

**ADDENDUM NO. 3**  
**to**  
**COUNTY OF VENTURA REQUEST FOR PROPOSAL #5764**  
**FOR Inmate Medical Services**

April 6, 2015

This addendum is intended to answer questions that were posed to the County after the issuance of Addendum 2 and before the deadline for questions on April 3, 2015. Prospective Offerors are hereby notified of the following:

1. Addendum 2, Pg. 2 Question 11. A question asked what Specialty services are being provided on-site and the answer was: Orthopedic, Endocrinology and Cardiac clinics. However, the answers also say specialists do not come on-site and patients are sent out. Are Orthopedic, Endocrinology and Cardiac Care inmate patients sent off-site? If there are on-site clinics being provided, please detail frequency and provider names. Specialty Clinics are conducted by the 2 physicians already on staff with the current contractor. These clinics are held weekly and vary in length and frequency based on patient load and complexity of cases. If a specialist is needed, the inmate is referred out to a Ventura County Medical Center (VCMC) specialist for more in-depth treatment. A review of the VCMC website ([vchca.org](http://vchca.org)) will provide you with a list of specialist who are available for referral should the need arise. This does not preclude inmates from going to other specialists should it be medically necessary. The county's preferred providers are in the county network.
2. Addendum 2, Pg. 3 Question 19. Current On-Site X-Ray Provider What are the days of operation that x-ray services are provided, or expected to be provided? Currently, X-rays are taken on Monday and Thursday mornings for about 4 hours each day, depending on need.
3. Addendum 2, Pg. 3 Question 31. Computer Equipment Does the County have an electronic system for storing and sending images to the radiology provider taken during an on-site x-ray clinic? Currently, X-ray films are picked up by courier and taken to a local radiology company for development and analysis. The results are faxed to the current contractor.

4. Addendum No. 2, Pg. 4 Question 33. VCMC Rate Scale Please provide the agreed upon rate scale with VCMC per service that the contractor will continue to utilize. [The agreed upon rate scale with VCMC is the Medicare rate.](#)
5. Addendum No. 2, Pg. 6 Question 42. b. Volunteer Dentist: Is the Contractor financially responsible for the volunteer dentists? If yes, please provide the hours worked and rate of the volunteer dentists in the last fiscal year. [No, the volunteer dentists are not paid for their services.](#)
6. Addendum No. 2, Pg. 6 Question 42. b. Volunteer Dentist: Will the Contractor be responsible to fulfill those hours in the event the volunteer dentists decide to no longer provide services? [No](#)
7. Please explain the coordination of care for the dental services at the Juvenile facility? Do you still require the contractor to provide dental services if the volunteer program is in place? [There is currently an agreement between the Probation Agency and the current vendor to provide a part time dental assistant/dental office coordinator to coordinate and provide services for a volunteer dental clinic. This program was to supplement the dental services provided under contract by the current vendor. The funding is due to expire this year; however, the Probation Agency would like to continue with a volunteer program to provide services to the youth in the facility as needed. The volunteer services would not replace the contractor's requirement for providing contracted dental services.](#)
8. Does the County allow properly trained RNs to conduct the History and Physical?
  - a. Sheriff: [Yes, however very rarely and with physician approval and review.](#)
  - b. JJC: [LVNs and RNs conduct the History, but are not permitted to conduct the Physical.](#)
9. Can we get a copy of the current vendor's monthly workload statistics and any juvenile statistics that are available? [See Exhibit A](#)
10. Please provide (by year) the amounts and reasons for any paybacks, credits, and/or liquidated damages the County has assessed against the incumbent vendor over the term of the current contract. [None that our records reflect.](#)
11. Is your facility currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive. [Nothing that pertains to healthcare.](#)

12. With regard to lawsuits pertaining to inmate health care at the County's facilities, frivolous or otherwise:
- a. How many have been filed against the County and/or the incumbent health care provider in the last three years? 5 Allegations, 1 lawsuit which was handled by the contractor.
  - b. How many have been settled in that timeframe? The lawsuit was settled by the contractor. The county's risk management characterized the settlement amount as very nominal.

13.

