

CHATHAM COUNTY PURCHASING DEPARTMENT

ADDENDUM NO. 3 TO RFP NO. 17-0109-1

FOR: INMATE HEALTH SERVICES FOR THE CHATHAM COUNTY DETENTION CENTER

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THE DEADLINE FOR RECEIPT OF BIDS HAS BEEN CHANGED TO APRIL 17, 2018 AT 5:00 PM.

Please see questions and responses attached.

We appreciate your interest in this solicitation.

  
Margaret H. Joyner

  
Date

**RFP No. 17-0109-1 INMATE HEALTH CARE SERVICES  
FOR THE CHATHAM COUNTY DETENTION CENTER**

1. Please provide a copy of the current contract for inmate health care and all associated amendments thereto. [See addendum 2](#)
2. Does the County utilize a catastrophic limitation on off-site and pharmaceutical services?  
[No](#)
3. Please provide the complete current Staffing matrix by shift and position/title. [Please see current contract](#). Does the County believe this to be a sufficient staffing plan? [No](#)
4. Please identify any current vacancies by position/title, shift and length of vacancy. Please identify current turnover rate. Please identify if any positions are currently being filled by agency personnel. [Not available](#)
5. Please provide current salaries for all positions listed on the current staffing matrix. [Not available](#)
6. Please provide annual Health Service Statistics extended to cover the last three years. [Not available](#)
7. Please identify the average length of stay for inpatient hospitalizations over the last three years. [Not available](#)
8. Will the County provide a list of hospitals and current subcontractors used for the delivery of health care services? [Subcontractors proposed by CorrectHealth in their RFP response include Coastal Health Solutions, ForHS, Global Diagnostic Services, Curtis V Cooper Primary Healthcare, Gateway Behavioral Health Services, Judco LLC.](#)
9. Who is the ambulance provider? [Chatham EMS](#)
10. Who is the current pharmaceutical provider? [Quick RX](#)
11. Who is the current laboratory provider? [Curtis Cooper](#)
12. Who does the receiving screen: LPN? An RN? [Proposal requires RN](#)
13. What are the average number of pregnancies per year, and the number of deliveries? [Information not available](#). Are newborns accepted back into the facility and, if so, who pays associated costs? [No](#)
14. Please provide a list of currently-held onsite clinics. Are there any additional such onsite clinics the County finds particularly desirable? [Information not available](#)
15. Who is the current provider for Hemodialysis? [ForHS](#) Please provide the number of treatments completed by day and month. [Not available](#)
16. Are any outside agencies involved in mental healthcare? [Gateway](#)
17. Is the County taking advantage of any grants, fellowships or associations with universities, medical schools or non-profit organizations as part of its correctional healthcare program?  
[No](#)
18. Who is currently used for the Infectious Waste removal? [Information not available](#)

19. In addition to the biometric system, what are the other performance guarantees currently in place? [Please see contract provided with Addendum 2](#)
20. How many deaths and suicides (successful or attempted) have there been in the past two years? [Approx. 10](#)
21. Please supply an inventory list of County-owned medical and office equipment/furniture available for utilization by the medical vendor. How old is the current equipment and furniture? Is all infirmary equipment permanent or will the contracted vendor need to purchase replacement equipment? [There are 2 stryker stretchers, 1 hoyo lift , 1 EKG machine, centrifuge machine, and 2 refrigerators. There are 4 Dynamap machines and 4 blood pressure cuffs. We also have a complete Dental Suite with 2 Dental Chairs and an autoclave. No guarantee is made as to the condition or age of the equipment.](#)
22. How many med carts are in use? How many med passes per day? [10 med carts 3 passes](#)
23. What is the age of the current dental equipment? When was it was last serviced? Is the dental x-ray inspected and licensed and if so, when was the last time? [No guarantee is made as to the condition or age of the equipment.](#)
24. What is the age of the current X-Ray equipment? When was it last serviced? Is the current X-Ray equipment digital? Is there a current mobile x-ray provider in place and if yes, who is it? [No guarantee is made as to the condition or age of the equipment.](#)
25. Does the County project that there will be a need to replace or purchase any on-site medical equipment during the term of this contract? [We have had no requests](#)
26. Are there negative pressure rooms and how many? [Yes, 4 negative pressure rooms](#)
27. How many beds are in the infirmary? Please break down by male/female beds. [15 Female, 18 Male](#)
28. Where are inmates housed that are going through withdrawal? [Infirmary or detox at intake](#)
29. Will the current AED stay or must one be purchased, and is it in good working order? [Stay but condition unknown](#)
30. Will the Jail Management company work with the vendor regarding the Electronic Medical Record (EMR) to provide basic demographic information, booking information, housing location changes, and release information? Will the County assist with these data requirements? [County staff will assist](#)
31. Who is the owner of the EMR system, the CCDC or the medical provider? [County](#)
32. Does the County currently employ telemedicine? If so, in what specialties and who is currently providing the equipment and technical support thereof? The County currently does not use telemedicine extensively. [Outline in your proposal how your firm plans to use](#)
33. Are you currently having issues with the current staff or vendor that are causing penalties to be imposed? [No](#)
34. Please provide the most recent annual expenditures/budget for the inmate health care program? [\\$595,672.31 per month](#)
35. What is the annual budget for staff salaries? Please provide pay rates for each employed title/position. [Not available](#)
36. What are the annual costs for the last three years for off-site services for the inmate health care program? [Not available](#)

