



LakeCounty

Purchasing Division

<http://doingbusiness.lakecountyil.gov/>

Lake County will be accepting **only** electronic RFP submissions for Request for Proposal.

Please follow the steps below to upload your electronic RFP Submission:

1. Go to www.lakecountypurchasingportal.com
2. Click on the RFP Number: 25199
3. Click on register for this bid
4. Enter your username and password
5. Under the Submittals section, you will be able to upload your RFP submittal
 - a. Click on the browse button
 - b. Navigate your computer and select the appropriate file
 - i. Multiple files can be uploaded, each file can be no more than 20 MB
 - ii. Files can also be uploaded as a .zip file
 - c. Click on save submittals
 - d. Close the browser

ALL SUBMITTALS SHOULD BE LABELED ACCORDINGLY. PLEASE USE BELOW LABEL FOR YOUR CONVENIENCE.

<u>BID/RFP No.</u> RFP #25199	Business Name: _____
<u>Buyer:</u> Michael Jeschke	Address: _____
<u>Bid/RFP Description:</u> Lake County Jail Inmate Medical Services	Lake County ATTN: PURCHASING DIVISION 18 N. County Street – 9 th Floor Waukegan, IL 60085-4350
<u>BID/RFP Due Date*:</u> Friday, April 18, 2025, at 11:00 AM CDT	

*Please note: Responses are due at **11:00 am local time** on Friday, April 18, 2025. Please allow sufficient time for any technical issues you may have and upload your RFP early. Please email Purchasing at purchasing@lakecountyil.gov to receive confirmation that we have successfully received your submission. Deadline for questions is April 10, 2025, by 12:00pm CDT.

Lake County, Illinois
Request for Proposals # 25199
Lake County Jail Inmate Medical Services

Request for Proposal (RFP) is for the purpose of establishing a contract with a qualified firm to provide inmate healthcare services for the Lake County Adult Correctional Facility.

GENERAL REQUIREMENTS:

Proposers are to submit electronic proposals, to be opened and evaluated in private. Submit one (1) complete electronic unprotected copy via the Lake County Purchasing Portal and one (1) redacted copy that can be used to comply with the Illinois Freedom of Information Act (FOIA). Please refer to the FOIA statute, 5 ILCS 140/1 et seq., and specifically Section 7 therein, for an explanation of the information that may be redacted.

PRE-PROPOSAL WALKTHROUGH:

April 2, 2025, at 10:00 am – 11:00 am CST

Interested vendors will be provided with a tour of the Lake County Adult Correctional Facility. This is not a mandatory tour. The tour will begin promptly at 10:00 am CST. Please arrive at least fifteen (15) minutes early to park and check in at the jail reception. Metered street parking is available. A virtual tour will not be provided. Vendors are allowed to bring two (2) people for the jail walkthrough. A notebook and writing utensil will be permitted in the facility for taking notes. **Electronics and bags will not be allowed within the facility.** There are lockers located in the jail reception area to leave items if needed. The entrance to the jail is circled yellow in the picture below.

Lake County Adult Correctional Facility:

29 S. Martin Luther King Jr. Ave.
Waukegan, IL 60085



SUBMISSION DATE & TIME:

Friday, April 18, 2025, by no later than 11:00 AM CDT.

Proposals received after the time specified will not be opened.

CONTACT / QUESTIONS:

All contact and questions regarding the Request for Proposal shall be with the Purchasing Division. Should the proposer require additional information about this RFP, please submit questions on our website at <http://lakecountypurchasingportal.com> by selecting the RFP number and addendum link. Questions may also be submitted via email to purchasing@lakecountyil.gov. All questions shall be submitted no less than seven (7) days prior to the RFP opening date.

CONTENTS:

The following sections, including this cover sheet, shall be considered integral of this solicitation:

- General Terms and Conditions
- Insurance and Bonding Requirements
- Special Terms and Conditions
- General Information
- Scope of Work
- Submittal Requirements
- Evaluation Criteria
- Proposal Price Sheet
- Addendum Acknowledgement
- General Information Sheet
- References
- Sustainability Statement
- Vendor Disclosure Statement
- Vendor Certification
- Attachments/Exhibits

NOTE TO PROPOSERS: Any and all exceptions to these specifications **MUST** be clearly and completely indicated in the Proposer's response to the RFP. Failure to do so may lead the County to declare any such term non-negotiable. Proposer's desire to take exception to a non-negotiable term will not disqualify it from consideration for award.

If your RFP includes any exceptions, proposers must insert an "X" in the following box indicating a submission with exceptions and provide separately a submission with noted exceptions.

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I. GENERAL INFORMATION**A. INTENT**

The intent of this RFP is to establish a contract with a vendor that can provide cost effective and medically necessary services while maintaining a level of quality in accordance with current standards established by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA) for the Lake County Adult Correctional Facility (LCJ). Additionally, the health services program for the Adult Correctional Facility must comply with the minimum county jail standards as defined by the Illinois Department of Corrections and the Prison Rape Elimination Act (PREA).

For the past three (3) years, the Lake County Sheriff's Office (LCSO) has used federal funds from grants to help pay for HIV medication, dialysis, and opioid dependency medications. LCSO applies for grants every year but cannot guarantee that federal funds will be used to help pay for this contract.

B. LAKE COUNTY, ILLINOIS

Lake County is located in northeast Illinois, between the Chicago and Milwaukee metropolitan areas. Lake County is home to about 703,000 residents. Lake County is committed to open government and transparency, and the County board's conservative fiscal policies have allowed the County to maintain fiscal stability and achieve AAA bond rating from Standard & Poor's and Moody's. Lake County is governed by a 19-member board and managed by a County Administrator.

C. BACKGROUND

LCSO operates a 740 bed Adult Correctional Facility (LCJ), and a 105 bed Adult Community Based Corrections Center (CBCC) located in Waukegan, Illinois. Currently, the CBCC is closed and there is not an anticipated date for re-opening. LCSO entered into an agreement with McHenry County Jail in December of 2023 to house up to 150 inmates daily. Prior to sending inmates over to McHenry County Jail, the average daily population of the LCJ was 620 with some seasonal variation. When CBCC was open, it had an average daily population of 93 males and 8 females. Since sending inmates over to the McHenry County Jail and closing CBCC, LCJ's average daily population in 2024 was 401. To date in 2025, the average daily population has been 421. The contract with McHenry County Jail expires November 30, 2025, and will likely be renewed for another year.

The Lake County Jail was the first county facility in Illinois and the 16th in the nation to be built and operated under the principles of direct supervision. The jail consists of housing units referred to as 'pods' in which Correctional Officers and detainees intermingle without the full complement of traditional barriers. A pod typically holds between 24 and 60 detainees. The Adult Correctional Facility house males and females in separate pods. Jail medical staff will be expected to navigate through the facility independently without the escort of a Correctional Officer. A Correctional Officer will be in the pod when medical staff are present. Our jail staff currently consists of 123 Correctional Officers, 18 Correctional Sergeants, 5 Correctional Lieutenants, 2 Deputy Chiefs, and 1 Chief of Corrections.

Currently, LCJ incarcerates adults (18 years of age and older) accused of crimes and awaiting trial, as well as those convicted and sentenced to less than one (1) year in jail (county time) and those sentenced to the Illinois Department of Corrections and awaiting transfer. Typically, 90% of the inmates are incarcerated on a pre-trial basis. The Lake County Jail received NCCHC accreditation in 1987 and has maintained it since that time. LCJ has been accredited through the ACA since August 2006. The Lake County Jail currently uses Tyler Technologies for its Jail Management Software (JMS).

All detainees admitted into the jail receive an initial medical and mental health screening by medical staff prior to being assigned beyond the Booking Area. If the CBCC reopens, any detainees sentenced to CBCC receive an initial medical/mental health screening by the medical provider but are responsible for their own healthcare.

D. CURRENT STATE - PROJECT

The information below is data that was requested in the Q&A portion of the last RFP. Please review the information below prior to submitting questions.

The current inmate healthcare provider in LCJ is Wellpath. The current pharmacy provider is Diamond Pharmacy. We are unable to provide Diamond Pharmacy reports because they are marked as proprietary and confidential to Diamond. LCJ only allows an inmate's medication from home in extreme cases and on a case-by-case basis. LCJ has a CLIA waiver that expires in 2026. The budgetary fiscal year is December 1 – November 30. The budget for FY25 is \$4,405,000. In the past, LCJ has contracted with the United States Navy to house on average 1-2 detainees at a time. At this time, we do not have a contract with any federal, state, or county agencies to house inmates at our jail. The average waiting time to see the dentist has historically been one (1) week or less depending on when the request was made.

E. PARKING

Parking is not available at Lake County Jail. The Proposer, any subcontractor, and employees will need to purchase a parking permit from the City of Waukegan. All parking information can be found on the City of Waukegan's website (<https://www.waukeganil.gov/132/Parking>).

F. PROJECT TIMELINE

To ensure that Lake County is able to implement the proposed solution, the proposers should indicate their ability to meet the deadlines indicated below:

Event	Date
Release RFP	March 20, 2025
Pre-Proposal Walkthrough of Lake County Jail (up to 2 people per company) 29 S. Martin Luther King Jr. Ave. Waukegan, IL 60031	April 2, 2025, at 10:00 AM CDT
Deadline for RFP Inquiries for Clarification and Posting of Responses	April 10, 2025, at 12:00 PM CDT
Deadline for Proposal Submissions	April 18, 2025, at 11:00 AM CDT
Evaluation Committee Review	April 21 – May 9, 2025
Finalist Interviews (if necessary)	May 19, 2025
Contract Negotiation	May 28, 2025
Lake County Board Approval	August 12, 2025

***This timeline may be subject to change.**

G. PROJECT STATUS

Personnel from the Proposer, Lake County, and other interested Lake County organizations will, as scheduled at a mutually agreed upon frequency, meet to discuss the scope of this project and the progress made by the Proposer in the performance of their obligations hereunder. When ad hoc meetings need to occur, Proposer and Lake County will make every effort to accommodate same.

H. PERFORMANCE LEVELS/MONITORING

Lake County staff will monitor performance levels based on progress reviews and milestone reports, as specified in the project plan created by the Proposer.

I. ACCOUNT REPRESENTATIVE

The Proposer shall assign an Account Representative who has a minimum of 5 years, successful experience in providing these services. The Account Representative, and his or her qualifications, shall be identified in the submittal of the RFP documents. The Account Representative shall be present for presentation of the proposal and must be assigned to Lake County throughout the Contract period.

J. REPORTS

Proposer shall furnish reports as requested by Lake County.

K. WORK PRODUCT

All work product prepared by Proposer pursuant to a resulting Agreement, including, but not limited to, policies, reports, analysis, plans, designs, calculations, work drawings, studies, photographs, models, and recommendations shall be the property of Lake County. Proposer shall deliver the work product to Lake County upon completion of Proposer's work, or termination of the Agreement, whichever comes first. Proposer may retain copies of such work product for its records; however, Proposer may not use, print, share, disseminate, or publish any work product related to this Agreement without the consent of Lake County.

II. SCOPE OF WORK

The Proposer shall provide all personnel, supervision, supplies, equipment, and pay all medical expenses necessary to provide a program for the provision of comprehensive healthcare services for Lake County Adult Corrections. The program shall meet constitutional and community standards of healthcare and, at a minimum, meet the standards of the National Commission on Correction Health Care (NCCHC), the American Correction Association (ACA), and county jail standards as defined by the Illinois Department of Corrections.

The Medical Department includes a dental examination room, medical/physical examination room, and nurses' station. There are twelve beds in the Lake County Correctional Medical Observation Unit, which is divided into three sections. On average, there are between three (3) to six (6) inmates being housed in the Medical Unit. Conditions that qualify an inmate to be housed in the medical pod include, but are not limited to, post-operative, uncontrolled diabetes, neurological deficit, complicated drug/alcohol withdrawal, complicated wound care, medical isolation, mental illness that requires close observation, and anyone that needs assistance with activities of daily living. Currently, 17% of the inmate population at LCJ are taking psychotropic medications and around 46% are taking some type of prescription medication.

1. Medical Services**A. Inmate Health Screening (Intake Screening)**

Medical staff completes a Medical and Mental Health Intake Assessment on all inmates in booking within four (4) hours of their arrival at the jail in accordance with the current NCCHC standards. The Proposer must provide a written report on all screenings received, such as referral for appropriate healthcare services, placement into medical segregation with referral to appropriate Healthcare services, or concurrence with placement into the general population. For any health screenings not completed in the established timeframe, the Proposer must provide a written report documenting the reason for delay. The total amount of intake screenings that occurred in 2024 was 4,672.

B. Health Appraisal

A health appraisal examination must be completed by qualified medical staff for each inmate within fourteen (14) days after arrival at the jail. These appraisals are currently being done by a registered nurse (RN). In 2024, the total amount of initial fourteen (14) day health assessments completed was 1,332. The written Medical History, Physical Assessment, Mental Health Screening and Evaluation must include the following:

1. Review of the intake screening
2. Complete history and physical examination
3. Mental health initial evaluation
4. Dental Screening
5. Vision and hearing screening
6. Laboratory tests as required
7. Other tests and examinations required and indicated

C. Annual Health Assessment

The Proposer shall conduct annual physicals on all adult inmates that have been incarcerated at the facility for over one (1) year as required by NCCHC standards. In 2024, a total of 104 annual health assessments were completed.

D. Daily Triaging of Medical Care Requests

Requests for medical care from inmates must be processed daily and/or within twenty-four (24) hours of receipt. Medical staff shall act upon all inmate medical requests with referrals to qualified medical personnel as required. The responsible physician or RN shall determine the appropriate triage mechanism to be utilized for specific categories of requests and schedule a visit with the appropriate service provider within seventy-two (72) hours, excluding weekends or holidays.

E. Sick Call

Sick calls shall be held in accordance with NCCHC standards. This is currently done seven (7) days/per week. In 2024, the total amount of sick call referrals was 3,302.

F. Medication Administration and Management

Proposer shall provide a total pharmaceutical system for the Adult Corrections Facility, including physicians or licensed practitioners prescribing the medication, filing the prescription, the dispensing of medication, and necessary record keeping. The prescription, dispensing, and administration of medications shall comply with all applicable federal, state and local laws, ordinances, rules and regulations, and shall be dispensed under the supervision of appropriately licensed or certified healthcare professionals.

The Proposer shall use best efforts to dispense pharmaceuticals to inmates within the timeframe dictated by the prescriber, generally twenty-four (24) hours from the time the prescription or order was written. The Proposer will be responsible for all costs of all required prescribed medications, including routine and non-urgent medications administered, except those prescriptions provided by ADAP (see section G). The system must include prescription and over-the-counter medications. All prescription medications must be administered by a state licensed individual. All controlled substances, syringes, needles and surgical instruments used in the dispensing of medication shall be stored by the Proposer under security conditions acceptable to the Jail.

The Proposer shall establish a medication formulary utilizing primarily generic medications unless otherwise medically indicated. Pharmacological support (the administration and issuance of prescribed medications) must be determined by the Proposer's healthcare staff. Proposer must review any requests for renewal of medication orders, including psychotropic medications, to ensure renewal is medically necessary. The re-evaluation must be documented in the inmate's health record.

The Proposer has the responsibility to record the administration in a manner and on a form approved by the Jail to include documentation of the fact that inmates are receiving and ingesting their prescribed medications, and to maintain those records. Documentation is also required when an inmate's ordered medication is not administered and the reason for non-administration must be noted. Proposer shall develop a system for tracking and reporting medication errors.

The pharmaceutical program must provide for consultation twenty-four (24) hours a day, seven (7) days a week from a registered pharmacist. This program must include a written emergency backup pharmacy plan. The pharmaceutical program must also include guidelines for administering medications to those inmates scheduled to be temporarily out of the jail facility (e.g., court appearances, residential treatment services, etc.).

Medications must be maintained under proper conditions and in a secure area. A log indicating the use of stock medications shall be maintained. Medical staff shall distribute medications seven (7) days a week to inmates as ordered by physician. Medical staff must sign a Medication Administration Record when they administer medication. The current medication distribution is conducted in the morning and evening. The Proposer shall provide policies and procedures for removal and disposal of any and all outdated, unneeded or surplus medications. Upon release from custody the Proposer shall comply with NCCHC standards for discharge planning which require that an inmate have a sufficient supply to be able to continue taking medication until seen by a community provider. Individuals that are released from custody receive vouchers that give them the ability to receive fourteen (14) days' worth of prescribed psychotropic medication and/or seven (7) days' worth of all other prescribed medication. Inmates that are transferred to a residential treatment program shall be provided with vouchers for 5-7 days of medication. The cost of pharmaceuticals, prescription and over the counter remedies shall be the responsibility of the Proposer and passed through to the LCSO.

In addition, on rare occasions, the Proposer's medical staff pick up and pay for prescription medication. Provider must specify how these medications will be obtained.

G. HIV Medication

The Lake County Adult Corrections Facility currently has the following procedure in place for HIV testing and medication:

HIV testing is performed for patients who disclose a history of HIV or at a patient's request.

If an inmate is booked into the facility that discloses that they are medically diagnosed with HIV, it is the responsibility of the medical staff at the jail to identify the inmate's current ADAP status. If the inmate is already enrolled, the jail medical staff follows up with specialty pharmacy for continued medication. If the inmate is not enrolled, the jail medical staff completes an ADAP application with the inmate and follows application status/medication via specialty pharmacy.

In 2024, there was a total of 21 inmates that tested positive for HIV.

H. Methadone

Currently, there is a MOU in place between LCSO, Lake County Health Department, and our current inmate healthcare provider that established a procedure for providing Methadone to allow inmates on this medication to continue their prescription upon incarceration. Our current inmate healthcare provider is responsible for the following:

- a. Obtain a Release of Information signed by the inmate allowing the Lake County Health Department (LCHD) Substance Abuse Program (SAP) to communicate with the Lake County Jail.
- b. Obtain a Release of Information signed by the inmate allowing LCHD SAP to communicate with the inmate's non-LCHD OTP.
- c. Obtain an LCHD Consent For Treatment signed by the inmate allowing LCHD SAP to guest dose the inmate.

- d. Notify LCHD SAP Methadone Program that there is an inmate in need of Methadone continuation and provide the inmate's name, birthdate and gender as well as name and phone number of the inmate's non-LCHD OTP.
- e. Complete a urine toxicology on the inmate before Methadone can be delivered to the jail, and report results to the LCHD SAP Nurse.
- f. For guest dosing female inmates, a Urine or Serum Pregnancy Test must also be completed, and results reported to the LCHD SAP Nurse.
- g. Jail nursing staff will sign the Receipt of Methadone tracking form upon delivery of the Methadone doses
- h. All delivered Methadone bottles will be accounted for and returned to the SAP nurse (full or empty with labels intact). This is recorded on the Receipt of Methadone tracking form provided by the LCHD SAP Nurse.
- i. Provide a secure area for Methadone delivery by SAP nurses to ensure the safety of the nurse and client/inmate confidentiality.
- j. Store Methadone bottles in a locked storage unit at all times.
- k. If a current LCHD client, notify LCHD SAP when the inmate is released and provide date of release and the last date of dosing.
- l. Make every effort to provide a dose of Methadone on the date of discharge as the LCHD SAP Methadone Clinic might be closed.
- m. No bottles of Methadone will be provided to the inmate upon discharge.
- n. Return all full and empty Methadone bottles for discharged inmates to the SAP Nurse with labels intact. This is recorded on the Receipt of Methadone tracking document provided by the LCHD SAP Nurse.
- o. Any interruption of dosing (missed dose, refusal of dose, spilled dose, vomited dose) will be reported to the LCHD SAP Nurse by the jail nursing staff and documented in the Medication Administration Record.

