To: Prospective Bidders

Date: August 25, 2025

RE: Addendum No. 3
         RFP SCF25-1174
         TED Wearable Duress System
         Questions, Comments and Answers

Issue Date: Monday, August 25, 2025

This document forms a part of the Purchasing Documents and modifies the original Procurement Documents dated July 30th, 2025. Acknowledge receipt of this Addendum on page 22 (25) of the Bid documents. Failure to acknowledge receipt of this addendum may subject Proposers to disqualification.

This Addendum consists of 3 page(s).

Responds to Questions/Comments

	Date Received	Comment or Question Provided by Potential Bidder	SCF Response	RFP Reference (If Aplicable)
1	8/7/2025	bed count and square footage of area needing coverage		
2	8/7/2025	Do you need us to provide the smartphones or can that be done by SCF and then install our software?	Crisis Stabilization: We are not requesting smartphones for our duress system product. Crisis Residential: We are not requesting smartphones for our duress system product. Detox/MAT: We are open to the best cost scenario - we prefer a mixture of phones and nonphones. Outpatient BH: We are open to the best cost scenerio. Pharmacy defers to the group.	
3	8/14/2025	Phone Requirements: Brand and Functionality Preferences	Crisis Stabilization: The most important is the wearable, if we do get phones they would be used by the nurses. No preference. Phones are not going to be used as the duress system, would like the hands free option. If some phones are needed, either option is fine Crisis Residential: The most important is the wearable, if we do get phones they would be used by the nurses. No preference. Phones are not going to be used as the duress system, would like the hands free option. If some phones are needed, either option is fine. Detox/MAT: Could we see a phbysical model?. Outpatient BH: Small enough we can wear it would be preferred, or hands free.. Pharmacy defers to the group.	
		We are a value-added reseller for both Spectralink Versity and Zebra HC50/20. Is there a preferred brand/model you would like quoted as part of this proposal?		
		Are there any specific functionality requirements for the phones, such as:	Crisis Stabilization/Rehabilitation: We would be open to these functions, but it will not replace the wearable device need. Detox/MAT: We would be open to these functions- we currently have the other systems for this functionality. Outpatient BH: Will eventually need the barcode medication scanner, would this be the phone? Still need phones either way for communication. The wearable duress is important now. Pharmacy use will befor duress during medication deliveries only.	
		Barcode Medication Administration		
		Camera functionality		
		Other (please specify)		
		Please provide device counts with required functionality, by department.	Crisis Stabilization/Rehabilitation: Everyone needs a badge on shift, which is about 30 between Stabilization and Residential. For phnes, 15.. Detox/MAT: non phones-10, 22-phones MAT has not provided feedback. Outpatient BH: 10 phones, 20 duress wearable badges. Pharmacy use will have 6 techs but likely only up to 3 using devices at a time.	
		Additional Use Cases for Clinical Communication	Crisis Stabilization/Rehabilitation: Duress in-house communication, scanning wristbands for medication (would be helpful). Detox/MAT: Duress inhouse communication, scanning images for charting if needed, CO signature. Outpatient BH: Duress, in house communication, scanning medications.. Pharmacy N/A.	
		Should the proposal include additional communication applications such as:	Crisis Stabilization: not needed. Crisis Residential: not needed. Detox/MAT: we currently use Teams and Tiger Text - we are open to other options. . Outpatient BH: Not needed, . Pharmacy no preference.	
		Bring Your Own Device (BYOD) application		
		Desktop messaging application		
		If yes, please describe use case and quantity.		
4	8/14/2025	Peak Staffing Numbers and Device Model	Crisis Stabilization/Rehabilitation: Please see numbers on line 27 for both Stabilization and Residential.. Detox/MAT: we currently use Teams and Tiger Text - we are open to other options. . Outpatient BH: Please see numbers on line 30 for both Outpatient BH, . Pharmacy: 6 techs employed to start with est up to 3 using devices at a time.	

If the 90-phone request is not based on a shared device model, please provide peak staffing numbers by role and unit to support a more cost-effective shared device

5	8/14/2025	Integration Requirements: Push Notifications for Owner-Specified Alerts	Crisis Stabilization: Weneed wearable buttons, when a staff needs additional help from other staff that they can push the button and their location is known to responding staff. We also need for this button to allow for two way communication between devices once the duress button is pushed. This is an absolute need for safety of staff and CO's. . Crisis Residential: Same as Stabilization. Detox/MAT: This functionality would be ideal for Detox/MAT to comment . Outpatient BH: during some crisis situations would be nice to push a button to call for help. Pharmacy defers to security on hohw they would want the duress signal be conveyed.
		Can you elaborate on the integration requirement for "Push notifications for owner-specified alerts", including:	
		Use case scenarios	
		Technical requirements	
		Any specific integration protocols or standards	
6	8/14/2025	ASCOM Nurse Call Interface	
		What version of ASCOM Nurse Call will the system be interfacing with?	ASCOM response: Telligence 7
		What is the interface protocol required for the ASCOM Nurse Call integration?	ASCOM response: Unite RTLS interface (required) integrates third-party RTLS systems with Unite and uses the Open Location Protocol (OLP) as an interface to facilitat communication between RTLS badges and Unite applications.
		Are other nurse call vendors being considered in regard to automation and integration for these workflows?	Not sure how to answer this, Yes?
7	8/14/2025	Epic Integration	
		Please describe requested Epic Integration with clinical communication platform	Crisis Stabilization:/Residential: We are not using Epic. Project Manager: These Programs will be on Center. Epic was a conversation a year ago but SCF has shifted since. Detox/MAT: If there is an option use AI and integrate with EHR we would like to explores. Outpatient BH: See above answers, not applicable.
		HL7/ADT, Patient Demographic Info, Care Team Automation, Inter-App Linking, EHR Alerts, other.	Data integration into the HER is nice to have but the duress alert system is more important.