



ADDENDUM NO. 2 - RFP 24-066 FOR INMATE AND JUVENILE HEALTHCARE SERVICES

MAY 7, 2024

All Vendors:

The purpose of this addendum is to modify and/or clarify the above project. Information published here becomes part of the solicitation and is official and final. Vendors are to acknowledge the receipt of all addenda in their submission.

MODIFICATION TO RFP DEADLINE:

RFP Proposal Deadline has been changed.

RFP Deadline: By 2:00 PM (ET) Thursday, May 23, 2024.

Proposal Submission:

Proposals must be received by **2:00 PM (ET) on Thursday, May 23, 2024**. Proposals received after this time may not be considered. Proposals may be withdrawn at any time prior to the scheduled proposal deadline. Proposals must be firm and may not be withdrawn for a minimum period of 90 calendar days after the RFP Deadline. Proposals should be concise and complete, covering all items identified, emphasizing an understanding of the project and the resources to perform the intended work. Proposals will be reviewed to determine if submission requirements are met. Proposals that do not comply with submittal instructions established in this document and/or that do not include the required information may be rejected as non-responsive. Vendor assumes responsibility for meeting the submission requirements and addressing all necessary technical and operational issues to meet the project objectives.

MODIFICATION / CORRECTION:

Pre-Proposal Meeting

At this time, a pre-proposal meeting has been scheduled. The date and time for this one-hour meeting is **11:30 AM to 12:30 PM (ET), Tuesday, May 14, 2024**. The pre-proposal site visit / meeting is optional; however, Vendors are encouraged to attend.

Vendors planning on attending, must RSVP by 5:00 PM (ET), May 10, 2024, to purchasing.rfp@miottawa.org with the name(s) of those who will be on site. Vendors must bring photo identification.

Vendors will gather in the lobby of the Ottawa County Jail, located at 12130 Fillmore Street, West Olive, MI 49460, to sign in and the pre-proposal site visit / meeting will start promptly at 11:30 AM.

Vendors will be escorted by Jail Command Staff and Juvenile Detention Staff and any questions posed during the tour will be answered in Addendum No. 3.

INFORMATION:

Addendum No. 3

Questions to be submitted by 5:00pm, Tuesday, May 14, 2024.

Addendum Issuance: By Noon (12:00 PM (ET)), Thursday, May 16, 2024

ITEM 1: VENDOR QUESTIONS RECEIVED AND ANSWERED:

- Q1. Will the County require the EMR to provide any of the following interfaces?
JMS: **OCJ – Yes ; OCJDC - Yes**
Lab: **OCJ – No ; OCJDC - No**
Pharmacy: **OCJ – When ordered, sent to CPS ; OCJDC - Yes**
Electronic prescription interface: **OCJ – Yes ; OCJDC - No**
Health Information Exchange: **OCJ – No ; OCJDC - No**
Other **N/A**
- A1. Information as requested in Addendum No. 1, see above for answers.
- Q2. As related to pharmacy statistics, please provide the following information for the past two years:
Average number of inmates on psychotropic medication(s) each month – **Unable to calculate**
Average number of inmates on HIV/AIDS medication(s) each month – **Two (2)**
Average number of inmates on hepatitis medication(s) each month – **One (1)**
Average number of inmates on hemophilia medication(s) each month – **Zero (0)**
Average number of inmates with diabetes each month – **Five (5)**
- A2. Information as requested in Addendum No. 1, see above for available answers.
- Q3. Please provide historical utilization statistics for the past two (2) years by facility regarding off-site services, including but not limited to:
Total number of ER visits by facility – **OCJ; 178 and OCJDC; 8**
Number of ER visits that resulted in inpatient admissions – **This type of detail not available from OCJ, OCJDC; 1**
Number of ambulance transfers by facility – **OCJ; 40 and OCJDC; 8**
Number of non-ambulance transfers – **OCJ; 138 and OCJDC; 0**
Number of 911 transfers: **Unclear as to what is being asked**
Number of Life Flight/helicopter transfers – **OCJ; 0 and OCJDC; 0**
Number of inpatient admissions – **OCJ; 5 and OCJDC; Information not available**
Number of inpatient days – **OCJ; 2 per patient and OCJDC; Information not available**
Number of hospital observations – **OCJ; 2 and OCJDC; Information not available**
Number of one-day surgeries – **OCJ; 5 and OCJDC; Information not available**

Number of office specialty visits by provider type – OCJ; 197 visits and OCJDC;
Information not available

OBGYN- 86, VISION- 8, ORTHOPEDICS- 46, CARDIOLOGY- 5, CANCER/HEM- 23, UROLOGY- 4,
ENDOCRINOLOGY- 2, INF. DISEASE- 4, RENAL- 1, ENT- 4, VASC SURGERY- 4, WOUND CLINIC- 4,
NEURO- 2, GEN SURG-4

Number of off-site radiology exams by type (e.g. CT scan, MRI, etc.) – OCJ; 6- CT
Scans, 2- Mammogram, 9- US, 2- MRI and OCJDC; Information not available

A3. Information as requested in Addendum No. 1, see above for available answers.