I. Management and Offsite Inmate Care

The Proposer shall assume financial responsibility for and will arrange for the admission of any inmate who requires hospitalization. Hospital services include, but are not limited to, daily room and board, nursing services, use of operation, treatment and/or recovery rooms, emergency room services, services and supplies routinely provided by the hospital, physician services including surgery, diagnostic testing, and anesthetics and their administration. Proposers management of offsite care shall include, but is not limited to, negotiating provider rates, contracting with hospitals and specialty care providers to develop a network of offsite providers, managing communications between onsite and offsite providers to ensure continuity of care, adherence to all privacy laws including HIPPA and the HITECH acts, monitoring applicability and utilizing available benefits of third party payor sources including the Patient Protection and Affordable Care Act (PPACA), coordinating and obtaining clinical information between providers, review of all claims for appropriateness, and provision of utilization management to ensure all offsite care is timely, medically necessary and not duplicative of services provided onsite. Lake County primarily uses Vista Medical Center East for hospital care. A monthly log shall be provided to LCSO summarizing each emergency and hospital visit including whether the visit was avoidable (e.g. No one onsite to administer an IV). A summary of the off-site service costs can be found in Exhibit G.

J. Specialty Services

Inmates will periodically require the services of a medical specialist (e.g., Ob-Gyn, Orthopedics, etc.). The Proposer shall be responsible for the arrangement of all specialty care. Whenever possible, onsite delivery of specialty services is to be arranged (i.e. physical therapy, lab work, X-ray, dialysis etc.). Currently, dialysis and physical therapy are provided on-site by a third party contracted through our current jail medical provider. The third party bills our current jail medical provider, and the cost is then passed through to LCJ on our monthly off-site/pharmacy invoice. Proposers management of specialty services

shall include, but is not limited to, negotiating provider preferred rates, contracting with specialty care providers to develop a network of offsite providers, managing communications between onsite and offsite providers to ensure continuity of care, adherence to all privacy laws including HIPPA and the HITECH acts, monitoring applicability and utilizing available benefits of third party payor sources including the Patient Protection and Affordable Care Act (PPACA), coordinating and obtaining clinical information between providers, review of all claims for appropriateness, and provision of utilization management to ensure all offsite care is timely, medically necessary and not duplicative of services provided onsite. If the awarded vendor is not able to negotiate preferred rates, there must be documentation provided to Lake County within 90 days of taking over the contract, demonstrating that an attempt was made by the awarded vendor.

K. Emergency Services

The Proposer shall provide emergency medical treatment to inmates as necessary, including off site emergency treatment through appropriate arrangements with local hospitals. Additionally, the Proposer shall provide emergency first aid to correctional staff and visitors at the jail upon request of Lake County. However, if there is a simultaneous need for emergency first aid to a correctional staff member, a visitor, and/or an inmate, the Proposer will triage each situation and make reasonable effort to first address the most urgent medical need. The Proposer will not be responsible for payment of emergency and follow-up services and transportation provided to correctional staff and/or visitors within the facilities in the event of an emergency. Currently, emergency ambulance transport is provided by 911 Waukegan Fire and Rescue for Adult Corrections.

L. Special Medical Programs

The jail physician shall develop a written individualized treatment plan for inmates with special medical conditions requiring close supervision. The plan should include directions to all applicable personnel regarding their roles in the care and supervision of the patient.

M. Reporting Requirements

Proposer is to collect and analyze healthcare statistics on a regular basis in the jail. Analysis should include information that will assist all parties in justifying current services and include any recommendations to improve medical services, as well as suggestions for corrective, preventive or remedial actions based on analysis of the report's data. Statistical reports of health services, as well as review of Medical Grievances shall be made at least monthly and provided to the Jail Administrator during the Medical Audit Committee (MAC) meeting. A formal Continuous Quality Improvement (CQI) meeting should be held at least quarterly. Please note that all reports will become the property of Lake County and may be shared with the County Board and other requesting agencies.

The awarded vendor will be required to submit the following reports to LCSO on a daily, weekly, or monthly basis. Please provide example illustrations of the following reports that you would submit to LCSO if awarded the contract:

- Daily Statistics – Sent Monday through Friday
- Weekly Staffing Schedules
 - a. Proposed
 - b. Corrected
- Medical Audit Committee (MAC) – list all reports to be included
- Continuous Quality Improvement (CQI) – list all reports to be included

N. Exclusions

The Proposer shall not be responsible for the provision of elective medical care to inmates. "Elective Medical Care" means non-emergency medical care, which if not provided, would not cause the inmate's

health to deteriorate or cause definite harm to the inmate's well-being in the opinion of the Medical Director. Any other exclusions shall be specified by Proposers in their submittal.

O. Inmate Medical Co-Payment Requirements

Inmates at the jail are currently billed a co-payment of \$10.00 for any medical or dental services requested by the inmate. There are no charges for any follow-up appointments deemed necessary. The medical staff completes this process and shall provide a report of every inmate that was charged a co-pay. Proposer shall provide LCSO with the information needed to bill inmates at the jail for the necessary co-payments for medication and medical services as appropriate. This must include information such as who they saw, when they were seen, services performed, etc. Co-payments are currently billed through LCJ's banking software program, Lockdown.

P. Staffing Requirements

Lake County requires coverage at LCJ twenty-four (24) hours a day for seven (7) days a week, 365 days a year (366 days in a leap year). Treatment is provided for emergent, urgent and chronic medical conditions in consultation with Physicians, Physician's Assistants/Nurse Practitioners, Psychiatrists and Dentists. Registered Nurses are required twenty-four (24) hours daily to assess, treat and refer inmates as necessary.

The Proposer must include a proposed staffing plan for the LCJ, which shall be inserted after the Price Proposal. We have included our current staffing matrix (Exhibit D) for your reference while creating your proposed staffing plan. While reviewing our current staffing matrix, please keep in mind that the criteria listed below must be met in the newly proposed staffing plan at a minimum. Each position shall include a post assignment/title and hours to be worked. The Proposer must also disclose the maximum number of hours per week individual staff members can work. The proposed staffing plan may be subject to the approval of Jail Command. The Proposer shall accept applications from and interview current medical health staff for existing and anticipated positions.

While creating your proposed staffing plan, the following criteria must be met:

1. A RN must be on duty twenty-four (24) hours a day, seven (7) days a week which equates to 168 hours per week. Intake screening must be performed by RN staff. RN coverage should be 252 hours per week spread across 24-hour coverage seven (7) days a week.
2. The Doctor should be scheduled for six (6) hours a week and should be divided between two (2) non-consecutive days.
3. Psychiatrist should be scheduled for three (3) hours a week.
4. Psychiatric ARNP should be scheduled for sixteen (16) hours a week.
5. Social Workers/Mental Health Professionals should be scheduled for 104 hours a week, divided between seven (7) days with sixteen (16) hours of coverage per day and should not have overlapping shifts. The shifts should be scheduled for days and afternoons, not when the facility is on lockdown at night between 10:00 PM – 7:30 AM.
6. Dental services are currently provided by a dentist eight (8) hours a week and a dental assistant eight (8) hours a week. These two positions are scheduled to work at the same time.
7. The Health Services Administrator, Director of Nursing, Mental Health Director, Mid-Level Provider (NP/PA), CMA, and Administrative Assistant should each be scheduled for 40 hours per week.
8. LPN coverage should be 280 hours per week spread across 24-hour coverage seven (7) days a week.

The Proposer shall provide a plan for corresponding shifts for various healthcare positions that would be necessary to treat the inmates that would meet the standards of the National Commission on Correction

Heath Care (NCCHC), as well as the American Correction Association (ACA).

In all cases, employees may be used to cover like positions when their credentials equal or exceed the credentials required for such position (i.e., a RN may cover for a LPN). A tentative staffing schedule for the following week shall be provided by the Proposer every Friday. A corrected staffing schedule for the previous week shall be provided by the Proposer every Monday. Lake County reserves the right to monitor staffing on a weekly basis and may request an action plan by the Proposer to address any inconsistency in staffing levels.

The following requirements must be met by all successful Proposers:

1. Only Illinois licensed and qualified personnel shall be employed to provide professional coverage.
2. All personnel will be required to pass an annual background investigation conducted by the Lake County Sheriff's Department. The cost of the investigation will be borne by Lake County.
3. A Director of Nursing (DON)/Site Administrator who is, at minimum, a Registered Nurse, shall be assigned to the site. The selected DON/Site Administrator should have management experience and successful experience in the administration of healthcare services at other, similar sized, correctional facilities would be preferred. The selected DON must be licensed in Illinois. If replacing the DON/Site Administrator becomes necessary, the replacement must have equal qualifications to those of the DON/Site Administrator originally identified.
4. A Health Services Administrator (HSA) who is, at minimum, a Registered Nurse, shall be assigned to the site and scheduled to work during the day. The selected HSA must be licensed in Illinois. If replacing the HSA becomes necessary, the replacement must have equal qualifications to those of the HSA originally identified.
5. All personnel will comply with current and future state, federal, local laws, regulations, court orders, procedures, etc.
6. Employed Social Workers must be at a minimum a Licensed Professional Counselor (LPC), Licensed Social Worker (LSW), Unit Practice Council (UPC), and Licensed Clinical Social Worker (LCSW).
7. An employee file, including but not limited to a completed background check, current license, and any other applicable certification, shall be maintained for all employees of the medical provider.
8. Hiring and continued assignment of senior leadership staff will be subject to the approval of Facility Administrator(s). Vacancies must be filled within thirty (30) days with no loss of service/coverage in the interim.
9. The Proposer will be responsible for setting up the work schedules of all its employees to comply with the coverage they proposed in this Request for Proposal.
10. All personnel shall be required to wear an ID badge, dress appropriately, act professionally, and maintain proper hygiene.
11. The County shall be entitled to request the removal of individuals for any of the following grounds provided that such request be in writing and shall specify the reasons for the County's dissatisfaction: (i) unsatisfactory performance that causes negative operational impact at the facility or causes the County to commit additional resources to avoid operational impact; (ii) dishonesty or belligerent conduct; (iii) lack of compatibility with County staff; or (iv) violation of County rules or policies. Upon such written request, the County and Proposer shall decide on a course of action to cure any such problems, provided that there shall be no cure opportunity required for problems involving categories (ii) or (iv) in the preceding sentence.
12. All medical staff that retain their current position in the new contract with the awarded vendor must be entitled to full medical benefits beginning the first day of the contract.

Q. Notification of Absence of Key Health Personnel

Proposer shall notify the LCSO selected liaison when key health services personnel, such as, but not limited to, the Health Services Administrator, Director of Nursing and/or ARNP/PA will be off the grounds of the facility for any leave of absence exceeding forty-eight (48) hours. Notice shall be provided at least thirty (30) days prior to the leave of absence, excluding any instances of emergency, sickness or injury. A written notification must include the name, title, and contact information of the person providing coverage.

R. Inmate Jewelry and Piercing Removal

Proposer shall be responsible for the removal of all inmate jewelry and piercings if the inmate is unable to remove it themselves. The removed jewelry and piercings are to be placed with the inmate's belongings at time of booking.

S. Tuberculosis (TB) Testing and Flu Vaccination Services for County Employees

Proposer shall offer TB testing in April and flu vaccination services in November for staff of the entire Sheriff's Office and employees identified in the 19th Judicial Circuit annually. Lake County will provide all supplies, and Proposer will provide staff to administer testing. The County is currently providing 66 flu vaccinations, and 135 TB tests each year for Sheriff's Office staff.

2. Dental Services

Dental Services will be provided on-site in accordance with NCCHC standards, including but not limited to:

1. Dental screening within fourteen (14) days of booking.
2. Annual oral screenings for inmates who have been in jail for 365 consecutive days.
3. Dental treatment which includes restorative treatment such as fillings and extractions provided upon clinical indications (the Proposer shall not provide ONLY extractions).
4. Prevention of dental disease and oral hygiene education.
5. Referral to a dental specialist if needed (e.g., oral surgeon, orthodontist, periodontist, etc.).
6. Provision for emergency care.
7. Provision of all dental prosthetics, including removable partials and full dentures if the inmate is unable to masticate sufficiently to eat, and dental lab services.
8. Provision of maxillofacial oral surgery services when indicated.
9. Sixteen (16) hours on a weekly basis are currently provided and split between a dentist and a dental assistant. The actual schedule will be mutually agreed upon with the LCJ.

In 2024, a total of 791 dental exams were completed. A total of 106 annual exams were completed.

3. Sexual Assault/Prison Rape Elimination Act (PREA)

The Proposer shall work cooperatively with the Chief of Corrections upon admission to screen for inmates at risk for sexual assault during incarceration.

Any adult inmate that is identified upon admission by nursing staff, as potentially at risk for sexual assault due to the various risk factors identified by PREA, will be referred to the Chief or designee for classification consideration as appropriate. This includes anyone with a significant history of victimization, physical or sexual abuse, or who is otherwise identified as having a trauma history. Such adult inmates shall be referred to a mental health professional for assessment as well.

All adult inmates identified at intake as high risk with a history of sexually assaultive or predatory behavior, whether by offense or prior behavior during confinement, shall be referred to and assessed by a mental health professional. Detainees with a history of sexually assaultive behavior shall be identified, monitored and

counseled, which may include housing in a single cell environment if feasible. During confinement, individuals who are identified as potential victims of sexual assault or who claim to have been assaulted during incarceration shall be referred, under appropriate security provisions, to an appropriate community agency for sexual assault treatment/trauma intervention, including mental health services, and gathering of specimen collection for criminal evidence. Provisions shall be made for testing for STI and for mental health counseling of the victim. A report shall be made to the facility administrator to ensure separation of the victim from his/her alleged assailant and information shall be referred to for possible criminal prosecution. All policies and procedures shall conform to the Prison Rape Elimination Act (PREA).

4. Mental Health Services

A. General Services

- I. Under the direction and supervision of the chosen firm, the Proposer's Licensed Behavioral Health Professional will perform professional clinical work to provide comprehensive and coordinated care to the inmates according to the NCCHC standards.
- II. The Licensed Behavioral Health Professional shall provide consultation and guidance to the correctional staff as they interact with inmates who are experiencing emotional distress due to mental health issues.
- III. The Licensed Behavioral Health Professional will receive referrals of inmates with mental health issues from internal staff and internal records review. Following the referral, The Licensed Behavioral Health Professional will conduct assessments of past and current mental health needs, medications and suicide risk/potential and makes recommendations for required services. The jail Psychiatrist must order all medications and records of administration must be maintained. All costs are to be borne by the Proposer.
- IV. The Licensed Behavioral Health Professional will serve as a liaison and consultant between appropriate correctional staff, jail medical staff, and other applicable staff.
- V. In addition to assessment, the Licensed Behavioral Health Professional will provide crisis intervention, referral, coordination of services, case management and documentation and follow up to the inmate population.
- VI. The Licensed Behavioral Health Professional will be required to participate in all weekly correctional classification meetings.

In 2024, a total of 1,585 mental health screenings occurred and a total of 3,373 follow-up contacts after the initial screening were completed.

B. Reporting Requirements

A monthly report of services will be provided to the Facility Administrator(s). This report must include, but is not limited to, the number of new referrals, number of follow-ups, immediate suicide interventions, the total number of inmates prescribed psychotropic medications during each respective month (including inmates that have been released), the number of inmates prescribed psychotropic medications at the end of each month (current inmates), etc. Proposer and Lake County will mutually agree upon the exact data, format, and reporting frequency. For the purposes of understanding the ability to provide aggregate data by diagnosis, Proposers are asked to submit a sample report as part of their proposal.

C. Suicide Prevention

The Proposer shall include a description of their approach and methodologies related to the identification and prevention of suicidal and other self-injurious behaviors.

5. Medical Records

Proposer shall maintain a complete and accurate medical record for each inmate receiving healthcare services. Lake County currently uses CorEMR for electronic medical records for LCJ. Our current jail medical provider passes through the cost of CorEMR on a monthly invoice to LCJ.

Proposers are asked to confirm their ability to work within the existing CorEMR system or identify another solution as part of their submittal, preferably one that is cloud hosted. The awarded vendor is responsible for paying the per inmate license fee. The awarded vendor will be responsible for paying the full cost of the interface creation, integration, and all data conversions between the proposed third-party EMR and our JMS system if electing not to use CorEMR. At all times and independent of which medical records system is used, Proposer shall ensure that medical records remain accessible to the medical staff at LCJ, including when such records need to be transferred to a new medical records system or to a new medical provider.

Each medical record will be the property of Lake County, and such records shall be maintained in accordance with applicable laws and standards, as well as Lake County's policies and procedures. The medical records shall be kept separate from the inmate confinement record. A complete and legible copy of the applicable medical record shall be available, within a reasonable time, to Lake County and/or its designees and be available to accompany each inmate resident who is transferred from either facility to another location for off-site services or transferred to another institution with reasonable notice.

6. Administrative

A. General

- I. The Proposer shall be responsible for establishing medical protocol for the healthcare unit(s) and medical staff.
- II. The Proposer shall provide monthly reports to the Facility Administrator(s) containing an analysis of the healthcare services rendered.
- III. The Proposer shall institute an effective quality assurance program, which will include but not limited to periodic audit and medical chart review procedures.
- IV. The Proposer shall be responsible for all medical staff's annual authorized access renewal in January of each year for the length of the contract. All expenses of the annual renewal will be paid for by LCJ.

B. Office Space

Lake County will provide a medical observation pod, dental office, office space, existing medical equipment, and utilities (including local telephone service) sufficient to allow the Proposer to perform its obligations. The County will provide support for any County owned or licensed software needed to conduct business. The Proposer shall be required to provide any other technical support.

C. Supplies and Equipment

1. A list of all County owned equipment is provided in Exhibit C.
2. Lake County will provide all computers deemed necessary to fulfill the terms of this contract. No computers from the Proposer shall be used on-site at the Jail. The Proposer will need to identify in their response how many computers will be required on-site.
3. The Proposer is responsible for the cost of all other additional supplies and equipment needed to provide healthcare that are not included in Exhibit C or identified as additional computers required.
4. The Proposer shall be responsible for the repair or maintenance of existing medical and dental equipment and obtaining all certifications and inspections required on the equipment.
5. The Proposer may install (subject to written authorization from Lake County) any new equipment it deems necessary. The Proposer shall consult with Lake County regarding the disposition of any County owned equipment. Any equipment installed may be taken by the Proposer within fourteen (14) days of the expiration of the contract unless Lake County agrees to the purchase of the equipment. If the contract is terminated for cause, then the equipment shall remain in place until the medical unit is operational by another vendor or Lake County Health Department for a term not to exceed ninety (90) days.
6. File cabinets, desks, chairs, etc. that are currently on-site will remain in the medical unit. Those items will remain the property of the LCSO at the termination of the contract.

