

**VALENCIA COUNTY
STATE OF NEW MEXICO
INMATE HEALTHCARE SERVICES
RFP#VCR-FY18-005**

Questions and Answers

January 31, 2018

1. On average, how many daily intakes does the Valencia County Detention Center manage? How many intakes did the detention center manage annually over the past two years (2016 and 2017)?

A) For the year of 2017 VCDC averaged approximately 13 intakes daily.

B) VCDC's average daily population for 2016 was 143 inmates and 157 for 2017.

2. What are typically the busiest times and days of the week for new intakes, or inmate transfers?

A) Monday-Friday 0800 hours to 1700 hours

3. Page 21, 8. "Orientation and Security Training", there seems to be an issue of who is providing the Training Coordinator. Please clarify if the Proposer or Valencia County provides the Training Coordinator.

A) Training will be provided by VCDC's training coordinator, medical staff is required an initial 40 hour orientation and 24 hour annual in-service training.

4. On page 22, "VCDC will be responsible for collecting DNA samples for inmates that commit a felony." Please confirm that the Proposer will not be required to collect such samples.

A) VCDC records department will be responsible for all DNA samples.

5. Page 22, 11. Health Assessment, "Inmates detained for longer than six (6) months will be provided with a health assessment bi-annually." Does the County require bi-annual health assessments, or would the County consider annual health assessments as required by NCCHC?

A) VCDC follows NMAC standards which require all detainees to have assessments completed bi-annually.

6. Are Tele-based medicine/psychiatric services currently being utilized at the Valencia County Detention Center? If so, please provide the number of tele-based medicine/psychiatric services per week.

A) There are capabilities to conduct telemedicine if the Proposer provides a machine (computer) to conduct assessments. Valencia County will provide Ethernet connection. There have been zero tele-based medicine/psychiatric services at VCDC.

7. Page 23 of the RFP requires, "The successful Provider shall provide a medical detoxification program for drug and/or alcohol addicted inmates, which program shall be administered on-site and only on Detention Facilities property. These services will be provided by medical and mental health professionals and include monitoring for withdrawal." Please explain the current inmate detox program and provide details on how the inmate's detoxification program is currently being managed.

A) The current provider utilizes (COWS)-(CIWA).

8. On average, how many inmates are placed on detox protocols on a weekly, monthly and annual basis? On average, how many inmates were placed on detox protocols annually over the last two years (2016 and 2017)?

A) In 2016, VCDC had 68 average monthly detoxes with an average of 811 annually. 2017 had 63 average monthly and 750 average annually.

9. What has been the county's census for pregnant females each of the past two years (2016 and 2017)? What is the average length of stay for this population?

A) VCDC had 18 pregnant women in 2016 and 12 pregnant women in 2017. Their average stay is 4 days.

10. Please explain where pregnant females who are addicted to Opiates receive services? Please explain any addiction maintenance programs, and the process of enrolling this high-risk population in such programs. Please provide as much detail as possible.

A) Addiction substance abuse program through UNMH and Milagro.

11. Please explain how OB/GYN services are currently being provided, and please specify any OBGYN services provided on site.

A) The current provider monitors them through chronic care services, ultra sounds and a follow up with provider.

12. Assuming the charges allow, are the courts typically understanding, and agreeable to release inmates with high-risk and high-cost medical conditions?

A) Valencia County Detention center work close with judicial entities to work on releasing high risk detainees.

13. How many TB tests should be considered/modeled on an annual basis for Detention Administration, officers, inmate workers and other personnel? Will the county provide the serum for TB testing, or will the serum be the provider's responsibility?

A) County will be responsible for all county employees; the provider will be responsible for all detainees being tested as per NMAC standards. In 2017, the current provider provided 4,614 TB tests.

14. What was the Detention Center's census for patients under treatment for Hepatitis C over the past two years (2016 and 2017)? Who is responsible for funding treatment for these inmates?

A) In 2016 VCDC had 1 detainee under treatment for Hepatitis C and 1 in 2017.

B) Both detainees provided their own medication.

