

**CLAY COUNTY CORRECTIONAL FACILITY
&
WEST CENTRAL REGIONAL JUVENILE CENTER
Moorhead, MN**

**REQUEST FOR PROPOSALS
FOR
INMATE & JUVENILE DETENTION HEALTHCARE SERVICES**

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Section 1: STATEMENT OF PURPOSE

1. PURPOSE

The County of Clay through the Clay County Sheriff's Office ("CCSO") and the West Central Regional Juvenile Center ("WCRJC") (collectively referred to as "the County") is making this Request for Proposals ("RFP") for healthcare services for inmates of the Clay County Jail and Juvenile Residents of the West Central Regional Juvenile Center. Proposals will be used to select a healthcare service contractor ("contractor," "vendor," and "proposer" are used interchangeably) for the two county facilities. The average daily population of the Clay County Jail is approximately 125 (one-hundred-twenty five); the average daily population for the Juvenile Facility is 60 (sixty) juveniles. The County intends to award a contract for the services contained herein for 4 (four) year term.

Section 2: IMPORTANT RFP INFORMATION AND DATES

This section outlines important RFP information and dates. Please note Part 7 of this section. Part 7 encourages proposers to offer alternatives to care that will accomplish the overall goals but may be done so in a more efficient manner, given the proposers medical expertise in correctional settings.

Part 1: INVITATION FOR PROPOSALS AND PROPOSAL DUE DATE:

Sealed proposals must be sent to:

Clay County Correctional Facility
Attn: Kari Tuton
800 9th St. N
Moorhead, Minnesota 56560

Proposals will be received until 4:00 p.m. on 04 May 2022.

Part 2: RFP QUESTIONS AND COUNTY RESPONSES

All questions regarding this RFP must be submitted by email by 4:00 p.m. to kari.tuton@co.clay.mn.us //&// james.odonnell@co.clay.mn.us. Questions will not be accepted in any other format. If you have agency specific questions (CCSO Jail; WCRJC Juvenile Facility) please indicate such on the question.

These responses, along with the questions will be available at the following website: <https://claycountymn.gov/>

Part 3: VENDOR SELECTION

Based on the current project schedule, we expect the final contractor selection will be made on or before 24 May 2022, with healthcare services starting on or before 31 July 2022 for the WCRJC & 31 August 2022 for the Jail. The county reserves the right to negotiate with proposers in regards to contract start dates.

Part 4: IMPLEMENTATION DEADLINE

Implementation of inmate healthcare services must be completed by August 31st, 2022 for the Clay County Jail and July 30th 22 for the Juvenile Center. The County is willing to negotiate this term if the contractor cannot make this deadline.

Part 5: RFP RELEASE

This RFP was released on 05 April 2022. The County reserves the right to amend this RFP at any time. In the event it becomes necessary to amend, alter or delete any part of the RFP, changes will be posted on the website at: <https://claycountymn.gov/>

Proposers are encouraged to check the website regularly for changes to the RFP schedule.

Part 6: PROPOSAL COSTS

The County is not responsible for any costs incurred by the proposer to prepare or submit a proposal, or for any other costs to the proposer associated with responding to this RFP.

Part 7: ALTERNATIVES

As this is a RFP, **Proposers are encouraged to provide alternatives** that will accomplish the goals outlined in this document in an efficient and cost effective manner. If an alternative Proposal is provided, the Proposer is required to provide information or examples to substantiate how the alternative would accomplish the goals outlined in the RFP. Providing alternatives does not negate the requirement to provide all the information requested in the RFP. The County has the discretion to accept or reject proposed alternatives.

Part 8: OWNERSHIP OF PROPOSALS

All proposals submitted become property of the County upon submission and the proposals will not be returned to the respective proposers. By submitting a proposal, the proposer agrees that the County may copy the proposal for purposes of facilitating the evaluation or to respond to requests for public data. The proposer consents to such copying by submitting a proposal and warrants that such copying will not violate the rights of any third party, including copyrights.

Part 9: PUBLIC RECORDS AND REQUESTS FOR CONFIDENTIALITY

Pursuant to the Minnesota Government Data Practices Act (MN Statutes Section 13.591), the names of all entities that submitted a bid/proposal to the County will be public once opened. All other information remains private until the County has completed negotiating a contract with the selected contractor. After the contract has been negotiated, all information received is public information except “trade secret” information as defined in Minnesota Statutes Section 13.37. All information submitted by a responder therefore shall be treated as public information by the County unless the Responder properly requests that the information be treated as a confidential trade secret at the time of submitting the bid/proposal.