14. Please list your ADPs (by facility) for the adult and juvenile facilities for the last 3 years.

	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Sheriff Division Wide (PTDF+TRJ)</b>	1516	1620	1680
<b>PTDF</b>	771	808	859
<b>TRJ</b>	733	796	808
<b>JJC (Juvenile)</b>	135	108	97

15. Please list current medical/mental health staff vacancies and indicate the length of time each position has remained vacant. None currently at the Juvenile Facility. Staffing at the Sheriff's facilities are virtually 100% at this time and retention of staff is very high for our facilities. The county does not possess specific details.
16. Does this RFP require a bid/performance bond? No
17. Do you require the pricing to be reconciled based on the ADP of the Main Jail and the Todd Road Facility separately or will they be combined? The Sheriff's contract is based on our division wide ADP, not by facility.
18. What is the average length of time to have a mental health inmate admitted into a state hospital bed? This period varies based on the number of beds the county has available in the state hospital, the period has been as short as a week and as long as a few months.
19. In the staffing pattern on page 44 of the RFP, the Psychiatrist has an asterisk next to it. What does this denote? This was a typo and does not denote anything.
20. The staffing pattern in the RFP is for both facilities combined. Please provide a breakout of the staffing hours allocated to each site. Exhibit A of the RFP provides the staffing pattern for each facility. The column on the far right denotes the facility (Main = PTDF, Todd = TRJ, JJC = Juvenile Justice Center).

21. Please provide historical data on the provider time spent on court appearances per Section 3.13 of the RFP. The time spent in court is minimal (less than 6 appearances per year and 1 hour over a 2-3 month period... and most of that time is waiting for a case to be called). Our legal unit handles most appearances and only has a medical administrator appear when deeper explanations of a situation is required.
22. Section 3.19 of the RFP indicated that the County Health Officer has final approval over the Contractor's pharmaceutical management plan and procedures. Please clarify whether this includes the Contractor's formulary, i.e., does the County reserve the right to dictate what formulary may be used. The County Health Officer (at the County's discretion) will review the plan to ensure sound pharmaceutical handling, storage; inventory and auditing practices are being utilized. The formulary is developed by the contractor. The expectation is that the formulary will provide for appropriate treatment and be defensible in court as reasonable and commensurate with the community standard.

SUPPLIERS signed addendum is due on or before due date & time.



Curtis Heath, Buyer

**SUPPLIERS ACKNOWLEDGMENT:**

I hereby acknowledge this Addendum No. 5764

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



## MONTHLY WORKLOAD STATISTICS 2014

### VENTURA JUVENILE FACILITIES

CATEGORY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTALS
1. MEDICATION ADMINISTERED	4073	4579	5263	4152	4664	4610	4348	4744	3349	3480	3472	4745	51479
2.OTC MEDICATION ADMINISTERED	128	176	152	134	216	161	250	198	98	66	122	128	1829
3. SICK CALL	228	201	231	239	240	206	199	234	293	178	177	169	2595
4. PHYSICIAN SICK CALL	88	82	69	61	60	74	75	61	59	43	148	72	892
5. DENTAL VISITS/ON-SITE	3	11	18	14	10	14	13	12	12	9	6	6	128
6. DENTAL VISITS/ORAL SURGERY OFF-SITE								1					1
7. EMERGENCY ROOM VISITS	4	3	4	3	2	0	3	4	3	3	4	2	35
8. HOSPITAL DAYS				3						1			4
9. HEALTH INVENTORY	83	89	81	83	93	53	82	75	77	51	73	56	896
10. MENTAL HEALTH WORKER													0
11. PSYCHIATRIC CONTACTS													0
12. TB SCREENINGS	51	47	54	46	58	38	47	34	42	35	39	35	526
13. ON-SITE X-RAYS													0
14. OFF-SITE X-RAYS	4	3	5	1	3	4	6	7	3	7	2	0	45
15. INFIRMARY DAYS													0
16. 6 MONTH PHYSICALS	29	23	22	36	44	20	28	20	23	19	19	16	299
17. SPECIALTY SERVICES	2	0	3	4	1	4	4	20	1	4	6	3	32
A. OB/GYN OFF-SITE				1		1	1		1	1	2	2	8
B. ORTHOPEDIC	1		1		1	2	2	2	1	4	4		18
C. CARDIOLOGY													0
D. OUTPATIENT SURGERY			2	1						1			4
E. SCANS (CT/MRI/UL/TRAMMAMM)	1						1			1			3
F. ENT				1				1					2
G. OPHTHAMOLOGY													0
H. OTHER				1		1				2		1	5
18. CONFIRMED COMMUNICABLE DISEASES	5	5	1	5	2	1	2		6	2	2		31
A. TB													0
B. HIV													0
C. HEPATITIS A													0
D. HEPATITIS B													0
E. MENINGITIS													0
F. STD	4	5	1	5	2	1	2	3	5	1	2		31
G. ECTOPARASITES	1								1	1			3
H. OTHER													0
19. INCIDENTS													0
A. INMATE DEATHS													0
B. INMATE GRIEVANCES							2			1			3
C. SUICIDE ATTEMPTS					1	0	0						1
AVERAGE INMATE POPULATION	90	93	98	87	93	101	106	94	89	81	77	70	90.33