C) In the case detainee does not have access to medication, Provider will be responsible for medication.

15. Does the Detention Center currently dispense Narcan to discharging inmates with Opioid use disorder as required by the recently adopted state law? If not, does the Detention Center plan to do so?

A) VCDC does not currently issue Narcan to discharging detainees.

B) VCDC does plan on providing Narcan when funds do become available.

16. Are the County requiring flu shots to be provided to county employees and high-risk inmates? If so, how many should be considered for both employees and high-risk inmates on an annual basis? If required, will the county be providing the serum/vaccine for such services?

A) VCDC requires the provider be responsible for high risk detainees. County will be responsible for county employees.

17. Please provide the County's annual expenditures related to dental services, x-ray services, laboratory services, medical waste services, ambulance services, and specialty OB/GYN services, specialty services over the past two years (2016 and 2017).

A) VCDC does not have information requested; these services are part of the current provider's contractual obligation as it will be for all offerors. VCDC is responsible for ambulance services.

18. On average, how many off-site medical related transports does the detention center manage on a weekly basis related to; ER/hospital, OB/GYN, dialysis services, emergency dental services, emergency laboratory services, emergency x-ray services and/or specialist visits?

A) VCDC transports on average 2 times per week for offsite Doctors appointments.

19. Please provide complete equipment listing of all medical and ancillary equipment to include, but not be limited to; any computer equipment, EKGs, O2 tanks, wheelchairs, crutches, AEDs, auto-scopes, thermometers, blood pressure cuffs, blood pressure machines, locking medication carts and/or any other pieces of medical equipment. Please also provide the equipment's age, condition and ownership.

A) VCDC has ownership of the following items. 1. EKG #550039683, 2. AED #43570647, 3. White Haier Fridge #H2004661300, 4. Treatment Bed #VCDC001, 5. Med Cart #99173, 6. Centrifuge #520306-962, 7. Glucometer X3 #1040-44814, #1040-4537310, 1040-4537277, 8. Thermometer #2000L, 9. Black Desk.

B) Current provider has ownership of the following items; 1. Auto scope 2. Rolling treatment table 3. Small fridge 4. Weighing scale 5. Three desktop computers 6. Two Laptop Computers 7. Two plane scanners 8. One Commercial size Copy/Fax machine 9. Five blood pressure cuffs 10. Five stethoscopes 11. Three Wifi boxes for current EMAR system.

20. Does the county have any inmate healthcare related litigation? Has any litigation resulted from inmate deaths over the last two years (2016 and 2017)? If so, what were the findings? Did the county settle as a result of this litigation?

A) County does have detainee healthcare related litigation

B) County has not yet had any litigation resulting in death in the past two years.

C) Has the county settled as a result of this litigation? N/A

21. How many hours per week of telemedicine and/or telepsychiatry is currently being provided at the Valencia County Detention Center?

A) VCDC does not currently use telemedicine or tele-psychiatry; however the current provider does have its own equipment on site if needed.

22. How many inmates have been diagnosed as diabetic and prescribed insulin over the past two years (2016 and 2017)?
- A) VCDC has had 68 inmates listed as diabetic in 2016 and 53 in 2017
23. Does the county allow for inmates to enroll in a methadone or suboxone maintenance program for the county's incarcerated population? If so, please explain where these medications are obtained and provide detail how this program is being managed.
- A) VCDC does not allow detainees to enroll in methadone or suboxone maintenance programs.
24. Regarding high-risk inmates, how many vaccinations were provided over the past two years (2016 and 2017)? Will the county provide the serum for these vaccinations?
- A) VCDC has provided 22 vaccinations for 2016 and 5 for 2017.
- B) Current provider is responsible for providing serum for vaccinations.
25. How many Hepatitis B vaccines (three to a series) should be considered for detention staff on an annual basis? Will the county be providing the serum? Does the county need Hep A tests as well?
- A) The county will provide all Hepatitis vaccines for county employees.
26. What are the top 20 most prescribed pharmaceuticals?
- A) Current provider stated they could only provide a list of seven as per there EMR; 1. Tylenol 2. Ibuprofen 3. Robafen 4. Lisinopril 5. Meloxicam 6. Ranitidine 7. Allergy (CTM)
27. What are the top 20 most prescribed psychotropics?
- A) Current provider could only provide a list of three as per there EMR; 1. Hydroxizal 2. Mirtazapihe 3. Prazosin.
28. Please provide a list of the Detention Center's approved over-the-counter (OTC) medications.
- A) 1. Generic Advil 200mg-2pk 2. Extra Generic Tylenol 2pk 3. Acne Treatment Cream 10oz 4. Good sense Acid Reducer 30 count 5. Artificial Tears .5 oz 6. Contact Solution 7. Heart Aspirin 8. Contact Lens Holder 9. Cold Tablet Cold Cough 2 pk. This could be updated with the Wardens approval.
29. Does the county allow Keep on Person (KOP) medications? If so, please provide this policy and a list of approved KOP medications.

