

## ADDENDUM # 003

**Solicitation Number:** ITN #15-FDC-112

**Solicitation Title:** Comprehensive Healthcare Services- Inpatient and Outpatient Mental Health Services

**Opening Date/Time:** July 21, 2016 at 2:00 p.m. (Eastern Time)

**Addendum Number:** Three (3)

**Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes**

**Please be advised that the changes below are applicable to the original specifications of the above referenced solicitation.** Added or new language to the ITN is highlighted in **yellow** below, while language that is deleted is stricken through below.

This Addendum includes the Department's answers to written questions received.

This Addendum also includes the following revisions:

### **Change No. 1**

A change to Page 139-140, Section 4.9, TAB B to remove the requirement that references sign Attachment VIII:

#### **TAB B Experience and Ability to Provide Services (limit 50 pages)**

**TAB B** shall include the following information:

##### **1. References.**

Using **Attachment VIII** to this ITN, Respondents shall provide three (3) references from businesses or government agencies for whom the Respondent has provided services of similar scope and size to the services identified in the ITN.

References shall pertain to current and ongoing services or those that were completed prior to January 1, 2016. References shall not be given by:

- Persons employed by the Department within the past three (3) years.
- Persons currently or formerly employed or supervised by the Respondent or its affiliates.
- Board members within the Respondent's organization.
- Relatives of any of the above.

~~References shall be signed by the person providing the reference.~~ The Procurement Officer reserves the right to contact the Respondent's references to

verify the information was actually provided by the reference and the negotiation team may elect to contact the references to obtain further information regarding the Respondent's performance. In addition, the negotiation team reserves the right to contact and consider references other than those provided by the Respondent when making its best value determination.

**Change No. 2**

A change to Section 4.9, TAB F to include information on how to submit pricing information:

**TAB F Attachment IV – Cost Reply for Initial Term and Renewal Years**

Respondent shall complete and submit **Attachment IV** – “Price Information Sheet” for the Contract's initial term and renewal years, and include this form in **TAB F** of its reply to the ITN. **The Attachment IV should be sealed separately.** The Cost Reply shall be submitted as an overall single capitation rate, per-inmate, and per-day.

**Change No. 3**

A change to Section 4.10.2 and 4.10.3 to replace them in their entirety:

**2. COST PROPOSAL EVALUATION SCORE (0 – 250 100 Points)**

A total of ~~two hundred and fifty (250)~~ **one hundred (100)** points may be awarded to a Respondent's Cost Proposal. The following formula will be applied to a Respondent's Cost Proposal to determine the Cost Proposal Score:

**~~(Lowest Cost Proposal / Respondent Cost Proposal) (Respondent Cost Points) / (Reply with Highest Cost Points) \* (Respondent Technical Evaluation Score / Max Technical Evaluation Score) \* Max Cost Proposal Points = Cost Proposal Score~~**

**Reply with Highest Cost Points:** Vendor submitting the lowest cost will receive the maximum number of points. ~~Respondents submitting for statewide award will be evaluated per area, North and South.~~

<u>Maximum Price Points:</u>	
Base Term <del>(including EHR)</del>	60 points
Renewal Term	40 points
<b>TOTAL</b>	<b>100 points</b>

**Respondent Cost Points:** Cost points assigned based on the above weight, for a specific Respondent as reflected in **Attachment 5, Price Information Sheet** of its Reply. Cost points will be determined using the below formula:

The vendor submitting the lowest base term pricing ~~(including EHR)~~, will be awarded 60 points. All others Replies will receive points according to the following formula:

$$\frac{N}{(X)} \times 60 = Z$$

Where: N = lowest price received by any bidder

X = actual price received by bidder  
Z = awarded points

The vendor submitting the lowest renewal term, will be awarded 40 points. All others Replies will receive points according to the following formula:

$$\frac{N}{(X)} \times 40 = Z$$

Where: N = lowest price received by any bidder  
X = actual price received by bidder  
Z = awarded points

**Vendor Technical Evaluation Score:** Evaluation points awarded to the Respondent's Technical Reply

**Max Technical Evaluation Score:** Maximum points available for the Technical Reply (500 points)

**Max Cost Proposal Points:** Maximum points available for the cost response (~~250 points~~) (100 points)

**Cost Proposal Score:** Evaluation points awarded to the Respondent's Cost Proposal

### 3. REPLY EVALUATION SCORE

The Reply Evaluation Score is the sum of the Respondent's weighted Technical Reply Evaluation Score (0 – 500 points) and Cost Proposal Scores (~~0 – 250 points~~) (0 – 100 points).

#### **Change No. 4**

A change to replace Attachment II, List of Facilities, in its entirety (to include the Reception and Medical Center).

#### **Change No. 14**

A change to replace Attachment VIII, Contractor's Reference Form, in its entirety.

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Question Number	Question	Proposed Answer
1	<p>We have a few follow up requests for additional information. Following the two site visits already held, I would like to obtain any and all pertinent written statistics on these facilities visited thus far, as well as the remaining ten facilities, including:</p> <ul style="list-style-type: none"> <li>• Total number of facilities included in the bid, statewide</li> <li>• Total Population of facilities combined</li> <li>• Total Population broken down by site</li> <li>• Medical Services population, broken down by site and by specialty</li> <li>• Special Services sites, broken down by site and specialty</li> <li>• Specific Requirements of the Electronic Health Records system implementation</li> </ul>	<p>This information is now available in the resources referenced in Section 2.8 of the ITN.</p>
2	<p>Please provide all management, operational, financial and utilization reports submitted to the Department related to Mental Health services by the current vendors, Wexford and Corizon, for the past two fiscal years and the current fiscal year-to-date.</p>	<p>This information is now available in the resources referenced in Section 2.8 of the ITN.</p>
3	<p>Please provide the monthly trend for the current fiscal year-to-date and past two fiscal years of psychotropic and other medications prescribed by the current vendors in providing mental health services – including number of prescriptions and cost per prescription details by drug category, and brand/generic name.</p>	<p>This information is now available in the resources referenced in Section 2.8 of the ITN.</p>

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4	Page 14, Section 2.7 Pharmacy Services - Please provide monthly trends for the current fiscal year-to-date and past two fiscal years of non-formulary mental health prescriptions, excluding medications provided through the 340B program, and including number of prescriptions and cost per prescription.	This information is now available in the resources referenced in Section 2.8 of the ITN.
5	Page 14, Section 2.7 Pharmacy Services - Please provide monthly trends for the current fiscal year-to-date and past two fiscal years of mental health prescription purchases from local pharmacies.	The information requested is unavailable at this time.
6	Page 14, Section 2.7 Pricing Methodology – Please confirm that the estimated cost to the vendor for Contract Monitors will be \$750,000 per year for the entire State.	Confirmed.
7	Page 44, Program Management Requirements – states “the Contractor is responsible for incorporating the Director of Internship and Residency Training, the Assistant Director of Internship and Residency Training, four (4) Interns, four (4) Residents and a staff assistant into the mental health service delivery system ...” Could the Department clarify the vendor’s responsibility in this area, including the necessity of including some or all of these positions in the vendor’s staffing matrix and compensation paid to or for some or all of these positions?	Page 43, PGM-052 details the programs with which the Department has a Memorandum of Agreement (MOA). The Vendor will be responsible for coordinating with the Department to comply with the requirements and guidelines in the MOA, which outlines the Vendor’s responsibilities, the Department’s responsibilities, and joint responsibilities. The MOA is currently under final review, and once finalized, will be included in the resources referenced in Section 2.8 of the ITN.

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8	Page 123, Medical Services and Mental Health Services Contractors Interaction – states “the Medical Services CHCC will be responsible for purchasing all suicide mattresses, blankets, garments, helmets, and psychiatric constraints”. This appears to contradict the statement of responsibility on page 45 of the RFP. Could the Department clarify which vendor is responsible for these costs?	The Medical Contractor is responsible for purchasing these items, as outlined in Section 3.4.9 of the ITN.
9	Page 135, OBIS Cost Reimbursements – Could the Department provide some measure of this cost so that vendors can estimate their financial liability in this regard?	The total cost of OBIS reimbursements is now included in the resources referenced in Section 2.8 of the ITN. This cost is not broken out by discipline, since the current contractors provide comprehensive health care services. The Department cannot break out the costs associated with mental health, and the cost should be proportional to the total number of end-users for mental health. The unit of measure is CPU utilization and the variable monthly cost of utilization is the proportional percentage of the total computing cost to provide OBIS.
10	Page 137, Reply Bond – If a vendor is also responding to the Dental and/or Medical ITNs, can this bond requirement be combined with other bids, or is a \$5,000,000 reply bond required exclusively for this ITN?	As the Department has issued four (4) separate solicitations for Comprehensive Health Care Services, a Reply Bond is required for each ITN, and cannot be combined.
11	Page 138, Pass/Fail Mandatory Responsiveness Requirements – If a vendor is awarded the Dental and/or Medical Services ITN in addition to a Mental Health Services award, can the financial level of the Performance Bond be combined with this award, or will this level of bond (\$15 million or the average annual price of the Contract) be required exclusively for this individual ITN award?	As the Department has issued four (4) separate solicitations for Comprehensive Health Care Services, a Performance Bond is required for each ITN, and cannot be combined.

