answer: All of the above.*

**62. Please advise if CJIS certification is required for employees as part of the security screening process.**

*Answer: No.*

**63. Is the affixed/piped oxygen, air, and suction supply functional? If functional who is responsible for the maintenance and filling of the liquefied or compressed oxygen tanks tied to the affixed/piped system?**

*Answer: Yes, the vendor.*

**64. Does the agency currently use any third-party administrators (examples could be Anthem, Aetna, Cigna, and others) for inmate related healthcare claims?**

*Answer: No.*

**65. Is there a hospital, or health system, that the agency requires the vendor to use for security reasons/preferences?**

*Answer: No.*

**66. Please describe how offsite services will be handled. Who will be responsible for the coordination and cost of offsite services?**

*Answer: At the direction of the vendor, the county will transport and provide security services. Vendor is responsible for medical costs.*

**67. Is there an existing contract with ICE? Please identify the number of ICE, Federal detainees, or DOC inmates at the facility.**

*Answer: Currently, there is no contract with ICE. There are 15 inmates combined. They are in on other charges.*



**68. Does the jail or the vendor manage biomedical waste? Who is the current Bio-medical waste provider?**

*Answer: Vendor manages biomedical waste. Steri-cycle is current service provider.*

**69. Who is responsible for the disposal/shredding of discarded PHI?**

*Answer: Vendor.*

**70. Of inmates receiving Hepatitis C treatment, what is the nature of the treatment?**

*Answer: Typically treatment includes monitoring, labs, chronic care and potentially the prescribing of oral medication if deemed appropriate.*

**71. What is the percentage and number of inmates with estimated release dates? Are those inmates predominantly sentenced?**

*Answer: Estimated releases are 58 per day as defined by a median of figures accumulated. Define sentenced. Some inmates go to court, committed on bond, only to return to court, perhaps the next week, to be released at that time. Time is sometimes then counted as served by the courts.*

**72. How many planned or predicted releases occur each day?**

*Answer: Average, 63.*

**73. Please provide the specific retention policies so we can ensure compliance.**

*Answer: Due to the size of the attachments for this addendum, that information will be sent out separately.*

**74. The emergency plan shall include the capability to conduct an annual disaster drill. When is the scheduled date for the annual disaster drill?**

*Answer: This date varies each year based on facility availability.*

**75. How many medical malpractice and/or civil rights lawsuits have been filed against the jail's healthcare provider related to the services rendered at the facility in the past five (5) years?**

*Answer: This is a matter of public record and can be discovered through various means, but cannot be disclosed by the county with certainty.*

**76. Does your facility currently operate under a consent decree, have a contract monitor or similar oversight? If yes, please describe in greater detail.**

*Answer: There is currently no contract monitor.*

**Clinic**

**77. What is the average number of inmates in the facility?**

*Answer: There are approximately 1,200 inmates in the main facility and around 100 at the annex.*

**78. What terminology do you prefer for medical? Medical Observation or Infirmary? Does the county want the Medical Housing Unit to operate as an "official infirmary"?**

*Answer: We have used both in the past. Define "official infirmary"?*

**79. Is the site accredited? If so, by who and when is the next accreditation date? Can we get a copy of the last audit?**

*Answer: No.*

**80. Please provide dates and outcomes of any accreditation surveys (ACA, NCCHC, AJA, KSDOC, etc.) within the last five (5) years.**

*Answer: None.*

**81. How do inmates sign up for sick call? Can the nurse on duty evaluate/converse through the kiosk?**

*Answer: The inmate can sign up for sick call through the kiosk in the day room. Triage must be completed within 24 hours of submission.*

**82. Are there any charges related to medical services?**

*Answer: There is a \$5.00 charge per prescription, dental appointments, and medical appointments. In addition, there is a one-time \$5.00 charge for mental health calls per issue. If the inmate is unable to pay, they will still be seen.*

**83. What time(s) and location(s) are sick call currently conducted? Are there specific times jail security does not want inmate/detainee movement for sick call? If so, when?**