A) VCDC does not allow medications on person.

30. How many completed suicides have occurred over the past two years (2016 and 2017)? Has any litigation resulted from these events?

A) VCDC had zero completed suicides in 2016 and 2017.

B) No current litigation has occurred.

31. How many attempted suicides have occurred over the past two years (2016 and 2017)? Has any litigation resulted from these events?

A) VCDC had 9 suicide attempts in 2016 and 10 attempts in 2017.

B) No current litigation has occurred.

32. What is the accessibility for inmates requiring acute psychiatric hospitalizations when care and treatment is beyond the scope of practice on site? How many of the county's inmates were transferred to an acute psychiatric hospital over the past two years (2016 and 2017)?

A) Detainees are transported to UNMH psychiatric hospital upon release of facility.

B) VCDC has had one detainee transferred to a psychiatric hospital (UNMH) in 2016 and zero in 2017.

33. What is the process for inmates who meet requirements for involuntary hospitalization?

A) VCDC does not have a process for involuntary hospitalization.

34. How many inmates were found incompetent to stand trial over the past two years (2016 and 2017)? What has been the average length of time inmates wait pending transfer to the state hospital?

A) VCDC does not have this information.

35. Are inmates currently given forced or involuntary psychiatric medications when they are a danger to self or others as a result of a psychiatric disease, disorder, or illness? If so, what is the current protocol?

A) See attached file in accordance with NMAC Standard.

36. Where does the county send inmates requiring inpatient psychiatric treatment?

A) UNMH

37. How does the county manage inmates who are scheduled for release yet continue to be high-risk (i.e. on suicide watch)?

A) Prior to release, the detainee is taken to medical for an assessment. After assessment, family will be contacted to be released to family. If no family is available, VCDC will transport to UNMH if a further assessment is needed.

38. Staffing:

a. Are there currently any unfilled positions? A) No

b. If so, please identify the position and length of time unfilled.

c. Is the current staffing plan considered adequate for the Facility? A) RFP has a minimum staffing matrix; provider may exceed the staffing matrix.

39. Mental Health Services:

a. Who is financially responsible when an inmate is transferred to New Mexico

b. Department of Corrections for treatment and/or housing? A) VCDC

40. Mental Health Statistics:

a. Number of inmates on psychotropic medications per month A) (591)

b. Number of attempted suicides in the past two (2) years A) 2016 (9) 2017 (10)

c. Number of completed suicides in the past two (2) years A) (0)

d. Number of episodes of suicide watch per month A) (7 per month.)

e. Is the Medical Services Contractor financially responsible for hospitalization in psychiatric facilities? A) No

f. Number of patients visits by the mid-level psychiatrist per month A) (172) Psychiatric Counselor and the Psychiatric Nurse Practitioner (49)

41. Please identify the following current providers:

a. Laboratory A) SED Labs

b. Mobile X-Ray Services A) Mobil x-ray

c. Ambulance Service(s) A) AMR and living cross

42. Equipment:

a. Please provide a list of all medical and dental equipment that will be available to the new Contractor. All dental equipment will be by the providers contracted dental provider.

b. Please provide a list of all office/computer equipment that will be available to the new Contractor (e.g., computers, printers, fax machine, copier, etc.).