37. What are the annual costs for the last three years for pharmaceutical services for the inmate health care program? [Not available](#)
38. The following language appears to have been pasted into the wrong place. May we have the correct language?

**Page 74-75 General Requirements Section e.**

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**Paragraph v. Change to read: Psychiatrist** The Contractor shall identify the need, schedule, and coordinate for the dispensing, evaluation, and fitting services of an optometrist. Inmates requesting health services for visual problems will be evaluated using the Snellen eye chart by nursing personnel. Inmates requiring treatment and services beyond the scope of services offered on-site will be transported to specialists in the community. Inmates shall be eligible to receive follow-up eye exams every two years.  
**30 hours per week with 10 hours being at night.**

[Delete](#)

39. In RFP Section 2.42, it states the use of subcontractor for any portion of the work requires a 100% performance bond. Does the County intend this requirement to apply if the Contractor plans to subcontract, by way of example, for offsite treatment, specialty provider services on-site, IT infrastructure, medical supplies, pharmacy, temporary staffing agencies to fill positions during staff vacation, FMLA leave, etc., or, instead, is this requirement specific to the Contractor subcontracting out inside the walls staffing of permanent provider positions? [The County desires to be protected if the current contractor does not pay their subcontractors and suppliers and if the contractor does not meet their obligations under the contract.](#)
40. If the Contractor is publically traded and subject to SEC regulation, can the 100% performance bond due to use of subcontractors be waived? [This would be open for discussion.](#)
41. What is the notice period for termination for cause? [Minimum 60 days](#)
42. Is there a form containing the standard contract that the County will use for this procurement? [Depends on Board direction](#)
43. Please provide a current copy of the Drug Formulary. [Not available](#)
44. What type of medication carts are used, are they electronic and do they have interfaces with the EHR and Pharmacy? [Not available](#)
45. Who is the owner of the medication carts? [Not the County](#)
46. What are the current medications that have “automatic stop” orders? [Not available](#)

47. Will the County consider a cap on Hepatitis C, hemophiliac, cancer, and other high cost medications, which will allow proposers to avoid including risk premium for these treatments in their proposals? **No**
48. On RFP page 19, Section 3.2.2.A.2, the RFP states, *“List all mortality reviews conducted by the Proposer within the past 5 years. List the date, circumstances, and conclusions drawn by any mortality reviews for any suicide in any facility where Provider was administering mental health care at the time of the suicide.”* We have the following concerns with this requirement:
- Mortality reviews and findings are protected by quality assurance rules and peer review expectations. Sharing circumstances and conclusions from these reviews is not generally permitted.
  - Mortality reviews are often the property of the correctional system (county, city, state) and therefore are not readily available to be shared by private providers of mental health services.
- How does the County want Proposers to handle responding to this requirement in light of these concerns? **The County will discuss with proposer during interviews**
49. On RFP page 25, Attachment A, Section C.2, The RFP states, *“Contractor shall obtain Medical Association of Georgia (MAG) accreditation and obtain National Commission on Correctional Health Care at the CCDC (at no expense to the County) and maintain such accreditation for the remaining duration of the contract and without any lapse.”*
- Yet in Attachment A, Section D, #2, the RFP states, *“CCDC is currently no accredited with the American Correctional Association or the National Commission on Correctional Health care but it is accredited by the Medical Association of Georgia. The County, is however, requiring that the Contractor maintains MAG accreditation and meet all health care standards of the NCCHC and ACA should the county elect to be accredited by either.”* (emphasis added)
- Please clarify whether or not the CCDC wants Proposers to seek NCCHC accreditation under the current RFP. **Yes**
50. On RFP page 25, Attachment A, Section C.2, the RFP states, *“Contractor shall obtain Medical Association of Georgia (MAG) accreditation and obtain National Commission on Correctional Health Care at the CCDC (at no expense to the County) and maintain such accreditation for the remaining duration of the contract and without any lapse.”*
- The process of assessing the current level of services, implementing necessary changes in policies/practices and applying for NCCHC accreditation can take as long as 2-3 years. Does the County have expectations with regard to when a Proposer will need to obtain NCCHC accreditation? **2-3 years**
51. On RFP page 48, Attachment A, Section D.1.5.0.a.3, The RFP states that *“psychiatric evaluation and services shall include... 3. Participation in involuntary medication proceedings.”*
- Please confirm that CCDC uses an administrative hearing process for non-emergency involuntary medication proceedings in keeping with the precedent set in Washington v. Harper, 494 U.S. 210. **Yes petition the Court have SOP**