Any request for confidential treatment of trade secret information in a Responder’s proposal must sufficiently describe the facts that support the classification of information as confidential trade secret. The request must include the name, address, and telephone number of the person authorized by the provider to answer any inquiries by the County concerning the request for confidentiality. The County reserves the right to make the final determination of whether data identified as confidential trade secret by a Responder falls within the trade secret exemption in the Minnesota Government Data Practices Act.

The envelop or mailing container of any documents submitted with the proposal that the Responder believes contain confidential trade secret information must be clearly marked as containing confidential trade secret information. Each page upon which the trade secret information appears must be marked as containing confidential trade secret information.

In addition to marking the documents as confidential, the Responder must submit one paper and one digital copy of the proposal from which the confidential trade secret information has been excised. The confidential trade secret information must

be excised in such a way as to allow the public to determine the general nature of the information removed while retaining as much of the document as possible.

Responder's failure to request confidential treatment of confidential trade secret information pursuant to this subsection will be deemed by the County as a waiver by the Responder of any confidential treatment of trade secret information in the bid or proposal.

By submitting this bid or proposal, Responder agrees to indemnify and hold the County, its agents and employees, harmless from any claims or causes of action relating to the County's withholding of data based upon reliance on the representations that the information is a trade secret as defined in Minnesota Statutes Section 13.37 and therefore is not public, including the payment of all costs and attorney fees incurred by the County in defending such an action.

Part 10: NON-COLLUSION AND CONFLICT OF INTEREST

The Proposer must identify any potential conflict of interest it may have with this proposal and submit Proposal *Form 1* as part of this RFP. Proposal *Form 1* is located at the end of this RFP.

Part 11: FRAUD OR COLLUSION

- a) By submitting a proposal, the proposer certifies that it is the only party interested in its proposal, and that its proposal is made and submitted without fraud or collusion with any other person, firm, or corporation whatsoever.
- b) The County reserves the right to disqualify any proposal, before or after opening, upon evidence of collusion with intent to defraud, or other illegal practices upon the part of the proposer, or for noncompliance with the requirement of these documents.

Section 3: DEFINITIONS

For the purpose of this RFP the Following Definitions will be used.

- A) Inmate – for the purpose of this RFP the term “inmate” refers to an adult or juvenile incarcerated or held at the jail or WCRJC. Inmate is synonymous with resident or client. Indeed, juveniles held in correctional facilities in Minnesota are referred to as “residents.” However, being this is an RFP for both adult and juvenile correctional facilities the term “inmate” will be used as it is more widely accepted in correctional healthcare contracts.
- B) Inmate Healthcare Services – includes medical service, mental health services, and dental services provided for inmates.
- C) Facility Administrator – for the Jail this is the Jail Administrator, for the WCRJC this is the Superintendent.
- D) Facility Administrators – for the Jail and the WCRJC this is any designee of the Facility Administrator that has discretionary powers to safely and effectively run specific units.
- E) Responsible Health Authority (RHA) – An individual or agency licensed to practice medicine and provide health services to the inmate population of the facility (or) the physician at the institution with final decision making, as related to medical judgements. The RHA will designate an individual at the local level who is on-site at least weekly to ensure that appropriate standards of care are met, and policies and protocols of the RHA are carried out.
- F) Responsible Mental Health Authority (RMHA) – An individual or agency that arranges for all levels of mental healthcare and ensures quality, accessible, and timely mental health services for inmates. The RMHA will designate a Responsible Mental Health Clinician (RMHC) at the local level to ensure that appropriate standards of care are met, and policies and protocols of the RMHA are carried out.