*Answer: M-F in the morning, primarily in the clinic. Yes, during emergencies, during shift change, and during other times specified by administration.*

**84. Is a security officer currently present for every sick call?**

*Answer: A security officer is not present in every exam room but one is assigned in the lobby of the clinic.*

**85. What is the total number of beds in the clinic?**

*Answer: There are twelve (12) cells with three (3) people per cell.*

**86. How many exam rooms are available? Are there any negative pressure rooms?**

*Answer: There are four (4) multipurpose exam rooms and two (2) negative pressure rooms.*

**87. Is the vendor responsible for replacing equipment?**

*Answer: Yes, as needed. The county provides basic examination space, related utilities and telephone/data service, computers/printers/copiers, and existing medical/office equipment. The contractor will be expected to replace existing medical equipment at the beginning of the contract to include exam tables, carts, medical beds in the infirmary, etc. Additionally the contractor will replace medical equipment as needed, but will have an identified line item in their budget, which will be used every year. All equipment will become the property of the county at the end of the contract. The contractor shall provide office and medical supplies including dental supplies, medical records, books, and periodicals.*

**88. Is the equipment county owned?**

*Answer: Yes, the equipment is the property of Sedgwick County.*

**Pharmacy/Medications**

**89. What are the pharmacy hours?**

*Answer: Medications are passed twice a day at 8:00 am and 8:00 pm.*

**90. What is the med pass process and where does it take place?**

*Answer: Primary med pass is completed by Certified Medication Aides. Med passers will go out to the pods and pass meds. If an inmate misses med pass, they can go to the pharmacy. Med pass takes place at the door with a deputy present in the Direct Pods. Currently med pass is not charted in real time, the nurse's chart on the computer afterwards. Medication carts are not owned by the county. Officers receive basic training on med pass.*

*In the annex, the nurse will pass out medications while on duty, for after business hours medications, the nurse will set up the medications to be passed out by detention staff. During the day, medications are taken to the inmates as needed at the following times: 7am, 9am, 1pm, 5pm, and 9pm. If an inmate needs medications on a different schedule, the nurse will notify staff and accommodations will be made.*

**91. Are controlled medications passed from the pharmacy area?**

*Answer: Yes. Inmates are given three (3) medical cards, which they can use.*

**92. Is the county/Sheriff willing to allow for an aggregate cap for pharmaceuticals and an aggregate cap for off-site services?**

*Answer: Define aggregate cap for both.*

**93. Please provide the annual dollar amounts spent on total pharmaceuticals for FY 2019, FY 2020 and YTD 2021 (please provide date range for YTD 2021). Please itemize dollar amounts for HIV, blood factor and HEP C meds for each year.**

*Answer: Pharmaceuticals costs are included with current contract.*

**94. Please provide the annual dollar amounts spent on discharge pharmaceuticals for FY 2019, FY 2020 and YTD 2021 (please provide date range for YTD 2021). Please itemize dollar amounts for psychiatric meds and Narcan for each year.**

*Answer: Pharmaceuticals cost are included with current contract.*

**95. Please provide the number of Vivitrol injections administered over the past 12 months, if any.**

*Answer: We do not provide these injections at this time.*

**96. Will the county or the Medical Service Provider be responsible for paying the bills of the current pharmacy company (Contract Pharmacy Services) under the new contract? There is not a county contract for pharmaceutical services.**

*Answer: The medical vendor is responsible for all pharmaceutical cost and services.*

**97. Are medications allowed to be brought in from home?**

*Answer: Yes, rarely due to safety and security concerns.*

**98. Are there over-the-counter medications on commissary? If so, are the inmates/detainees allowed to keep commissary medications on person?**

*Answer: Yes.*

**99. Please provide a listing of current medical commissary items.**

*Answer: Due to the size of the attachments for this addendum, that information will be sent out separately.*

**100. How many simultaneous med passes occur?**

*Answer: Two (2) – three (3)*

**101. Is the county interested in implementing a Medication Assisted Treatment (MAT) program? Will it be for induction and/or maintenance? How many inmates receive MAT? What MAT drugs are being utilized?**