For review purposes, please provide the current involuntary medication policy and procedure. Not available

52. On RFP page 50, Attachment A, Section D.1.5.0.b, please confirm that “*constant direct supervision of actively suicidal inmates*” is provided by CCDC staff and not Proposer’s staff? [Correct unless in infirmary where it would be coordinated effort](#)
53. On RFP page 52, Attachment A, Section D.1.6.0, The RFP states that substance abuse services include the responsibilities of staff to “*Coordinate and conduct group (including Therapeutic Community)...*” In our experience, Therapeutic Community groups are usually provided within residential treatment settings/day programs.

Is the substance abuse program at CCDC a residential treatment program or a day treatment program? [Residential](#)

54. On RFP page 71, Attachment A, Section D.I.10.B.6, the RFP states, “*All health care staff on-site shall be appropriately uniformed in scrubs...The only exceptions to the rule are the on-site H.S.A and the D.O.N. who should be professionally attired...*”

Is it the expectation of the CCDC that physicians, psychiatrists, nurse practitioners, physician assistants, licensed mental health professionals and substance abuse staff be required to wear scrubs? [Appropriate attire](#)

55. In RFP Attachment A, *Technical Specifications*, Tab D, *Scope of Services*, Section 7.0.e.13, *Medical Records*, it describes the requirements for the patient’s electronic medical record and that the awarded contractor is required to use the current EHR, Fusion GE Centricity.

The RFP states: “*Contractor shall maintain a uniform, standardized problem-oriented health record at all sites, consistent with State regulations and NCCHC. The health record will include medical, dental, chemical dependency, and mental health information, and will be stored separately from custody records. Health records and reports are, and will remain, the property of the County. Information necessary for the classification, security and control of inmates will be shared with the appropriate Corrections personnel. In any criminal or civil litigation where the physical or mental condition of an inmate is at issue. Contractor will provide the state with full and unrestricted access to and copies of the appropriate health records within the scope of legal and regulatory requirements and in accordance with the CCDC’s policies, procedures and directives. Health records for inmates at each facility must be maintained in a secure location consistent with the confidentiality and security needs of the institution. Health records shall be maintained in a confidential and HIPAA-compliant manner at all times, and the Contractor must ensure that all health records are kept secure and intact.*”

- It appears that it is required for the awarded medical contractor to implement and manage the electronic medical record system. Please clarify. [Use and manage not implement](#)
  - Will the awarded contractor be expected to work with Fusion GE to customize the EHR system to fulfill the listed requirements or is the EHR already configured for use? [Use and manage](#)
56. In regards to RFP Attachment A, *Technical Specifications*, Item D, *Scope of Services*, Section 3.14 *Specialty Care*, are HIV medications purchased directly from Curtis V. Cooper and invoiced along with other services performed by this provider? Invoiced

separately by Curtis V. Cooper? Or purchased from the pharmacy vendor? *CVC is a subcontractor of CorrectHealth and transfer is between the two*