7. The Proposer is responsible for all fax, printers and other office equipment that it deems necessary to fulfill the terms of this contract. The Proposer shall be responsible for photocopying fees and machines relating to its ability to perform services in this proposal. Equipment purchased by the Proposer shall remain the property of the Proposer.
8. The Proposer shall be responsible for procuring and stocking all medical, laboratory and pharmaceutical supplies for the routine and specialty care of all adult inmates. All remaining supplies shall be converted to County inventory at the end of the contract. At the end of the contract, the Proposer shall ensure that at least a 30-day supply of medical, lab, first-aid, office supplies, and pharmacy supplies remains on-site to ensure continuity of care during the transition of services. All medical supplies remaining may be used or consumed by the Proposer without obligation or cost.
9. The Proposer shall be responsible to provide, stock, and check first aid kits on a monthly basis. There must always be a minimum of 23 kits on site at the LCJ.
10. The Proposer shall be responsible for monthly inspections of the AED which include, but are not limited to, checking proper function of status indicators, ensuring electrodes are not past the expiration date, and making sure the PPE/Ready Kit is stocked and in place. There must always be a minimum of 23 kits on site at the LCJ.
11. The Proposer shall be responsible for the collection of all ID's and transponders assigned to medical staff whose employment has been terminated at the Adult Correctional Facility. This excludes any former employee whose employment was terminated prior to commencement of Agreement.

D. Accreditation

The Proposer shall be responsible for maintaining current NCCHC, PREA and ACA accreditation, as well as retaining this accreditation. All files associated with the compliance must be kept onsite. Please reference Exhibit A for penalties associated with loss of accreditation. The next accreditation for PREA is scheduled for 2026. The next accreditation for NCCHC and ACA is scheduled for 2026.

E. Security

The Proposer's staff will be subject to all the security regulations and procedures of the Lake County Sheriff's Office.

F. Referrals

The Proposer's staff will coordinate all appropriate inmate healthcare service referrals and/or consultations between the jail medical staff and other outside agencies for continuity of care.

G. Security of Inmate Files

Inmate medical files are of a confidential nature. The Proposer's employees will be allowed access to these files only as needed for their duties related to the contract and in accordance with the rules and laws established by the State of Illinois.

H. Grievance Plan

The Proposer shall specify the policies and procedures to be followed in dealing with inmate's complaints regarding any aspect of the healthcare delivery system. The Proposer shall maintain monthly statistics of grievances filed – both those with and without merit. In 2024, there was a total of 133 inmate grievances. A total of 124 were unfounded.

I. Risk Management Plan

The Proposer shall indicate its risk management plan and discuss its procedures for dealing with critical or sentinel events/incidents. The Proposer shall be responsible for establishing and providing evidence of a formal morbidity review process. The Lake County State's Attorney, Risk Management, or designee shall be included in any mortality/morbidity review. The Proposer shall not settle inmate healthcare litigation without first contacting the Lake County State's Attorney.

J. Cost Containment Plan

The Proposer shall specify a detailed plan for the implementation and operation of a cost containment program. Addressed in this section shall be the mechanism(s) by which the Proposer plans to control costs, areas in which cost savings can be achieved, and evidence of the success of such programs at other Proposer sites.

K. Proposer's Cooperation

- a. The Proposer shall maintain regular communications, as mutually agreed with the Facility Administrator(s) and/or designed Lake County staff and will actively cooperate in all matters pertaining to this contract.
- b. Proposer shall be knowledgeable in changes to healthcare reform.

L. In-Service Training

- a. All Proposer's staff shall receive in-service training as required by local, state, and federal law requirements at Proposer's expense.
- b. All Proposer's staff shall receive suicide prevention training annually at Proposer's expense.
- c. In-service training shall be provided for LCJ staff as requested at no additional cost. This includes, but is not limited to, suicide prevention, bloodborne pathogens, pertinent mental health topics, or mutually agreed upon training topics.
- d. The Proposer will conduct an ongoing health education program for inmates and Lake County Correctional staff with the objective of improving the level of inmate healthcare.

M. Medical Waste

The Proposer shall dispose of all contaminated waste resulting from its services, including but not limited to needles, syringes, etc., in accordance with local and state laws in the containers provided.

N. HIPPA

The Proposer is responsible for complying with all current and future HIPPA (Health Insurance Portability and Accountability Act) regulations. Proposer will be required to execute the HIPPA agreement included with the RFP.

O. Transition

The Proposer shall agree to work with the existing firm to transition services so that it is relatively seamless to inmates and staff.

P. Jail Medical Staff Assignments

Any individual hired to work in the LCJ shall not be utilized for other facilities without written consent from the Chief of Corrections with a minimum of twenty-four (24) hours' notice. The Chief of Corrections shall have the sole authority to either approve or deny the request. This is nonnegotiable.

III. SUBMITTAL REQUIREMENTS**A. Detailed Submittal Requirements**

Proposals should be prepared as simple as possible and provide a straightforward, concise description of the proposed products and services to satisfy the requirements of the RFP. Attention should be given to accuracy, completeness, relevance, and clarity of content. The proposal should be organized into the following major sections:

1. Introduction Material and Executive Summary
2. Company Background
3. Scope of Services
4. Implementation Plan
5. Client References
6. Exceptions to the RFP
7. Price Proposal / Value Added Services (attached)
8. Sustainability Statement
9. Vendor Disclosure Statement (attached)
10. Vendor Certification Form (attached)
11. Addendum Acknowledgement (attached)

B. Introduction Material and Executive Summary

The introductory material must include a title page with the RFP number, subject, name of the Proposer, address, telephone number, e-mail address, the date, a letter of transmittal and a table of contents. The executive summary should be limited to a brief narrative summarizing the proposal.

C. Company Background

In this section provide information about the company so that the County can evaluate the Proposer's stability and ability to support the commitments set forth in the response to this RFP. Information in this section should contain the following information in addition to the General Information Sheet that is also included as an exhibit to this RFP:

1. Company name and location of the corporate headquarters and of the nearest office to Lake County.
2. The number of years the company has been in business and the number of years the company has been providing services to the public sector.
3. Include information on the company's customer base, such as the number of public sector clients the company serves, the number of local government clients, and the number of public sector clients in the state.
4. Include a brief summary of the company's organizational characteristics such as the number of employees, their backgrounds, whether the company is privately held, publicly traded, or if it is a subsidiary to a parent company.
5. Describe any other business affiliations (e.g., subsidiaries, joint ventures, "soft dollar" arrangements with brokers).
6. Provide a list of your organization's Board of Directors/Decision-Making Body including name, title, and contact information. Please do not list your organization's Advisory Board.
7. Provide one to three examples of similar type of work completed in the past five (5) to seven (7) years.
8. Provide a summary organizational chart. Identify the primary contact and describe the roles of each key person and should include office locations, telephone numbers, and email addresses.
9. Provide detailed resumes for all key professionals who will be directly responsible for providing services to the County. Include the following information: title, number of years at your firm, total number of years of experience, professional designations, or licenses.

D. Scope of Services

This section of the proposal should include a general discussion of the Proposer's overall understanding of the project and the scope of work. For each item that is identified in the scope of services outlined in the specifications, please identify your company's approach and response to address the desired service outlined.

Accreditation Experience

1. Provide an overview of experience with NCCHC and ACA.
2. Provide an overview of any experience with the Illinois Jail Standards and Juvenile Detention Standards.
3. Specify the facilities that the firm operates that are currently accredited by ACA or NCCHC. Provide the following:
 - Name of facility
 - Accrediting agency (i.e. ACA or NCCHC)
 - Include dates of accreditation/re-accreditation

Staffing

1. Describe your procedures for recruitment, screening, interviewing, testing, and certification of employees.
2. Provide a proposed staffing plan for all positions under this contract, including shift relief as needed and for all major holidays (New Year's Day, Martin Luther King, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, and New Year's Eve).
3. Provide the total number of employees that will be assigned to this contract. Please describe the role for each employee, including job title, hourly rate, & job descriptions.
4. Describe your form of background checks as well as verification of employee references.
5. Provide a resume from the Medical Director who will be assigned to this contract.
6. What is your company's corporate employee retention rate?
7. What are your on-site staffing retention rates at like sized facilities? Most importantly, what is the staffing retention at these facilities for management positions (HSA, DON, etc.)?
8. Describe your performance evaluation, retention, and promotion plans for current employees.
9. Describe the benefit program offered to employees, indicating each specific benefit and the portion of each benefit paid by Proposer and the portion paid by the employee.
10. Include your policy regarding the following areas:
 - 1) Overtime Pay
 - 2) Personal Leave
 - 3) Sick Leave
 - 4) Holiday Pay
 - 5) Maximum hours an individual staff member can work in a day and in a week
11. Describe all training and development programs offered to employees.
12. Provide detailed narrative discussing your company's approach and methodology to providing 100% staff coverage for each position.

Reports

Provide example illustrations of the following reports that would be provided to LCSO:

1. Daily Statistics
2. Weekly Staffing Schedules
3. Medical Audit Committee (MAC)
4. Continuous Quality Improvement (CQI)

General Services

1. Describe your financial acuity with examples of how you were able to control and/or reduce costs with other clients through creative business solutions.
2. Describe how you would interact with Lake County to accept responsibility to manage the day-to-day healthcare process.
3. Describe your experience in recovering benefits from third party providers (i.e. insurance carriers).
4. Describe how you evaluate, measure, and track your quality of service.
5. Provide a list of your drug formulary identified by manufacturer.
6. Provide your proposed transition plan.
7. Provide Suicide Prevention, Grievance Plan, Risk Management Plan, and Cost Containment Program.
8. Provide a total of how many computers will be required on-site for medical staff.

E. Implementation Plan

This section should describe the Proposer's implementation plan for each task identified in the scope of work. Provide proposed project plan timeline and outline specific areas that will require Lake County staff partnership. Provide project team resumes for key members of the implementation team expected to be on the project.

- Provide methodology for implementation. Methodology should include estimated timeframes, overview of deliverables, assumptions and assumed responsibilities, and roles of the County and proposed project team.
- Proposer shall indicate the ability to meet the project timeline. If this timeline cannot be met, please propose a revised timeframe for consideration.
- Provide project team resumes for key members of the implementation team expected to be on the County's project.
- Provide information on how you manage the website, software and transactions.
- Provide ways you will communicate status items placed and how often this information will be supplied.
- Provide a time frame of how often communication is shared about inventory status.

F. Client References

The County considers references to be an important factor in its decision to award a contract. Proposers should supply references that will be available to speak with the County. Three references should be provided that received similar type of work completed in the past five (5) to seven (7) years. A reference sheet is included as a submittal as part of this RFP document.

G. Exceptions to the RFP

All requested information to this RFP must be supplied as this document and subsequent proposals submitted help form the basis for a contract with the selected proposer. Proposers may take exception to certain requirements in this RFP. All exceptions shall be clearly identified in this section and written explanations shall include the scope of the exceptions, the ramifications of the exceptions for the County and the descriptions of the advantages or disadvantages to the County as a result of the exception. The County, at its sole discretion, may reject any exceptions or specifications within the proposal.

H. Price Proposal

Complete the Price Proposal form attached.

The proposer shall consider all costs including, but not limited to, labor, annual raises, materials, overhead, administration, all insurance costs, profit, travel, etc. associated with providing the services listed in this RFP.

Please keep in mind that this is a 24/7/365 (366 days in a leap year) facility and that every holiday must be staffed appropriately according to the contractual staffing schedule.

Pricing shall be based on the staffing levels and number of hours required for an Average Daily Population (ADP) of 550 adult inmates. Lake County would, however, appreciate alternate staffing proposals in an effort to reduce costs while maintaining service levels in accordance with the IDOC Corrections administrative code and the National Commission on Correctional Healthcare (NCCHC). This should not include a reduction in hours of service. Pricing for alternate staffing proposals should be included in the **cost proposal only**.

1. Pricing for the first initial (2) two-year term shall be fixed and based on an ADP per month of 550 inmates. A per diem deduct will apply if there are under 510 inmates and a per diem add will be applied if there are over 590 inmates. In your proposal, please specify what the per diem rate will be.
2. After the initial two-year period, pricing may be adjusted in accordance with the following:
 - a. Increases or decreases will be pegged against the Consumer Price Index, All Urban Consumers, US City Average for Medical Care, 12- month percent change, Not Seasonally Adjusted (Series CUUR000SAM) or 4%, whichever is lower. Per Diem and base inmate population may be renegotiated at the end of each contract year.
 - b. Written requests for price revisions shall be submitted at least ninety (90) days prior to the end of the current contract term.
3. For each year after the initial (2) two-year term, Lake County reserves the right to adjust the ADP annually.

Please provide a comprehensive explanation in your RFP response on how your company proposes to facilitate the billing for pharmaceuticals, staffing, off-site services, and specialty care. Currently, paid claims for off-site services/pharmaceuticals are billed as a pass through to LCSO on a monthly basis on a separate invoice from the monthly base amount. LCSO will not agree to pay *estimated* outstanding costs – we will only pay for paid claims.

I. Value Added Services

Please include any value-added services your firm provides in your submittal.

J. Sustainability Statement

Lake County is committed to green and sustainable practices and good environmental stewardship. Consequently, Proposers are asked to provide a Statement of Sustainability to demonstrate that they are also incorporating sustainability into their company's practices. A Sustainability Statement form is included as part of the RFP. Proposers are asked to provide a clear description of your company's sustainable practices, policies, or procedures in the following areas: waste minimization, energy efficiency, water efficiency, staff, and education.

K. Vendor Disclosure Statement

This disclosure statement is being filed in accordance with the Lake County Ethics Ordinance and Lake County Purchasing Ordinance. Effective January 2019, the Lake County Board implemented a Vendor Disclosure Statement Policy, which requires vendors to disclose any familial relationships between a Lake County elected official, department director, deputy director, manager and owners, principals or officers of the vendor's company as well as campaign contributions to County elected officials.

L. Vendor Certification Form

This certification form is information that Lake County is collecting for reporting purposes only and will not be used in vendor selection.

M. Addendum Acknowledgment

Any and all changes to the specifications and terms and conditions of this RFP are valid only if they are included by addendum issued by Lake County Purchasing. Proposers shall acknowledge addenda by signing the enclosed Addendum Acknowledgement form. It is the Proposer's responsibility to check for addendums posted on the website at <http://lakecountypurchasingportal.com> prior to the submittal due date. No notification will be sent when addendums are posted unless there is an addendum within three business days of the submittal due date.

IV. EVALUATION CRITERIA

- A. The County will conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this procurement effort. All proposals will be evaluated by how well the proposal satisfies the described/stated needs, rather than how exactly the proposal matches the strictest interpretation of the terminology and design concepts stated herein. Newly emerging technologies, additional features, and the ability of the proposed solutions to adapt will be a consideration. Submitted proposals will be reviewed to determine whether the provider meets the following minimum procurement requirements:

- Qualifications and Experience
- Understanding and ability to meet and/or exceed the scope of services
- Staff Plan, including Staff Training Programs & Employee Benefit Program
- Completeness of proposal and responses for required information
- Price Proposal

There is a total of 100 possible points. Lake County will not disclose the maximum point allotment per evaluation criteria category. We want all vendors to treat each criterion equally and submit quality responses for all categories.

B. Short List

The evaluation factors will be used to assist the evaluation committee in determining a short list. Proposers will be notified by the County if they have been selected for the short list. Please note, Lake County reserves the right to not shortlist all Proposers if it is not in the best interest of the County.

C. Interview

Lake County reserves the right, as part of the evaluation process, to ask for additional materials, interviews, or schedule site visits to any locations serviced by Proposers. Site visits may be scheduled or unscheduled as determined by the County. If applicable, the County shall contact Proposers to arrange an interview. Information provided as part of the interview may be used by Evaluation Committee to re-evaluate and re-rank Proposers.

D. Additional Investigations

The County reserves the right to make such additional investigations as it deems necessary to establish the competence and financial stability of any firm submitting a proposal.

E. Best and Final Offer

The County reserves the right to request a Best and Final Offer (BAFO) if additional information or modified terms are necessary for the Evaluation Committee to complete its evaluation and ranking. A BAFO will not be used solely to reduce pricing. If a BAFO is requested, all short-listed proposers, or if the short-list process is not used, all qualified Proposers will be provided an opportunity to submit a modified Response. Only one

BAFO request will be issued by the County. The information received from the BAFO will be used by the Evaluation Committee to re-evaluate and re-rank the Proposers.

F. Intent to Negotiate

The County reserves the right to invite the most qualified proposer to negotiate final terms and conditions, finalize scope clarification and confirm final pricing and payment terms. The information received from the negotiation shall be found in the final contract document. If the parties are unable to negotiate a satisfactory contract the negotiations will be terminated. The County reserves the right to either begin negotiations with the qualified proposer that is next preferred or non-award the request for proposal.

V. GENERAL TERMS AND CONDITIONS

A. NEGOTIATIONS

Lake County reserves the right to negotiate specifications, terms, and conditions, which may be appropriate to the accomplishment of the purpose of this Request for Proposal (RFP).

B. CONFIDENTIALITY

Proposals are subject to the Illinois Freedom of Information Act (FOIA) once an award or final selection is made. As such, all Proposers responding are asked to submit one redacted copy of their proposal that can be used by the County to respond to any future FOIA requests for the proposal.

Please refer to the FOIA statute, 5 ILCS 140/1 et seq., and specifically Section 7 therein, for explanation of information that may be redacted. For example, information exempt from disclosure in response to a FOIA request includes but is not limited to: highly personal or objectionable information; trade secrets and commercial or financial information claimed as proprietary, privileged or confidential, the disclosure of which would cause your business competitive harm; valuable formulae, computer geographic systems, designs, drawings and research data when disclosure of the same would produce private gain or public loss; certain construction related technical documents; and information associated with automated data processing operations that, if disclosed, would jeopardize system or data security.

If no redacted copy is provided, the Lake County Purchasing Division reserves the right to determine what information should be redacted as proprietary, privileged, or confidential in response to a FOIA request. A Proposer who fails to provide a redacted copy of its proposal waives its right to maintain any claims against Lake County, its agents, or employees for disclosure of this information.

C. RESERVED RIGHTS

Lake County reserves the right, at any time and for any reason, to cancel this RFP or any portion thereof, to reject any or all proposals, or to accept an alternate proposal. The County reserves the right to waive any immaterial defect in any proposal. Unless otherwise specified by the Proposer, the County has ninety (90) days to accept. The County may seek clarification from a Proposer at any time. Proposer's failure to respond promptly is cause for rejection. The County may require submission of best and final offers.

D. INCURRED COSTS

Lake County will not be liable for any costs incurred by respondents in replying to this RFP.

E. AWARD

Lake County reserves the right to award this contract based on the evaluation criteria set forth herein. Award shall be made by the Lake County Board to the responsible Proposer(s) determined to be the most qualified and advantageous to the County. Lake County reserves the right to award this Contract in whole or in part if determined to be in the best interests of the County.

F. ADDITIONAL INFORMATION

Should the Proposer require additional information about this RFP, please submit questions on our website at <http://lakecountypurchasingportal.com> by selecting RFP number and addendum link. Questions may also be submitted via email to purchasing@lakecountyil.gov. All questions shall be submitted no less than seven (7) days prior to RFP opening date. ANY and ALL changes to these specifications are valid only if they are included in the written Addendum to all Proposers. No interpretation of the meaning of the plans, specifications or other contract documents will be made orally. Failure of any Proposer to receive any such addendum or interpretation shall not relieve the Proposer from obligation under this RFP as submitted. All addenda so issued shall become part of the RFP documents. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings caused a Proposer to improperly submit a proposal.

G. DISCUSSION OF PROPOSALS AND NEGOTIATION

Lake County may conduct discussions with any Proposer who submits a proposal. During the course of such discussions, the County shall not disclose any information derived from one proposal to any other Proposer. Lake County anticipates conducting negotiations with the successful Proposer. Your proposal should indicate any exceptions taken to this.