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12	Page 181, Price Information Sheet – Given the volatility of medical costs, vendors will likely use a medical CPI factor in estimating costs in future contract years - particularly in the five renewal years. Could the Department confirm that if the awarded vendor is asked to continue services into one or more renewal years that those costs are subject to renegotiation based on service levels and needs and medical cost inflation as of that renewal date?	The Vendor should factor in estimates of price index increases for the life of the resulting Contract, including renewal years.
13	We understood from the site visits that mental health programming is required on the CMHTF units for at least six hours on the weekends. Is this correct?	Please see Section 3.4.5, IIC-021, which provides weekly requirements for the CSU, TCU and CMHTF, and states that at least two (2), but no more than four (4) hours must be offered on the weekend.
14	Are there weekend programming requirements for the TCUs?	Please see the answer to Question #13.
15	Please confirm that the mental health provider may use the tele-health equipment and suites of the medical provider. (p. 43)	The Mental Health Contractor will be responsible either providing equipment for telehealth services or negotiating an agreement with the Medical Services CHCC to utilize their equipment.
16	Please provide a list of all licensed mental health facilities and type of licensing. (p. 52)	There are none. The Corrections Mental Health Treatment Facilities (CMHTF) are not required to be licensed as mental health facilities under Chapter 945, Florida Statutes (F.S.).
17	Do inmates in close management receive in-cell treatment? If they receive treatment out of their cell, where does this occur and how are they restrained during the session?	No, inmates in close management do not receive mental health treatment in their cells. Please review Section 3.4.4, OS-013 of the ITN.
18	By location, please provide the number of S-2 inmates in close management. (p. 52)	Santa Rosa CI: 97 inmates Florida State Prison: 111 inmates Union CI: 4 inmates Suwannee CI: 38 inmates Lowell CI - Annex: 1 inmates

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19	By location, please provide the number of S-3 inmates in close management. (p. 52)	Santa Rosa CI: 380 inmates Florida State Prison: 374 inmates Union CI: 37 inmates Suwannee CI: 210 inmates Lowell CI - Annex: 22 inmates
20	Please clarify the requirement for a responsible psychologist. Specifically, may a single psychologist supervise more than one site?	This is not precluded by the requirements of the ITN, but is likely not feasible given the clinical, supervisory, and oversight responsibilities of the responsible psychologist.
21	By location, please provide the number of TCU, CSU, and CMHTF beds at each site. (p. 52)	Below is the list of beds at each mental health inpatient institution: Charlotte CI: CSU - 52; MS* - 2; TCU - 46. Dade CI: CSU - 20; MS - 6; TCU - 170. Florida Women's Reception Center: CMHTF - 4; CSU - 8; MS - 8; TCU - 32. Lake CI: CMHTF - 80; MS - 27; TCU - 74. RMC - Main Unit: CSU - 13; TCU - 20. South Florida Reception Center: CSU - 15; MS - 32. Santa Rosa CI: CSU - 14; MS - 6; TCU - 92. Suwannee CI: CSU - 30; MS - 4; TCU - 81. Union CI: CSU - 27; MS - 9; TCU - 228. Zephyrhills CI: MS - 29; TCU - 73.  *MS is a multi-service bed which can be used for CSU or TCU.
22	If applicable, please provide the number of newly planned TCU, CSU, and CMHTF beds by location and the anticipated timeframes for establishing these beds.	32 of 81 TCU beds at Suwannee CI may be designated CMHTF. 8 of 13 CSU cells at RMC may be designated CMHTF. The 5 remaining CSU cells at RMC may be designated as MS (CSU/TCU). If these bed changes occur, they will likely occur within the next twelve months.
23	Please clarify the assignment of points for the cost proposal score. Specifically, please provide an example of how various price points (stated as 100 max) and technical points (stated as 500 max) would be used to calculate the costs evaluation score (stated as 250 max). (p. 145)	Please see the revised Section 4.10, included in this Addendum.



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24	Please provide a copy of the approved staffing plans for each site.	This information is now available in the resources referenced in Section 2.8 of the ITN.
25	Please provide the number of filled and vacant positions for each site.	This information is now available in the resources referenced in Section 2.8 of the ITN.
26	Please clarify the requirement for a CHCC Psychological Services Director to oversee the delivery of mental health services at each institution. Specifically, please confirm that the DOC intends for this to be one Psychological Services Director at each <u>inpatient</u> institution rather than one at every institution. (p. 21)	The Psychological Services Director (PSD) will be the mental health staff single point of accountability for institutional compliance with mental health policy and procedures. Institutions with inpatient mental health populations, high S3 populations, close management units, and all reception centers (excluding Sumter CI) will require the designation of a PSD position.
27	By institution, please provide the number of inmates who are serving a current sentence for a sex offense. (p. 63)	This information is now available in the resources referenced in Section 2.8 of the ITN.
28	For each inpatient institution, please provide the number of restraint incidents and the average time of each restraint for each of the past 12 months. (p. 83)	This information is now available in the resources referenced in Section 2.8 of the ITN.
29	For each of the past 12 months, please provide the top ten non-formulary medications and number of prescriptions filled for each. (p. 100)	This information is now available in the resources referenced in Section 2.8 of the ITN.
30	What is the current mental health census?	This information is now available in the resources referenced in Section 2.8 of the ITN.
31	What is the mental health staffing for CSU, TSU and outpatient services?	The information requested is unavailable at this time.
32	Does medical come to TSU to draw blood and perform other general medical services?	Please see Section 3.4.9 of the ITN, "Medical Services and Mental Health Services Contractors Interaction".

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33	Please provide the current baseline measurements for all 10 FDC Health Care Goals (p. 12).	Please see the below baseline measurements for the goals included in Section 2.4 of the ITN: #1 - According to EAC reports which record use of force involved in self-injurious behaviors (SIB), during FY 14/15, there were 1,152 SIB, as a result there were 271 inmates sent to an outside hospital due to self injury. #2 - During FY 14/15, there were 16 suicides. #3 - Measurements relating to #3 are now available in the resources referenced in Section 2.8 of the ITN. #4 - 3,612 inmates with mental illness (S2-S9) had a "use of force" in FY 2014-15. #5 - 21,390 DR's were given to inmates with mental illness (S2-S9) in FY 2014-2015. #6 - On a single day review, there were at least 113 inmates with a serious mental illness housed in special housing with an inappropriately assigned level of care. #7 - The information requested is unavailable at this time. #8 - The Department's readmission rate to CMHTF is currently 44%. #9 - During the bi-annual contract monitoring, current compliance with pre-release planning requirements were at 64.85% compliance in the first monitoring and 68.57% in the second monitoring visit. #10 – Not applicable
34	Please provide a list of all current furniture and non-health care equipment inventory, including purchase date, current condition, and anticipated replacement date. (p. 29)	This information is now available in the resources referenced in Section 2.8 of the ITN.
35	Please clarify whether DOC or the contractor is responsible for funding the Doctoral Psychology Intern and the Psychology Post-Doctoral residents. Additionally, please provide the current costs for each of these programs.	Please see the answer to Question #7. Vendor responsibilities and costs will be outlined in the MOA.
36	For Program Management Performance Measures (pp. 49-51), please provide the most recent six months of measurements for each performance measure.	This information is now available in the resources referenced in Section 2.8 of the ITN.

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37	For Mental Health Assessments Performance Measures (pp. 56-58), please provide the most recent six months of measurements for each performance measure.	This information is now available in the resources referenced in Section 2.8 of the ITN.
38	For Mental Health Services Performance Measures (pp. 69-70), please provide the most recent six months of measurements for each performance measure.	This information is now available in the resources referenced in Section 2.8 of the ITN.
39	For Outpatient Services Performance Measures (pp. 77-80), please provide the most recent six months of measurements for each performance measure.	This information is now available in the resources referenced in Section 2.8 of the ITN.
40	For Inpatient and Infirmary Care Performance Measures (pp. 95-99), please provide the most recent six months of measurements for each performance measure.	This information is now available in the resources referenced in Section 2.8 of the ITN.
41	For Quality Management Performance Measures (p. 114), please provide the most recent six months of measurements for each performance measure.	This information is now available in the resources referenced in Section 2.8 of the ITN.
42	Please provide the mental health pharmaceutical expenses (p.14) for each of the past three years for:Non-formulary prescription medications (except for medications provided through the federal 340B program)Prescription purchases from local pharmacies	Information regarding non-formulary prescription medication is now provided in the resources referenced in Section 2.8 of the ITN. Information regarding local pharmacy prescriptions is unavailable at this time.

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43	For each region, please provide the mental health staffing required by the terms of the current contracts, broken down by: Position/title Facility Mental health unit (e.g., TCU, CSU, etc.) Shift	The requested staffing information is available in the resources referenced in Section 2.8 of the ITN; however, a breakdown by modality and shift is currently unavailable.
44	Is either vendor providing mental health staffing in excess of these contract requirements? If so, please indicate the type and number of these extra mental health FTEs.	No, neither Vendor is currently providing excess staff.
45	<u>For each facility</u> , please provide a listing of any unfilled mental health hours (by position).	This information is now available in the resources referenced in Section 2.8 of the ITN.
46	<u>For each facility</u> , please provide a listing of current mental health vacancies (by position).	This information is now available in the resources referenced in Section 2.8 of the ITN.
47	For each of the following populations, what is the FDC's expectation with regard to the ratio of Mental Health Professionals to inmates? General population Transitional Care Units Crisis Stabilization Units CMHTF	The Department does not have an expectation for each of the identified populations, rather performance specifications that must be met. It is up to the Vendor to determine the number of staff required to meet those performance measures. The Department does expect that staffing ratios will be a part of the negotiation process.