*Answer: Subutex is the primary medication used. The number of patients receiving MAT varies based on need. Yes, maintenance.*

**102. Please provide the name of the current pharmacy provider. Will proposers be required to use the current pharmacy vendor?**

*Answer: Diamond. No.*

**103. How many prescriptions per month on average are ordered for the inmates at the facility?**

*Answer: Approximately 1,000.*

**104. What are the pricing terms of your current pharmacy agreement? (i.e. average wholesale price less a discount, or acquisition cost plus a dispensing fee, etc.).**

*Answer: Pricing terms are managed between vendor and pharmaceutical company.*

**105. Please provide three (3) years of drug utilization at the facility preferably in an electronic format.**

*Answer:*

**106. How are current medication orders being transcribed to pharmacy?**

*Answer Most often digitally.*

**107. How are medications delivered and dispensed: patient-specific or stock/pill line? What percentage of your medications ordered each month is stock vs. patient specific prescriptions?**

*Answer: Both. The majority are stock, however patient-specific is utilized as well. The percentage is proprietary to vendor.*

**108. Is there a self-administration or “keep-on-person” (KOP) medication system? If so, please provide a list of KOP medications approved by facility.**

*Answer: KOP medications are extremely limited within the facility, but are utilized. They are authorized for patients on a case-by-case basis. The current vendor determines the specific medications authorized to be KOP.*

**109. Please provide the number of prescriptions per inmate at the facility.**

*Answer: This number varies based on the need of each individual patient.*

- 110. Does your current pharmacy provider offer drug destruction for outdated/expired drugs? If so, please describe the destruction policy.**

*Answer: The destruction of medications is completed by the vendor in conjunction with the pharmacy provider as per proprietary policy and protocol.*

- 111. Does your current pharmacy provider offer monthly/quarterly pharmacy consultation/inspection? If so, please describe?**

*Answer: Yes. Pharmacy inspection is completed within the facility as per pharmacy services provider requirement.*

- 112. Does your facility have a DEA License? If so, whose name is under licensure?**

*Answer: Yes. The facility has a DEA license. Multiple providers are under the facility DEA.*

- 113. Does your facility have a current state pharmacy license? If so, whose name is under licensure?**

*Answer: Yes. The pharmacy license*

- 114. Where are inmate's personal medications kept upon booking?**

*Answer: Typically, patients' personal meds are stored in their detention property.*

- 115. Please provide all terms and conditions regarding purchases, returns, and management fees that will be applied regarding pharmacy vendor.**

*Answer: These terms are set between the vendor and the pharmacy service provider.*

- 116. How many persons are currently receiving psychotropic medications per month?**

*Answer: Approximately 167 as an average based on figures.*

- 117. How many persons are currently receiving anti-psychotic medications per month?**

*Answer: # Psych meds given total; independent classifications are not kept.*

- 118. How many persons are currently receiving mood-stabilizing medications (Lithium, Depakote, Lamictal etc.) per month?**

*Answer: # Psych meds given total; independent classifications are not kept- approximately number of psych med patients given per month is 155*

- 119. How are medications currently made available to inmates upon release from the correctional facility?**

*Answer: Medications are made available through various ways upon request of the patient at release.*

- 120. Who is the lab vendor?**

*Answer: Lab Corp.*

## Clinic 2

**121. For accreditation purposes is this labeled as an infirmary?**

*Answer: No, it is not accredited through NCCHC.*

**122. Is this 24/7 or just when the clinic is operating?**

*Answer: We call this the clinic 2 position and there is always a deputy on staff. There are times during the night that clinic 1 is unstaffed. Usually a detention staff member can be pulled from another area if several inmates come in.*

**123. How many deputies will be in the clinic?**

*Answer: There are two (2) clinics. Clinic 1 has one (1) deputy.*

**124. Will nurses be escorted in dorms that are not staffed?**

*Answer: Yes.*

**125. Is there an ability to pass medications on the weekend as needed?**

*Answer: Yes.*

**126. Is there safety/suicide watches and if so is there a certain location used?**

*Answer: Yes. There are cameras in each cell in the clinic. There are seven (7) direct pods with two (2) observation cells in each for suicide watch.*