- G) Responsible Medical Provider – An individual licensed to practice medicine and provide health services to the inmate population of the facilities or the physician at an institution with final responsibility for decisions related to medical judgements. This may be a licensed nurse practitioner, physician assistant, or physician with a master's degree or higher who is authorized to write prescriptions.
- H) Responsible Mental Health Clinician – Licensed mental health clinician who supervises mental health clinical decisions regarding the care provided to inmates at the facilities.
- I) Telemedicine Mental Health Provider – Responsible Mental Health Clinician that provides mental health services to inmates via telecommunications technology.
- J) Prescribing Psychiatric Provider – a licensed psychiatric nurse practitioner, psychiatric physician assistant, or psychiatrist with a master's level degree or higher who is authorized to write prescriptions.
- K) Nursing Supervisor – Registered nurse in compliance with the licensure standards set by the Minnesota Board of Nursing to provide patient care and coordination with providers, clinicians, physicians, medical, and County personnel. The Nursing Supervisor works under the supervision of the Responsible Medical Provider and provides supervisor of Nurses and Medical Personnel.
- L) Nurse – Registered nurse in compliance with licensure standards set by the Minnesota Board of Nursing.
- M) Medical Personnel – Qualified healthcare professionals who are permitted by law to care for patients. This includes LPNs.

Section 4: BACKGROUND INFORMATION

Brief introduction to Clay County and the surrounding area that supports the workforce in the area. Also includes a brief description of the two separate facilities that are the subject of this RFP. Note: the two facilities (Adult and Juvenile) are located on the same campus in closely adjacent buildings.

Part 1: Brief Background for Clay County as it pertains to this RFP

Clay County, Minnesota is located in West Central Minnesota along the North Dakota/Minnesota border. The county seat is located in Moorhead, Minnesota. Clay County has an estimated population of 65,318. Cass County North Dakota (Fargo, ND) is adjacent across the Red River to Clay County. The City of Moorhead is part of what is known as the Fargo-Moorhead Area. Cass County ND has an estimated population of 184,525 residents. Most of the counties' combined residents/workforce (249,843 estimated) live and work in the Fargo-Moorhead area.

Services for this RFP are in the Clay County Jail and the WCRJC facilities. The Facilities are located on the same campus in adjacent building. Staff and employee access doors to each facility are independent and approximately 100 yards apart. See: *Figure 1*, attached on this RFP for an aerial view of the two buildings.

Part 2: Clay County Correctional Facility as it pertains to this RFP

The office of the Sheriff is established by Minnesota statute as an elected position created to keep and preserve the peace of the county. The Sheriff's Office is the Chief Law Enforcement Agency of the County. Among the responsibilities of the Sheriff's Office is the operations of the County Jail.

Clay County Correctional Facility:

The Clay County Correctional Facility is a new facility that finished construction in 2020. It is designed as a Class III, one-year detention facility.

Our facility is a 75,900 square foot facility. It contains 220 beds and is a completely secure facility. We classify minimum, medium and maximum male and female inmates. We have housing units that consist of 1 male minimum, 1

male flex unit, 1 male medium and 1 male maximum unit. Our female unit consists of minimums, mediums, maximums and a flex unit.

We have 9 intake holding beds. 2 Special Management beds, allows for negative air flow, 3 Special Management beds for more stabilized holding areas.

We also have an 18 bed Behavioral Mental Health Unit that is dedicated to providing proper mental health treatment and counseling to individuals identified with criminal and behavioral health issues. This wing was constructed differently than any other pod within the facility. It provides separate rooms on multiple levels to provide sight and sound separation in the same amount of space as a traditional inmate housing unit/dayroom. We have a contract with a local mental health facility that provides us with two mental health professionals and a case manager. This program is called "The River Project". Our Mental Health professionals would work in conjunction with your medical and mental health staff to provide a more quality service.

Current Inmate Healthcare Services for the Facility:

Currently, Clay County contracts with a vendor for inmate healthcare services. Our Medical Unit is supplied with a room for a supervisor's office, 2 nursing stations, records room, a prescription storage room, three exam rooms and two med delivery carts. Lakeland (The River Project) will utilize one of the exam rooms as their office. There is a secure waiting area for the inmates. An inmate's classification will determine if they need to be escorted to the medical waiting area. Medical staff have camera coverage for the safety of all staff occupying these areas.

Current Medical Director/Provider services in the jail include the following:

- Supervise the medical care provided to detainees and inmates
- Make appropriate frequency of visits to the Jail to care for inmates as demand warrants, which will average once to twice a week.
- Perform medical procedures at the jail when medically feasible to do so
- Prescribe medication for inmates.
- Assist Jail Administrator's and Provider's management in the development and review of treatment protocols, policies and procedures
- Supervise nursing staff and review medical charts
- Be available (or have another licensed provider available) at all times, by phone, to assist nursing staff in answering Jail staff questions regarding the medical needs of inmates.