57. In regards to RFP Attachment A, *Technical Specifications*, Item D, *Scope of Services*, Section 3.14, *Specialty Care*, please provide a breakdown of services currently provided by Curtis V. Cooper and the trend in costs of each category of service to include a breakout of HIV medication costs. *The proposal submitted by CorrectHealth contemplated the following services: medical director services, substance abuse, referrals, laboratory services, 340-b pricing, and follow up services to patients upon their discharge from the Jail.*
58. Addendum 1 requires a full-time Behavioral Health Specialist. Please indicate what educational and/or licensure credentials are desired for this position by the CCDC. *BS in Behavioral Health preferred with experience*
59. Addendum 1, at the top of page 2, includes the following language, “30 hours per week with 10 hours being at night.”
  - a. Please identify the position to which this requirement refers. *Psychiatrist*
  - b. Please clarify what is meant by “at night.” Are there particular hours that the CCDC considers “at night” (e.g., only on 3<sup>rd</sup> shift)? *After 5:00 pm*
60. Page 45 of the RFP, under Section 4.0, Dental Health Services, requires that dental services be provided in accordance with “NCCHC Standards for Prisons (2008).” Should this reference be changed to “NCCHC Standards for Health Services in Jails (2014)”? *Yes*
61. We understand that a limited amount of telehealth is currently provided at CCDC. Please identify any telehealth equipment currently use at the Detention Center, the extent of telehealth utilization, and confirm that the existing telehealth equipment will be available to the successful bidder. *Please provide the list of equipment you will provide*
62. RFP Amendment 1 changes the language for optometry and ophthalmology. Among the changes noted, the requirement to refer inmates with visual deficiency beyond 20/40 to the healthcare contractor’s optical service provider has been eliminated. Please provide monthly or annual statistics regarding the number of patients who have received optometry services during the current contract. Please also clarify the expected scope of onsite optometry services in the new contract. Does the CCDC have a preference for onsite or offsite optometry services? *Services not included*
63. Will employee drug testing be a requirement of this contract? If so, who will be responsible for conducting the testing? *Yes, contractor and polygraph by sheriff*
64. RFP Page 40, Section 3.10 *Infirmery*, states vendor staffing will be no less than 57 FTEs. Please provide the rational for 57 FTEs. *We believe this is necessary but can propose as you see fit and provide rationale*
65. Addendum 1 deletes RFP Paragraph 10 on page 25 in Section C, *General Requirements*, and RFP Paragraph 10 on page 73, in Section C, *Positions*. Both paragraphs require substance use disorder services and staff.

Is the County eliminating the requirement for substance use disorder services altogether from this procurement? If so, should Tab D, Section 6.0, *Substance Abuse Services*, on page 52 and 53 of the RFP, also be deleted? *No just spelled out differently*

66. RFP Page 73, Section 8, *Dental Staff*, requires primary dental care on site 40 hours per week, yet RFP Page 74, Section 1, *General Requirements*, e. iv., asks for dental care on site 30 hours per week. Please clarify. [30 hours per week](#)
67. RFP Page 48, Section 5.0 *Mental Health Services* states “*The Mental Health Director must be a board-certified Psychiatrist,*” yet RFP Page 73, Section 9. *Mental Health Staff* states “*A full-time licensed mental health professional shall be responsible for the clinical oversight of mental health services...*” [Must be psychiatrist](#)
68. For the year 2017, please provide recent monthly onsite and offsite healthcare service volumes, broken down for service category. [Not available](#)
69. For the year 2017, please provide the number of inmates who received the following, broken down by month:
- HIV/AIDS testing
  - HCV testing
  - HIV/AIDs treatment
  - HCV treatment with direct-acting antiviral medications
  - OB/GYN services
  - Assistance with birth/deliveries
  - Segregation round encounters
  - Treatment in segregation units (including type: administrative, disciplinary, etc.)

[Not Available](#)

70. On page 33, the RFP requires the healthcare contractor to “*explore the financial feasibility of providing HIV testing for all CCDC inmates who have not undergone it previously.*” What proportion of the CCDC population is estimated to have been tested? [Delete this requirement](#)
71. How are pap smears currently handled for inmates at CCDC? How many of these were completed on site vs. off site? [On-site](#)
72. Please identify the current community provider who collaborates on providing opiate withdrawal management medications for pregnant inmates. [Not available](#)
73. Please provide the estimated date for the County to award the contract. [May 18](#)
74. Does the County currently contract substance use disorder treatment services for the CCDC? If so, who provides those services? [In house](#)
75. Is the CCDC providing Medication Assisted Therapy for opioid or alcohol dependent inmates (beyond opiate withdrawal medication for pregnant inmates)?
- If so, please describe scope and volume of this program. If the CCDC is not currently providing Medication Assisted Therapy but intends to implement a MAT program during the anticipated contract, please describe the anticipated MAT program (medications under consideration, expected patient volume).
  - Should the cost of these medications be included in bidders’ responses to the RFP? [Yes](#)
76. Please provide the current staffing plan, including shifts and required redentials for medical personnel. [Not available](#)