**127. Is one on one suicide watch available?**

*Answer: We will try to accommodate if requested by medical.*

**128. Is there a different color suite for suicide watch?**

*Answer: Yes. A jacket made of Velcro-like material is issued to the inmate.*

## Booking

**129. What is the average number of people that go through booking?**

*Answer: It ranges from 30 people to 150.*

**130. Is 24 hr. medical staff required for booking?**

*Answer: Yes, at least one (1) medical staff member depending on booking volume.*

**131. Are there any other agencies that you do intakes for?**

*Answer: We will hold inmates from other counties.*

**132. You run courts Monday through Friday?**

*Answer: Yes.*

**133. Will road patrol prescreen for medical?**

*Answer: There is a process in place that road patrol will follow. If it is recommended that the individual needs to go to the hospital first, then road patrol can take them.*

**134. Are there cells for self-injured?**

*Answer: Yes, there are single cells with cameras.*

**135. Is COVID-19 testing currently taking place during booking?**

*Answer: There is not a uniform process, we are not doing it for everyone.*

**136. What is the average time in booking?**

*Answer: It varies depending on bed space availability. During COVID other counties were not accepting inmates from us and the population went up tremendously. There were inmates in booking for days before they could get a bed.*

**137. Is a nurse needed to pass medication in booking?**

*Answer: Sometimes.*

**138. Who supplies masks for inmates?**

*Answer: The county is in charge of purchasing masks for inmates.*

**139. Is there a body scanner in booking?**

*Answer: Yes.*

**140. Do you hold any U.S. Marshall patients?**

*Answer: Yes.*

**141. Where are detox patients housed?**

*Answer: There is no designated area for detox. The inmate is called to the clinic and evaluated three (3) times a day. If the inmate refuses a supervisor will try to coax them out. The medical staff will go to the inmate, if they refuse the supervisor.*

**142. What is the differentiation between inmate suite colors?**

*Answer: Orange – general population  
Yellow – mental health watch (observation or suicide)  
Green – flagged against another inmate  
Tan – janitorial inmate staff  
Orange and white striped – inmate kitchen staff*

*Red – restrictive/disciplinary or a documented history of being dangerous*

**143. The inmate workers and the general population can move without escort?**

*Answer: Yes.*

**144. There are two (2) trustee handlers in the kitchen?**

*Answer: Yes. Inmate workers help the food vendor CBM in the kitchen.*

**145. Are there any specific COVID-19 protocols in place for transitioning people in and out of booking for quarantine purposes?**

*Answer: Yes. Inmates are moved to one (1) of two (2) “quarantine” pods for 10 days after booking. There are also procedures in place that work with KDOC so they will accept inmates from Sedgwick County.*

**146. Is a COVID–19 test required before release from the quarantine pod?**

*Answer: Only if there are symptoms.*

**147. Do you have segregation?**

*Answer: Segregation or restrictive housing can be in any indirect pod in the facility.*

**148. Are rapid tests for COVID-19 available for inmates?**

*Answer: Not yet, we are in the process of implementing the rapid testing.*

**149. Will the vendor lead on testing?**

*Answer: Yes. The vendor will lead and the county will pay for it.*

**150. How are grievances processed?**

*Answer: Inmates have access to kiosk in the day room where information can be sent. There are inboxes that the grievances can be sent to. If the grievance is sent to the wrong department, the inmate will need to resend it correctly.*

**151. When a patient is booked in now, does the information flow into the current electronic medical record?**

*Answer: There is some interface.*

### **Mental Health Pod**

**152. Is there a mental health unit and is it direct or indirect?**

*Answer: Yes. It is an indirect pod.*

**153. What is the max population for the mental health pod?**

*Answer: The maximum population for the mental health pod is 49 or 52.*



**154. Are there exam rooms in the mental health pod? Are there any other exam rooms throughout the building?**

*Answer: No. The inmate must go to the clinic for medical services.*

**155. Indicate who provides mental health services and where are the offices are located? Will mental health come to the pods?**