H. EXCEPTIONS

Any and all exceptions taken by Proposer to the terms of this RFP are to be identified in writing and included in the list of submittals.

I. CONTRACT TERM

This contract shall be in effect for a two (2) year period beginning December 1, 2025, through November 30, 2027. Lake County reserves the right to renew this contract for three (3) additional one (1) year period(s), subject to acceptable performance by the Proposer. At the end of any contract term, Lake County reserves the right to extend this contract for a period of sixty (60) days for the purpose of getting a new contract in place. For any year beyond the initial year, this contract is contingent on the appropriation of sufficient funds; no charges shall be assessed for failure of the County to appropriate funds in future contract years.

J. RESPONSIBILITY & DEFAULT

The Proposer shall be required to assume responsibility for all items listed in this RFP. The successful Proposer shall be considered the sole point of contact for purposes of this contract.

K. INTERPRETATION OR CORRECTION OF REQUEST FOR PROPOSALS

Proposers shall promptly notify the Purchasing Division of any ambiguity, inconsistency, or error that they may discover upon examination of the RFP. Interpretation, correction, and changes to the RFP will be made by addendum. Interpretation, corrections, or changes made in any other manner will not be binding.

L. TAXES

The County is exempt from paying certain Illinois State Taxes.

M. TERMINATION

Lake County reserves the right to terminate this Agreement as set forth below.

1. Termination for Convenience:

Lake County reserves the right to terminate this Agreement, or any part of this Agreement, with or without cause, upon 30 days' written notice. In case of such termination, Proposer shall be entitled to receive payment from Lake County for work completed to the date of termination in accordance with the terms and conditions of this Agreement.

2. Termination Due to Material Breach:

In the event that this Agreement is terminated due to the Proposer's material breach, Lake County shall be entitled to purchase substitute items or services elsewhere and charge Proposer with losses the County incurs, including attorney's fees and expenses, notwithstanding any damage limitations the parties may agree to elsewhere.

3. Termination Due to Lack of Appropriations:

If sufficient funds are not appropriated by the Lake County Board to continue the services under this Agreement, then Lake County may terminate this Agreement. Lake County agrees to give written notice of termination to Proposer at least 30 days prior to the end of the last fiscal year for which appropriations were made. Lake County shall remit payment for all work completed and approved or accepted by the County, to the date of termination. Termination under this subsection shall not entitle the Proposer to contractual damages of any kind.

4. Termination Due to Force Majeure Events:

- a) If a Force Majeure Event prevents a party from complying with any one or more obligations under this agreement, that inability to comply will not constitute breach if that party uses reasonable efforts to perform those obligations, that party's inability to perform those obligations is not due to its failure to (A) take reasonable measures to protect itself against events or circumstances of the same type as that Force Majeure Event or (B) develop and maintain a reasonable contingency plan to respond to events or circumstances of the same type as that Force Majeure Event, and that party complies with its obligations under section 16(d)(3), below.
- b) For purposes of this agreement, "Force Majeure Event" means, with respect to a party, any event or circumstance, whether or not foreseeable, that was not caused by that party and any consequences of that event or circumstance.
- c) If a Force Majeure Event occurs, the noncomplying party shall promptly notify the other party of occurrence of that Force Majeure Event and may terminate the Agreement based on it, with an obligation to pay only for services performed prior to the Force Majeure Event.

N. DEBARMENT AND SUSPENSION WITH LAKE COUNTY

- 1. The Lake County Purchasing Ordinance § 33.125 through 33.126 defines the County's Authority and Decision to Debar.
- 2. The Proposer certifies to the best of his or her knowledge and belief that the Proposer:
 - a) Is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
 - b) Has not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State, or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
 - c) Is not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
 - d) Has not, within a three-year period preceding this contract, had one or more public transactions (Federal, State, or local) terminated for cause or default.
- 3. Proposer agrees that, during the term of this Agreement, Bidder shall report to the County's contract administrator, within 10 days, any allegations to or findings by the National Labor Relations Board (NLRB) or Illinois Labor Relations Board (ILRB) that Proposer has violated a statute or regulation regarding labor

standards or relations. If an investigation by the County results in a final determination that the matter adversely affects Consultant's responsibilities under this Agreement, then the County may terminate this contract.

O. NON-DISCRIMINATION

The Proposer agrees to and shall comply with (1) the Equal Opportunity Employer provisions of Section 2000e of Chapter 21, Title 42 of the United States Code and Federal Executive Order Number 11246, as amended by Executive Order 11375, and (2) Chapter 33 of Title III of the Lake County Code of Ordinances (titled "Purchasing").

P. INDEMNIFICATION

The Proposer agrees to indemnify and defend Lake County (its employees, elected officials, executives, and agents) from all claims, actions, demands, judgments or liabilities, fines, penalties, and expenses, including without limitation reasonable legal fees and expert costs, arising out of this Agreement and arising from the Consultant's (its employees', executives', and agents') actions, whether negligent, reckless, or intentional. Lake County shall provide notice to Consultant promptly of any such claim, suit, or proceeding, and will assist Consultant, at Consultant's expense, in defending any such claim, suit, or proceeding.

Q. ASSIGNMENT, ALTERATIONS AND MODIFICATIONS

Any Agreement entered into as a result of this RFP shall not be assigned, delegated, or modified without the express written consent of both parties. The Agreement supersedes all other agreements, oral or written, between the parties with respect to the subject matter of the Agreement.

If Lake County agrees that the Proposer may assign, delegate, or subcontract the work under the Agreement, Proposer shall remain contractually liable to Lake County unless otherwise agreed in writing.

R. CHANGE ORDERS

In the event changes to the scope of the project or additional work become necessary or desired (a "Change"), the parties shall follow the procedures set forth in this Section to memorialize the change (a "Change Order"). A Change Order shall be effective only if documented in writing, dated and signed by both parties, and expressly referencing this Agreement. The Change Order shall set forth in detail: (i) the Change requested, (ii) the reason for the proposed Change; (iii) the cost of the Change; and (iv) the Change's impact on the time for completing the project.

In the event either party desires a Change, the Project Manager for such party shall submit to the other party's Project Manager a proposed Change Order. If the receiving party does not accept the Change Order in writing within 10 business days, the receiving party shall be deemed to have rejected the Change Order. If the parties cannot reach agreement on a proposed Change, Consultant shall nevertheless continue to render performance under this Agreement in accordance with its (unchanged) terms and conditions.

Changes that involve or increase the amounts payable by the County may require execution by the County Purchasing Agent. Some increases may also require approval from the County Board. In cases where the Purchasing Agent's signature is required, or where County Board approval is needed, the Change Order shall not be deemed rejected by County after 10 days if the County's Project Manager has indicated in writing within the 10-day period an intent to present the Change Order for appropriate signature or approval.

S. JURISDICTION, VENUE, CHOICE OF LAW AND PROFESSIONAL STANDARDS

This RFP and any contract resulting from shall be governed by and construed according to the laws of the State of Illinois. Jurisdiction and venue shall be exclusively found in the 19th Judicial Circuit Court of Lake County Illinois.

T. CHANGE IN STATUS

The Proposer shall notify Lake County immediately of any change in its status resulting from any of the following: (a) Proposer is acquired by another party; (b) Proposer becomes insolvent; (c) Proposer, voluntary or by operation law, becomes subject to the provisions of any chapter of the Bankruptcy Act; (d) Proposer ceases to conduct its operations in normal course of business. Lake County shall have the option to terminate its Agreement with the Proposer immediately on written notice based on any such change in status.

U. DISPUTE RESOLUTION

All issues, claims, or disputes arising out of this Agreement shall be resolved in accordance with the Contract Disputes provision of the Lake County Purchasing Ordinance, § 33.097.

V. NON-ENFORCEMENT BY THE COUNTY

The Proposer shall not be excused from complying with any of the requirements of the Contract because of any failure on the part of the County, on any one or more occasions, to insist on the Proposer performance or to seek the Proposers compliance with any one or more of said terms or conditions.

W. PRECEDENCE

Where there appears to be variances or conflicts, the following order of precedence shall prevail: Lake County General Terms & Conditions, Lake County Request for Proposal Terms Scope of Work, and the Proposal Response.

X. PERSONAL EXAMINATION

Proposers are required to satisfy themselves, by personal examination of the site as to work involved and the difficulties likely to be encountered in the performance of work under this Agreement. No plea of ignorance of conditions that exist now or hereafter, or of any conditions of difficulties that may be encountered in the execution of the work under this Agreement will be accepted as an excuse for failure to or omission on the part of the Proposer to fulfill in every respect all the requirements and specifications, nor will same be accepted as a basis for any claim for extra compensation.

The Proposer is responsible for investigating and gathering all relevant and pertinent information prior to submitting a proposal. By submitting a proposal, the Proposer affirms that they have performed all due diligence and are aware of all critical factors that may affect the provision of the services as described in the RFP. Such critical factors may include but are not limited to; location, space, utilities, scope of operations, and any other conditions, which may affect the Proposer operations. No allowance will be made for not being familiar with existing conditions to be encountered.

Y. PRICING

Pricing shall be included on Proposal Price Sheet. Please note, the price sheet must be completed and submitted with your response. Failure to complete and submit this form may cause you to be considered to be unresponsive to this RFP. A responsive Proposer is defined as a person who has submitted a proposal that conforms in all material respects to the requirements set forth in the Request for Proposal.

Z. JOINT PURCHASING

The purchase of goods and services pursuant to the terms of this Contract shall also be offered for purchases to be made by other governmental units, as authorized by the Governmental Joint Purchasing Act, 30 ILCS 525/0.01 et seq. (the "Act"). All purchases and payments made under the Act shall be made directly by and between each governmental unit and the successful Proposer. The Proposer agrees that Lake County shall not be responsible in any way for purchase orders or payments made by the other governmental units. The Proposer further agrees that all terms and conditions of this Contract shall continue in full force and effect as to the other governmental units during extended terms. The credit or liability of each governmental unit shall remain separate and distinct. Disputes between Proposers and governmental units shall be resolved between the immediate parties.

The Proposer and the other governmental units may negotiate such other and further terms and conditions to this Contract ("Other Terms") as individual projects may require. To be effective, other terms shall be reduced to writing and signed by a duly authorized representative of both the successful Proposer and the other governmental unit.

The Proposer shall provide the other governmental units with all required documentation set forth in the solicitation including but not limited to performance and payment bonds, Certificates of Insurance naming the respective governmental unit as an additional insured, and certified payrolls to the other governmental unit as required.

AA. ECONOMIC OPPORTUNITY PROGRAM

Lake County launched a **Buy Local. Build Local. Work Local.** initiative in 2013 to increase the outreach and procurement opportunities for businesses located within Lake County, including women-owned businesses and minority-owned business enterprises (L/W/MBE). The overarching objective is to maximize participation from these businesses in the County's procurement process, in accordance with applicable law. The County will take all necessary and reasonable steps to ensure that business enterprises defined as L/W/MBE shall have a fair opportunity to participate in County contracts. As part of its Economic Opportunity Program (EOP) commitment, the County will make every effort to achieve the following objectives:

1. To ensure nondiscrimination in the award and administration of contracts;
2. To create a level playing field on which L/W/MBEs can compete fairly for contracts by providing any necessary training and assistance in bid preparation;
3. To ensure that the County's EOP is narrowly tailored in accordance with applicable law;
4. To establish a means for firms identifying themselves as L/W/MBEs to register for procurement opportunities and work cooperatively with contracted firms to report on measures that demonstrates the County's commitment to its EOP; and,
5. To help remove barriers to the participation of L/W/MBEs through notification of contract opportunities.

Successful Proposers are encouraged to work with Workforce Development to post any and all opportunities for employment on County contracts. Lake County's Workforce Development mission is to foster and ensure the economic prosperity of the Lake County community by maximizing the potential of businesses and workers. As such, Workforce Development provides a key resource for job seekers and employers.

State law mandates an open and competitive procurement process and requires that publicly procured contracts be awarded with no demonstrated preference based on the proposer's location, race and gender.

AB. REPORTING REQUIREMENTS FOR AWARDED CONTRACTS

All awarded Proposers will identify and report the type of ownership— L/W/MBE, and/or not L/W/MBE for any work that they or their approved subcontractors will perform. Lake County may use any data collected to report on potential of businesses and workers benefitting from County contracts.

AC. LAKE COUNTY OWNERSHIP OF INFORMATION

All information pertaining to records, data collected, property, financial or other information acquired under the scope of this contract shall be strictly confidential and the sole property of Lake County. The Proposer shall return all information to Lake County upon termination, and/or request and shall not utilize any of the information for purposes outside of the scope of this contract or without express approval of Lake County. Upon County request, the Proposer must provide all Lake County data in a documented, standard format.

AD. JOINT VENTURES & SUCCESSFUL PROPOSER MERGERS, ACQUISITIONS, DIVESTITURES OR CHANGE IN STRATEGY

In the event a joint venture is proposed, each party to the joint venture must meet all applicable

requirements of the RFP. The party submitting the response shall be considered the sole contact for issues relating to this RFP. In the event of a merger, acquisition, divestiture or change in strategy, the successful proposer will state its commitment to continue to provide services.

AE. OUT OF POCKET EXPENSES

All out-of-pocket expenses paid by the Proposer during the project will be incurred solely at the Proposer's expense. Out of pocket expenses are expenses that are not reimbursed the Lake County. Examples include, but are not limited to, travel costs, office supplies, parking fees, etc.

AF. INFORMATION SECURITY

In the process of providing services to Lake County the Proposer may come in contact with information deemed important and proprietary to Lake County. The Proposer agrees that any services performed for Lake County, whether on Lake County premises or not, will meet or exceed Lake County's information security policy and privacy standards. Lake County reserves the right to audit proposer's performance in meeting these standards.

AG. INDEPENDENT CONTRACTOR, LICENSURE OR CERTIFICATIONS, KEY PERSONNEL

1. **Independent Contractor Status.** The parties intend that the Proposer will be an independent contractor.
2. **Licensure or Certifications.** If required by law, the Proposer must at all times be and remain licensed or certified as a qualified provider of the services provided in this Agreement. Proposer shall submit copies of the required licenses or certifications at the County's request. Proposer shall promptly notify County in writing of any citation Proposer receives from any licensing or certification authority, including all responses and correction plans.
3. Where the parties have identified particular individuals as being critical to a project ("Key Employees"), then Proposer shall not replace Key Employees without the County's prior written consent, which shall not be unreasonably withheld. Should Key Employees be reassigned, become incapacitated, separate from the Proposer, or be otherwise unable to perform the functions assigned to them, Proposer shall (i) within 10 business days, temporarily replace the person with another properly qualified employee and (ii) within 30 calendar days, permanently replace the person.

Lake County shall have the right to request that Proposer replace Key Employees from the project by setting forth in writing the grounds for the request. Proposer shall have a reasonable time period in which to address the grounds or make a substitution.

AH. EQUAL EMPLOYMENT OPPORTUNITY

Proposer assures, with respect to operation of the WIOA-funded training or activity, that it will comply fully with the nondiscrimination and equal opportunity provisions in sec. 188 of the Workforce Investment Act of 1998; USDOL regulation 29 CFR part 38, as amended; USDOL regulations at 29 CFR parts 31 and 32, including the Nontraditional Employment for Women Act of 1991; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973 as amended; Title IX of the Education Amendments of 1972, as amended; the Age Discrimination Act of 1975 as amended; the Civil Rights Restoration Act of 1987; executive order 12250; Age Discrimination in Employment Act of 1967; Federal Equal Pay Act of 1963; ILLINOIS Equal Pay Act of 2003; U.S. department of labor regulations at 28 CFR part 42, subparts f & h; Title VII of the Civil Rights Act of 1964, as amended Victims Economic Security and Safety Act; the Veterans' Priority Provisions of the "Jobs for Veterans Act", public law 107-288.

AI. INVOICES & PAYMENT

1. At the start of this Agreement, the County will issue a purchase order for the work and Proposer shall submit invoices detailing the products and services provided and identify the purchase order number on

all invoices.

2. Proposer shall maintain records showing the actual time its employees and agents devoted to the project, and the costs incurred. Proposer shall permit a representative from Lake County to inspect and audit all of Proposer's data and records for the work and services provided under this Agreement. Proposer shall make these records available at reasonable times during the Agreement period and for one year after the end of the Agreement.
3. All payments shall be made in accordance with the Illinois Local Government Prompt Payment Act, which generally requires approval of a Consultant's bill within 30 days of receiving the invoice for the services contained in it, and payment within an additional 30 days (50 ILCS 505/1 *et seq.*).
4. Lake County's fiscal year ends on November 30. Invoices for services the Proposer has rendered up until November 30 of each year must be received by Lake County on or before January 15 of the subsequent calendar year.

Other than the timeframe for payments related to the end of Lake County's fiscal year, as stated above, Lake County shall not be held financially liable for payment of any services rendered if the invoice for such services is not sent to the County within 90 days from the date the services were provided.

If this Agreement is terminated prior to its expected expiration date, the Proposer must submit all invoices to Lake County no later than 30 days after the effective date of the termination.

Payment for invoices received beyond the time periods in this subsection will be denied, absent an agreement to the contrary. Failure of the Proposer to invoice the County in the timeframes noted in this section shall constitute the Proposer's waiver of the Proposer's right to payment.

AJ. PRESS/NEWS RELEASES

Consultant may not issue any press or news releases regarding this Agreement without prior approval from Lake County. Consultant shall provide notice to Lake County's Chief Communications Officer if contacted by the media regarding the services set forth in this Agreement.

VI. INSURANCE REQUIREMENTS

- A. The awarded proposer must obtain, for the Contract term and any extension of it, insurance issued by a company or companies qualified to do business in the State of Illinois with an A.M. Best Rating of at least A and provide the County with a Certificate of Insurance 15 days before the start of the project, and thereafter annually upon each renewal date for contracts/projects that will last more than one year. Insurance in the following types and amounts is necessary:
 1. Commercial General Liability Insurance

In a broad form on an occurrence basis shall be maintained, to include, but not be limited to, coverage for property damage, bodily injury (including death), personal injury and advertising injury in the following coverage forms where exposure exists:

 - Premises and Operations
 - Independent Contractors
 - Products/Completed Operations
 - Liability assumed under an Insured Contract/ Contractual Liability
 - Personal Injury and Advertising Injury

With limits of liability not less than:

\$ 1,000,000 Each Occurrence

\$ 1,000,000 Products-Completed Operations

\$ 1,000,000 Personal and Advertising injury limit

\$ 2,000,000 General aggregate; the CGL policy shall be endorsed to provide that the General Aggregate limit applies separately to each of the Consultant's projects away from premises owned or rented to Consultant.

2. Excess/ Umbrella Liability

The Consultant's Excess/ Umbrella liability insurance shall be written with the umbrella follow form and outline the underlying coverage, limits of insurance will be based on size of project:

\$ 2,000,000 per occurrence limit (*minimum*)

3. Automobile Liability Insurance

Automobile liability insurance shall be maintained to respond to claims for damages because of bodily injury, death of a person, or property damage arising out of ownership, maintenance, or use of a motor vehicle. This policy shall be written to cover any auto whether owned, leased, hired, or borrowed.

The Consultant's auto liability insurance, as required above, shall be written with limits of insurance not less than the following:

\$ 1,000,000 Combined single Limit (Each Accident)

4. Workers Compensation (Coverage A) and Employers Liability (Coverage B)

Workers Compensation Insurance covering all liability of the Consultant arising under the Worker's Compensation Act and Worker's Occupational Disease Act at limits in accordance with the laws of the State of Illinois. Employers' Liability Insurance shall be maintained to respond to claims for damages because of bodily injury, occupational sickness, or disease or death of the Consultant's employees, with limits listed below:

Employers Liability

a) Each Accident \$1,000,000

b) Disease-Policy Limit \$1,000,000

c) Disease-Each Employee \$1,000,000

Such Insurance shall contain a waiver of subrogation in favor of Lake County.