77. Please provide current staff salaries and shift differentials. [Not available](#)
78. RFP page 40 references minimum staffing at 57 FTEs. Can you please provide a breakout of the minimum required staffing? [Please provide your proposed staffing](#)
79. Would you please list any current medical personnel vacancies by title? [Not available](#)
80. Are there specific positions that have been vacant for an extended period of time? If yes, which positions and for how long? [Not available](#)
81. Page 70 requires the new contractor to maintain current staff hire dates for purposes or evaluation and merit increases. Please provide the hire dates of all current staff in order for us to budget appropriately. [Please provide your ability to comply with this.](#)
82. In the RFP the Mental Health Director is referenced as a fulltime psychiatrist and a fulltime mental health professional. Please clarify the level of credential/licensure the county is requiring for the MHD. [Psychiatrist](#)
83. Is the Jail currently accredited through NCCHC and ACA? [No](#)
84. Please provide the number of dialysis treatments per month over the past two years. [Not available](#)
85. Please provide the DOLLARS spent on offsite services by year for the last three years by categories below:
  - a. Hospitalization-
  - b. Emergency Rooms Visits-
  - c. Outpatient Surgeries-
  - d. Off-site Specialty services-[Not available](#)
86. Please provide statistics related to off-site utilization for the past three years to include:
  - a. Number of Hospitalizations
  - b. Number of Hospital days
  - c. Number of Emergency room trips
  - d. Number of Emergency trip admissions
  - e. Number of Outpatient surgeries
  - f. Number of off-site Specialty services by type of service (i.e. orthopedic, surgical, ophthalmology/optometry/ob-gyn etc.) [Not available](#)
87. Which jail management system (JMS) is currently being utilized? [Phoenix](#)
88. Is there currently internet connectivity available in all areas of the facility? [Yes](#)
89. Is wireless connectivity available in all areas of the facility? [Yes](#)

90. Would the County to open to the provision of select specialty health services provided through telehealth, so as to provide the most timely, cost-effective specialty services? **Yes with appropriate supervision**
91. Onsite Care: Can we please obtain the standard monthly health services utilization statistics for the past two years that, at a minimum, identifies the following per month by:
- Number of intakes per facility
  - Number of patients seen in sick call (MD, NP, RN, MH, dental)
  - Number of H&P's conducted
  - Number of PPD planted & number PPD read; number of positive PPD's e. Number of pregnant women; number of deliveries
  - Number of x-rays taken on site (all types)
  - Number of chest x-rays for positive PPD's
- Not available**
92. Work Release/Weekender program: Does the CCDC operate a Work Release or Weekender program? If so, would medical services be required for these individuals? **Yes**
93. Will you please provide the anticipated start date for this contract? **July 1**
94. Please clarify if the county requires midlevel or physician providers to conduct the history and physical or if they are open to an RN trained by a physician? **RN**
95. What is the time frame for background and polygraph completion from time of request? **Typically 3-4 days**
96. Can the Dental Director be the Dentist providing services to patients or does this need to be a separate individual? **Yes**
97. Per Addendum I, references to substance abuse services were removed, was it the intention to leave this reference on page 26, D.1. and page 52 section 6? **No**
98. Page 22 of the RFP references one of the performance guarantees must include the use of "the biometric system" to monitor staff:
- Is the medical contractor responsible for implementing a biometric system or is there one currently in place? **In place and must use**
  - If so, who owns it? **County**
  - Would the county consider discussing alternative monitoring systems with the selected vendor on this requirement? **Yes**
99. Page 16 of the RFP references bonding requirements. Is the county willing to discuss alternatives to the 25% performance bond requirement with the selected vendor? **Yes but include in pricing**
100. Page 16 of the RFP - can you define what is meant by the following with regard to bonding: "if proposer is subcontracting any portion of the work, a 100% payment bond must be submitted." If a vendor utilizes a mobile x-ray vendor or dialysis provider or medical supply vendor for services does this apply to this statement? **Yes**