Q4. Summary of request for information Mental Health Statistics: Please provide the following information:

- Number of attempted suicides in the past two (2) years
- Number of deaths by suicide in the past two (2) years
- Number of episodes of suicide watch per month in the past two (2) years
- Number of self-injurious events in the past two (2) years
- Number of psychiatric hospitalizations in the past two (2) years
- Number of psychiatric inpatient hospital days in the past two (2) years
- Total cost of psychiatric inpatient hospitalizations for each of the past two (2) years
- Number of episodes of restraint per month in the past two (2) years
- Number in restrictive housing in the past two (2) years
- Number of forced psychotropic medication events in the past two (2) years – OCJ; 6
- Number of Psychiatrist visits per month – OCJ; Average around 60
- Number of Mental Health Professional visits per month
- Number of Mental Health grievance per month
- Number of episodes of seclusions per month

A4. The information above was as requested from Addendum No. 1, information this detailed is not currently available. Based on the request made, the following information noted above and below was provided.

- 1,833 contacts with inmates over the last two years and zero grievances. This data does not include the number of SUD assessments as they are tracked differently. Regarding seclusions, this is not something that is recommended and so no data is available.

Q5. Does the current EHR already integrate with a sick call or kiosk system as required for OCJ on RFP p. 13?

A5. The current EHR is not connected to the kiosk system.

Q6. Medication-Assisted Treatment - Please clarify whether the County's "established comprehensive medication assisted treatment (MAT) program" provides continuation of existing treatment only or provides induction of new patients into treatment.

- A6. Continuation of existing treatment is established. Patients who are not current with a MAT program and have approval with COSSAP that are inducted 10-14 days prior to discharge.
- Q7. Medication-Assisted Treatment - If the County is not currently inducting new patients into treatment, is it the County's intent for bidders to include staffing and pricing for induction services in their proposal?
- A7. The answer to this question is unknown. Vendors are to clarify in their proposals services that would be covered and those that would not be.
- Q8. Medication-Assisted Treatment - Please provide the number of patients receiving daily MAT, broken down by medication (i.e., methadone, buprenorphine, and naltrexone).
 Total – OCJ; 8 and OCJDC; Information not available
 Methadone – OCJ; 1 and OCJDC; Information not available
 Buprenorphine – OCJ; 6 and OCJDC; Information not available
 Naltrexone – OCJ; 1 and OCJDC; Information not available
- A8. See above for available answers.
- Q9. Medication-Assisted Treatment - What medication (e.g., methadone, buprenorphine, etc.) do you currently use for opioid-dependent pregnant patients?
- A9. Pregnant females will be continued on what they are prescribed when coming into jail.
- Q10. Medication-Assisted Treatment - What medication (e.g., methadone, buprenorphine, etc.) do you currently use for opioid-dependent pregnant patients?
- A10. Pregnant females will be continued on what they are prescribed when coming into jail.
- Q11. RFP Section 6 and Attachment D say responses must be submitted as Units 1-8. Unit 8 is to contain a "holistic outline of a proposed medical plan" that "will form the basis of a complete and comprehensive services plan" for the resulting contract. If the contract is to be based off the responses in Unit 8, then Unit 8 should presumably contain responses to the entire scope of work (section A. Medical Care – section J. Pricing and Invoicing). Many of the requirements from Units 4, 5, 6, and 7 are repeated in the scope of work requirements for Unit 8 (i.e., RFP section A. Medical Care – section J. Pricing and Invoicing). In these instances, does the County want proposers to respond to these requirements in Unit 4/5/6/7, then reference back to these sections in Unit 8? Or does the County want proposers to respond to the entire scope of work in Unit 8, in the order presented within the RFP, and reference to Unit 8 where requirements are repeated within Unit 4/5/6/7?
- A11. In order to evaluate proposals efficiently and equitably, it would be the County's preference for Vendors response in Units 4, 5, 6 and 7 to contain information as requested. Their response to Unit 8 may be a holistic **outline** referencing information contained in Units 4, 5, 6 and 7.