5. Professional Liability – Errors and Omissions (*if applicable*)

The Engineers/Architects/Consultants for the plans of the project shall be written with limits of insurance not less than the following:

\$ 1,000,000 per claim per policy year

Coverage shall be provided for up to three (3) years after project completion. Policy is to be on a primary basis if other professional liability is carried.

6. Professional Liability – Cyber Liability (*if applicable*)

Cyber Liability Insurance for property damage to electronic information and/or data; first and third party risks associated with e-business, internet, etc., with limits of insurance not less than the following:

\$ 1,000,000 per occurrence limit

7. Technology Errors and Omissions (*if applicable*)

The Consultant's Software Developer and/or IT Consultant for the plans, including developing and implementing technology for Lake County, or of the project, shall be written with limits of insurance not less

than the following:

\$ 1,000,000 per occurrence limit

- B. County, acting at its sole option, may waive any of the foregoing insurance requirements upon a request to do so, but no waiver shall be effective unless made in writing. Such waiver may include or be limited to a reduction in the amount of coverage required above. The extent of waiver shall be determined solely by County's risk manager taking into account the nature of the work and other factors relevant to County's exposure, if any, under this agreement.

C. Liability Insurance Conditions

Proposers agree that with respect to the above required insurance:

1. The CGL policy shall be endorsed for the general aggregate to apply on a "per Project" basis;
2. The Proposers insurance shall be primary & non-contributory over Lake County's insurance in the event of a claim.
3. Proposer agrees that with respect to the above required insurance, Lake County shall be named as additional insured, including its agents, officers, and employees and volunteers and be provided with thirty (30) days' notice, in writing by endorsement, of cancellation or material change. A blanket additional insured ISO endorsement is preferred for Proposers who have multiple projects with the County.
4. Lake County shall be provided with Certificates of Insurance and should include the appropriate corresponding ISO form endorsements evidencing the above required insurance, prior to commencement of this Contract and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least thirty (30) days prior to the expiration of cancellation of any such policies. No manuscript endorsements will be accepted. Any hard copies of said Notices and Certificates of Insurance and Endorsements shall be provided to:

**Lake County
Purchasing Division
18 N. County 9th Floor
Waukegan, Illinois 60085**

5. **Electronic copies of Notices, Certificates of Insurance and Endorsements can be emailed to Purchasing@lakecountyil.gov in place of hard copies.**

- D. Failure to Comply: In the event the Proposer fails to obtain or maintain any insurance coverage required under this agreement, Lake County may purchase such insurance coverage and charge the expense to the Proposer.

PROPOSAL PRICE SHEET

THE PRICE PROPOSAL SHALL INCLUDE A TOTAL PRICE AS A FIXED FEE FOR ALL SERVICES DELINEATED IN THIS RFP FOR THE FIRST (2) TWO YEARS. THE PROPOSER WILL CONSIDER ALL COSTS (LABOR, OVERHEAD, ALL INSURANCE, ADMINISTRATION, PROFIT, TRAVEL, ETC.) ASSOCIATED WITH PROVIDING THE SERVICES LISTED IN THIS RFP. ANY HOURLY RATES FOR SERVICES THAT MAY NOT BE INCLUDED SHALL BE PROVIDED WITH THE CORRESPONDING SERVICE AND RATE.

Please fill in the tables below outlining the hourly rate, overhead, total billable rate, total FTE, and annual salary for each position. Please keep the salary minimums outlined in Exhibit B in mind while completing this form. Please also keep in mind that these hourly rates will be fixed for two (2) years. **Vendors that do not meet the minimum hourly rates outlined in Exhibit B will be automatically disqualified.**

Position	Hourly Rate	Overhead and Profit (includes fringe/benefits)	Bill Rate (Hourly Rate + Overhead/Profit)
Health Services Administrator			
Medical Director/Doctor			
Director of Nursing			
Mid-Level Provider - NP/PA			
Registered Nurse			
Licensed Practical Nurse			
CMA			
Psychiatrist			
Psychiatric ARNP			
Mental Health Director/Coordinator			
Mental Health Professional (Masters)			
Administrative Assistant			
Dentist			
Dental Assistant			

Position	Hourly Rate	Total FTE	Annual Salary (excluding fringe/benefit costs)
Health Services Administrator			
Medical Director/Doctor			
Director of Nursing			
Mid-Level Provider - NP/PA			
Registered Nurse			
Licensed Practical Nurse			
CMA			
Psychiatrist			
Psychiatric ARNP			
Mental Health Director/Coordinator			
Mental Health Professional (Masters)			
Administrative Assistant			
Dentist			
Dental Assistant			

PROPOSAL PRICE SHEET CONTINUED

Please fill in the pricing table below outlining the monthly and the annual contract cost. If additional categories need to be added, please continue using the same format as the table below. Please keep in mind that this pricing will be locked in for the initial term of the contract, which is two (2) years. The pricing must be all inclusive for the initial term. All contingencies must be included in the pricing such as overtime, holiday premiums, and an annual increase for personnel in year two of the contract.

Category	Monthly Cost	Annual Cost
Personnel Costs		
Offsite and Pharmacy		
Contracted Services (Clinical)		
Medical / Dental Supplies		
Malpractice Insurance		
Operational & Administrative Expenses		
Corporate Support & Margin		
Electronic Medical Records Software		
Total Cost	\$	\$

Please fill in the pricing below for the ADP per diem rate. This is the dollar amount that will be credited if the ADP falls below 510 and charged if the ADP rises above 590. An example of a credit and charge scenario are included below.

ADP Per Diem Rate	\$
--------------------------	----

EXAMPLE:

Monthly ADP	500
Difference	= 550 - monthly ADP
Days in Month	30
Total Invoice Credit	= (difference * days in month * per diem rate)

Monthly ADP	600
Difference	= monthly ADP - 550
Days in Month	30
Total Invoice Charge	= (difference * days in month * per diem rate)

All additional services beyond the initial scope of the project, identified by the Proposer as beneficial to the County, shall be delineated separately for the County to consider.

SUSTAINABILITY STATEMENT

The County of Lake has a responsibility to balance fiscal, environmental, and social considerations into its operational decision-making process. The County's commitment to green and sustainable practices and good environmental stewardship was memorialized by the Lake County Board in the County's 2013 Strategic Plan where sustainability is listed as a value and a goal. This was further strengthened in September 2020 by adopting a Net Zero Emissions goal through Joint Resolution. Therefore, we shall promote environmentally preferable purchasing, whenever practical, by procuring goods or services that lessen the destructive effects on the environment and the health and well-being of all citizens.

Consideration of the practices adopted by our contracted proposer is key to magnifying the impact of the County's sustainability measures. A Proposer is requested to provide a Statement of Sustainability demonstrating the methods they have incorporated into their company. Sustainability may be one of the scoring criteria included in the evaluation rubric for the award of this contract.

INSTRUCTIONS

Please provide a narrative outlining any policies or practices implemented by your company to reduce your carbon footprint. Your response should include, but need not be limited to:

- A copy of your company's sustainability policy, awards, and accolades.
- Practices such as waste minimization, energy/water efficiency, methods instituted to reduce pollution, green products utilized, staff education, community involvement and volunteerism.
 - Specifically include the percentage of your firm's energy that comes from renewable sources and percentage of your fleet that is non-emitting.
- Sustainable approaches your company may have for this specific project.
- Cost variances to incorporate a more sustainable approach to this project and any calculated life cycle costs.

GENERAL INFORMATION SHEET**AUTHORIZED NEGOTIATORS:**

Name: _____ Phone # _____ Email Address: _____

Name: _____ Phone # _____ Email Address: _____

BUSINESS ORGANIZATION: (check one only)

____ Sole Proprietor: An individual whose signature is affixed to this proposal.

____ Partnership: State full names, titles, and addresses of all responsible principals and/or partners on attached sheet.

____ Corporation: State of incorporation: _____

____ Non-profit Corporation

____ 501c3-- U.S. Internal Revenue Code

By signing this proposal document, the proposer hereby certifies that it is not barred from responding to this contract as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code of 1961, as amended.

Business Name_____
Signature_____
Print or Type Name_____
Title_____
Date

Exhibit A

Invoice Withholds / Contractual Penalties

If a new vendor is awarded this contract, there shall be a grace period of two (2) months beginning on December 1, 2025, through January 31, 2026, where the awarded vendor shall not be penalized with invoice withholds and contractual penalties. The purpose of this grace period is for the awarded vendor to familiarize themselves with Lake County's procedures and standards.

Lake County may assess Proposer, on a monthly basis, a fine of \$100 for each inmate intake screening, including the mental health screening, not initiated within 4 hours from intake into the jail. This excludes any inmate brought to the facility prior to commencement of Agreement.

Lake County may assess Proposer, on a monthly basis, a fine of \$100 if a former medical employee's ID's and/or transponders are not returned to the Lake County Adult Correctional Facility within fourteen (14) days of employment termination. This excludes any former employee that had left the facility prior to commencement of Agreement.

Lake County may assess Proposer, on a monthly basis, a fine of \$100 for each sick call not completed within twenty-four (24) hours of receipt. The fine of \$100 per inmate will be applicable **every day** past twenty-four (24) hours up to the date of the sick call completion.

Lake County may assess Proposer, on a monthly basis, a fine of \$100 for each inmate H&P not completed within fourteen (14) days from intake into the jail. The fine of \$100 per inmate will be applicable **every day** past the fourteen (14) days up to the date of the health appraisal completion. This excludes any inmate brought to either facility prior to commencement of Agreement.

Lake County may assess Proposer, on a monthly basis, a fine of \$100 for psychiatric services for inmates not completed within fourteen (14) days of referral for new patients and within fourteen (14) days from scheduled follow-up appointments for such services. The fine of \$100 per inmate will be applicable **every day** past the fourteen (14) days, up to the date of the psychiatric service completion.

Lake County may assess Proposer, on a monthly basis, a fine of \$100 for each annual H&P and annual dental screening not completed within fourteen (14) days past an inmate's 365th consecutive day at jail.

A penalty of one monthly payment (1/12th of annual base amount) will be paid to LCSO in the event that the awarded vendor does not maintain NCCHC and/or ACA accreditation due to negligence of not meeting the medical standards of NCCHC and/or ACA accreditation at the Adult Correctional Facility.

A penalty of half a monthly payment (1/24th of annual base amount) will be paid to LCSO in the event that the Adult Correctional Facility is placed on probation from either NCCHC or ACA due to negligence of not meeting the medical standards of NCCHC and/or ACA at the Adult Correctional Facility.

In the event that the hours worked – either by shift or position - do not conform to the approved staffing schedule outlined in the contract, the Proposer shall reduce its monthly invoice to Lake County at 100% of the Bill Rate for the position/category for every hour that was unstaffed. In all cases, employees may be used to cover like positions when their credentials equal or exceed the credentials required for such position.

Proposer will provide LCSO Contract Manager with a staffing report that details each position's contracted hours, hours worked, hours not worked, and a total reimbursement rate. The total withhold amount must be applied to the invoice for that correlated month and there must be a single line item on the invoice reflecting each categorized withhold (ex. one credit line for total staffing shortages, one credit line for penalties, one line for withholds, etc.).

LCSO feels that we should not need to pay for unfilled hours, and this is a nonnegotiable topic.

Exhibit A

Continued

Withholds			
Tasks	Required Completion Timeframe	Withhold amount if not completed within timeframe	Frequency
Intake Screening	4 Hours from intake	\$100.00	per inmate
Mental Health Screening	4 Hours from intake	\$100.00	per inmate
Sick Calls	24 Hours	\$100.00	per inmate per day
14 Day H&P	14 Days from intake	\$100.00	per inmate per day
Psychiatric Services	14 Days from new inmate referral or scheduled follow-up	\$100.00	per inmate per day
Annual H&P	14 Days from inmate's 365th consecutive day	\$100.00	per inmate
Annual Dental Screening	14 Days from inmate's 365th consecutive day	\$100.00	per inmate
Employee ID and/or transponder not returned upon employment termination	14 Days from Termination	\$100.00	per employee
Penalties			
Event		Withhold amount if not completed within timeframe	Frequency
If Lake County Adult Correctional Facility is placed on probation from either NCCHC or ACA due to negligence of not meeting medical standards of NCCHC or ACA accreditation.		Half of one monthly payment (1/24th of annual base amount)	per instance
If Lake County loses NCCHC and/or ACA accreditation at the Adult Correctional Facility due to negligence of not meeting medical standards of NCCHC or ACA.		One monthly payment (1/12th of annual base amount)	per instance
Staffing/Shift Shortages		100% of the Average Hourly Bill Rate for position for every hour that was unstaffed.	per shift/hours short

Staffing Withhold Example:

Each month a staffing report will be sent to the Contract Manager along with the monthly base invoice. The staffing report should show all contracted positions, the hours worked, hours not worked, and the total reimbursement. The combined total of all reimbursed hours should be reflected as a credit line item on that corresponding invoice.

Below is an example of a staffing report that shows the total contracted hours by position and the reimbursement for any non-productive hours. The example below has made up rates.

Position	Contract Totals			Productive Hours					Non-Productive Hours					Total		Reimbursement			
	Actual Hours	Contracted Hours	Variance	Regular	Overtime Hourly	Overtime Salary	Holiday Worked	Total Productive	Vacation, Sick, & PTO	Holiday	Training	Other	Total Non-Productive	Paid Hours	FTE	Rate	Wage + Fringe	Hours Variance	Reimbursement Due
Administrative Assistant	160.000	160.000	0.000	144.000	0.000	0.000	0.000	144.000	8.000	8.000	0.000	0.000	16.000	160.000	1.000	25.31	27.80	-16.000	\$ (444.80)
Grand Total	160.000	160.000	0.000	144.000	0.000	0.000	0.000	144.000	8.000	8.000	0.000	0.000	16.000	160.000					\$ (444.80)

Exhibit B
Minimum Hourly Rates by Position

Position	Minimum Hourly Rate (not including overhead)
Health Services Administrator	\$ 95.00
Medical Director/Doctor	\$ 172.57
Director of Nursing	\$ 52.85
Mid-Level Provider - NP/PA	\$ 92.51
Registered Nurse	\$ 47.73
Licensed Practical Nurse	\$ 38.75
CMA	\$ 26.28
Psychiatrist	\$ 288.98
Psychiatric ARNP	\$ 86.00
Mental Health Director/Coordinator	\$ 47.61
Mental Health Professional (Masters)	\$ 39.52
Administrative Assistant	\$ 25.31
Dentist	\$ 127.23
Dental Assistant	\$ 29.03

The hourly rate information listed above is a combination of current hourly rates and a slight increase to remain competitive in the market. LCJ acknowledges that retaining quality medical personnel is paramount in ensuring that superior medical care is provided to our inmates. Historically, LCJ has worked with the awarded proposer to ensure the contracted medical staff at our facility receive competitive pay.

The hourly rate for each position in the table above is the **minimum hourly rate** that will be accepted by Lake County to deem a vendor as a responsible proposer. **Lake County will disqualify any vendor that proposes hourly rates/salaries below these minimums.** If the Proposer would like to submit higher hourly rates than what is included above, they are welcome to do so. Please keep this minimum hourly rate in mind when filling in the tables in the Pricing Proposal.

Exhibit C Equipment Inventory

<u>Owner</u>	<u>Item Description</u>
County Provided	1 Exam Table
County Provided	1 Dental Chair
County Provided	1 Laptop (extra – nurse’s station)
County Provided	2 Laptops (Med carts)
County Provided	C Type Dental Handpiece
County Provided	Desktop (Dental)
County Provided	Desktop (Exam Room)
County Provided	Desktop (Intake)
County Provided	Desktop (MH)
County Provided	Desktop (PHCY)
County Provided	Desktop (AA)
County Provided	Desktop (DON)
County Provided	Desktop (H.S.A)
County Provided	Desktop (nurse’s station)
County Provided	Desktop (nurse’s station)
County Provided	Desktop (nurse’s station)
County Provided	Desktop (nurse’s station)
County Provided	Desktop (nurse’s station)
County Provided	EMR Scanner (Pharmacy)
County Provided	Maxima Pro - Dental Handpiece
County Provided	Welch Allyn Spot Vital Sign Mobile (nurse’s station)
County Provided	Welch Allyn Spot Vital Sign Mobile (nurse’s station)
County Provided	Welch Allyn Spot Vital Sign Mobile (exam room)
County Provided	Welch Allyn Spot Vital Sign Mobile (intake)
County Provided	Welch Allyn Spot Vital Sign Desktop (nurse’s station)
County Provided	Dental Peripro
County Provided	Digital Dental X-ray Converter
Vendor Provided	EKG Machine - Welch Allyn
Vendor Provided	HP M130fw printers (AA)
Vendor Provided	HP 4201dw printers (MH)
Vendor Provided	HP 477dw printers (H.S.A)
Vendor Provided	HP 8610 printers (PHCY)
Vendor Provided	HP Laserjet P1102W (exam room)
Vendor Provided	Signature Pad Intake
Vendor Provided	Welch Allyn Mobile Exam Lamp

Exhibit D
Current Staffing Matrix
Effective 12/1/24 – 11/30/25

Day Shift (7am-3pm)									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
Health Services Administrator	8	8	8	8	8			40	1
Medical Director	3			3				6	0.15
Director of Nursing	8	8	8	8	8			40	1
Mid-Level Provider - NP/PA	8	8	8	8	8			40	1
Registered Nurse	24	24	24	24	24	24	24	168	4.2
Licensed Practical Nurse	16	16	16	16	16	16	16	112	2.8
CMA	8	8	8	8	8			40	1
Psychiatrist			3					3	0.075
Psychiatric ARNP		8		8				16	0.4
Mental Health Director/Coordinator	8	8	8	8	8			40	1
Mental Health Professional (Masters)	8	8	8	8		8	8	48	1.2
Administrative Assistant	8	8	8	8	8			40	1
Total Hours/FTE - Day								593	14.83
Evening Shift (3pm-11pm)									
Registered Nurse									
Licensed Practical Nurse	16	16	16	16	16	16	16	112	2.8
Dentist		4		4				8	0.2
Dental Assistant		4		4				8	0.2
Mental Health Professional (Masters)	8	8	8	8	8	8	8	56	1.4
Total Hours/FTE - Evening								184	4.6
Night Shift (11pm-7am)									
Registered Nurse	12	12	12	12	12	12	12	84	2.1
Licensed Practical Nurse	8	8	8	8	8	8	8	56	1.4
Total Hours/FTE - Night								140	3.5
TOTAL HOURS/FTE - WEEKLY								917	22.93

Exhibit E

Insurance

The following language provided by the Lake County States Attorney's Office will be included in the contract with the awarded proposer. LCSO wants each vendor to be made aware of this language prior to entering negotiations with the awarded provider.

"PROOF OF INSURANCE. 'Awarded Vendor Name Here' shall provide the County proof of professional liability or medical malpractice coverage for 'Awarded Vendor's' Health Care Staff, employees, agents and subcontractors, for the term services are provided under this Agreement. 'Awarded Vendor Name Here' shall promptly notify the County, in writing, of each change in coverage, reduction in policy amounts or cancellation of insurance coverage. If 'Awarded Vendor Name Here' fails to provide proof of adequate insurance within a reasonable time under the circumstances, then the County shall be entitled to terminate this Agreement without penalty to the County pursuant to the terms of Article IX, and insurance coverage—along with proof of it—shall be considered a material term of this Agreement. 'Awarded Vendor Name Here' shall name the County as an additional insured with respect to and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the work covered by this contract."

