

Campbell County Detention Center

Addendum #1: RFP – Jail Medical Services

Questions & Answers

1. Does the County believe the current staffing level is adequate to provide the appropriate medical and behavioral health services to the inmates at the CCDC? If not, what enhancements would the County like the new vendor to incorporate?

We would prefer an RN on every shift, however, additions or deletions to the current staffing model are negotiable.

2. Please provide the vendor/agency for the following services.

a. Laboratory Services: **Lab Corp**

b. Mobile X-ray Service: **TridentCare**

c. Medical Waste Disposal: **Stericycle**

d. Any other specialty services performed on-site: **No other specialty services onsite.**

e. Hospital Emergency Room: **St. Elizabeth Healthcare Fort Thomas**

f. Ambulance Services: **Newport Fire/EMS Department**

3. Please provide the total pharmacy cost for the last three (3) years, broken down by the following medication categories:

a. HIV: **Zero. All HIV patients are in Ryan White Program.**

b. Hemophilia: **Unknown**

c. Oncology: **We have not had an individual on oral oncology medication. Cancer treatments have been off site at the local cancer center.**

d. Mental Health: **Average monthly cost for 2025: \$1,011.49**

e. Hepatitis C: **Zero**

f. General medications: **Average monthly cost for last 24 months: \$4,457.08, excluding USMS and ICE.**

4. Does the electronic medical records system have active interfaces with:

a. Jail Management System: **Yes**

b. Pharmacy vendor: **Depends on which pharmacy is used. The current vendor utilizes three pharmacies. If ordering from their pharmacy, it will interface.**

c. Lab vendor: **No**

5. Is the electronic medical record file storage hosted at an off-site/cloud location? **Yes**

a. If not, are the files maintained on-site within the City of New Orleans servers?

i. If files are maintained within the City of New Orleans servers, would the City consider transitioning to a remote/cloud file storage capability?

6. Pages 6-7, Paragraph J of the RFP states a requirement to provide professional liability insurance coverage with limits of at least \$3,000,000 per occurrence and \$5,000,000 in the annual aggregate.

a. Would the County be willing to accept an insurance policy that matches the industry standard of \$1,000,000 per occurrence and \$3,000,000 aggregate. Such level is consistent with the current contract requirements with QCC as listed in section 8.3 Liability and Risk Management, Paragraph b Insurance (pg. 15)? **The County does believe this is enough to cover an occurrence.**

7. What services or improvements would the County like the next Vendor to implement that the current Vendor is not providing? **Staffing coverage and support for the department.**

8. Will the County agree to a 2-week extension on the due date? Questions are supposed to be answered by September 2, 2025. The RFP is due September 3, 2026. Since the RFP is required to be shipped, this does not allow enough time between answers being posted that may cause the response to be changed and the RFP due date. **No**

9. Can you detail the current medical provider's shortcomings? **N/A**

10. How many days and hours on average does the current practitioner, Nate Ellis, come to the facility per week? **He is twice a week at minimum and stays as long as necessary to see all patients.**

11. Do you have any psychiatric practitioners? If so, how many days and hours are they at the facility? **The most recent mental health provider was a licensed social worker.**

12. What time(s) and location(s) are currently conducted sick calls?

Sick calls are conducted every day during day shift. The inmate's housing location determines where the sick call is conducted.

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

14. What on-site specialty clinics are conducted? **Mental health.**

15. Can you please provide a copy of the current medical services contract? **Not provided**

16. Is there a dedicated fax line to medical? **Yes**

a. If not, is a fax line available?

17. How many laptops do the medical staff currently use? **Five**

Two (2) - Medication pass

One (1)-Department supervisor

One (1) - Mental Health provider

One (1) - Medical provider

a. How many are county owned vs. contractor owned? **All laptops are contractor owned.**

18. Is the new vendor required to have the medical staff on a separate email address from the jail staff? **Negotiable**

19. What Average Daily Population should the vendor use when responding to the RFP? **Not provided**

20. Does your jail provide mental health services to inmates/detainees? If no, please proceed to question 24. If yes, please answer questions 21-23.

X Yes **_** No

21. Can inmates/detainees request mental health services?

X Yes **_** No

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

X Yes **_** No

22. What mental health services are available to inmates/detainees in your jail? (Check all that apply)

☒ Crisis intervention

☒ Medications and their management

☒ Psychiatric medications and their management

☒ Referral of inmates/detainees to mental health provider

☒ Individual counseling/therapy

☐ Group counseling/therapy

☐ Substance abuse treatment/services

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

- ☐ Case management
- ☐ Release planning
- ☐ Other (please explain)

23. Indicate the titles of the provider(s) of mental health services in your jail. Please check all that apply and indicate the average number of hours **per week** for each.