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48	<p>For each TCU, CSU, and CMHTF, please indicate how many of the patients in the unit fall into the following categories.</p> <p>Close management          Protective custody status          Two- and/or three-point restraints          Youthful offenders</p>	<p>The inpatient population characteristics are fluid at each inpatient level of care (CSU, TCU, CMHTF), at each institution. Between 40-50% of the inmates in an inpatient level of care are inmates who came from Close Management (CM) facilities, but whose CM status is suspended while in inpatient care. While in an inpatient unit, inmates have access to the same mental health services and treatment, according to their assigned level of care, regardless of whether they came from a CM facility, are in Protective Management status, are in 2 –and/or 3-point security restraints, or are youthful offenders. In general, Santa Rosa CI, Union CI, and Suwannee CI provide inpatient level of care for inmates coming from CM facilities and Lake CI for CMHTF. FWRC provides all inpatient care for female inmates.</p>
49	<p>For each facility, please provide a breakdown (more recent than June 2015) of the site population by S-grade.</p>	<p>This information is now available in the resources referenced in Section 2.8 of the ITN.</p>
50	<p>Does the FDC have any expected/planned expansions of its mental health beds? If so, please provide the following information about the expansion.</p> <p>Facility name          Type of unit          Number of additional beds          Patient S-grade for the additional beds</p>	<p>The Department is exploring the feasibility of expanding and diversifying levels of care with a Therapeutic Diversion Unit(s) and Secure Therapeutic Unit(s).</p>
51	<p>Please describe any FDC protocols/restrictions that could impact the number of inmates in a mental health treatment group setting; and/or restrict inmates' movement/access to participation in group therapeutic activities.</p>	<p>The number of inmates is based on the number of security staff available, as outlined in a "restricted" post order, which is exempt from release in accordance with Section 119.071 (3)(a), Florida Statutes (F.S.).</p>
52	<p>Please provide two years' of historical data on the average number of mental health unit new admissions, transfers, and discharges, broken down by: Facility          Mental health unit (e.g., TCU, CSU, etc.)          Patient S-grade</p>	<p>This information is now available in the resources referenced in Section 2.8 of the ITN.</p>

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53	For each individual mental health unit (i.e., TCU, CSU, and CMHTF), please provide the following information. Two years' worth of unit-specific historical population data Two-year population projections for each unit	The working assumption is the beds could be fully occupied at any given time in any given year. Please see the answers to Questions #21 and #22. Population reports are now available in the resources referenced in Section 2.8 of the ITN.
54	Please provide 24 months' of historic data on the number of psychiatric encounters at each facility.	This information is now available in the resources referenced in Section 2.8 of the ITN.
55	<u>For each facility</u> , please identify the number and timeframes of any psychiatry backlogs that currently exist.	This information is now available in the resources referenced in Section 2.8 of the ITN.
56	<u>For each facility</u> , what percentage of inmates (on average) is prescribed psychotropic drugs each month?	This information is now available in the resources referenced in Section 2.8 of the ITN.
57	<u>For each facility</u> , please provide the annual dollar value the current vendor has paid for non-formulary psychotropic medications over the last three years.	The information requested is unavailable at this time.

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58	<p>Please provide the following mental health information, by facility:</p> <p>The types of therapeutic programs and activities currently provided at each site</p> <p>Current maximum capacity of each program</p> <p>Current utilization/enrollment for each program</p> <p>Next audit date</p> <p>Any mental health-specific licensing requirements</p>	<p>Therapeutic programs and activities at each facility are determined by its assigned mental health grade and level of care.</p> <p>All inmates have access to necessary mental health treatment and services in accordance with their identified needs. Inmates requiring programmatic services to ameliorate the disabling symptoms of a diagnosed mental disorder will not be impeded by restrictions in capacity.</p> <p>S-Grade by facility is now available in the resources referenced in Section 2.8 of the ITN.</p> <p>There are no currently scheduled audit dates.</p> <p>There are no mental health specific licensing requirements for facilities' mental health delivery systems.</p> <p>Please see Section 3.4.3.2 of the ITN.</p>
59	<p>Please provide a job description—or the FDC's minimum licensure requirements—for each type of mental health position.</p>	<p>Please see Section 3.4.9 of the ITN for Clinical Staff Qualifications.</p>
60	<p>With regard to telepsychiatry, please provide the following information.</p> <p>At which facilities is telepsychiatry currently being used?</p> <p>In each case, how often are telepsychiatry clinics being held?</p> <p>How many patients are being seen per hour during a typical telepsychiatry clinic, i.e., what is the current productivity level?</p> <p>If the FDC is not currently using telepsychiatry, what are its future plans to do so?</p>	<p>Currently, there is not a provision for tele-health services under the current Contract(s), although Wexford was using tele-psychiatry services, for one clinician, at SFRC until approximately 5 months ago. We encourage the Vendor to consider tele-health as part of their Reply.</p>

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61	<p>Please provide two years' of historical data on suicidal and self-injurious behavior, including the following statistics.</p> <p>Number of completed suicides by site/unit          Number of attempted suicides by site/unit          Number of self-injurious behavioral incidents by site/unit</p>	<p>This information is now available in the resources referenced in Section 2.8 of the ITN.</p>
62	<p>For each facility, please provide the following quality management information for the past three years. Audit and/or accreditation reports (in particular, any mental health audits) Subsequent corrective action plans The current status of those corrective action plans</p>	<p>This information is now available in the resources referenced in Section 2.8 of the ITN.</p>
63	<p>Is Correctional Officer training on how to work with the mental health population currently conducted? If so, please provide the following information.</p> <p>Who conducts the training?          How often is the training held?          How many hours is the training curriculum?</p>	<p>The Department will facilitate and lead mental health related training for Correctional Officers, with participation and support from Contractor staff, as needed. These types of training are offered on a regular basis. Please see Section 3.4.2.3, PGM-043, of the ITN.</p>
64	<p>§4.5, Page 137: The RFP states "Including alternate provisions or conditions to this solicitation may result in the reply being deemed non-responsive to the solicitation." We believe this refers to offering alternates <u>instead of</u> the provisions of the solicitation. What about offering alternates <u>in addition to</u> complying with the provisions of the solicitation? Should we just include these under <i>Tab G, Additional Ideas</i>?</p>	<p>Yes, vendors are encouraged to submit additional ideas for improvement or cost reduction, and other supplemental materials within this Section.</p>



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65	§4.6, Page 137: If a vendor bids on more than one of the current FDC inmate health care ITNs (i.e., medical, mental health, dental, and RMC), does the bidder have to submit a separate reply bond for each ITN? This could become cost prohibitive and discourage (or even prevent) vendors from participating in the ITNs.	Please see the answer to Question #10.
66	§4.9.Tab B, Page 140: Please clarify the ITN requirement that “References shall be signed by the person providing the reference.” <i>Attachment VIII Contractor’s Reference Form</i> only requires the bidder to <u>list</u> its references; not to have those references complete or <u>sign</u> anything.	Please see the revised Attachment VIII, included in this Addendum.
67	§4.9.Tab F, Page 142: Please confirm the pricing form (Attachment IV) should be submitted in a <u>separately sealed package</u> (as per ITN §4.8) and <u>NOT</u> as Tab F in the Technical Reply.	Section 4.9, TAB F should include the Vendor’s Cost Reply. The Cost Reply should be included within the binder of the Technical Reply, but sealed separately. Please see the revised Section 4.9, TAB F, included in this Addendum.

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68	<p>§4.9.Tab H, Page 143: There appear to be some discrepancies between the mandatory “Completed Forms” listed in this section; and the actual forms included with the ITN document. Please confirm the forms correspond to each other as listed below.</p> <p>FORM 1 BUSINESS/CORPORATE REFERENCE (TAB B): This is ITN Attachment VIII-Contractor’s Reference Form</p> <p>FORM 2 PASS/FAIL CERTIFICATION (TAB A): This is ITN Attachment VII-Pass/Fail Requirement Certification and Non-Collusion Certification</p> <p>FORM 3 RESPONDENT’S CONTACT INFORMATION: This is ITN Attachment X</p> <p>FORM 4 CERTIFICATION OF DRUG-FREE WORKPLACE PROGRAM: This is ITN Attachment XI</p> <p>FORM 5 NOTICE OF CONFLICT OF INTEREST: This is ITN Attachment XIII</p> <p>FORM 8 SUBCONTRACTING: This is ITN Attachment IX</p> <p>FORM 9 PRICE INFORMATION SHEET (TAB G): This is ITN Attachment IV</p>	Confirmed.
69	<p>§4.9.Tab H, Page 143: Please confirm the pricing form (Attachment IV) should be submitted in a <u>separately sealed package</u> (as per ITN §4.8) and <u>NOT</u> as Tab G of the Technical, as listed in this section.</p>	Please see the answer to Question #67.
70	<p>§4.10.2, Page 145: Please clarify whether the Cost Proposal is worth (a) 250 points; or (b) 100 points; as this section cites both values.</p>	Please see the revisions to Section 4.10.2, included in this Addendum.

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71	§4.17, Page 152: Will the FDC please provide copies of the attendance logs (sign-in sheets) from each of the mandatory site visits?	This information is now available in the resources referenced in Section 2.8 of the ITN.
72	Attachment VII, Page 186: In previous inmate health care solicitations and contracts, the State determined that the 1% transaction fee did <u>not</u> apply to the project. Would the State please consider doing the same for this solicitation and contract, i.e., waiving the 1% transaction fee to obtain a lower contract cost?	Please submit additional ideas for improvement or cost reduction, along with any other supplemental materials per Section 4.5, TAB H of the response.
73	Attachment VIII, Page 188: In several places, this form references an "Evaluation Questionnaire." In previous FDC inmate health care solicitations, this questionnaire was provided as part of the bid documents; and bidders were required to have the questionnaires completed, notarized, and returned with their bids. However, after reviewing the entire ITN document, we cannot find any Evaluation Questionnaire. Is each bidder responsible for having its references complete the aforementioned "Evaluation Questionnaires"? If so, please provide these questionnaires. If not, please confirm the FDC will be contacting bidders' references to complete the questionnaires.	Please see the answer to Question #66.