Exhibit F

Health Services Statistical Reports (2022-2024)

Please note that the Average Daily Population in 2024 includes the 150 inmates being held at McHenry Jail.
The other statistics are not impacted by this factor.

Health Services Statistical Report

Year 2024

FACILITY NAME: Lake County Adult Correctional Facility													
Health Services Statistical Report	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	YTD
AVERAGE DAILY POPULATION	499	503	507	511	525	529	539	558	587	605	584	583	6530
MEDICAL (HSA/DON)													
INTAKE SCREENING BY WELLPATH	359	355	379	364	378	385	374	400	500	394	400	384	4672
SICK CALL - NURSES	188	137	155	166	174	163	144	202	258	255	245	269	2356
SICK CALL - DETOX	557	326	601	526	504	597	833	774	1043	1099	802	892	8554
SICK CALL - LAB DRAWS	132	154	120	132	119	137	135	145	139	205	161	154	1733
SICK CALL - PROVIDER	67	66	73	75	81	96	77	130	78	88	60	55	946
SICK CALL - TOTAL ENCOUNTERS	255	203	228	241	255	259	221	332	336	343	305	324	3302
SICK CALL - TOTAL REFERRALS RECEIVED	255	203	228	241	255	259	221	332	336	343	305	324	3302
EMERGENCY RESPONSE - ON-SITE	58	53	37	45	64	37	55	61	59	70	62	65	666
NURSE CONTACTS - TREATMENTS & MONITORING	1939	1904	2172	2055	2180	2384	2087	1910	2450	2508	2201	2502	26292
HEALTH ASSESSMENTS	100	119	87	111	87	117	122	127	121	125	103	113	1332
ANNUAL HEALTH ASSESSMENTS COMPLETED	16	13	6	5	4	8	8	8	15	5	7	9	104
X-RAYS (NON-TB RELATED) ON-SITE	14	17	13	9	11	16	17	17	9	15	23	15	176
EKGs	33	61	41	37	44	41	29	38	37	39	21	40	461
MENTAL HEALTH (MH Director)													
PSYCHIATRY													
NEW PATIENT VISITS	19	20	37	23	25	27	33	36	38	50	37	26	371
FOLLOW UP VISITS	57	42	26	41	36	33	51	79	51	53	25	57	551
MENTAL HEALTH PROVIDERS													
MH SCREENS	107	110	123	136	134	120	123	111	98	164	156	203	1585
FOLLOW-UP CONTACTS	260	214	262	250	221	284	282	321	297	286	254	442	3373
SPECIAL NEEDS CONTACTS	91	86	75	93	70	70	82	84	76	55	34	45	861
SEGREGATION ROUNDS	4	4	4	4	4	4	4	4	4	4	4	4	48
INDIVIDUAL THERAPY CONTACTS	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP THERAPY SESSIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF PTS IN GROUP THERAPY SESSIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
DISCHARGE PLANNING CONTACTS	0	0	0	0	0	0	0	0	0	0	0	0	0
SELF-HARM													
# OF SUICIDE THREATS/IDEATIONS	32	21	32	23	17	23	35	35	26	22	16	25	307
# OF SELF INJURY EVENTS	0	0	0	3	1	7	11	7	0	0	3	2	34
# OF SUICIDE ATTEMPTS	1	0	0	1	0	1	3	0	1	0	1	1	9
# OF COMPLETED SUICIDES	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF SUICIDE WATCH EVENTS	32	21	32	23	17	23	35	35	26	22	16	25	307
TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	83	60	56	40	31	71	89	74	67	55	47	71	744
TRANSFER													
# OF PATIENTS AWAITING IDHS	8	6	5	5	7	14	14	14	17	22	22	17	151
# OF INMATES CIVILLY COMMITTED	0	0	0	0	0	0	0	0	0	0	0	0	0
SENTINEL EVENTS													
# OF THERAPEUTIC RESTRAINT EPISODES	0	0	0	2	0	0	7	3	0	0	1	0	13
# OF EMERGENCY MEDICATION EPISODES	0	0	1	0	0	0	0	0	0	0	0	0	1
# OF INMATES ON INVOLUNTARY MEDICATION	4	4	7	11	6	6	10	6	11	7	10	9	91
OTHER MH DATA													
# OF INMATES ON SPECIAL NEEDS LIST	99	67	61	69	72	73	78	80	67	59	55	54	834
NUMBER OF PATIENT ON PSYCH MEDICATIONS	117	117	114	103	90	86	76	79	65	73	69	62	1051
# OF MH SICK CALL REQUESTS/ REFERRALS	458	410	460	479	425	474	487	516	471	441	424	434	5479
DENTAL (Dental Assistant)													
DENTAL EXAMS	52	69	55	52	71	70	64	76	53	61	92	76	791
DENTAL SICK CALL / SCREENS	10	85	40	50	20	56	45	38	60	40	48	45	537
ANNUAL EXAMS	7	10	4	3	13	13	8	19	6	11	5	7	106
EXTRACTIONS	12	9	11	13	14	20	10	18	16	26	11	14	174
REFUSALS - ACUTE	7	8	3	2	10	9	6	14	3	4	11	6	83
REFUSALS - ANNUAL EXAMS	2	2	1	1	3	4	2	5	1	4	3	0	28
TEMPORARY FILLINGS	14	12	21	20	24	18	22	21	15	18	23	15	223
OFF-SITE DENTAL REFERRALS	0	0	0	0	0	0	0	0	0	0	0	0	0
OFF-SITE SERVICES													
EMERGENCY ROOM VISITS	9	13	10	7	8	10	9	11	13	14	6	16	126
AMBULANCE TRANSPORTS to ER	9	13	10	7	8	8	8	10	12	14	6	14	119
JAIL TRANSPORTS to ER	0	0	0	0	0	2	1	1	1	0	0	2	7
HOSPITAL ADMISSIONS	2	4	2	2	2	0	1	3	3	2	0	4	25
HOSPITAL DAYS	8	12	9	8	6	0	0	4	10	3	0	6	66
AVERAGE LENGTH OF STAY	4	3	5	4	3	0	0	2	3	1	0	2	26
ON-SITE SPECIALTY CONSULTATIONS	14	20	18	20	13	22	20	46	21	38	37	44	313
OFF-SITE SPECIALTY CONSULTS	15	13	22	10	16	17	34	17	15	16	15	12	202
ONE DAY SURGERIES	1	2	2	0	0	0	0	0	1	1	1	0	8
OFF-SITE RADIOLOGY	1	2	6	4	3	8	4	6	5	2	5	2	48
DEATHS ON-SITE	0	0	0	0	0	1	0	0	0	0	0	0	1

Health Services Statistical Report

Year 2024

FACILITY NAME: Lake County Adult Correctional Facility													
Health Services Statistical Report													
	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	YTD
DEATH IN CUSTODY	0	0	0	0	0	1	0	0	0	0	0	0	1
PHARMACEUTICALS (HSA)													
TOTAL I/Ms ON MEDS	239	256	253	224	217	208	211	211	193	186	186	185	2569
TOTAL I/Ms ON MEDICAL MEDS	196	210	213	186	184	178	178	178	171	159	158	156	2167
TOTAL I/Ms ON PSYCHOTROPIC MEDS	117	117	114	103	90	86	76	79	65	73	69	62	1051
TOTAL I/Ms NONFORMULARY MEDS	55	54	57	55	59	53	41	38	38	33	38	42	563
CHRONIC CARE SEEN IN CLINIC (HSA)													
ASTHMA/COPD	27	12	19	22	13	19	17	17	24	10	26	18	224
DIABETICS	18	24	15	19	11	21	14	16	18	14	17	21	208
DIALYSIS	1	0	0	0	0	1	0	1	0	0	1	0	4
HIV	0	2	0	0	1	1	1	2	5	3	2	3	20
PREGNANCY	0	0	0	0	1	1	1	0	1	0	0	1	5
HYPERTENSION / CARDIOVASCULAR	32	32	31	41	23	36	36	36	34	24	35	30	390
SEIZURE DISORDERS	6	10	5	5	6	3	6	6	10	4	8	5	74
THYROID	2	1	1	4	2	0	4	5	4	2	4	2	31
TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OTHER GERD PATIENTS	10	10	7	12	5	15	18	16	7	10	18	6	134
TOTAL OTHER CANCER PATIENTS	0	1	2	0	1	0	1	1	1	1	0	11	19
TOTAL OTHER HEP C PATIENTS	3	1	2	2	2	1	3	1	4	3	3	1	26
TOTAL OTHER SUBSTANCE ABUSE PATIENTS	0	2	0	0	2	1	0	3	0	0	2	0	10
INFECTIOUS DISEASE CONTROL													
PPDs PLANTED	371	331	384	380	390	355	352	388	446	372	297	361	4427
PPDs READ	173	168	159	178	162	198	191	183	238	195	172	205	2222
POSITIVE PPDs	3	5	5	6	6	2	4	5	5	7	1	5	54
TB RELATED CHEST X-RAYS	3	3	6	2	4	3	8	11	7	5	3	8	63
ACTIVE TB	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV TEST	6	2	0	7	3	2	2	7	6	11	3	9	58
POSITIVE HIV	1	0	0	1	1	1	0	5	3	3	2	4	21
# OF POSITIVE HIV INMATES	6	2	3	2	3	3	4	7	8	7	7	7	59
HEPATITIS A	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B	1	1	1	1	0	0	0	1	0	0	0	0	5
HEPATITIS C	8	5	6	7	4	5	4	4	4	6	7	5	65
CHLAMYDIA	0	0	0	1	1	2	2	1	3	4	2	0	16
GONORRHEA	0	0	0	0	0	0	1	0	1	2	1	0	5
SYPHILIS	0	0	1	1	1	0	3	0	3	5	2	2	18
OTHER STD	3	1	2	2	1	0	2	0	2	2	2	2	19
PEDICULOSIS	0	0	0	0	0	0	0	0	0	0	1	1	2
SCABIES	0	0	0	0	0	0	0	0	0	0	1	1	2
MRSA CONFIRMED	0	0	0	0	0	0	0	0	0	0	0	0	0
CONFIRMED MRSA TREATED	0	0	0	0	0	0	0	0	0	0	0	0	0
SUSPECTED MRSA TREATED	0	0	0	0	0	0	0	0	0	0	0	0	0
GRIEVANCES (HSA)													
INMATES WITH GRIEVANCES	8	9	6	18	10	8	6	23	18	6	10	11	133
DISSATISFIED WITH MEDICAL CARE (1, 11)	1	2	0	2	4	1	0	4	2	1	4	6	27
DISSATISFIED WITH DENTAL CARE (13)	0	2	0	0	1	0	0	0	0	0	0	1	4
DISSATISFIED WITH MENTAL HEALTH CARE (12)	0	0	0	0	2	0	1	0	0	0	0	0	3
DISSATISFIED WITH STAFF CONDUCT (8)	0	0	0	0	1	1	0	2	4	1	0	0	9
DISSATISFIED WITH DELAY IN HEALTHCARE (3)	0	0	0	0	0	0	0	0	0	0	0	0	0
PROBLEMS WITH MEDICATIONS (4)	2	1	5	8	2	2	1	7	4	2	3	3	40
REQUEST FOR OFFSITE SPECIALITY CARE (7)	2	1	1	6	0	2	3	4	4	1	2	0	26
OTHER (2, 5, 6, 9, 10)	3	3	0	2	0	2	1	6	4	1	0	1	23
NUMBER OF FOUND	1	0	0	0	1	0	1	3	1	0	0	0	7
NUMBER OF UNFOUNDED	7	9	6	18	9	8	5	20	17	5	9	11	124
INMATE MEDICAL SURVEILLANCE													
NUMBER OF INJURIES REPORTED	0	1	2	0	0	3	1	1	0	0	1	1	10
NUMBER OF INJURIES TREATED	0	1	2	0	0	3	1	1	0	0	1	1	10
NUMBER OF INJURIES REQUIRING HOSPITALIZATION	0	1	2	0	0	3	1	1	0	0	1	1	10
LAKE COUNTY JAIL STATS													
SALLY PORT REFUSAL	4	1	6	1	4	3	1	3	3	1	2	3	32
NUMBER OF INMATES ON HIV MEDICATIONS	6	3	3	2	3	3	4	7	8	7	7	6	59
NUMBER OF MEDICATION VOUCHERS USED(# OF PTS)	2	2	0	1	3	1	2	0	0	0	0	0	11
NUMBER OF MEDICATION VOUCHERS USED(PSYCHOTROPIC MEDICATIONS)	2	0	0	1	0	0	6	0	0	0	0	0	9
TOTAL COST OF MEDICATION VOUCHERS USED	162	56	0	106	43	33	481	0	0	0	0	0	881
TOTAL # OF INMATES REPORTING THEY HAVE HEALTH INSURANCE	182	206	225	199	230	209	213	260	304	247	229	225	2729
TOTAL # OF INMATES REPORTING THEY HAVE PRIVATE HEALTH INSURANCE	31	26	26	28	36	39	30	31	53	30	26	28	384
TOTAL # OF INMATES REPORTING THEY HAVE MEDICARE/MEDICAID	131	174	174	165	192	185	201	192	244	203	223	233	2317
TOTAL # OF INMATES CHARGED A CO-PAY	10	85	40	50	20	56	45	38	65	40	48	45	542
TOTAL # OF INMATES THAT RECEIVED A RAPID COVID TEST	93	17	9	7	0	4	1	5	20	6	11	6	179
TOTAL # OF INMATES THAT RECEIVED A PCR COVID TEST	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL # OF INMATES POSITIVE FOR COVID	13	3	2	0	0	0	0	2	6	1	8	0	35

Health Services Statistical Report

Year: 2023

FACILITY NAME: Lake County Adult Correctional Facility													
Health Services Statistical Report													
	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Totals
AVERAGE DAILY POPULATION	531	575	576	571	576	601	587	628	638	621	528	504	
MEDICAL (HSA/DON)													
SECURITY BOOKINGS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
INTAKE SCREENING BY WELLPATH	308	341	288	328	347	355	369	401	401	372	360	325	4195
SICK CALL - NURSES	210	211	229	183	207	237	265	312	311	248	193	195	2801
SICK CALL - DETOX	776	774	529	725	618	717	697	1023	1099	641	362	367	8348
SICK CALL - LAB DRAWS	189	184	151	200	193	166	227	157	239	182	160	174	2222
SICK CALL - PROVIDER	40	48	53	62	53	62	54	49	64	55	60	53	653
SICK CALL - TOTAL ENCOUNTERS	250	259	282	245	260	299	319	316	375	303	253	248	3409
SICK CALL - TOTAL REFERRALS RECEIVED	250	259	282	245	260	299	346	370	375	303	253	248	3490
EMERGENCY RESPONSE - ON-SITE	57	63	44	48	35	35	64	82	65	61	35	43	632
NURSE CONTACTS - TREATMENTS & MONITORING	1953	2007	1724	2119	2095	2576	2306	2823	3419	2654	1682	1390	26748
HEALTH ASSESSMENTS	115	154	109	163	127	161	127	149	165	174	99	101	1644
ANNUAL HEALTH ASSESSMENTS COMPLETED	5	11	16	6	5	13	4	13	17	12	10	7	119
X-RAYS (NON-TB RELATED) ON-SITE	11	21	14	6	6	13	22	18	19	30	15	10	185
EKGs	0	47	32	35	20	73	20	35	11	49	47	37	406
MENTAL HEALTH (MH Director)													
PSYCHIATRY													
NEW PATIENT VISITS	52	79	39	60	33	41	25	33	63	32	26	18	501
FOLLOW UP VISITS	74	97	118	67	84	87	88	82	88	68	65	60	978
MENTAL HEALTH PROVIDERS													
MH SCREENS	123	114	92	100	115	114	104	153	138	139	144	134	1470
FOLLOW-UP CONTACTS	398	342	282	304	225	279	238	306	338	323	245	280	3560
SPECIAL NEEDS CONTACTS	8	22	38	60	69	100	99	100	102	103	90	82	873
SEGREGATION ROUNDS	4	4	4	4	4	4	4	4	4	4	4	4	48
INDIVIDUAL THERAPY CONTACTS	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP THERAPY SESSIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF PTS IN GROUP THERAPY SESSIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
DISCHARGE PLANNING CONTACTS	0	0	0	0	0	0	0	0	0	0	0	0	0
SELF-HARM													
# OF SUICIDE THREATS/IDEATIONS	23	35	27	32	19	27	18	21	37	30	16	15	300
# OF SELF INJURY EVENTS	3	4	1	6	1	0	1	5	5	2	0	0	28
# OF SUICIDE ATTEMPTS	2	0	0	2	0	0	0	3	2	0	0	1	10
# OF COMPLETED SUICIDES	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF SUICIDE WATCH EVENTS	23	35	27	32	19	27	18	21	37	30	16	15	300
TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	61	70	74	92	58	77	57	39	133	90	63	38	852
TRANSFER													
# OF PATIENTS AWAITING IDHS	15	6	4	5	10	12	12	10	14	18	10	11	127
# OF INMATES CIVILLY COMMITTED	0	0	0	0	0	0	0	0	0	0	0	0	0
SENTINEL EVENTS													
# OF THERAPEUTIC RESTRAINT EPISODES	0	3	1	1	1	0	1	3	3	0	0	0	13
# OF EMERGENCY MEDICATION EPISODES	0	2	1	1	1	1	0	0	1	0	0	0	7
# OF INMATES ON INVOLUNTARY MEDICATION	1	0	0	6	4	6	4	6	7	9	10	7	60
OTHER MH DATA													
# OF INMATES ON SPECIAL NEEDS LIST	16	35	56	62	69	104	107	107	105	93	82	82	918
NUMBER OF PATIENT ON PSYCH MEDICATIONS	212	223	220	200	192	200	186	181	181	146	250	124	2315
# OF MH SICK CALL REQUESTS/ REFERRALS	275	704	639	796	851	1003	892	1095	1066	951	767	641	9880
DENTAL (Dental Assistant)													
DENTAL EXAMS	68	98	96	72	69	75	82	110	81	94	71	78	994
DENTAL SICK CALL / SCREENS	43	65	70	69	63	47	48	86	48	53	69	61	722
ANNUAL EXAMS	8	7	4	6	2	2	4	10	9	3	10	7	72
EXTRACTIONS	30	35	24	23	18	29	22	32	15	20	19	11	278
REFUSALS - ACUTE	2	10	8	13	10	5	7	12	3	13	3	9	95
REFUSALS - ANNUAL EXAMS	0	3	4	1	1	2	1	6	1	2	0	1	22
TEMPORARY FILLINGS	15	26	30	16	15	26	24	22	20	24	20	20	258
OFF-SITE DENTAL REFERRALS	0	0	0	0	0	1	1	0	0	0	0	0	2
OFF-SITE SERVICES													
EMERGENCY ROOM VISITS	5	14	20	5	8	10	9	14	18	14	9	10	156
AMBULANCE TRANSPORTS to ER	4	11	16	5	8	9	8	14	17	13	8	10	123
JAIL TRANSPORTS to ER	1	3	0	0	0	1	1	0	1	1	1	0	9
HOSPITAL ADMISSIONS	2	3	4	2	3	2	3	9	0	2	1	3	34
HOSPITAL DAYS	7	3	17	2	21	10	8	40	0	11	9	4	132
AVERAGE LENGTH OF STAY	4	2	4	1	3	3	3	5	0	6	9	2	41
ON-SITE SPECIALTY CONSULTATIONS	33	38	23	22	12	22	23	21	14	23	13	22	266
OFF-SITE SPECIALTY CONSULTS	10	15	14	10	30	34	50	19	24	16	22	19	263
ONE DAY SURGERIES	0	0	0	1	1	1	1	1	1	0	1	1	8