- ☐ Psychiatrist -
- ☐ Psychologist -
- ☒ Masters Level Social Worker - **40 hours/week**
- ☒ Registered Nurse (RN) - **168 hours/week**
- ☒ Nurse Practitioner- **at least 2 days/wk as long as needed**
- ☒ Licensed Practical Nurse (LPN) - **168 hours/week**
- ☐ Jail Chaplain -
- ☐ Other (please explain)-

24. Indicate the level of screening for inmates/detainees at your jail. (Check all that apply)

- ☐ Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer.
- ☐ Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer.
- ☐ Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional.
- ☒ Other (please explain) **Current take form attached; Medical also completes intake during booking process**

25. Why is the County going out to RFP at the current time? **N/A**

26. What are some of the current pain points with your current provider? What needs to be improved from the current provider? **N/A**

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

FACILITY QUESTIONS

Not Grouped - Standard Medical Questions

Standard Medical Questions

Answer

Do you have a serious medical condition that may require attention while you are here?

Comments:

Positive Answers: If yes, refer to medical.

Negative Answers:

Are you currently taking a prescription that may need continuation while you are here?

Comments:

Positive Answers: If yes, refer to medical staff.

Negative Answers:

Does detainee have medication with them during intake?

Comments:

Positive Answers: If yes, refer to Medical Staff and enter the name of the medication.

Negative Answers:

Have you ever been diagnosed with Schizophrenia?

Comments:

Positive Answers: Notify Medical

Negative Answers:

Do you have a serious mental health condition that may need attention while you are here?

Comments:

Positive Answers: If yes, refer to medical staff.

Negative Answers:

Have you been hospitalized for emotional problems within the last year?

Comments:

Positive Answers: If yes, refer to medical staff.

Negative Answers:

Have you recently taken or been prescribed medication for emotional problems?

Comments:

Positive Answers: If yes, refer to medical staff.

Negative Answers:

Do you now or have you ever had suicidal tendencies?

Comments:

Positive Answers: If yes, call the Crisis line and notify Supervisor.

Negative Answers:

Have you ever attempted suicide?

Comments:

Positive Answers: If yes, call the Crisis Line and notify Supervisor.

FACILITY QUESTIONS

Negative Answers:

Have you recently ingested potentially dangerous levels of drugs?

Comments:

Positive Answers: If yes, refer to medical staff.

Negative Answers:

Do you now or have you ever had drug dependency problems?

Comments:

Positive Answers:

Negative Answers:

Have you recently ingested potentially dangerous levels of alcohol?

Comments:

Positive Answers: If yes, refer to medical staff.

Negative Answers:

Do you now or have you ever had alcoholism problems?

Comments:

Positive Answers:

Negative Answers:

Have you ever experienced DT's or other serious withdrawal from drugs or alcohol?

Comments:

Positive Answers: If yes, refer to medical staff.

Negative Answers:

Have you ever suffered a head trauma that required hospitalization?

Comments:

Positive Answers: If yes, refer to medical staff.

Negative Answers:

Do you have any food, medication or other allergies?

Comments:

Positive Answers: List allergies

Negative Answers:

Are you pregnant?

Comments:

Positive Answers: If yes, refer to Medical Staff.

Negative Answers:

Are you diabetic?

Comments:

Positive Answers: If yes; insulin, medication, or dietary dependent. Refer to Medical Staff.

Negative Answers:

Do you now or have you ever had kidney problems?

Comments:

FACILITY QUESTIONS

Positive Answers:

Negative Answers:

Do you now or have you ever had heart problems?

Comments:

Positive Answers:

Negative Answers:

Do you now or have you ever had high blood pressure?

Comments:

Positive Answers:

Negative Answers:

Do you now or have you ever had ulcers?

Comments:

Positive Answers:

Negative Answers:

Do you now or have you ever had hemophilia?

Comments:

Positive Answers:

Negative Answers:

Do you now or have you ever had any fractures or broken bones?

Comments:

Positive Answers:

Negative Answers:

Do you now or have you ever had hepatitis/jaundice?

Comments:

Positive Answers:

Negative Answers:

Do you now have any dental problems?

Comments:

Positive Answers:

Negative Answers:

Do you have a history of epilepsy/seizures?

Comments:

Positive Answers:

Negative Answers:

Do you understand that in order to receive medical care, a sick call form must be completed?

Comments:

Positive Answers: An affirmative response does not require medical review check box.

Negative Answers:

FACILITY QUESTIONS

Have you provided us with all the information that you want us to be aware of at this time?

Comments:

Positive Answers: An affirmative response does not require medical review check box.

Negative Answers: If no, please explain.

Do you understand to notify staff immediately if you need emergency medical care?

Comments:

Positive Answers: An affirmative response does not require medical review check box.

Negative Answers:

Have you understood all the questions I have asked you?

Comments:

Positive Answers: An affirmative response does not require medical review check box.

Negative Answers: If no, refer to supervisor.

Are you having symptoms related to COVID such as fever or chill; shortness of breath or difficulty breathing; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; or diarrhea?

Comments:

Positive Answers:

Negative Answers:

Have you been in contact with or exposed to any person(s) who have COVID in the last 5 days?

Comments:

Positive Answers:

Negative Answers:

Offender's Signature

Officer's Signature