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74	Attachment VIII, Page 188: Will the FDC allow bidders to provide more than three (3) references, in case the Department cannot reach one or more of the initial references in its three (3) attempts at telephonic contact?	Yes.
75	<p><u>ITN Section 1 Definitions states:</u>  <u>“Electronic Health Record (E.H.R.): An electronic version of an inmate’s medical history, that is maintained by the Contractor(s) over time, and should include all of the key administrative clinical data relevant to that inmate’s care while incarcerated (including medical, dental, infirmary, and mental health care).”</u></p> <p>1. Will there be requirements for interfacing these four elements or a will a specific system be implemented to produce a complete record?</p>	The information from all specialties must be entered into a single electronic health record system, once developed and implemented.
76	<p>Furthermore, the “EHR should also have the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.”</p> <p>1. Please describe the type of evidence-based decision support that is required.</p> <p>2. Please confirm that the E.H.R vendor will be required to meet meaningful use standards and timelines, including the ability to produce Continuity of Care Documents (CCD).</p>	The EHR system is being procured under ITN-15-111, Comprehensive Health Care Services-Institutional Medical Services for Inmates.

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77	<p><u>PGM-066 states:</u> "The Department intends to transition to an Electronic Health Record (EHR) system through the Medical Services CHCC Contract. The Contractor will be required to participate in implementation and testing of the new system."1. What is the projected date for the implementation of the E.H.R.?2. Please confirm that the Mental Health (MH) contractor will have input into the selection of the E.H.R. vendor/software.3. Please confirm that the MH contractor will not be responsible for the purchase and maintenance of theE.H.R. software.4. Please confirm that the MH contractor will have full access to the complete E.H.R. for clinically appropriate information.5. Please confirm that the Medical Services contractor will be responsible for the hardware and infrastructure cost of implementing the E.H.R, e.g., data lines, network capacity, etc.</p>	<p>Please see the below answers:</p> <ol style="list-style-type: none"> <li>1. There is no implementation date at this time; however, we anticipate it would be within 24 months of execution of the Contract(s) resulting from ITN-15-111.</li> <li>2. The EHR system will be selected and awarded with the award for ITN-15-111 and will not involve input from other vendors.</li> <li>3. Confirmed.</li> <li>4. Confirmed.</li> <li>5. Confirmed.</li> </ol>
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78	<p><u>Section 2.2 states:</u> “The Department is seeking replies from interested, qualified vendors to deliver inpatient and outpatient mental health care services effectively and efficiently <u>to inmate patients at all FDC institutions and associated satellite facilities listed in Attachment II.</u> Specifically, the Department is seeking replies for inpatient and outpatient mental health care services at all institutions, <u>including the Reception and Medical Center (RMC) in Lake Butler, FL.”</u></p> <p>In addition, <u>page 18 Section 3.3.1:</u> “Institution/Facility Locations: The facilities to be included under this Contract include <u>all currently operating institutions and allied facilities as indicated in Attachment II.</u>”</p> <p>1. RMC institutions in Union County are not included in the list in Attachment II; is it the Department’s intent to include or exclude MH services at these institutions under this contract?</p> <p>2. Is Attachment II a complete list of all institutions to be served by the MH Contractor at this time?</p>	<p>It is the intention of the Department to contract with a single, statewide Vendor for the provision of mental health services at all of the Department's institutions. Please see the revised Attachment II, included in this Addendum.</p>
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79	<p><u>Section 2.4 states:</u> “The Department is looking to not only provide the levels of care required by law and rule, but also achieve strategic improvements in inmate care.          Overall goals for the Department include...”          1. What are the baseline measurements on the 10 goals outlined by the Department?”</p>	Please see the answer to Question #33.
80	<p><u>Section 2.7:</u> “Deductions from the monthly payment to the Contractor will be made for salary and travel costs for the Mental Health Services Contract Monitors, approximately \$750,000.”          1. At what frequency is the \$750,000 amount assessed?”</p>	The referenced \$750,000 is an annual fee that will be adjusted in the monthly invoice.
81	<p><u>Section 2.7 states:</u> “Compensation will be based on provision of mental health care services (see Section 3, Scope of Services Sought), which include, but is not limited to the following services: Pharmacy Services• All non-formulary prescription medications (except for medications provided through the Federal 340b STD Specialty Care Drug Discount Program).• All prescription purchases from local pharmacies.”1.          Would the Department please provide data on the utilization of non-formulary psychiatric prescriptions, to include medication name, number of prescriptions, and the cost per year for the past five years?”</p>	Please see answer to Question #4 and the resources referenced in Section 2.8 of the ITN. Reports from local pharmacies are not available at this time.

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82	<p><u>Section 2.7 states:</u> “The Contractor is responsible for maintaining any furniture and non-health care equipment identified on the provided inventory, including repair and replacement (including installation) of Department-owned equipment. Any equipment damaged or otherwise found to be beyond economical repair after the Contract start date will be repaired or replaced by the Contractor and placed on the inventory list.”</p> <ol style="list-style-type: none"> <li>1. Would the Department please provide a list of existing equipment, condition, and age?</li> <li>2. Would the Department please provide a list of recent disposals to enable prospective vendors to anticipate need for new equipment?</li> </ol>	<p>This information is now available in the resources referenced in Section 2.8 of the ITN.</p>
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83	<p>“The Contractor shall provide screening and necessary treatment for inmates who are serving a current sentence for a sex offense in accordance with Florida Administrative Code 33-404.102(7). The purpose of the screening is to identify those who suffer from a sexual disorder, as defined by the current Diagnostic and Statistical Manual of Mental Disorders, and who are amenable and willing to participate in treatment. Sex offender screening and treatment services shall be provided in accordance.”</p> <p>1. Would the Department please provide information on the number of inmates who were required to have sex offender screenings per year for the past two years?</p> <p>2. Would the Department please provide statistics on the number of sex offender treatment sessions provided per year over the past two years?</p>	<p><u>Sex Offenses:</u></p> <ul style="list-style-type: none"> <li>• In FY 2013-14, 3,532 inmates with a sex offense were received.</li> <li>• In FY 2014-15, 3,343 inmates with a sex offense were received.</li> </ul> <p><u>Sex Offender Treatment:</u></p> <ul style="list-style-type: none"> <li>• In FY 2013-14, there were 1,224 sex disorder group therapy attendances offered.</li> <li>• In FY 2014-15, there were 1,517 sex disorder group therapy attendances offered.</li> </ul>
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<p>84</p>	<p><u>Transition</u>: “The Vendor shall develop and submit with their Reply, a detailed Transition Plan that includes a list of all major transition activities, with responsible parties and timelines. The plan shall include provisions for: oversight of program management and clinical functions; human resources; setting up a provider network and ancillary services; utilization management; quality management; financial management; claims/invoice processing; reporting; licenses and permits; equipment and supplies; information technology; and target transition dates for each institution and associated satellite facilities covered by this ITN.”</p> <p>1. Please confirm that existing contractor staff will be permitted the opportunity to transition to the successful vendor, provided they meet all requirements for employment with new vendor.</p> <p>2. What are the existing contractor’s responsibilities in regard to working with the incoming MH contractor during the transition period?</p>	<p>1. This confirms that the existing Contractor staff will be permitted the opportunity to transition to the successful Vendor, provided they meet all requirements for employment with the new Vendor.</p> <p>2. The existing Contractor’s responsibilities will include providing selected information about all current employees and allowing access to these employees during non-working hours for recruitment and other activities leading up to the transition.</p>
<p>85</p>	<p><u>Page 188 – Attachment VIII</u> states: “On the following pages, the Respondent shall provide the information indicated for three (3) separate and verifiable references.”1. Attachment VIII, page 188 consists of only one page. We are not able to locate the “following pages” of this attachment. Please clarify.</p>	<p>Please see the answer to Question #66.</p>

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86	<p><u>Page 142 -TAB F Attachment IV – Cost Reply for Initial Term and Renewal Years:</u> “Respondent shall complete and submit Attachment IV – “Price Information Sheet” for the Contract’s initial term and renewal years, and include this form in TAB F of its reply to the ITN.”</p> <p>1. Page 143 states the cost reply should be in TAB G while page 142 identifies it as part of TAB F. Please confirm that the cost reply should be placed in TAB F.</p>	The Cost Reply should be in TAB F and sealed separately. Please see the revised Section 4.9, TAB F, included in this Addendum.
87	<p>1. Section 4.17 Subcontractor Information on page 141 identifies Attachment IX, Subcontracting Form, as part of TAB B. However, page 143 suggests that the Subcontracting form should be part of Tab H. Please confirm that the subcontracting form should be placed in TAB B.</p>	Attachment IX should be included in TAB B. Please see the revision to Section 4.9, TAB H, included in this Addendum.
88	<p>Page 145 Cost Evaluation Score: “Reply with Highest Cost Points: Vendor submitting the lowest cost will receive the maximum number of points. Respondents submitting for statewide award <u>will be evaluated per area, North and South.</u>”</p> <p>1. The Cost Reply form, Attachment IV, page 181 does not allow for the submission of a rate per area. Please clarify whether the reply will be evaluated per area (North and South).</p>	The Cost Evaluation will be completed for services statewide, and not via a North or South area. Please see the revisions to Section 4.10, Cost Evaluation Score, included with this Addendum.
89	<p>1. Which Correctional Institution is the Gainesville Work Camp tied to?</p>	Gainesville Work Camp is supervised by Lawtey Correctional Institution.