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FACILITY NAME: Lake County Adult Correctional Facility													
Health Services Statistical Report	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Totals
OFF-SITE RADIOLOGY	2	4	0	2	4	3	2	1	2	4	8	2	34
DEATHS ON-SITE	0	0	0	0	0	0	0	0	0	0	0	0	0
DEATH IN CUSTODY	1	0	1	0	0	0	0	0	0	0	0	0	2
PHARMACEUTICALS (HSA)													
TOTAL I/Ms ON MEDS	322	342	341	319	343	332	322	292	290	253	250	240	3646
TOTAL I/Ms ON MEDICAL MEDS	221	252	255	228	254	237	234	205	205	187	186	184	2650
TOTAL I/Ms ON PSYCHOTROPIC MEDS	212	223	220	200	192	200	186	181	181	146	250	124	2315
TOTAL I/Ms NONFORMULARY MEDS	64	54	54	57	63	57	56	62	61	43	44	76	691
CHRONIC CARE SEEN IN CLINIC (HSA)													
ASTHMA/COPD	15	16	27	26	19	12	12	13	19	29	17	11	216
DIABETICS	13	15	15	28	14	23	15	12	33	24	17	24	233
DIALYSIS	2	0	1	1	1	1	0	0	1	0	1	1	9
HIV	3	3	1	4	1	2	1	2	1	0	4	1	23
PREGNANCY	2	0	0	2	2	0	0	1	0	1	0	0	8
HYPERTENSION / CARDIOVASCULAR	43	30	33	47	53	35	27	26	56	46	41	35	452
SEIZURE DISORDERS	7	11	12	13	7	1	1	7	7	13	10	8	97
THYROID	2	0	3	6	3	0	0	1	3	1	3	1	23
TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OTHER GERD PATIENTS	11	2	6	11	11	5	3	4	10	11	13	10	97
TOTAL OTHER CANCER PATIENTS	0	0	1	1	0	0	0	0	0	0	2	3	7
TOTAL OTHER HEP C PATIENTS	5	2	2	4	3	3	0	2	1	1	3	3	29
TOTAL OTHER SUBSTANCE ABUSE PATIENTS	1	0	0	0	0	0	0	0	1	0	1	0	3
INFECTIOUS DISEASE CONTROL													
PPDs PLANTED	319	343	298	337	365	363	379	411	410	387	377	335	4324
PPDs READ	210	252	200	235	242	228	235	299	245	212	179	161	2698
POSITIVE PPDs	8	8	6	6	12	8	5	10	3	3	5	3	77
TB RELATED CHEST X-RAYS	4	2	8	6	4	4	6	3	3	4	3	2	49
ACTIVE TB	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV TEST	2	4	5	4	3	5	9	6	8	9	2	5	62
POSITIVE HIV	0	0	2	4	0	1	1	3	0	2	2	1	16
# OF POSITIVE HIV INMATES	7	5	6	4	5	6	5	5	7	7	4	3	64
HEPATITIS A	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B	0	0	0	0	0	0	2	0	1	2	1	1	7
HEPATITIS C	12	9	8	12	9	7	6	3	4	15	3	7	95
CHLAMYDIA	1	3	1	3	2	3	2	6	3	2	6	2	34
GONORRHEA	0	2	1	1	0	1	0	1	1	0	1	0	8
SYPHILIS	0	0	2	0	0	3	2	2	1	0	2	1	13
OTHER STD	0	0	0	1	2	4	2	2	1	2	3	0	17
PEDICULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
SCABIES	1	0	0	1	0	0	0	0	0	1	0	0	3
MRSA CONFIRMED	0	0	0	0	0	0	0	0	0	0	0	0	0
CONFIRMED MRSA TREATED	0	0	0	0	0	0	0	0	0	0	0	0	0
SUSPECTED MRSA TREATED	0	0	0	0	0	0	0	0	0	0	0	0	0
GRIEVANCES (HSA)													
INMATES WITH GRIEVANCES	10	21	18	10	8	25	23	23	31	15	11	14	209
DISSATISFIED WITH MEDICAL CARE (1, 11)	5	0	6	0	1	2	1	6	7	4	0	3	35
DISSATISFIED WITH DENTAL CARE (19)	0	0	0	0	0	0	6	0	0	0	0	0	6
DISSATISFIED WITH MENTAL HEALTH CARE (12)	0	4	0	3	0	1	0	0	0	0	0	1	9
DISSATISFIED WITH STAFF CONDUCT (8)	1	3	3	0	1	1	0	0	1	0	0	0	10
DISSATISFIED WITH DELAY IN HEALTHCARE (3)	1	0	0	0	0	4	1	2	2	0	0	0	10
PROBLEMS WITH MEDICATIONS (4)	2	4	1	1	1	9	3	9	12	7	8	3	60
REQUEST FOR OFFSITE SPECIALITY CARE (7)	0	4	2	2	2	2	4	1	2	2	1	2	24
OTHER (2, 5, 6, 9, 10)	1	6	6	4	3	6	8	5	6	2	2	5	54
NUMBER OF FOUNDED	1	0	0	0	0	3	1	2	6	3	1	0	17
NUMBER OF UNFOUNDED	9	21	18	10	8	22	22	21	25	12	10	14	192
INMATE MEDICAL SURVEILLANCE													
NUMBER OF INJURIES REPORTED	0	7	2	2	1	1	2	0	2	0	0	0	17
NUMBER OF INJURIES TREATED	0	7	2	2	1	1	2	0	2	0	0	0	17
NUMBER OF INJURIES REQUIRING HOSPITALIZATION	0	5	2	2	1	1	2	0	2	0	0	0	15
LAKE COUNTY JAIL STATS													
SALLY PORT REFUSAL	0	1	0	0	2	0	0	1	0	1	1	1	7
NUMBER OF INMATES ON HIV MEDICATIONS	7	5	6	4	5	6	5	5	7	7	4	3	64
NUMBER OF MEDICATION VOUCHERS USED(# OF PTS)	3	3	3	6	7	10	2	2	2	4	0	4	46
NUMBER OF MEDICATION VOUCHERS USED(Psychotropic	3	5	5	14	6	6	0	4	2	5	0	11	61
TOTAL COST OF MEDICATION VOUCHERS USED	145	124	133	517	249	559	76	133	57	601	0	483	3077
TOTAL # OF INMATES REPORTING THEY HAVE HEALTH	133	189	158	154	157	184	180	206	159	211	192	202	2125
TOTAL # OF INMATES REPORTING THEY HAVE PRIVATE HEALTH	48	28	27	30	14	37	37	43	19	28	35	24	370
TOTAL # OF INMATES REPORTING THEY HAVE	101	154	126	129	135	150	151	189	130	155	144	138	1702
TOTAL # OF INMATES CHARGED A CO-PAY	43	65	70	69	63	47	48	86	48	53	69	61	722
TOTAL # OF INMATES THAT RECEIVED A RAPID COVID TEST	139	206	145	219	157	47	8	11	5	5	8	18	968
TOTAL # OF INMATES THAT RECEIVED A PCR COVID TEST	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL # OF INMATES POSITIVE FOR COVID	5	10	6	0	1	0	2	0	0	0	1	6	31

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FACILITY NAME	Lake County Jail IL												TOTAL YTD
Health Services Statistical Report	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	
AVERAGE DAILY POPULATION	450	471	498	502	511	500	506	521	513	523	523	540	6058
MEDICAL (HSA/DON)													
SECURITY BOOKINGS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INFANT SCREENING BY WELLPATH	257	275	280	313	339	337	350	336	351	326	337	280	3791
SICK CALL - NURSES	358	364	266	246	251	263	261	262	294	240	245	213	3291
SICK CALL - DETOX	542	652	661	618	736	703	597	599	644	668	694	608	7695
SICK CALL - LAB DRAWS	176	140	181	184	199	219	228	241	195	152	204	183	2302
SICK CALL - PROVIDER	58	46	57	37	45	29	56	30	61	41	45	53	558
SICK CALL - TOTAL ENCOUNTERS	416	410	353	283	296	292	317	312	355	289	290	266	3049
SICK CALL - TOTAL REFERRALS RECEIVED	416	410	323	283	286	292	317	312	355	289	290	266	3049
EMERGENCY RESPONSE - ON-SITE	39	37	38	30	45	45	42	39	39	53	59	40	563
NURSE CONTACTS - TREATMENTS & MONITORING	3845	3093	2081	2060	2158	1898	1708	1293	2142	1917	2050	1826	26541
HEALTH ASSESSMENTS	24	108	107	126	124	136	126	110	131	114	104	122	1412
ANNUAL HEALTH ASSESSMENTS COMPLETED	13	4	11	19	19	17	14	12	8	6	12	16	151
X-RAYS (NON-TE RELATED) ON-SITE	14	20	13	13	16	9	8	5	16	11	8	14	147
ENGL	28	14	53	43	20	35	59	48	25	16	51	31	423
MENTAL HEALTH (MH Director)													
PSYCHIATRY													
NEW PATIENT VISITS	65	89	50	23	37	41	82	53	63	60	42	39	514
FOLLOW UP VISITS	120	121	80	157	161	120	120	109	88	102	108	105	1391
MENTAL HEALTH PROVIDERS													
ADJ SCREENS	21	36	41	55	44	36	25	36	48	24	20	90	527
FOLLOW-UP CONTACTS	466	441	439	455	513	429	342	359	432	421	317	207	4971
SPECIAL NEEDS CONTACTS	22	24	14	27	16	22	18	27	12	15	5	5	209
SEGREGATION ROUNDS	4	4	4	4	4	4	4	4	4	4	4	4	48
INDIVIDUAL THERAPY CONTACTS	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP THERAPY SESSIONS	0	0	0	0	0	0	9	5	2	3	0	0	19
# OF PTS IN GROUP THERAPY SESSIONS	0	0	0	0	0	0	21	20	7	6	0	0	54
DISCHARGE PLANNING CONTACTS	0	0	0	0	0	0	0	0	0	0	0	0	0
SELF-HARM													
# OF SUICIDE THREATS/IDEATIONS	27	17	21	23	25	21	27	28	25	27	25	26	282
# OF SELF INJURY EVENTS	0	1	3	2	7	3	2	4	2	3	1	2	32
# OF SUICIDE ATTEMPTS	1	1	0	2	1	0	2	1	1	0	0	1	10
# OF COMPLETED SUICIDES	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF SUICIDE WATCH EVENTS	27	17	21	23	25	21	27	28	25	27	25	26	292
TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	69	62	48	84	69	46	87	65	63	71	37	53	754
TRANSFER													
# OF PATIENTS AWAITING IDHS	9	5	6	13	7	6	5	9	9	12	19	20	117
# OF INMATES CIVILLY COMMITTED	0	0	0	0	0	0	0	0	0	0	0	0	0
SENTINEL EVENTS													
# OF THERAPEUTIC RESTRAINT EPISODES	1	3	2	2	3	0	1	0	0	0	0	0	12
# OF EMERGENCY MEDICATION EPISODES	0	0	1	0	0	0	0	0	0	0	0	0	1
# OF INMATES ON INVOLUNTARY MEDICATION	0	1	1	1	0	0	1	1	0	3	3	0	11
OTHER MH DATA													
# OF INMATES ON SPECIAL NEEDS LIST	25	19	22	19	23	20	17	19	21	17	15	19	234
NUMBER OF PATIENT ON PSYCH MEDICATIONS	194	228	215	211	221	194	185	185	198	197	207	246	2511
# OF MH SICK CALL REQUESTS/ REFERRALS	466	441	439	455	513	429	342	359	432	421	337	330	4971
DENTAL (Dental Assistant)													
DENTAL EXAMS	85	75	80	95	64	80	79	70	68	69	79	84	929
DENTAL SICK CALL / SCREENS	47	40	48	59	56	49	66	65	56	71	66	61	684
ANNUAL EXAMS	0	0	3	5	3	8	2	2	6	3	2	4	40
EXTRACTIONS	21	14	19	30	23	36	21	18	22	16	27	26	273
REFUSALS - ACUTE	3	10	7	9	3	2	3	5	1	4	13	6	68
REFUSALS - ANNUAL EXAM	0	2	2	1	5	2	2	2	0	5	2	4	30
TEMPORARY FILLINGS	22	21	24	27	29	28	22	20	10	15	15	29	259
OFF-SITE DENTAL REFERRALS	1	0	0	0	0	0	0	0	0	0	0	0	1
OFF-SITE SERVICES													
EMERGENCY ROOM VISITS	22	7	12	11	13	9	8	7	5	13	12	4	123
AMBULANCE TRANSPORTS TO ER	22	5	9	7	11	9	7	4	5	12	10	4	105
JAIL TRANSPORTS TO ER	0	0	3	4	2	0	1	3	4	0	0	4	21
HOSPITAL ADMISSIONS	4	0	5	2	2	2	2	1	1	2	1	0	24
HOSPITAL DAYS	31	0	13	4	12	6	8	1	2	6	3	0	86
AVERAGE LENGTH OF STAY	5	0	3	2	6	3	4	1	2	3	3	0	32
ON-SITE SPECIALTY CONSULTATIONS	8	0	0	11	22	20	14	32	40	37	34	34	252
OFF-SITE SPECIALTY CONSULTS	28	24	19	24	17	22	15	14	17	20	22	18	240
ONE DAY SURGERIES	1	1	3	2	0	1	1	0	1	0	0	1	11
OFF-SITE RADIOLOGY	5	5	6	3	7	7	6	7	4	2	0	3	53
DEATHS ON-SITE	1	0	0	0	0	0	0	0	0	1	0	1	3
DEATH IN CUSTODY	1	0	0	0	0	0	0	0	1	1	0	1	4
PHARMACEUTICALS (HSA)													
TOTAL I/Ms ON MEDS	296	331	327	324	329	300	314	293	284	303	329	324	3754
TOTAL I/Ms ON MEDICAL MEDS	217	239	232	233	233	227	237	212	195	206	235	231	2617
TOTAL I/Ms ON PSYCHOTROPIC MEDS	194	228	215	211	221	194	197	191	194	202	210	202	2461
TOTAL I/Ms NONFORMULARY MEDS	64	70	73	76	71	77	70	60	64	62	53	62	792
CHRONIC CARE SEEN IN CLINIC (HSA)													
ASTHMA/COPD	11	17	21	15	13	28	31	18	22	13	13	21	223
DIABETICS	8	9	13	20	12	13	10	16	15	17	18	10	161
DIALYSIS	0	1	1	1	0	0	0	1	2	0	0	1	7
HIV	2	4	2	2	3	1	3	1	2	0	1	1	20
PREGNANCY	0	1	2	1	1	2	1	2	1	0	3	2	16
HYPERTENSION / CARDIOVASCULAR	40	32	50	39	31	41	39	38	44	39	42	26	461
SEIZURE DISORDERS	3	8	10	11	7	10	7	3	8	8	10	4	89
THYROID	0	4	1	1	3	2	1	4	0	2	3	1	22
TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OTHER CHRD PATIENTS	2	0	0	8	4	11	7	9	9	11	11	5	77

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FACTORY NAME	Lake County Jail												
Health Services Statistical Report	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Totals YTD
TOTAL OTHER CANCER PATIENTS	3	3	0	4	4	4	1	0	3	0	2	1	25
TOTAL OTHER HIV C. PATIENTS	2	2	0	3	4	2	2	4	6	1	2	0	28
TOTAL OTHER SUBSTANCE ABUSE PATIENTS	53	74	0	53	44	66	57	55	73	64	63	61	685
INFECTION DISEASE CONTROL													
PPDs PLANNED	263	264	295	308	347	343	357	334	353	334	344	296	3648
PPDs READ	178	191	203	206	208	219	226	224	214	220	241	200	2556
POSITIVE PPDs	4	1	3	4	4	4	6	5	5	11	6	6	61
TB RELATED CHEST X-RAYS	2	1	1	3	2	2	3	2	3	2	3	3	27
ACTIVE TB	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV TEST	16	8	9	4	5	2	2	4	2	3	2	2	59
POSITIVE HIV	3	0	2	1	1	0	0	0	0	0	0	0	7
# OF POSITIVE HIV INMATES	7	2	5	4	3	3	1	2	1	2	2	4	35
HEPATITIS A	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B	0	0	0	0	0	0	0	0	1	0	0	0	1
HEPATITIS C	14	15	12	12	10	9	10	11	9	10	7	10	130
CHLAMYDIA	0	1	1	2	1	1	2	5	2	1	3	2	21
GONORRHEA	1	0	1	1	0	0	0	1	0	1	2	0	7
SYPHILIS	1	0	1	1	0	1	0	1	0	0	0	0	5
OTHER STD	0	0	2	1	2	0	1	2	2	1	3	3	17
PERICULOUS	0	0	0	0	0	0	0	0	0	0	0	0	0
SCABIES	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA CONFIRMED	0	0	0	0	0	0	0	0	0	0	0	0	0
CONFIRMED MRSA TREATED	0	0	0	0	0	0	0	0	0	0	0	1	1
SUSPECTED MRSA TREATED	0	0	0	0	0	0	0	0	0	0	0	0	0
GRIEVANCES (HSA)													
INMATES WITH GRIEVANCES	5	8	9	7	5	2	4	1	7	10	6	13	77
DISSATISFIED WITH MEDICAL CARE	0	0	0	1	0	1	0	0	1	6	0	5	14
DISSATISFIED WITH DENTAL CARE	0	0	0	3	0	0	0	0	0	0	0	1	4
DISSATISFIED WITH MENTAL HEALTH CARE	0	0	0	0	0	0	0	0	0	0	0	0	0
DISSATISFIED WITH STAFF CONDUCT	0	0	0	0	0	0	0	0	0	1	0	0	1
DISSATISFIED WITH DELAY IN HEALTHCARE	0	0	0	0	0	0	0	0	0	0	0	0	0
PROBLEMS WITH MEDS	0	1	1	2	4	0	0	0	1	0	0	0	1
REQUEST TO BE SEEN	2	0	0	0	0	0	0	0	1	1	3	2	17
OTHER	3	7	8	1	1	1	2	1	2	1	2	4	33
NUMBER OF FOUNDED	0	0	0	0	0	0	1	0	1	0	0	0	2
NUMBER OF UNFOUNDED	5	8	9	7	4	2	3	1	6	9	6	13	75
INMATE MEDICAL SURVEILLANCE													
NUMBER OF INJURIES REPORTED	1	0	0	1	0	2	0	0	0	0	0	0	4
NUMBER OF INJURIES TREATED	1	0	0	1	0	2	0	0	0	0	0	0	4
NUMBER OF INJURIES REQUIRING HOSPITALIZATION	1	0	0	1	0	2	0	0	0	0	0	0	4
LAKE COUNTY JAIL STATS													
SALLY PORT REFUSAL	0	1	2	2	3	1	2	1	1	1	1	1	16
NUMBER OF INMATES ON HIV MEDICATIONS	7	4	5	4	3	3	1	1	1	2	4	8	43
NUMBER OF MEDICATION VOUCHERS USED (# OF PIS)	2	0	0	1	5	5	3	1	5	4	2	3	31
NUMBER OF MEDICATION VOUCHERS USED (PSYCHOTROPIC MEDICATIONS)	3	0	0	2	5	5	6	2	8	6	2	3	42
TOTAL COST OF MEDICATION VOUCHERS USED	131	0	0	339	267	216	189	33	392	454	269	77	2342
TOTAL # OF INMATES REPORTING THEY HAVE HEALTH INSURANCE	130	112	92	123	59	149	186	133	152	159	157	133	1585
TOTAL # OF INMATES REPORTING THEY HAVE PRIVATE HEALTH INSURANCE	13	38	24	34	30	25	26	24	42	31	48	35	360
TOTAL # OF INMATES CHARGED A CO-PAY	45	40	48	59	56	49	66	65	56	71	66	61	682
TOTAL # OF INMATES THAT RECEIVED A RAPID COVID TEST	397	403	361	356	151	57	45	71	30	42	24	28	1965
TOTAL # OF INMATES THAT RECEIVED A PCR COVID TEST	24	2	25	1	1	0	1	2	0	0	1	0	57
TOTAL # OF INMATES POSITIVE FOR COVID	75	63	12	1	1	6	16	16	2	1	3	0	196

Exhibit G

Offsite and Pharmacy Costs for December 1, 2020 – November 30, 2024

Please note that there are estimated outstanding payments for off-site services and that HIV medication was covered out of pocket in 2024. As of 2025, inmates are being enrolled in ADAP, and medication costs are covered through the program.