- Furnish pre-employment medical examinations during scheduled rounding clinic days as requested for prospective Jail personnel upon request, and with reasonable notice.

Current Mental Health Services:

- The provider shall provide mental health specialist on an as requested basis, for up to 8 hours each week. With prior authorization from the Jail Administrator, additional Mental Health Services will be available for a fee of \$75 per hour. It is understood that most of these mental health services will be provided using telemedicine services.

Current Nursing Services:

- The provider shall provide 2 full-time nurses. The nurses employed by the provider will;
- Provide coverage from 7am to 5pm each weekday, and average approximately 4 hours on each weekend day and holidays
- Conduct routine health assessments on all inmates as soon as feasible after booking of the inmate
- Conduct appropriate inmate and Sheriff Office Staff TB screening and routine inmate lab draws
- Conduct suicide and mental health screening to inmates and refer appropriate inmates to the Medical Director and/or mental health specialist, or other healthcare facility when necessary.
- Provide up to 4 days of Jail staff training activities annually, as jail administration requests, including new hires and refresher training
- Be available at all time (or have a licensed RN available), by phone or in person to assist jail staff and answer medical questions regarding care of inmates.

Current Health Technician Services:

- The provider shall provide health technicians. This will include one lead health tech and a combination of full and part time staff health technicians. These technicians will;
- Deliver medications at each of the medication passes each day, with rare exceptions, where County jail staff may be requested to assist in coverage during those rare occurrences.
- Assist nursing staff with routine tasks including taking vital signs, Mantoux placement and County Jail staff vaccinations, glucose

monitoring of diabetic patients, changing dressings, and others treatments

- Assist with clerical tasks and clinical organization
- Help maintain proper inventories of supplies and support medications.

The Provider shall provide all medical services in accordance with the Minnesota Rules, Chapter 2911, and the United States Marshals Service Prisoner Health Care Standards, USMS Pub. No. 100 (August 1999).

Average Daily Populations for Clay County Correctional Facility:

2016: 82.68/68.5 (Housed Out) = 151.18

2017: 71.22/65.44 (Housed Out) = 136.66

2018: 73.68/66.2 (Housed Out) = 139.88

2019: 116.50

2020: 82.06 (COVID Restrictions)

2021: 103.50 (COVID Restrictions)

The Facility also has a control room, break room, outside staff area, intake area, Kitchen, Laundry, Gym and Classrooms.

Distribution of Staff: The facility has 2 Administrators, 1 Administrative Sergeant, 4 Shift Sergeants and 40 current full-time employees, 3 part-time employees. Of the full-time staff: 3 are Court Officers, 3 Programmers and 2 power shift employees.

Part 3: West Central Regional Juvenile Center (WCRJC) as it pertains to this RFP

The WCRJC has two primary licensed units. One unit is Secure with a current licensed capability of 55. The other unit is Non-Secure with a current licensed capability of 25. Both units are licensed by the Minnesota Department of Corrections under MN RULE 2960 and can hold youth from ages 10-20. Average age is approximately 17 years old.

The Secure portion of the facility is owned and controlled by Clay County but is part of a Cooperative Service Agreement with ten other member counties (9 Minnesota Counties and Cass County North Dakota). The facility will accept youth from non-member counties on a case-by-case basis. Youth in the Secure portion of the facility are both pre- and post- adjudicated with a criminal

offense(s). There are two tracks in the Secure portion of the facility (*treatment track* for post-adjudicated and *detention track* for pre-adjudicated).

The Non-Secure portion of the facility can hold both delinquent/criminal and non-delinquent/non-criminal youth.

Currently all mental health and psychiatric services for the WCRJC are contracted with outside contractors and in some cases are transported to area agencies for such services. A majority of the youth that are in the juvenile facility post-adjudication are receiving both psychotherapy and medication management via another contract for these specific services. It is imperative that the proposer respects and develops a solid working relationship with these area providers.