101. Is the county willing to discuss alternatives to the 100% payment bond requirement? [Can discuss but include in price](#)
102. Will you please confirm that offsite risk sharing is an acceptable cost structure as it applies to offsite cost responsibility? [Yes so long as the cost proposal specifically outlines each entities responsibility](#)
103. Is there an established interface between the current EMR and laboratory? [No](#)
104. Regarding screening for intellectual functioning: Is there any specific screening instrument required for use? Is this screening to be used for all patients referred to MH or just those suspected to have ID concerns? [Currently use SAD person test but this is not sufficient. A standardized assessment tool should be used in response](#)
105. Regarding suicide watch removals, the RFP indicates that only certain professionals (psychologist, psychiatrist, NP) can authorize the removal and they must review the suicide/direct observation patients 7 days/week. Can that review come in the form of consultation with a QMHP/licensed master's level clinician who has met with the patient? Or is the expectation daily face-to-face by the designated professional? [Provider can decide](#)
106. Page 25. 5: We are to establish a "written healthcare plan" and "the county must be provided a copy of this written health care plan". Does this mean we are required to supply the County with PHI for patients? [No PHI is needed by the County. Should be provided with a copy of the policies and procedures once implemented](#)
107. Page 32. 3.4 (b): The RFP requires physicals to be done by physician or mid-level. NCCHC standard allows for RNs to complete these physicals. Is the County agreeable to RNs completing physicals? [The 4 hour examination required by NNCHC is to be completed by RN or higher. The 14 day assessment should be completed by a mid-level or higher](#)
108. Please provide the number of physicals the provider completed in 2017 and 2016? [Not available](#)
109. Page 37 3.6 (j) "Contractor shall follow nursing protocols, developed and implemented, with approval of the State, to facilitate the delivery of sick call services by nursing personnel". Does the State provide protocols or pathways? Or can the medical provider use health care pathways and protocols developed for the correctional setting? [Mag accreditation requirement](#)
110. Page 37. 3.7 (c): Due to the fact that many newly committed inmates are discharged or bond out within days of commitment, unless there is a symptomatic reason to do so, can PPDS be planted during the history and physical instead of during intake? [No](#)
111. Page 44 3.15A: Please confirm that the provider should make referrals for "pre- and post-natal care, child delivery,...therapeutic abortions..." and that these services are not to be provided onsite . [Referrals would be to your benefit.](#)
112. Page 43. 3.14.a: Would the County to open to the provision of select specialty health serves provided through telehealth, so as to provide the most timely, cost-effective specialty services? [Yes](#)
113. Page 58. 8.0 3: Please define immediately regarding the alert to the shift commander "immediately" if any inmate misses 3 consecutive doses. [Before next shift](#)
114. Page 19. 2.b: please confirm that the county is most interested in companies with accreditation experience in large jails versus prisons (facilities) , which have a very

- different dynamic, standards requirements, and scope for mental health services than mental health services in jails. [Yes but experience in large facilities is paramount](#)
115. Will there will be an opportunity to ask follow up questions after the receipt of initial answers? [We will likely defer to interview](#)
  116. Page 10, 2.21: (IV) Will the county consider requiring proposers to disclose only current insurance under the potential Agreement? This requirement as it stands is extremely far reaching. [You can provide current but must meet ours if selected](#)
  117. Page 27, 1st paragraph: How much has been billed and reimbursed annually for the last three years for the Ga. Department of Corrections medical, dental, surgical, psychiatric and hospital expenses? [Per diem rate is set by state statutorily](#)
  118. Page 70, 2: Is it the intention of the County that the awarded vendor must extend a job offer to the DON and HSA and absorb any FMLA time for current employees? [No but continuity is desirable](#)
  119. Page 76, 3.c: What is County's timekeeping system? Is the County agreeable to allow the awarded vendor to use their own electronic timekeeping system? [Prefer use of our biometric system but would consider vendor's system if it uses biometrics and data is simultaneously available to County with audit capacity](#)
  120. The average daily mental health caseload by month for calendar year 2017. [1334 encounters per month](#)
  121. Average number of inmates receiving psychotropic medications in 2017 broken down by month. [Jan 271, Feb 301, Mar 353, April 359, May 321, June 373, Jul 398, Aug 378, Sep 360, Oct 421, Nov 384, December 413](#)
  122. The provision of the last 12 months of pharmaceutical and pharmacy services costs, including credits. [\\$1,056,247](#)
  123. A list of the top 25 medications by costs for the current and prior fiscal year. [Not available](#)
  124. A copy of all pharmacy licenses. [See attached](#)
  125. Provide the number of inmates currently on HIV therapy. [21 patients are enrolled in HIV clinic getting treatment and 2 new patients are scheduled.](#)
  126. Provide the number of inmates who have been treated with Hepatitis C medications in the last 12 months. [One \(1\) patient](#)
  127. Provide the current protocol, including medications, currently in use for inmates infected with Hepatitis C. [There is no written protocol. Treatment varies depending on the patient's history, presentation, comorbidities and the provider's independent judgment](#)
  128. Addendum 1 requires a full-time Behavioral Health Specialist. Please indicate what educational and/or licensure credentials are desired for this position by the CCDC. [BS in Behavioral Health is preferred with experience](#)
  129. Please provide three years of data showing number of bookings and average daily population. [See attached.](#)