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Totals FYE 11/30/2021
Passthrough													
Ophthalmology	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$56	\$16	\$8	\$950	\$800	\$1,830
Pharmacy-Biologicals	\$3,168	\$1,176	\$1,688	\$7,903	\$6,935	\$1,567	\$18,471	\$12,781	\$7,021	\$1,646	\$1,195	\$2,394	\$65,947
Pharmacy-Credits	\$0	\$0	(\$2,172)	(\$366)	\$0	(\$433)	(\$23)	\$0	\$0	(\$4,137)	\$0	\$0	(\$7,132)
Pharmacy-Dialysis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy-Hep C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy-HIV	\$9,415	\$15,228	\$13,126	\$16,132	\$6,366	\$9,892	\$10,486	\$21,537	\$13,772	\$19,116	\$26,071	\$19,498	\$180,639
Pharmacy-Other	\$14,909	\$17,794	\$31,308	\$41,535	\$19,787	\$27,137	\$42,502	\$13,981	\$30,664	\$29,565	\$9,723	\$26,336	\$305,241
Pharmacy-Psych	\$1,783	\$2,522	\$2,240	\$2,906	\$3,711	\$4,081	\$5,398	\$2,576	\$2,525	\$3,068	\$2,290	\$2,643	\$35,744
Total	\$29,276	\$36,719	\$46,190	\$68,110	\$36,799	\$42,245	\$76,833	\$50,930	\$53,998	\$49,267	\$40,228	\$51,671	\$582,269
Off-Site Services													
Paid Claims	\$8,913	\$8,359	\$8,378	\$16,191	\$25,597	\$11,893	\$9,653	\$7,611	\$10,197	\$5,037	\$10,869	\$16,575	\$139,273
Est. Outstanding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Off-Site Services	\$8,913	\$8,359	\$8,378	\$16,191	\$25,597	\$11,893	\$9,653	\$7,611	\$10,197	\$5,037	\$10,869	\$16,575	\$139,273
Total Expense Incurred	\$38,189	\$45,078	\$54,568	\$84,301	\$62,396	\$54,138	\$86,486	\$58,541	\$64,195	\$54,304	\$51,097	\$68,246	\$721,542

	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Totals FYE 11/30/2022
Passthrough													
Pharmacy-Biologicals	\$1,974	\$2,000	\$2,029	\$3,760	\$1,480	\$3,542	\$2,619	\$842	\$1,803	\$1,998	\$514	\$2,427	\$24,989
Pharmacy-Credits	(\$7,656)	(\$15,662)	(\$9,368)	(\$146)	\$0	(\$25)	(\$13,252)	(\$4)	(\$11)	(\$12,770)	(\$71)	\$0	(\$58,966)
Pharmacy-Dialysis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy-Hep C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy-HIV	\$26,180	\$6,940	\$13,765	\$14,226	\$7,172	\$3,587	\$1,746	\$14	\$1,621	\$6,712	\$14,811	\$21,358	\$118,130
Pharmacy-Other	\$26,891	\$41,096	\$26,662	\$27,953	\$12,610	\$12,644	\$11,703	\$10,155	\$10,322	\$5,446	\$13,294	\$8,993	\$207,768
Pharmacy-Psych	\$2,686	\$3,175	\$5,025	\$3,526	\$2,857	\$6,151	\$6,225	\$2,633	\$2,998	\$2,456	\$3,623	\$2,272	\$43,628
Total	\$50,075	\$37,550	\$38,113	\$49,319	\$24,119	\$25,899	\$9,041	\$13,639	\$16,733	\$3,842	\$32,171	\$35,050	\$335,549
Off-Site Services													
Paid Claims	\$9,938	\$5,255	\$6,700	\$6,624	\$18,289	\$2,811	\$3,663	\$7,653	\$6,469	\$4,166	\$1,479	\$3,020	\$76,067
Est. Outstanding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Off-Site Services	\$9,938	\$5,255	\$6,700	\$6,624	\$18,289	\$2,811	\$3,663	\$7,653	\$6,469	\$4,166	\$1,479	\$3,020	\$76,067
Total Expense Incurred	\$60,013	\$42,805	\$44,813	\$55,943	\$42,408	\$28,710	\$12,704	\$21,292	\$23,202	\$8,008	\$33,650	\$38,070	\$411,616

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Totals FYE 11/30/2023
Passthrough													
Pharmacy-	\$2,785	\$5,654	\$2,444	\$1,638	\$2,530	\$3,275	\$1,782	\$6,813	\$1,564	\$3,142	\$545	\$2,617	\$34,791
Pharmacy-Credits	(\$47)	(\$6,926)	(\$1,636)	(\$117)	(\$3,543)	\$0	(\$8)	(\$1,636)	(\$1,827)	(\$21)	(\$178)	\$0	(\$15,940)
Pharmacy-Dialysis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy-Hep C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy-HIV	\$14,594	\$17,972	\$12,405	\$10,543	\$12,256	\$23,898	\$14,457	\$11,441	\$15,706	\$20,851	\$9,441	\$6,865	\$170,429
Pharmacy-Other	\$8,983	\$13,944	\$8,816	\$7,666	\$7,738	\$11,172	\$14,997	\$20,235	\$20,475	\$17,514	\$11,979	\$12,481	\$156,001
Pharmacy-Psych	\$5,130	\$3,919	\$2,450	\$6,951	\$3,162	\$7,565	\$4,778	\$5,017	\$9,522	\$7,688	\$4,092	\$2,669	\$62,942
Total	\$31,443	\$34,563	\$24,480	\$26,682	\$22,143	\$45,909	\$36,006	\$41,870	\$45,439	\$49,174	\$25,880	\$24,633	\$408,224
Off-Site Services													
Paid Claims	\$1,592	\$4,668	\$6,202	\$1,245	\$9,038	\$22,349	\$28,682	\$6,200	\$3,178	\$5,681	\$6,995	\$13,956	\$109,786
Est. Outstanding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Off-Site	\$1,592	\$4,668	\$6,202	\$1,245	\$9,038	\$22,349	\$28,682	\$6,200	\$3,178	\$5,681	\$6,995	\$13,956	\$109,786
Total Expense	\$33,035	\$39,231	\$30,682	\$27,927	\$31,181	\$68,258	\$64,688	\$48,070	\$48,617	\$54,855	\$32,875	\$38,589	\$518,010

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Totals FYE 11/30/2024
Passthrough													
Pharmacy-	\$4,534	\$2,213	\$4,869	\$30,819	\$3,137	\$3,884	\$6,032	\$5,708	\$5,930	\$6,242	\$3,794	\$2,649	\$79,811
Pharmacy-Credits	\$0	(\$8,956)	\$0	(\$8,126)	(\$27,453)	(\$2,046)	(\$1,356)	\$0	(\$1,052)	(\$9,314)	(\$5,620)	(\$3,595)	(\$67,518)
Pharmacy-Dialysis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy-Hep C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,326	\$0	\$0	\$0	\$0	\$9,326
Pharmacy-HIV	\$13,853	\$8,061	\$10,802	\$9,121	\$6,431	\$13,758	\$9,904	\$25,714	\$20,703	\$27,135	\$30,601	\$22,763	\$198,844
Pharmacy-Other	\$14,474	\$8,972	\$9,111	\$49,640	\$19,169	\$26,942	\$28,162	\$43,836	\$45,612	\$17,616	\$19,657	\$33,054	\$316,245
Pharmacy-Psych	\$3,669	\$1,521	\$1,281	\$4,075	\$6,522	\$1,356	\$1,383	\$1,444	\$1,904	\$1,873	\$6,873	\$6,733	\$38,636
Total	\$36,529	\$11,811	\$26,063	\$85,529	\$7,806	\$43,893	\$44,125	\$86,028	\$73,098	\$43,551	\$55,304	\$61,604	\$575,343
Off-Site Services													
Paid Claims	\$12,579	\$15,900	\$7,340	\$12,397	\$3,308	\$5,885	\$5,342	\$7,065	\$5,714	\$2,772	\$6,452	\$10,957	\$95,711
Est. Outstanding	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,400	\$23,253	\$27,396	\$18,325	\$26,700	\$116,074
Total Off-Site	\$12,579	\$15,900	\$7,340	\$12,397	\$3,308	\$5,885	\$5,342	\$27,465	\$28,967	\$30,168	\$24,777	\$37,657	\$211,785
Total Expense	\$49,108	\$27,711	\$33,403	\$97,926	\$11,114	\$49,778	\$49,467	\$113,493	\$102,065	\$73,719	\$80,081	\$99,261	\$787,128



Addendum Acknowledgement

The undersigned acknowledges receipt of the following addendum(s):

ADDENDUM #

I have examined and carefully prepared the submittal documentation in detail before submitting my response to Lake County.

Submittal Number: _____

Company Name: _____

Authorized Signature: _____

Printed Name/Title: _____

Date: _____

It is the vendor's responsibility to check for addendums, posted on the website at <http://lakecountypurchasingportal.com> prior to the submittal due date. No notification will be sent when addendums are posted unless there is an addendum posted within three business days of the submittal due date.

If the submittal has already been received by Lake County, vendors are required to acknowledge receipt of addendum via email to purchasing@lakecountyil.gov prior to the due date.

Submittals that do not acknowledge addendums may be rejected.

GENERAL INFORMATION SHEET

AUTHORIZED NEGOTIATORS:

Name:	Title:
Phone:	Email:
Name:	Title:
Phone:	Email:

BUSINESS ORGANIZATION: (check one only)

- ☐ Sole Proprietor: An individual whose signature is affixed to this proposal.
- ☐ Partnership: State full names, titles, and addresses of all responsible principals and/or partners on attached sheet.
- ☐ Corporation: State of incorporation: [Click or tap here to enter text.](#)
- ☐ Non-profit Corporation
- ☐ 501c3-- U.S. Internal Revenue Code

By signing this proposal document, the proposer hereby certifies that it is not barred from responding on this contract as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code of 1961, as amended.

Full Legal Business Name:	
Authorized Signature:	Date:
Printed Name/Title:	

REFERENCES

List below other similar size clients for whom you have provided similar services. Please include the email address for each reference.

Agency Name:
Mailing Address:
Contact Person/Title:
Phone Number:
Email:
Dates of Service:
Project/Service Provided:
Number of Employees:

Agency Name:
Mailing Address:
Contact Person/Title:
Phone Number:
Email:
Dates of Service:
Project/Service Provided:
Number of Employees:

Agency Name:
Mailing Address:
Contact Person/Title:
Phone Number:
Email:
Dates of Service:
Project/Service Provided:
Number of Employees:

Agency Name:
Mailing Address:
Contact Person/Title:
Phone Number:
Email:
Dates of Service:
Project/Service Provided:
Number of Employees:

VENDOR DISCLOSURE STATEMENT

Vendor Name:			
Address:			
Contact Person:		Phone #:	
Bid/RFP/SOI/Contract/Renewal:			

Vendors wishing to contract with Lake County for goods and services in an amount greater than \$30,000 shall submit this form in advance of award. This disclosure statement is not required for utility companies regulated by the Illinois Commerce Commission or local units of government. Vendors shall disclose:

- A familial relationship between a Lake County elected official, department director, deputy director and manager and owners, principals, executives, officers, account managers or other similar managerial positions of the vendor's company. Familial relationship is defined as a spouse (including civil partner), child, stepchild, parent, stepparent, grandparent, in-laws (including parent, grandparent, sibling, or child), relatives and non-relatives living in the same residence, and offspring born to any aforementioned person.
- All political campaign contributions made by the vendor or an owner, principal, executive, officer, account manager, or other similar managerial position of the vendor to any county board member, county board chair, or countywide elected official within the last five years.

If there is nothing to report in a section, please state NONE in the appropriate space.

FAMILIAL RELATIONSHIPS

List names and departments/agencies of Lake County employees or public officials with whom owners, principals, or officers of the vendor's company have a familial relationship and the nature of the relationship. Attach additional pages, as necessary. (Provide all names or state NONE in the space below. Do not leave blank.)

Name and Department/Agency of Lake County Employee/Public Official	Familial Relationship

CAMPAIGN CONTRIBUTIONS

List campaign contributions that have been made within the last five years that exceed \$150 annually. Attach additional pages, as necessary. (Provide all names or state NONE in the space below. Do not leave blank.)

Recipient	Donor	Description (e.g., cash, type of item, in-kind service, etc.)	Amount/Value	Date Made

Continuing disclosure is required if information changes. This Vendor Disclosure Statement form is available at www.lakecountyil.gov. The full text of the County's Ethics and Procurement policies and ordinances are available at www.lakecountyil.gov.

I hereby acknowledge that the information above is accurate and complete, that I am an authorized signer on behalf of the vendor, that I have read and understand these disclosure requirements, and that I agree to update this information if there are any related changes by submitting a new Vendor Disclosure Statement.

Authorized Signature:		Title:	
Printed Name:		Date:	

☐ **Vendors: Check this box when indicating exception. Then provide a brief narrative for exception below.**



VENDOR CERTIFICATION FORM

Bid/RFP/SOI Number:			
Vendor Name:			
Address:			
Primary Contact Name:			
Primary Contact Email Address:			
Primary Contact Phone Number:			
Project Manager Name:			
Project Manager Email Address:			
Project Manager Phone Number:			
# Years in Business:		Number of Employees:	
Annual Sales:	\$	Dunn & Bradstreet #:	
Vendor Certification Statement: Please identify all the following that apply to the ownership of this firm. This information is collected for reporting purposes only and not vendor selection. Please include a copy of the certification. (Definitions are included on the second page of Vendor Certification Form).			
<input type="checkbox"/>	Contractor certifies as a Minority – Business Enterprise (MBE)		
<input type="checkbox"/>	Contractor certifies as a Women Business Enterprise (WBE)		
<input type="checkbox"/>	Contractor certifies as a Veteran-Owned (VBE) Business Enterprise		
<input type="checkbox"/>	Contractor certifies as a Persons with Disabilities Owned Business Enterprise (PDBE)		
<input type="checkbox"/>	Contractor certifies as a Service-Disabled Veteran-Owned (SDVBE) Business Enterprise		
<input type="checkbox"/>	Contractor certifies as a Business Enterprise Program (BEP)		
<input type="checkbox"/>	Contractor certifies as a Small Disadvantaged Businesses (SDB)		
<input type="checkbox"/>	Contractor certifies as a Veteran-Owned Small Business (VOSB)		
<input type="checkbox"/>	Local Business		
<input type="checkbox"/>	None		
Other (Specify)			
Certification Number:			
Certified by (Agency):			

I certify that this information is accurate to the best of my knowledge and that I am authorized to provide this information on behalf of my company.

Signature:	Date:
Printed Name:	Title:

Vendor Certification Definitions

- **Minority-owned business (MBE)**
A business concern which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.
- **Woman-owned business (WBE)**
A business which is at least 51% owned by one or more women, or, in the case of a corporation, at least 51% of the stock in which is owned by one or more women; and the management and daily business operations of which are controlled by one or more of the women who own it.
- **Veteran-owned Business Enterprise (VBE)**
A small business (i) that is at least 51 percent owned, controlled and managed by one or more Eligible Veterans or in the case of a corporation, at least 51 percent or more of the stock of which is owned, controlled and managed by one or more Eligible Veterans.
 - **Eligible Veteran** means a person who (i) has been either a member of the armed forces of the United States or, while a citizen of the United States, was a member of the armed forces of allies of the United States in time of hostilities with a foreign country and (ii) has served under one or more of the following conditions: (a) the veteran served a total of at least 6 months; (b) the veteran served for the duration of hostilities regardless of the length of the engagement; (c) the veteran was discharged on the basis of hardship; or (d) the veteran was released from active duty because of a service connected disability and was discharged under honorable conditions.
 - **Armed Forces of the United States** means the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or service in active duty as defined under 38 U.S.C. Section 101. Service in the Merchant Marine that constitutes active duty under Section 401 of federal Public Act 95-202 shall also be considered service in the armed forces for purposes of this Division.
- **Persons with Disabilities Owned Business Enterprise (PDBE)**
A small business (i) that is at least 51 percent owned, controlled and managed by one or more Persons with a Disability; or in the case of a corporation, at least 51 percent or more of the stock of which is owned, controlled, and managed by one or more Persons with a Disability.
 - **Disability or Disabled** means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.
- **Service-Disabled Veteran-owned Business Enterprise (SDVBE)**
A small business (i) that is at least 51 percent owned, controlled, and managed by one or more qualified service-disabled veterans or in the case of a corporation, at least 51 percent or more of the stock of which is owned, controlled and managed by one or more Service Disabled Veterans.
 - **Service-Disabled Veteran** means an Eligible Veteran who has been found to have 10 percent or more service-connected disability by the United States Department of Veterans Affairs or the United States Department of Defense.
 - **Service-connected disability** means a disability incurred in the line of duty in the active military, naval or air service as described in 38 U.S.C. 101(16).
- **BEP – Business Enterprise Program**
Business Enterprise Program (BEP) BEP assists businesses owned by minorities, women, and people with disabilities gain access to the State of Illinois procurement process. BEP certification with the State of Illinois can also open the door to opportunities with other public and private entities which are looking for diverse suppliers.
- **Small Disadvantaged Businesses (SDB)**
A Small Disadvantaged Business (SDB) is a small business owned and controlled by socially and economically disadvantaged individuals as defined by Federal Acquisition Regulation (FAR) 19.001
- **Veteran-Owned Small Business (VOSB)**
A Veteran-Owned Small Business (VOSB) is a small business that is at least 51 percent owned by one or more veterans; or, if a publicly owned business, at least 51 percent of the stock is owned by one or more veterans. Also, one or more veterans control management and daily business operations of the firm.
- **Local business**
Lake County launched a Buy Local. Build Local. Work Local initiative in 2013 to increase the outreach and procurement opportunities for businesses located within Lake County, including women-owned businesses and minority-owned business enterprises (L/W/MBE). The overarching objective is to maximize participation from these businesses in the County's procurement process, in accordance with applicable law.