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90	1. Please describe any restrictions or limitations regarding internet access within FDC facilities for the MH contractor staff.	Computing devices utilized to provide services requested by this ITN, shall be permitted Internet access that is filtered by an industry standard content management system. The prohibited content is not expected to interfere with normal operations of providing healthcare services, as required by this ITN.
91	1. Which MH contractor staff positions would be permitted the use of a cell phone inside FDC facilities?	<p>The following Contract staff, assigned to the institution, are allowed to introduce a Vendor-issued cell phone, without internet or email capabilities (no smart phone or PDA devices): Chief Health Officer, Health Services Administrator, Mental Health Director/Psychiatrist/Psychologist, on-call Doctor/Physician Assistant.</p> <p>The Department will determine what is considered "executive leadership positions" and those Contract staff may introduce a Vendor-issued "smart phone" type of device. All phones will be accounted for upon entering and exiting the institution, in accordance with FDC Procedure 602.016, Entering and Exiting Department of Corrections Institutions.</p> <p>No personal phones are allowed.</p>
92	Please provide a copy of the current contract with the incumbent for each facility in each region including any emergency contracts that may exist.	Please see the resources referenced in Section 2.8 of the ITN.
93	Please provide electronic copies of all PowerPoint presentations utilized for the Site Visits/Pre-Bid Conferences.	Please see the resources referenced in Section 2.8 of the ITN.
94	Will the FDC entertain suggestions for operational changes to the behavioral health services program if such changes remain in compliance with governing standards and result in an overall cost savings?	Yes, vendors are encouraged to submit additional ideas for improvement or cost reduction, and other supplemental materials within this TAB G.

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95	Please clarify whether the Medical Services contractor or the Mental Health Services contractor will be responsible for all Medical Services on all MH Treatment Units.	The responsibilities of both Contractors can be found in Section 3.4.9 of the ITN.
96	Please provide the ADP (per facility in each region) that should be used in pricing.	Updated ADP information is included in the resources referenced in Section 2.8 of the ITN.
97	Please specify how prices should be submitted – by region per inmate per day or by site per inmate per day.	Prices should be submitted in accordance with Section 2.7 and Attachment IV of the ITN.
98	Please provide the current employees' hourly rates and/or salaries by discipline (Psychiatrist, etc.) for each facility, by region. Also, please provide years of service or hire dates.	The information requested is unavailable at this time.
99	For each facility, by region, please provide the amounts relating to staffing withholds or performance withholds incurred by the incumbent by year for the last three years.	The information requested is unavailable at this time.
100	It is difficult enough to forecast expenses for the five years forthcoming, let alone ten years. However, in addition to five contract years, five renewal years are to be priced. Will the five renewal years be binding, upon mutual agreement or for comparison purposes only?	Renewal pricing is to be specified in the Contract, pursuant to Section 287.058(1)(g), Florida Statutes. The Vendor should factor in estimates of price index increases for the life of the resulting Contract, including renewal years.

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101	<p><b>PGM – 007</b> - “Develop and implement a staffing plan that identifies all positions at the state, regional, and institutional levels and ensures compliance with the requirements outlined in this ITN. The staffing plan should be updated periodically, but no less than once a quarter, and is expected to be a flexible so as to respond to institutional mission changes over the course of any Contract resulting from this ITN. In the event there are mission changes that impact on health services functions and responsibilities at institutions covered by this Contract, the Department shall advise the Contractor of such changes in writing. The Department must approve any reductions to the original, approved staffing plan that will be agreed to upon Contract execution.”</p> <p>The ITN mentions the reduction of staff, but if institutional mission changes result in more staff for the awarded vendor(s), will the vendors be compensated based on change in scope of services?</p>	<p>The Department will monitor the resulting Contract on the basis of performance. It will be up to the Vendor to establish its staffing levels appropriately to maintain compliance with performance levels. Once approved, the Vendor is not required to obtain the Department's approval for additions to staff, but must obtain approval for reductions in staff.</p>
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102	<p><b>RFP, Page 17</b> - "From time to time, the Governor of Florida may issue Executive Orders that impact the Department's health services operations. The Contractor must comply with the terms and conditions of any Executive Orders that are issued by the Governor." Will the awarded vendor(s) be compensated for any change in scope of services these orders present? Please provide past examples.</p>	<p>On May 8, 2015, Governor Scott issued Executive Order 15-102, which provided a number of directives to the Secretary of the Department of Corrections. Section 10 of this Executive Order required the Department to "provide medical staff the option of using identification numbers in lieu of names when completing incident reports." This action was implemented via a revision to a FDC form and a memo to the comprehensive health care contractors; it did not require a change in scope to the Department's comprehensive health care contracts. The Department cannot ascertain if future Executive Orders would contain language that would constitute a change in scope for its health care Contracts. Each order must be considered based on its content. If more than an administrative change, any change in scope will be completed through a written Contract Amendment.</p>
103	<p>Please provide each of the following by region, and by facility for the most recent two years, by year.        Current staffing matrices by position (Psychiatrist, etc.), by day, and by shift.        Current staffing vacancies by position (Psychiatrist, etc.).        Staffing matrices by position (Psychiatrist, etc.), by day, and by shift        Total Liquidated Damages assessed.</p>	<p>All available information has been added to the resources listed in Section 2.8 of the ITN.</p>
104	<p>Please provide a more recent <b>Attachment III – Institutional Capacity</b>. The ADP data provided includes June 2015 ADP but we are now in March 2016.</p>	<p>Please see the answer to Question #96</p>
105	<p>Does the MyFloridaMarketPlace Transaction Fee of 1% apply to all revenue received by Armor?</p>	<p>Typically, vendors are required to report eligible payments received from State of Florida agencies on a monthly basis. Please see the answer to Question #72.</p>
106	<p>How will liquidated damages be addressed?</p>	<p>Financial consequences (also known as liquidated damages) will be deducted from the Vendor's next invoice payment. In an instance where there is no subsequent payment expected, the Vendor will be required to pay the Department directly via a Cashier's Check or Money Order.</p>

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107	Please confirm that the medical contractor will be financially responsible for the lab costs of the mental health contractor as well as suicide mattresses, blankets, garments, helmets, and psychiatric restraints.	Please see Section 3.4.9 of the ITN and the answer to Question #8.
108	How are inmates screened for Risks and/or Mental Health Concerns at Intake?	Inmates are screened at Reception, as outlined in Section 3.4.3.1, MSA-002, MSA-007, MSA-013, and OS-002.
109	How are mental health patients identified/referred for services?	As screened in the answer to Question #108, above, and also described in: Section 3.4.2.3, PM-027, PGM-044 Section 3.4.3.4, MSA-003; MSA-013, MSA-014; Section 3.4.4.1, OS-002, OS-011, OS-012 Section 3.4.5, IIC-001, IIC-010, IIC-016, IIC-017, IIC-018, Section 3.4.6, PS-012



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110	<p>Please provide the following Mental Health information:</p> <p>a. Number of completed suicides in the last 24 months.</p> <p>b. Number of attempted suicides in the last 24 months.</p> <p>c. How many patients are placed on suicide precaution on average per month?</p> <p>d. Are patients deemed suicidal kept on precaution at the facility?</p> <p>e. Number of inmates placed into segregation in last 24 months. What role will the Respondent take in segregations?</p> <p>f. Are psychiatric restraint devices used at any of the institutions?</p> <p>i. If so, are these restraints beds or chairs?</p> <p>ii. What was the use of these restraints in the last 24 months (at each facility)?</p> <p>g. What role will the Respondent take in detoxification?</p>	<p>Please see the below responses:</p> <p>a. See Answer to Question #61. Suicide Precaution information has been added to the resources referenced in Section 2.8 of the ITN.</p> <p>b. Please also see Section 3.4.5 of the ITN. If an Institution does not provide this level of care, inmates are transferred to a neighboring Institution.</p> <p>c. In FY 13/14, there were 98,521 admissions to special housing and in FY 14/15; there were 92,671 admissions to special housing.</p> <p>d. Please see Section 3.4.4, OS-012 and OS-013 of the ITN.</p> <p>e. Please see HSB 15.05.10, included in the resources referenced in Section 2.8 of the ITN, for information related to restraints.</p> <p>f. Please see the answer to Question #82.</p> <p>g. Mental Health staff will respond to any staff referral for consultation, as clinically necessary.</p>
111	<p>Please provide the following information regarding psychotropic medications:How many patients are on psychotropic medications currently by type and facility? What percentage of inmates are on psychotropic medications by facility and system-wide?How many patients were prescribed anti-psychotic medications for the last 24 months, on average per month?How many patients does that facility average per month on psychotropic medications, for 24 months?</p>	<p>Please see the answer to Question #3.</p>
112	<p>Please provide the five most frequently prescribed psychotropic medications by name.</p>	<p>This information is now available in the resources referenced in Section 2.8 of the ITN.</p>

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113	Are patients deemed too acute to house in the prison system sent to a public mental health facility or does the prison system currently have a contract with a private mental health facility? If yes, how many mentally ill patients were sent out to this prison system's appropriate catchment mental health facility per month on average?	Inmates are not sent to any public Mental Health facility. The Department provides all levels of mental health care.
114	Please provide a list of group therapy services offered by each facility.	HSB 15.05.18, Outpatient Mental Health Services, Section VII (H) and HSB 15.05.05, Inpatient Mental Health Services, Section IV (A) for group therapy services, which are individualized and offered in accordance with assessed clinical needs. These documents are available in the resources referenced in Section 2.8 of the ITN.
115	Please provide specifics re: current tele-psych services and equipment available at each facility.	The information requested is unavailable at this time.
116	How are medications currently made available to inmates on release from the correctional facilities?	If appropriate, a 30 day supply of medication is dispensed to the inmate. Antiretroviral medications are dispensed in a 30 day supply.
117	Does the FDC standard operating policies provide that inmates who are receiving mental health services encounter medical or mental health staff as they are released from facilities? Please describe the process.	The process is described in the following Sections of the ITN: Section 3.4.2.3, PGM-049 Section 3.4.4, OS-006 Section 3.4.8
118	What is the percentage and number of inmates with estimated release dates? Are those inmates predominantly sentenced?	As of 3/25/16: 88,231 (89.18%) of inmates have a release date. 10,707 (10.82%) of inmates do not have a release date.
119	How many planned or predicted releases occur each day at each facility?	This information is now available in the resources referenced in Section 2.8 of the ITN.