*Answer: The contracted provider provides mental health services. The mental health offices are upstairs. In the past the mental health provider would come into the pod and do group sessions.*

**156. Does your jail staff receive ongoing training on mental health and suicide prevention issues?**

*Answer: Yes, staff receives annual training in person and online.*

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

*Answer: Yes.*

**158. How many group therapy sessions are provided per week by the current vendor?**

*Answer: Typically one (1) to three (3).*

**159. How many patients were sent to the state mental hospital from your facility in the past year?**

*Answer: 30.*

**160. How many patients required placement in some sort of restraint device in the past six (6) months?**

*Answer: In regards to medical restraints, there has been one (1) patient requiring medical restraint in the last six (6) months.*

**161. Is it the responsibility of the officers to provide direct observation and/or 15-minute checks and logs on all patients placed in suicide watch?**

*Answer: Yes.*

**162. Does the county's standard operating policies provide that inmates who are receiving mental health or medical services encounter medical or mental health staff as they are released from the facility? Please describe the process.**

*Answer: No.*

**163. How many completed suicides took place at your facility in the past two (2) years?**

*Answer: Year 2021=0, 2020=1, 2019=2.*

**164. How many persons on average per month have been placed on suicide precaution over the past year?**

*Answer: Approximately 353 per month, 11.7 per day.*

**165. Does your jail provide mental health services to inmates/detainees? Can inmates/detainees request mental health services?**

*Answer: Yes mental health services are provided and can be requested.*

**166. If yes, are inmates/detainees charged a fee for mental health services?**

*Answer: No.*

**167. Is your mental health program accredited by any professional organization? (NCCHC, ACA)**

*Answer: No.*

**168. What mental health services are available to inmates/detainees in your jail?**

*Answer:*

*Crisis intervention*

*Medications and their management*

*Psychiatric medications and their management,*

*Referral of inmates/detainees to mental health provider*

*Group counseling/therapy*

*In-depth physical evaluation assessment (typically occurs after 14 days in custody – includes mental health issues)*

*Case management, Release planning*

**169. Is crisis intervention available 24 hours per day/7 days per week?**

*Answer: Yes.*

**170. 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.**

*Answer: Refer to Staffing Table.*

**171. Does the medical staff carry radios?**

*Answer: Yes.*

### **Annex**

**172. Please describe the annex?**

*Answer: All inmates in the annex are male. Intake and triage/medical assessments are completed at the main facility then the inmates are transferred to the annex location. Medical staff is on site Monday through Friday 8am-5pm. There is not a dedicated exam room, depending on the provider physicians don't come to the annex. Normally the on duty nurse will communicate any concerns with the doctor at the main facility and transport will be arranged as needed.*

**173. Is telehealth being utilized? Is it medical telehealth or psychiatric telehealth? Please provide a list of any telehealth equipment currently available, where the equipment is utilized, and what services/specialties are provided at this time?**

*Answer: Various electronic equipment is utilized for telehealth set up at the main facility; however, specifics are proprietary to the vendor. It was meant for any type of medical service.*

**174. Is there detention staff on site during the weekend?**

*Answer: No.*

**175. How is transportation handled?**

*Answer: An appointment is scheduled and detention staff will take the inmate to the main facility to see a provider. The main facility will schedule any outside appointments that are necessary.*

**176. How often will mental health come to the annex during the week?**

*Answer: Mental care has a scheduled time that they come to the annex twice a week. The inmate can request an appointment through the system.*

**177. Are labs done on site?**

*Answer: Yes.*

**Technical/Equipment**

**178. Does the county have an existing EMR system? Please provide the name of the current EMR provider. Would the county prefer that the EMR system be hosted remotely through the contractor's secure "in the cloud" system?**

*Answer: Yes, as provided by vendor. The name of the vendor is proprietary information. The county does not host the system, remote is preferred.*