130. Please identify the kiosk system currently in place for inmate medical grievances and/or sick call requests. [Kiosk is Lockdown, manufacturer is Tech Friends, managed through Oasis Commissary. There are kiosks in every wing of the facility for inmates to submit medical requests, grievances, etc.](#)
131. Please provide the demographic breakdown of the facility (males, females) [See attached](#)
132. Is there a suitable medical pod at the facility for Step-down medical services? [There is no medical step down unit.](#)
133. Please provide the current written protocols for treatment conditions requiring chronic use of narcotic prescriptions. [Not available](#)
134. Is there an active interface with the pharmacy? [Not available](#)
135. Does CCDC currently receive pharmacy delivery service six days a week? [Not available](#)
136. What has been the average monthly census of pregnant females over the past three years? [Not available](#)
137. Where are addicted pregnant females taken for methadone treatments? [Not available](#)
138. How many pregnant females have received methadone treatment in last 12 months? [Not available](#)



STATE OF GEORGIA  
Department of Community Health  
Georgia State Board of Pharmacy  
Retail Pharmacy


License No. PHRE017459      Status: Active

**Quick Rx #2**  
516 Hwy 80  
Garden City GA 31408

Expires: 6/30/2019  
Issued: 11/30/1992

Pharmacist in Charge PHRE017459  
Joseph Leman Duke

Real time license verification is available at [gskb.ny.license.com](http://gskb.ny.license.com) verification



STATE OF GEORGIA  
Department of Community Health  
Georgia State Board of Pharmacy  
Wholesaler Pharmacy

License No. PHW1018631      Status: Active

**Quick Rx Drugs Inc**  
516 Hwy 80  
Garden City GA 31408

Expires: 6/30/2019  
Issued: 3/17/2014

Real time license verification is available at [gskb.ny.license.com](http://gskb.ny.license.com) verification

yr

1 of 2 ? 100% Find | Next

## Booking Summary - 2017

### Booking/Discharge Rates

category	per Hour	per Day	per Month
Booking	1.9	44.4	1333.1
Discharge	1.8	42.4	1272.7

### SEX BREAKDOWN

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
F	332	313	405	362	381	349	362	354	287	361	342	303
M	1012	1029	1217	1047	1095	998	983	1045	893	915	875	903
U	0	0	0	0	1	0	3	0	1	2	3	2
<b>Total</b>	<b>1344</b>	<b>1342</b>	<b>1622</b>	<b>1409</b>	<b>1477</b>	<b>1347</b>	<b>1348</b>	<b>1399</b>	<b>1181</b>	<b>1278</b>	<b>1220</b>	<b>1208</b>

### RACE BREAKDOWN

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HISPANIC	71	73	92	67	74	59	60	54	59	54	42	68
AMERICAN INDIAN	2	2	1	2	0	0	2	0	0	2	1	3
UNKNOWN	11	16	13	11	8	4	13	8	10	7	5	9
INDIAN	1	2	3	2	2	4	2	1	1	3	2	5
WHITE	444	443	551	433	526	477	503	469	411	452	425	377
BLACK	815	806	962	894	867	803	768	867	700	760	745	746
<b>Total</b>	<b>1344</b>	<b>1342</b>	<b>1622</b>	<b>1409</b>	<b>1477</b>	<b>1347</b>	<b>1348</b>	<b>1399</b>	<b>1181</b>	<b>1278</b>	<b>1220</b>	<b>1208</b>

### AGE BREAKDOWN

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
[19 and under]	82	100	112	131	96	79	90	98	97	78	82	89
[20 - 29]	505	525	650	545	578	485	507	498	418	457	438	450
[30 - 39]	393	369	445	365	397	403	377	403	334	379	363	349
[40 - 49]	204	179	218	189	243	203	189	208	172	182	177	176
[50 - 59]	117	125	156	140	127	137	125	155	111	135	119	103
[60 - 69]	39	39	36	35	30	35	53	35	43	41	33	34
[70 and over]	4	5	5	4	6	5	6	2	6	6	7	5
[UNK]	0	0	0	0	0	0	1	0	0	0	1	2
<b>Total</b>	<b>1344</b>	<b>1342</b>	<b>1622</b>	<b>1409</b>	<b>1477</b>	<b>1347</b>	<b>1348</b>	<b>1399</b>	<b>1181</b>	<b>1278</b>	<b>1220</b>	<b>1208</b>

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## Booking Summary - 2016

### Booking/Discharge Rates

category	per Hour	per Day	per Month
Booking	1.8	42.5	1276.3
Discharge	1.8	42.1	1264.3