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120	Please provide a description including average daily enrollment of your inmate substance abuse education, cognitive behavioral classes, and other inmate programs at each facility.	This information is not relevant to the ITN.
121	Please provide the non-formulary psych medications by region and by facility for the most recent two years.	This information is now available in the resources referenced in Section 2.8 of the ITN.
122	How many prescriptions per month on average are ordered for the inmates at each facility?	Please see response to Question #3
123	What percentage of your medications ordered each month is stock vs. patient specific prescriptions?	Approximately 95% of prescriptions ordered each month are patient-specific.
124	What are the pricing terms of your current pharmacy agreement? (i.e., average wholesale price less a discount, or acquisition cost plus a dispensing fee, etc.).	Pharmacy services are presently provided by the FDC. Pricing is by the Group Purchasing Organization (GPO) Minnesota Multi-State Contracting Alliance for Pharmacy (MMCAP) Contract, Cardinal Contract or Cardinal non-Contract pricing. The Department does not charge a dispensing fee.
125	Please provide three (3) years of drug utilization preferably in an electronic format.	This information is now available in the resources referenced in Section 2.8 of the ITN.
126	How are current psych medication orders being transcribed to pharmacy?	Please review Section 3.4.6, PS-031, PS-032, PS-033, PS-034. The Contractor is responsible for faxing new prescriptions, submitting all prescription refill requests via the pharmacy software or faxing, and faxing stock orders to the assigned Department Pharmacy. Prescriptions should be faxed throughout the day.
127	How are psych medications delivered and dispensed: patient-specific or stock/pill line?	Prescriptions are dispensed by one of the Department's Pharmacies and delivered to the facility, with the exception of Union CI, which sends a Medical nurse to the pharmacy located on site to pick up the prescriptions. Please see Section 3.4.6, PS-029 and PS-031.
128	Is there a self-administration or "keep-on-person" (KOP) medication system? If so, please provide a list of KOP medications approved by facility.	Please see HSB 15.14.04 App. B and Section 3.4.5.3 of the ITN.

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129	Please provide the number of prescriptions per inmate.	Please see answer to Question #3
130	Does the current Department pharmacy offer drug destruction for outdated/expired drugs? If so, please describe the destruction policy.	Please see HSB 15.14.04 App. C. Patient specific prescriptions that have in the possession of the inmate are the responsibility of the Health Care Contractor to dispose of per Section 3.4.6, PS-032.
131	Does the current Department pharmacy offer monthly/quarterly pharmacy consultation/inspection? If so, please describe?	The monthly Consultant Pharmacist of Record inspections are conducted by the Medical Services CHCC.
132	Do any of the FDC institutions have a DEA License? If so, whose name is under licensure at each institution?	The DEA licenses are in the Medical Services CHCC's name with the exceptions of RMC and Lowell CI, which remain in the Department's name.
133	Do any of the FDC institutions have a current state pharmacy license? If yes, please list which institutions.	The State Pharmacy Institutional permit license in is the Medical Health Care Contractor's name with the exceptions of RMC and Lowell CI which remain in the FDC's name.
134	Please provide all terms and conditions regarding purchases, returns, and management fees that will be applied regarding by the Department's pharmacy.	There will be no charge to the Vendor for medications that can be legally returned to the pharmacy. The Department does not charge a dispensing fee.
135	Does the mental health staff at any of the facilities operate under collective bargaining agreements? If so, please provide.	Contracted mental health staff does not currently operate under collective bargaining agreements.
136	Are any of the facilities expected to be operating under consent decrees? If so, please explain.	To the Department's knowledge, no institutions are expected to be operating under consent decrees.
137	Will FDC provide computers, printers, internet access, FAX and telephone lines for the awarded vendor's use?	Please see Section 3.4.2.3, PGM-016 of the ITN.
138	Will the FDC be willing to negotiate staffing penalties to be more consistent with industry standards?	Vendors are encouraged to submit additional ideas for improvement or cost reduction, and other supplemental materials per Section 4.9, TAB G.

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139	Please provide additional information/description re: the "Faith-based" approach utilized at the Wakulla facility.	Faith and character-based (FCB) institutions include a residential program designed to reduce recidivism and disciplinary infractions in correctional institutions using programming that promotes pro-social behavior. Enrolled inmates are housed together at select institutions where the entire institution is designated as a FCB Residential Program institution or the institution has assigned specific dormitories with a FCB program mission.
140	Please provide a detailed description of Mental Health programs/services currently offered at each facility in each region.	Please see the answer to Question #58.
141	What percentage of inmates system-wide are receiving Mental Health services of any type?	All inmates have access to necessary mental health services regardless of their designation in the mental health classification system. 18% have a mental health grade of S2 through S9. Additional services are provided to inmates classified as S1 (mental health emergencies, confinement evaluations, screenings, requests, and referrals).
142	Please specify at which facilities in each region the mental health provider will be responsible for nursing services and what nursing services must be provided.	Please see Attachment III-Institutional Capacity of the ITN. Outpatient Mental Health Nursing Services are required at all S-3 Facilities and Physical and Mental Health Nursing Services for all S-4, S-5, and S-6 Facilities. Nursing Service requirements are described in the sections: Section 3.4.3.4, MSA-013; Section 3.4.4.3, OS-006; Section 3.4.5.3, IIC-001 through IIC-004; IIC-009 through IIC-018; Section 3.4.6.3, PS-001-PS-020.
143	Throughout ITN: Please provide (by year) the amounts and reasons for any mental health-related "Financial Consequences" (liquidated damages) the FDC has assessed against the incumbent vendors over the terms of the current contracts.	This information is now available in the resources referenced in Section 2.8 of the ITN.

**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

<b>Region</b>	<b>Facility Name</b>	<b>Address</b>
1	APALACHEE C.I.-EAST UNIT	<b>Physical:</b> 35 APALACHEE DRIVE SNEADS, FL 32460-0000
1	APALACHEE WEST UNIT	<b>Physical:</b> 52 WEST UNIT DRIVE SNEADS, FL 32460-0000
1	BERRYDALE FORESTRY CAMP	<b>Physical:</b> 6920 HWY 4 JAY, FL 32565-0000
1	CALHOUN C.I.	<b>Physical:</b> 19562 SE INSTITUTION DRIVE BLOUNTSTOWN, FL 32424-9700
1	CALHOUN WORK CAMP	<b>Physical:</b> 19564 INST. DRIVE BLOUNTSTOWN, FL 32424-0000
1	CENTURY C.I.	<b>Physical:</b> 400 TEDDER ROAD CENTURY, FL 32535-0000
1	CENTURY WORK CAMP	<b>Physical:</b> 400 TEDDER ROAD CENTURY, FL 32535-0000
1	FRANKLIN C.I.	<b>Physical:</b> 1760 HIGHWAY 67N CARRABELLE, FL 32322-0000
1	FRANKLIN WORK CAMP	<b>Physical:</b> 1760 HWY 67 NORTH CARABELLE, FL 32322-0000
1	GADSDEN RE-ENTRY CENTER	<b>Physical:</b> 540 OPPORTUNITY LANE HAVANA, FL 32357-0000
1	GULF C.I.	<b>Physical:</b> STEELE ROAD WEWAHITCHKA, FL 32465-0010

**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

1	GULF ANNEX	<b>Physical:</b> 500 IKE STEEL ROAD WEWAHITCHKA, FL 32465-0010
1	GULF FORESTRY CAMP	<b>Physical:</b> 3222 DOC WHITFIELD RD. WHITE CITY, FL 32465-0000
1	HOLMES C.I.	<b>Physical:</b> 3142 THOMAS DRIVE BONIFAY, FL 32425-4238
1	HOLMES WORK CAMP	<b>Physical:</b> 3182 THOMAS DRIVE BONIFAY, FL 32425-4238
1	JACKSON C.I.	<b>Physical:</b> 5563 10TH STREET MALONE, FL 32445-3144
1	JACKSON WORK CAMP	<b>Physical:</b> 5607 10TH STREET MALONE, FL 32445-9998
1	JEFFERSON C.I.	<b>Physical:</b> 1050 BIG JOE ROAD MONTICELLO, FL 32344-9745
1	LIBERTY C.I.	<b>Physical:</b> LIBERTY COUNTY RD. 1641 BRISTOL, FL 32321-9711
1	LIBERTY SOUTH UNIT	<b>Physical:</b> LIBERTY COUNTY RD. 1641 BRISTOL, FL 32321-9711
1	NORTH WEST FLORIDA RECEPTION CENTER (NWFRC)- MAIN UNIT	<b>Physical:</b> STATE ROAD 279 (4455 SAM MITCHELL ROAD) CHIPLEY, FL 32428-3597
1	NWFRC ANNEX	<b>Physical:</b> STATE ROAD 279 (4455 SAM MITCHELL ROAD) CHIPLEY, FL 32428-3597