**179. What is the name of the current Jail Management System?**

*Answer: In house product "ADAM" but currently transitioning to "TYLER" Corrections in May of 2022, which has JMS, RMS, CAD programs.*

**180. Will the county provide help desk support to medical users?**

*Answer: Yes, on county IT issues and county owned equipment.*

**181. The following daily type of automated report is expected to be created by the contractor and sent to command staff in the Detention Bureau (RFP Page 17, Section IV, Scope of Services, Reports). Would the county prefer that these types of reports are emailed or available online?**

*Answer: Emailed reports are preferred with online access availability as well.*

**182. Describe the general approach, which will need to be followed for ensuring continuity of integration, if any interface system is upgraded.**

*Answer: Awaiting information from IT services.*

**183. Does the county employ a scheduled upgrade window for internal systems? If so, what is the timing?**

*Answer: Yes, a software program is utilized to push patches every Wednesday. Normally 2-4 weeks after a patch is released after testing unless its an emergency.*

**184. Will electronic medical records interface with the new JMS system?**

*Answer: Vendor uses their own software.*

**185. Describe any Ad-Hoc reporting tools and options available to Sedgwick County.**

*Answer: Currently, there are multiple reporting tools available to the county within the vendor's EMR system.*

**186. What is the current Ad-hoc reporting tool used at the facility by the county?**

*Answer: The current vendor's EMR as well as an electronic dashboard program.*

**187. Is internet available where the medical staff will be seeing patients? In the medical unit exam rooms? Booking areas? Hardwire? Wireless?**

*Answer: Yes, it is available. Hardwired.*

**188. Is there wireless access available in the:**

*Answer:*

- *Pods, No.*
- *Clinic, No.*
- *Other areas of health delivery? Limited.*

**189. How many desktop/laptops computers do the medical staff currently use? Does the county or vendor own the desktop computers?**

*Answer: There are 22 desktops and 22 laptops, all are county-owned.*

**190. Is there a dedicated fax line to medical?**

*Answer: Yes.*

**191. Are records currently paper, electronic or both at your facility?**

*Answer: Please describe. Records are predominantly electronic, however, there are also physical forms utilized and scanned into record.*

**192. What are the data requirements upon termination of the current vendor:**

*Answer:*

- *Data to be provided and in what format. Digital copies of all records must be provided to the county for retention.*
- *System availability during transition. Access to the previous vendor's software will likely not be permitted.*
- *Time requirement of data availability. Data will be available 90 days prior to the start of the contract and indefinitely thereafter through the county's electronic records.*

**193. Is the current records system a combination of electronic and paper records? If so, what records are electronic and what records are paper?**

*Answer: See above response.*

**194. What interfaces are currently in place, if any:**

*Answer:*

- *JMS, Yes.*
- *Lab, No.*
- *Pharmacy No.*

**195. Will the current JMS, as well as planned future JMS, vendor/manager allow integration with vendor provided electronic medical record?**

*Answer: Yes.*

**196. Can the EMR be installed on existing jail hardware and jail hardware with upgrades?**

*Answer: Yes.*

**197. Should servers be proposed as a stand-alone system?**

*Answer: Yes.*

**198. Does the existing jail data center/computer room have space available for any or all of the above?**

*Answer: Subject to negotiation.*

**199. Will the county pay the cost of facility improvements for the EMR through cable and wireless connections, or additional power requirements for server and rack installation?**

*Answer: No.*

**200. Will the county assume the responsibility of system administration and routine maintenance of data center additions and/or upgrades?**

*Answer: No.*

**201. Will the county assume responsibility of performing routine back-ups and offsite storage of back-ups?**

*Answer: No.*

**202. Do you use any tools or guides to ensure the staffing is sufficient? If yes, what current tools are in use?**

*Answer: No.*

**203. Is the county open to vendor-developed tools to help manage staffing levels?**

*Answer: Yes.*

**204. Indicate any software requirements to include databases, space needs, and data storage plan. Specify the system's basic architecture and licensing requirements and cost of license fees and maintenance. Please provide a layout of the space available.**