### SEX BREAKDOWN

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
F	341	376	411	310	318	306	343	315	299	282	297	310
M	975	990	1203	1062	959	962	894	963	882	878	863	985
U	0	0	0	0	1	0	0	0	0	0	0	0
<b>Total</b>	<b>1316</b>	<b>1366</b>	<b>1614</b>	<b>1372</b>	<b>1278</b>	<b>1268</b>	<b>1237</b>	<b>1278</b>	<b>1181</b>	<b>1160</b>	<b>1160</b>	<b>1295</b>

### RACE BREAKDOWN

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
UNKNOWN	10	10	11	7	13	8	6	3	7	10	12	9
AMERICAN INDIAN	1	1	2	2	1	2	1	2	3	0	3	2
HISPANIC	72	70	95	69	63	48	72	77	72	59	51	61
INDIAN	4	2	3	1	5	2	4	0	3	2	1	7
WHITE	453	470	524	432	441	440	431	426	404	404	385	445
BLACK	776	813	979	861	755	768	723	770	692	685	708	771
<b>Total</b>	<b>1316</b>	<b>1366</b>	<b>1614</b>	<b>1372</b>	<b>1278</b>	<b>1268</b>	<b>1237</b>	<b>1278</b>	<b>1181</b>	<b>1160</b>	<b>1160</b>	<b>1295</b>

### AGE BREAKDOWN

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
[19 and under]	95	102	151	119	102	90	92	82	82	81	67	88
[20 - 29]	537	566	708	582	534	480	454	484	445	424	446	488
[30 - 39]	376	352	383	359	326	347	345	351	322	305	316	348
[40 - 49]	163	184	203	167	175	188	177	178	172	189	166	193
[50 - 59]	108	115	128	116	91	125	136	138	116	126	122	130
[60 - 69]	32	39	34	27	43	38	31	38	41	29	41	38
[70 and over]	5	8	7	2	7	0	2	7	3	6	2	10
<b>Total</b>	<b>1316</b>	<b>1366</b>	<b>1614</b>	<b>1372</b>	<b>1278</b>	<b>1268</b>	<b>1237</b>	<b>1278</b>	<b>1181</b>	<b>1160</b>	<b>1160</b>	<b>1295</b>



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## Booking Summary - 2015

**Booking/Discharge Rates**

category	per Hour	per Day	per Month
Booking	1.8	42.6	1277.1
Discharge	1.8	42.5	1274.9

**SEX BREAKDOWN**

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
F	360	362	381	393	361	313	318	354	317	324	307	331
M	973	904	1105	1001	985	930	868	898	936	995	846	934
<b>Total</b>	<b>1333</b>	<b>1266</b>	<b>1486</b>	<b>1394</b>	<b>1346</b>	<b>1243</b>	<b>1186</b>	<b>1252</b>	<b>1253</b>	<b>1319</b>	<b>1153</b>	<b>1265</b>

**RACE BREAKDOWN**

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AMERICAN INDIAN	0	0	0	0	0	0	0	3	1	2	1	0
UNKNOWN	4	12	10	12	11	4	6	8	6	8	12	10
HISPANIC	70	82	85	65	79	57	68	68	58	71	68	72
INDIAN	4	5	1	4	4	7	3	4	2	2	3	1
WHITE	486	422	514	456	497	429	406	445	465	390	413	449
BLACK	769	745	876	857	755	746	703	724	721	846	656	733
<b>Total</b>	<b>1333</b>	<b>1266</b>	<b>1486</b>	<b>1394</b>	<b>1346</b>	<b>1243</b>	<b>1186</b>	<b>1252</b>	<b>1253</b>	<b>1319</b>	<b>1153</b>	<b>1265</b>

**AGE BREAKDOWN**

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
[19 and under]	111	85	136	118	123	71	91	107	90	122	93	91
[20 - 29]	547	531	619	574	517	505	488	512	477	535	439	493
[30 - 39]	339	310	372	339	343	321	288	315	329	356	312	319
[40 - 49]	187	188	181	202	199	186	155	171	187	152	162	209
[50 - 59]	111	120	131	128	127	126	130	113	131	124	112	119
[60 - 69]	34	28	41	30	27	31	28	31	36	27	34	33
[70 and over]	4	4	6	3	10	3	6	3	3	3	1	1
<b>Total</b>	<b>1333</b>	<b>1266</b>	<b>1486</b>	<b>1394</b>	<b>1346</b>	<b>1243</b>	<b>1186</b>	<b>1252</b>	<b>1253</b>	<b>1319</b>	<b>1153</b>	<b>1265</b>

**ZIP BREAKDOWN**