**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

1	OKALOOSA C.I.	<b>Physical:</b> 3189 COLONEL GREG MALLOY ROAD CRESTVIEW, FL 32539-0000
1	OKALOOSA WORK CAMP	<b>Physical:</b> 3189 COLONEL GREG MALLOY ROAD CRESTVIEW, FL 32539-6708
1	PANAMA CITY COMMUNITY RELEASE CENTER (C.R.C.)	<b>Physical:</b> 3609 HIGHWAY 390 PANAMA CITY, FL 32405-0000
1	PENSACOLA C.R.C.	<b>Physical:</b> 3050 N "L" STREET PENSACOLA, FL 32501-0000
1	QUINCY ANNEX	<b>Physical:</b> HWY. 267 SOUTH (2225 PAT THOMAS PARKWAY) QUINCY, FL 32351-0000
1	SANTA ROSA C.I.	<b>Physical:</b> 5850 E. MILTON ROAD MILTON, FL 32583-0000
1	SANTA ROSA ANNEX	<b>Physical:</b> 5850 E. MILTON ROAD MILTON, FL 32583-0000
1	SANTA ROSA WORK CAMP	<b>Physical:</b> 5850 E. MILTON ROAD MILTON, FL 32583-0000
1	TALLAHASSEE C.R.C	<b>Physical:</b> 2616A SPRINGHILL ROAD TALLAHASSEE, FL 32310-0000
1	WAKULLA C.I.	<b>Physical:</b> 110 MELALEUCA DR. CRAWFORDVILLE, FL 32327-0000
1	WAKULLA ANNEX	<b>Physical:</b> 110 MELALEUCA DR. CRAWFORDVILLE, FL 32327-0000
1	WAKULLA WORK CAMP	<b>Physical:</b> 110 MELALEUCA DR. CRAWFORDVILLE, FL 32327-0000



**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

1	WALTON C.I.	<b>Physical:</b> 691 INSTITUTION ROAD DEFUNIAK SPRINGS, FL 32433-0000
1	WALTON WORK CAMP	<b>Physical:</b> 301 INSTITUTION ROAD DEFUNIAK SPRINGS, FL 32433-0000
2	TAYLOR C.I.	<b>Physical:</b> 8501 HAMPTON SPRINGS ROAD PERRY, FL 32348-0000
2	TAYLOR ANNEX	<b>Physical:</b> 8501 HAMPTON SPRINGS ROAD PERRY, FL 32348-0000
2	TAYLOR WORK CAMP	<b>Physical:</b> 8501 HAMPTON SPRINGS ROAD PERRY, FL 32348-0000
2	BAKER C.I.	<b>Physical:</b> 20706 US HWY 90 WEST SANDERSON, FL 32087-0000
2	BAKER RE-ENTRY CENTER	<b>Physical:</b> 20706 U.S. Highway 90 West SANDERSON, FL 32087-2359
2	BAKER WORK CAMP	<b>Physical:</b> 20706 US HWY 90 WEST SANDERSON, FL 32087-0000
2	COLUMBIA C.I.	<b>Physical:</b> 216 S.E. CORRECTIONS WAY LAKE CITY, FL 32025-0000
2	COLUMBIA ANNEX	<b>Physical:</b> 216 S.E. CORRECTIONS WAY LAKE CITY, FL 32025-0000
2	CROSS CITY C.I.	<b>Physical:</b> 568 N.E. 255TH STREET CROSS CITY, FL 32628-0000
2	CROSS CITY EAST UNIT	<b>Physical:</b> 568 N.E. 255TH STREET CROSS CITY, FL 32628-0000
2	CROSS CITY WORK CAMP	<b>Physical:</b> 568 N.E. 255TH STREET CROSS CITY, FL 32628-0000

**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

2	FLORIDA STATE PRISON (FSP)	<b>Physical:</b> 7819 NW 228 STREET RAIFORD, FL 32026-0000
2	FSP WEST UNIT	<b>Physical:</b> 7819 NW 228 STREET RAIFORD, FL 32026-0000
2	GAINESVILLE WORK CAMP	<b>Physical:</b> 1000 NE 55TH BLVD. GAINESVILLE, FL 32609-0000
2	HAMILTON C.I.	<b>Physical:</b> 10650 SW 46TH ST JASPER, FL 32052-0000
2	HAMILTON ANNEX	<b>Physical:</b> 10650 SW 46TH ST JASPER, FL 32052-0000
2	LANCASTER C.I.	<b>Physical:</b> 3449 SW SR 26 TRENTON, FL 32693-0000
2	LANCASTER WORK CAMP	<b>Physical:</b> 3449 SW SR 26 TRENTON, FL 32693-0000
2	LAWTEY C.I.	<b>Physical:</b> 22298 NE CR 200-B, LAWTEY RAIFORD, FL 32026-0000
2	MADISON C.I.	<b>Physical:</b> 382 SW MCI WAY MADISON, FL 32340-2695
2	MADISON WORK CAMP	<b>Physical:</b> 382 SW MCI WAY MADISON, FLORIDA, FL 32340-0000
2	MAYO C.I. ANNEX	<b>Physical:</b> 8784 US 27 WEST MAYO, FL 32066-0000
2	MAYO WORK CAMP	<b>Physical:</b> 8784 US 27 WEST MAYO, FL 32066-0000
2	PUTNAM C.I.	<b>Physical:</b> 128 YELVINGTON ROAD EAST PALATKA, FL 32131-0000
2	RECEPTION AND MEDICAL CENTER (RMC)	<b>Physical:</b> 7765 S COUNTY RD 231 LAKE BUTLER, FL 32054-0000
2	RE-ENTRY CENTER OF OCALA	<b>Physical:</b> 2006 N.E. 8TH ROAD OCALA, FL 34470-0000

**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

2	SUWANNEE C.I	<b>Physical:</b> 5964 U.S. HIGHWAY 90 LIVE OAK, FL 32060-0000
2	SUWANNEE ANNEX	<b>Physical:</b> 5964 U.S. HIGHWAY 90 LIVE OAK, FL 32060-0000
2	SUWANNEE WORK CAMP	<b>Physical:</b> 5964 U.S. HIGHWAY 90 LIVE OAK, FL 32060-0000
2	TOMOKA C.I.	<b>Physical:</b> 3950 TIGER BAY ROAD DAYTONA BEACH, FL 32124-0000
2	TOMOKA WORK CAMP	<b>Physical:</b> 3950 TIGER BAY ROAD DAYTONA BEACH, FL 32124-0000
2	TOMOKA CRC-285	<b>Physical:</b> 1200 RED JOHN ROAD DAYTONA BEACH, FL 32124-0000
2	TOMOKA CRC-290	<b>Physical:</b> 3601 U.S. HIGHWAY 92 DAYTONA BEACH, FL 32124-0000
2	TOMOKA CRC-298	<b>Physical:</b> 1341 INDIAN LAKE ROAD DAYTONA BEACH, FL 32124-0000
2	UNION C.I.	<b>Physical:</b> HWY 16 NW OF STARKE (7819 NW 228TH STREET ) RAIFORD, FL 32026-4000
2	UNION WORK CAMP	<b>Physical:</b> HWY 16 NW OF STARKE (7819 NW 228TH STREET ) RAIFORD, FL 32026-4000
3	MARION C.I.	<b>Physical:</b> 3269 NW 105TH. STREET LOWELL, FL 32663-0158
3	MARION WORK CAMP	<b>Physical:</b> 3269 NW 105TH. STREET LOWELL, FL 32663-0158
3	FLORIDA WOMEN'S RECEPTION CENTER	<b>Physical:</b> 3700 NW 111TH PLACE OCALA, FL 34482-0000
3	LOWELL C.I.	<b>Physical:</b> 11120 NW GAINESVILLE ROAD OCALA, FL 34482-1479

**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

3	LOWELL ANNEX	<b>Physical:</b> 11120 NW GAINESVILLE ROAD OCALA, FL 34482-1479
3	LOWELL WORK CAMP	<b>Physical:</b> 11120 NW GAINESVILLE ROAD OCALA, FL 34482-1479
3	ARCADIA ROAD PRISON	<b>Physical:</b> 2961 NW COUNTY ROAD #661 ARCADIA, FL 34266-0000
3	AVON PARK C.I.	<b>Physical:</b> 8100 HIGHWAY 64 EAST AVON PARK, FL 33825-0000
3	AVON PARK WORK CAMP	<b>Physical:</b> 8100 HIGHWAY 64 EAST AVON PARK, FL 33825-0000
3	CENTRAL FLORIDA RECEPTION CENTER (CFRC)	<b>Physical:</b> 7000 H.C. KELLEY RD. ORLANDO, FL 32831-2518
3	CFRC-EAST	<b>Physical:</b> 7000 H.C. KELLEY RD. ORLANDO, FL 32831-2518
3	CFRC-SOUTH	<b>Physical:</b> 7000 H.C. KELLEY RD. ORLANDO, FL 32831-2518
3	DESOTO ANNEX	<b>Physical:</b> 13617 SE HWY 70 ARCADIA, FL 34266-0000
3	DESOTO WORK CAMP	<b>Physical:</b> 13617 SE HIGHWAY 70 ARCADIA, FL, FL 34266-0000
3	HARDEE C.I.	<b>Physical:</b> 6901 STATE ROAD 62 BOWLING GREEN, FL 33834-9810
3	HARDEE WORK CAMP	<b>Physical:</b> 6899 S.R. 62 BOWLING GREEN, FL 33834-9810
3	HERNANDO C.I.	<b>Physical:</b> 16415 SPRING HILL DRIVE BROOKSVILLE, FL 34604-8167
3	KISSIMMEE C.R.C.	<b>Physical:</b> 2925 MICHIGAN AVENUE KISSIMMEE, FL 34744-0000
3	LAKE C.I.	<b>Physical:</b> 19225 U. S. HWY 27 CLERMONT, FL 34715-9025