*Answer: Awaiting information from IT services.*

**205. Can the software be interfaced to a Jail Management System? If so, describe interfacing capabilities.**

*Answer: Awaiting information from IT services.*

**206. The county expects the vendor to incorporate existing electronic medical records into the electronic medical record. How many records will need to be migrated to a new system?**

*Answer: There are currently thousands of electronic medical records that would require migration.*

**207. Describe your Data Back Up Requirements.**

*Answer: We utilize ComVault for backups.*

**208. Will the county allow for secure off-site cloud-based backup?**

*Answer: Yes.*

**209. Describe the network infrastructure that must be in place to achieve optimum end-to-end system performance.**

*Answer: 10GB/16GB network backbone, typically with 1GB links depending on locations.*

**210. Please provide a network infrastructure diagram to better determine how to build out our services.**

*Answer: Provided once the contract is awarded.*

**211. Describe the hardware requirements such as desktops, servers, mobile devices, and peripherals.**

*Answer: Awaiting information from IT services.*

**212. What mobile devices and peripherals are currently in use at the facility?**

*Answer: Laptops are currently used in the facility. Scanners, web cams, signature pads, and other computer attachments are also utilized.*

**213. Describe the process for the Sedgwick County Sheriff's Office staff to access and retrieve data for reporting purposes.**

*Answer: Currently, specific county staff have read-only access to applicable patient records.*

**214. Please provide a list of reports used on a consistent basis.**

*Answer: The vendor generates a monthly static report. These numbers include medical screenings, number of patients seen on sick call, ER visits, STIs, CIWAs and COWs, dental visits and many others. Please see stats attached.*

**215. The Sedgwick County Sheriff's Office records are subject to specific retention requirements. Describe the system to handle record retention requirements.**

*Answer: Awaiting information from IT services.*

**216. Are security rounds/counts conducted electronically? Are staggered fifteen-minute watches documented electronically?**

*Answer: Yes, JMS.*

**217. Who is responsible for the maintenance, inspection, and licensing of the dental x-ray equipment?**

*Answer: Vendor.*

**218. Please provide a list of medical equipment that is currently on-site for use by the vendor.**

*Answer: See RFP.*

**219. The Sedgwick County Sheriff's Office will provide the computer workstations, printers, scanners, and copiers required to utilize the Health Services System. Please provide descriptions of each.**

*Answer: Generally, Dell desktop units are utilized. Canon printers and scanners are most often purchased. Lexmark printers are used as well. Physical workstations are located at various desks, cubicles and counters throughout the clinic as deemed appropriate by the vendor.*

**220. How many scanners do the medical staff currently use? Does the county or vendor own the scanners?**

*Answer: There are three (3), which the county owns.*

### **Staffing**

**221. Please provide the current medical and mental health staffing matrices for the Adult Detention Facility and the Annex.**

*Answer: Due to the size of the attachments for this addendum, that information will be sent out separately.*

**222. Do you wish to retain any of the current medical staff?**

*Answer: Subject to negotiation.*

**223. Please confirm the schedules of the following staff members:**

*Answer:*

*a. Correctional Staff: 8 hours, 12 hours, or a combination of both. Main facility 8, annex 12.*

*b. Health Care Staff: 8 hours, 12 hours, or a combination of both. 8*

*c. Please provide a breakdown of the positions that work both, if a combination exists. See staffing table*

**224. Will the county be open to 12-hour shifts for some of the staff?**

*Answer: Yes.*

**225. Who is/are your current physician(s)? Would you like the vendor to work with this physician if possible?**

*Answer: That information is proprietary to current vendor. Future work with the physician is subject to negotiation.*

**226. What is the current physician's schedule in the facility?**

*Answer: The current schedule is eight (8) hours a day, five (5) days a week.*

**227. Please provide your current nursing schedule noting RN or LPN.**

*Answer: See staffing table.*

**228. How many correctional officers currently work at the Sedgwick County, Kansas Adult Local Detention Facility, and the Jail Annex?**