The ADP for the WCRJC are as follows:

2018 = 41.49 (ADP)

2019 = 50.05 (ADP)

2020 = 58.38 (ADP)

2021 = 57.60 (ADP)

Part 4: I.T. and CURRENT TECHNOLOGY SYSTEMS in the Jail and WCRJC

Clay County has an Information and Technology (IT) department that services all forms of technology. The IT department can effectively communicate with program designers to ensure programs are performing as necessary.

Electronic MAR's:

Neither the Jail or the WCRJC utilizes technology based MAR's to track medications. Both agencies use paper MAR's. If the proposer has alternative to our current MAR utilization, it is encouraged to provide it as an alternative to this RFP.

Correctional Facilities Information Management System (Jail)

The Clay County Correctional facility uses a system called New World which was installed in 2011. All inmate management is tracked and stored within this system.

Stellar Services: Inmate Accounting System

The Correctional Facility has contracted with Stellar services for commissary and inmate account services.

Reliance Systems: Inmate Phone/Email Accounts/Texting Services

The Correctional Facility has contracted with Reliance Systems and has integrated software with Steller Services in order to track accounts on the texting devices.

CSTS – WCRJC Resident Management System

The WCRJC uses the CSTS system and the resident and admission management system. Technical support is provided by both Clay County IT and the vendor, Strategic Technology Inc.

Section 5: GENERAL CONTRACT REQUIREMENTS

Part 1: GENERAL PROPOSAL REQUIREMENTS

The County will require the selected proposer to include the contents of this RFP and all representations, warranties, and commitments in the proposal and related correspondence as contractual obligations when developing the written contract for this project. This requirement includes the Proposer's response and explanations of requirements. Other contractual requirements include:

- a.) Development of an acceptable transition plan and implementation schedule for the project and services cited in the RFP. This information must include the amount of time, in days, the Proposer needs from execution of the contract to become operational at the County Facilities.

Part 2: GENERAL PROPOSAL REQUIREMENTS – TABLE OF CONTENTS

This section outlines the information that must be included with the proposal. Proposers should review this list to ensure that their proposals include all requested information prior to submission. All proposals must contain a Table of Contents at the beginning of the proposal, which clearly outlines the content of each section.

i. GENERAL INSTRUCTIONS FOR THE PROPOSERS.

- a.) All proposals must be formatted in the same sequence as this RFP. Any supporting documentation should be included after the required documents. All proposals by corporations must bear the official seal of the corporation, if applicable, along with the signature of a duly authorized officer of the corporation.
- b.) All proposal envelopes must be sealed and bear the inscription: "PROPOSAL FOR INMATE HEALTHCARE SERVICES" together with the name and address of the proposer. The proposal envelopes must be address to:

Clay County Correctional Facility

Attn: Kari Tuton

800 9th St. N, Moorhead, Mn

Hand delivered proposals should be delivered to Kari Tuton at the Clay County Correctional Facility, as the same address above.

- c.) Proposers must submit one (1) complete hardcopy of their proposal and one electronic copy on a CD or Flash Drive, all of which must be contained in the sealed envelope. The electronic copy must be in a format that allow the County to use a find feature to search the document to locate words, phrases, or sections.
- d.) In the case of variance between written words and figures, the amount(s) stated in written words will govern. In the case of unit price difference from extended figure, the unit price will govern.
- e.) All alterations or erasures must be crossed out and those corrections must be printed in ink or typewritten adjacent thereto. The corrections must be initialed in ink by each person signing the proposal.
- f.) All Proposals must comply with and not deviate from the provisions of the specifications and other proposal documents, or such proposal may be rejected by the County.
- g.) Modifications to the RFP will be made through the creation of an addendum that will be posted on the Clay County Website. Each addendum will be numbered and dated. If two or more addenda conflict, the most recent addendum will prevail. Any questions regarding addenda must be directed to the contract person listed on this RFP.
- h.) Any modifications, insertion, omission, or change, except as caused by an addendum, made by any proposer to any material term contained in the proposal may be cause for the rejection of the proposal. Should any proposer wish to submit supporting data with the proposal, the proposer should make a statement on the bottom of the proposal that such amplifying material is part of the proposal and attach it thereto.
- i.) The County reserves the right to accept or reject any or all proposals, or any part of any proposal, and to waive any defects of technicalities or to advertise for new proposals where the acceptance, rejection, waiving or advertising of such would be in the best interest of the County. The

County also reserves the right to award in whole or in part, by item, group of items, or by section where such action serves the best interest of the County.