**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

3	LARGO ROAD PRISON	<b>Physical:</b> 5201 ULMERTON ROAD CLEARWATER, FL 33760-4091
3	ORLANDO C.R.C.	<b>Physical:</b> 7300 LAUREL HILL ROAD ORLANDO, FL 32818-0000
3	PINELLAS C.R.C.	<b>Physical:</b> 5205 ULMERTON ROAD CLEARWATER, FL 33760-0000
3	POLK C.I.	<b>Physical:</b> 10800 EVANS ROAD POLK CITY, FL 33868-6925
3	POLK WORK CAMP	<b>Physical:</b> 10800 EVANS ROAD POLK CITY, FL 33868-6925
3	ST. PETE C.R.C.	<b>Physical:</b> 4237 8TH AVE. SOUTH ST. PETERSBURG, FL 33711-2000
3	SUMTER C.I.	<b>Physical:</b> 9544 COUNTY ROAD 476B BUSHNELL, FL 33513-0000
3	SUMTER ANNEX	<b>Physical:</b> 9544 COUNTY ROAD 476 B BUSHNELL, FL 33513-0000
3	SUMTER B.T.U.	<b>Physical:</b> 9544 COUNTY ROAD 476 B BUSHNELL, FL 33513-0000
3	SUMTER WORK CAMP	<b>Physical:</b> 9544 COUNTY ROAD 476 B BUSHNELL, FL 33513-0000
3	SUNCOAST C.R.C. (FEM)	<b>Physical:</b> 10596 GANDY BOULEVARD ST. PETERSBURG, FL 33702-0000
3	ZEPHYRHILLS C.I.	<b>Physical:</b> 2739 GALL BOULEVARD ZEPHYRHILLS, FL 33541-9701
4	ATLANTIC C.R.C.	<b>Physical:</b> 263 FAIRGROUNDS ROAD WEST PALM BEACH, FL 33411-0000
4	CHARLOTTE C.I.	<b>Physical:</b> 33123 OIL WELL RD. PUNTA GORDA, FL 33955-0000
4	DADE C.I.	<b>Physical:</b> 19000 SW 377TH STREET FLORIDA CITY, FL 33034-0000

**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

4	EVERGLADES C.I.	<b>Physical:</b> 1599 S.W. 187TH AVENUE MIAMI, FL 33194-0000
4	EVERGLADES RE-ENTRY CENTER	<b>Physical:</b> 1601 SW 187TH AVENUE MIAMI, FL 33194-0000
4	FORT PIERCE C.R.C.	<b>Physical:</b> 1203 BELL AVENUE FORT PIERCE, FL 34982-6599
4	FT. MYERS WORK CAMP	<b>Physical:</b> 2575 ORTIZ AVE. FT. MYERS, FL 33905-1107
4	HOLLYWOOD C.R.C.	<b>Physical:</b> 8501 W. CYPRESS DRIVE PEMBROKE PINES, FL 33025-0000
4	HOMESTEAD C.I.	<b>Physical:</b> 19000 S.W. 377 STREET FLORIDA CITY, FL 33034-6409
4	LOXAHATCHEE R.P.	<b>Physical:</b> 230 SUNSHINE ROAD WEST PALM BEACH, FL 33411-0000
4	MARTIN C.I.	<b>Physical:</b> 1150 SW ALLAPATTAH RD INDIANTOWN, FL 34956-0000
4	MARTIN WORK CAMP	<b>Physical:</b> 100 SW ALLAPATTAH RD INDIANTOWN, FL 34956-0000
4	MIAMI NORTH C.R.C.	<b>Physical:</b> 7090 NORTHWEST 41ST STREET MIAMI, FL 33166-0000
4	OKEECHOBEE C.I.	<b>Physical:</b> 3420 NE 168TH STREET OKEECHOBEE, FL 34972-0000
4	OKEECHOBEE WORK CAMP	<b>Physical:</b> 3420 NE 168TH STREET OKEECHOBEE, FL 34972-4824
4	OPA LOCKA C.R.C.	<b>Physical:</b> 5400 NW 135 ST. OPA LOCKA, FL 33054-0000
4	SOUTH FLORIDA RECEPTION CENTER (SFRC)	<b>Physical:</b> 14000 N.W. 41ST STREET DORAL, FL 33178-3003
4	S.F.R.C SOUTH UNIT	<b>Physical:</b> 13910 NW 41ST STREET DORAL, FL 33178-3014

**ATTACHMENT II-ALL INSTITUTIONS AND SATELLITE FACILITIES**

4	SAGO PALM RE-ENTRY CENTER	<b>Physical:</b> 500 BAY BOTTOM ROAD PAHOKEE, FL 33476-0000
4	BIG PINE KEY R.P.	<b>Physical:</b> 450 KEY DEER BOULEVARD BIG PINE KEY, FL 33043-0000
4	W.PALM BEACH C.R.C.	<b>Physical:</b> 461 W. FAIRGROUNDS ROAD WEST PALM BEACH, FL 33411-0000

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**ATTACHMENT VIII – CONTRACTOR’S REFERENCE FORM  
ITN #15-FDC-112**

In the spaces provided below, the Respondent shall list all names under which it has operated during the past five (5) years.

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On the following pages, the Respondent shall provide the information indicated for three (3) separate and verifiable references. The references listed must be for businesses or government agencies for whom the Respondent has provided services of similar scope and size to the services identified in the ITN. The same reference may not be listed for more than one (1) organization and confidential references shall not be included. In the event the Respondent has had a name change since the time work was performed for a listed reference, the name under which the Respondent operated at that time must be provided in the space provided for Respondent’s Name.

References that are listed as subcontractors in the response will not be accepted as references under this solicitation. Additionally, References shall pertain to current and ongoing services or those that were completed prior to January 1, 2016. References shall not be given by:

- Persons employed by the Department within the past three (3) years.
- Persons currently or formerly employed or supervised by the Respondent or its affiliates.
- Board members within the Respondent's organization.
- Relatives of any of the above.

The Department will attempt to contact the three (3) references provided by the Respondent to complete the Evaluation Questionnaire for references. The total number of references contacted to complete an Evaluation Questionnaire for Past Performance for any response will be three (3).

References should be available for contact during normal business hours, 9:00 a.m. – 5:00 p.m., Eastern Time. The Department will attempt to contact each reference by telephone up to three times. The Department will not correct incorrectly supplied information.

**Additionally, the Department reserves the right to contact references other than those identified by the Respondent to obtain additional information regarding past performance.**



**Contractor's Reference Form**

**Reference #1**

**Respondent's Name:** \_\_\_\_\_

**Reference's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ **Alternate Contact Person:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

**Contract Performance Period:** \_\_\_\_\_

**Location of Services:** \_\_\_\_\_

**Brief description of the services performed for this reference:**

## Contractor's Reference Form

**Reference #2**

**Respondent's Name:** \_\_\_\_\_

**Reference's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ **Alternate Contact Person:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

**Contract Performance Period:** \_\_\_\_\_

**Location of Services:** \_\_\_\_\_

**Brief description of the services performed for this reference:**

## Contractor's Reference Form

**Reference #3**

**Respondent's Name:** \_\_\_\_\_

**Reference's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ **Alternate Contact Person:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

**Contract Performance Period:** \_\_\_\_\_

**Location of Services:** \_\_\_\_\_

**Brief description of the services performed for this reference:**

## Evaluation Questionnaire for References

**Respondent's Name:** \_\_\_\_\_

**Reference's Name:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ **Alternate Contact Person:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

The following questions will be asked of three (3) references.

	<b>Score</b>
1. Briefly describe the services the vendor performed for your organization:	N/A
2. How would you rate the contract implementation with this vendor? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
3. Did the vendor consistently meet all of its performance/milestone deadlines? Yes = 4, No = 0	
4. Did the vendor submit reports and invoices that were timely and accurate? Yes = 4, No = 0	
5. Did you impose sanctions, penalties, liquidated damages, or financial consequences on the vendor during the last 12 months? Yes = 0, No = 4	
6. How would you rate the vendor's key staff and their ability to work with your organization? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
7. Did you ever request dismissal of any key staff? Yes = 0, No = 4	
8. Did the vendor's project/contract manager effectively manage the contract? Yes = 4, No = 0	
9. How would you rate the vendor's customer service? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
10. Was the vendor's staff knowledgeable about the contract requirements and scope of services? Yes = 4, No = 0	
11. Did the vendor work cooperatively with the organization during the course of the contract? Yes = 4, No = 0	
12. Would you contract with this vendor again? Yes = 8, No = 0	
<b>Total Score:</b>	

Reference Verified by:

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date