*Answer: 230.*

**229. Please provide the amounts relating to staffing withholds or performance withholds incurred by the incumbent by year for the last three (3) years.**

*Answer: Please see excel attachment*

**230. Is the supervising nurse an RN or LPN? Administrative only?**

*Answer: There is a charge nurse assigned to each shift. The charge nurse is not administrative only.*

**231. How many FTE nursing and mental health staff are you currently down?**

*Answer: Proprietary to current vendor.*

**232. How many agency nurses are currently being used?**

*Answer: Proprietary to current vendor.*

**233. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.) at the facility. Also, please provide years of service or hire dates.**

*Answer: Proprietary to vendor.*

**234. What is the average time for new employee clearance process to be complete?**

*Answer: Approximately 48 to 72 hours.*

**235. Are any members of the jail's current health service workforce unionized? If yes, please provide the following:**

*Answer: No.*

**236. Can we please get a copy of the current staffing matrix with the hours each licensure covers at the facility per day for two (2) weeks?**

*Answer: Please refer to digital copy attachment.*



## Programs and Specialty Services

**237. Please list the programs offered to inmates/detainees in your jail, such as education, religious, recreation, life skills, substance abuse, etc.**

*Answer:*

*Female Alcohol Anonymous*

*Freedom to Choose-This is a type of Anger Mgt.*

*Female Learning Connection-Works towards GED.*

*Female Narcotics Anonymous*

*Female Parenting*

*Female Substance Abuse*

*Male Alcohol Anonymous*

*Male Child Support*

*Male Financial Freedom-*

*Male Freedom to Choose*

*Male Learning Connection*

*Male Narcotics Anonymous*

*Male Parenting*

*Male Substance Abuse*

*Law Library*

*SCORE- ReEntry – When back open*

*We have various religious services and bible study*

**238. Please identify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for:**

*Answer:*

*a. Dental yes, on-site at the main facility-10 hours, one (1) day each week*

*b. Oral Surgery yes, on-site and off-site,*

*c. Optometry: yes, visual exams on-site and other services off-site.*

*d. Laboratory yes, on-site*

*e. Radiology (specify mobile or fixed equipment) yes, mobile on-site and off-site as needed.*

*f. Fluoroscopy- yes, off-site*

*g. Mammography yes, off-site*

*h. Physical Therapy: yes, on-site and off-site as needed.*

*i. Dialysis yes, off-site*

*j. Chronic Care Clinics (please specify which clinics and frequency) multiple clinics on-site; frequency of appointments as determined necessary by overseeing provider.*

*k. Specialty Clinics (please specify which clinics and frequency) on-site and off-site; specificity of clinics proprietary to current vendor.*

*l. OB/GYN Prenatal care Primarily – on-site with off-site as needed.*

*m. Medication Assisted Treatments (Community or other contracted providers) – on-site.*

**239. Please confirm that the Vendor will be responsible for contracting with all specialty services providers for on-site and off-site services.**

*Answer: Yes.*

**240. Is the mobile imaging vendor contracted with the current vendor or with the agency? If so, who?**

*Answer: Vendor, that is proprietary to the vendor.*

**241. What kind of x-ray machine is available?**

*Answer: Portable x-ray machines are used now.*

**242. Will x-ray come to the annex?**

*Answer: No. X-rays are performed at the main facility.*

**243. What on-site specialty clinics (HIV, HEP, Hypertension, etc.) are conducted?**

*Answer: There are a variety of on-site specialty clinics, which are conducted by the current vendor. However, those specialty clinics are proprietary to the vendor. The expectation is that the awarded vendor will conduct as many on-site specialty clinics as possible.*

Submittals are due **NO LATER THAN 1:45 pm, CST, Tuesday, December 14, 2021**. Late proposals will not be accepted and will not be considered for award recommendation.

**PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE PROPOSAL RESPONSE PAGE.**

A handwritten signature in black ink that reads "Joseph Thomas". The signature is written in a cursive, slightly slanted style.

Joseph Thomas, CPSM, C.P.M.  
Purchasing Director

JT/lj