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43. Will the County consider the use of telemedicine services? For which services? A) Only as a last resort

44. What telemedicine services are currently provided? A) None

45. Are dental services provided on site utilizing mobile dentistry or an on-site dental operatory? A) On-site Mobile dentistry

46. Which discipline/credential person conducts the intake/receiving screening (e.g., RN, LPN, EMT, Or the Correctional Officer)? A) Only an EMT, LPN or RN can conduct intake screening

47. Medication Administration:

a. How many med passes are currently conducted daily? A) Twice a day Morning and evening

b. Which discipline(s) conducts med passes (e.g., CMT, LPN, RN, etc.)? A) EMT, LPN and RN

c. How many med carts are utilized per med pass? A) One

d. How long does the average med pass take to complete? A) 1 Hour

48. Which discipline conducts Nurse Sick Call: RN or LPN? A) Both

49. How many days per week is Nurse Sick Call currently conducted? A) Daily

50. Electronic Medical Records:

- a. Please identify the current Jail Management System (JMS) at the Facility. A) Xjail
- b. Will internet connectivity and WIFI be available to the Contractor? A) Ethernet connection
- c. Is the CorEMR server onsite or virtually hosted by CorEMR. A) Virtually Hosted

51. Pharmacy Statistics: Please provide the following information for the past (12) twelve months:

- a. Number of inmates on medication(s) per year A) (1035)
- b. Number of inmates on psychotropic medication(s) per year A) (591) 2017
- c. Number of inmates on HIV/AIDS medication(s) per year A) (6) 2017
- d. Number of inmates on Hepatitis medication(s) per year A) 1 for 2017 but patient provided medication
- e. Number of inmates with diabetes A) (53) in 2017

52. On-site Service Statistics: Please provide statistical data for the past (12) twelve months by facility regarding on-site services such as but not necessarily limited to:

- a. Intakes A) (4614)
- b. Nurse sick call and mid-level sick call A) nurse sick call 2067 chronic care (464)
- c. Number of inmates evaluated by psychiatric provider; A) Psychiatric counselor (2076) and Psychiatric Nurse Practitioner (595)
- d. Number of on-site clinic visits by type (e.g., OB/GYN, orthopedics, ophthalmology, e. Labs cardiology, etc.) A) OB/GYN (7), Orthopedics (25). Ophthalmology (4). Cardiology (0), labs (386), X-rays (97)

53. Currently using LVN's to do daily sick call. The RFP states RN. Is this a change in practice or and oversight? A) Oversight

54. Where would IV treatments be performed? Will there be additional officers assigned to stand by for the 2-4 hours expected for each infusion. Would the person be housed in SHU with IV access left in?

A) Yes officers would be assigned to watch as per provider's recommendation. The detainee would be housed in booking for easy accessibility and monitoring.

55. There is a requirement in the RFP stating people who are admitted on current psych medications be seen within 72 hours. The current staffing plan has a Psych RN 8 hours a week. We cannot meet this requirement (nor can anyone) with only 8 hours a week of Psych provider.

A) As per the RFP (All persons currently taking psychotropic medication upon arrival in booking will be seen by the psychiatrist, physician or nurse practitioner within 72 hours.) as per the staffing matrix there will be a nurse practitioner and psych nurse practitioner twice a week if in the event they will not be able to see a detainee as stated due to the offers scheduling of the 2 providers, it is the responsibility of the offer to call one of the providers in to comply with the RFP.

56. Mental Health is onsite 24 hours in a week but is required to see new psych placements in the SHU within 24hrs. How will this be accomplished?

A) As per the RFP (When isolated for psychiatric purposes, inmates shall be examined by a Licensed Mental Health Professional or designee within twenty-four (24) hours after initial confinement. As per the staffing matrix in the RFP there will be a Psych Nurse practitioner for 8 hrs. 1 day a week and a mental health professional for 24 hrs. 3 days a week to include the designee who could be the RN/HSA 5 days a week.