- j.) The proposer shall not be allowed to take advantage of any errors or omissions in the specifications. Where errors or omissions appear in the specification, the proposer shall promptly notify the County of such error or omission. Inconsistencies in the specifications are to be reported before proposals are received, wherever found.
- k.) Proposals received prior to the proposal due date and time will be kept secured and unopened. Proposals received after the due date will not be considered and will be returned to the proposer unopened.
- l.) The County shall not physically release or return to the proposer any proposal for the purpose of modification, withdrawal, or any other purpose whatsoever.
- m.) No responsibility will be attached to County for the premature opening of a proposal not properly addressed and identified. No proposer may withdraw a proposal within sixty (60) days after the actual date of the opening thereof.
- n.) All proposals must be held firm until the contract has been awarded.
- o.) The County is not responsible for locating or securing any information which is not identified in the proposal. Accordingly, to ensure that sufficient information is available, the proposer must furnish as part of the proposal all descriptive material necessary for the County to determine whether the proposal offered meets the requirements of the proposed documents.
- p.) After proposals have been received and opened, the County may schedule virtual or in person interview or proposal presentations with any or all proposers submitting a proposal as part of the evaluation process to determine the most appropriate proposer to whom the contract should be awarded. The county may require the proposer to meet either

virtually or in person at that Clay County Sheriff's Office for the interview or to present their proposal.

- q.) The successful proposer, upon completion of the contract negotiations, will be required to execute a contract and return it to the County within fifteen (15 days) days after the contract forms have been mailed and/or emailed to the successful proposer.
- r.) The County intends as part of the final contract to include penalties and holdbacks to ensure agreed upon services and services levels are maintained on a regular basis through the entire term of the contract.
- s.) The County may make such investigations as it deems necessary to determine the ability of the successful proposer to furnish the services outlined herein. The successful proposer shall furnish to the County all such information and data for this propose as the County may request. The successful proposer must supply, upon request, the name of all employees that will provide services to the County together with reasonable personal data as requested, if any, regarding each employee. The County reserves the right to reject any proposal if the evidence submitted by, or investigation of, such the proposer fails to satisfy the County that such proposer is properly qualified to carry out the obligations of the contract or otherwise violates the County's policies.
- t.) The County shall send written notice of the award to the successful proposer.

ii. SCOPE OF SERVICES – REQUIRMENTS

This section describes the services that will be required by the County under the contract for inmate healthcare. Each proposer must describe in a narrative response to this proposal how they will meet each requirement. Proposer literature may be provided in addition to the narrative response.

A.) Governance and Administration

- a.) Inmate healthcare services fall under the directive of the Clay County Sheriff's Office and the WCRJC. Standards of healthcare services in correctional facilities must comply with all applicable state and federal laws and regulations relating to inmate healthcare services. In addition, preference will be given to proposer's, who policies and procedures, align with the current American Medical Association standards and the National Commission on Correctional Health Care (NCCHC) standards).
- b.) Responsible Health Authority:
 - 1. The Proposer shall provide a qualified physician to serve as the Responsible Health Authority for the Jail under the authority of the Sheriff's Office and for the WCRJC under the authority of Clay County Board of Commissioners. The proposer shall maintain and administer comprehensive, accessible, timely, adequate healthcare services to meet the needs of all incarcerated individuals. The Proposer shall monitor and ensure that the performance of assigned Medical Personnel conforms to the rules and regulations of the State Board of Medicine, State Board of Nursing, State Board of Pharmacy, and other regulatory agencies as required. In addition, the proposer shall conform to security regulations, General Orders and any other policies as required by the County.
 - 2. Proposer must provide a job description of the Responsible Health Authority.
 - 3. The Responsible Health Authority must be on-site at both facilities once per week.

B.) Inmate Access to Care

- a. Proposer must provide timely access to a qualified healthcare professional to provide care for the medical, dental, and mental health needs of inmates.
- b. Responsible Health Authority must be proactive in assessing and ensuring unreasonable barriers are not preventing inmates access to healthcare. This includes ensuring that inmate healthcare is well coordinated through the services of multiple medical service providers.
- c. The Correctional Facility has a five (5) dollar co-pay. The Jail has separate policies and procedures in place to address co-pay(s).

C.) Medical Autonomy

- a. Proposer must ensure that clinical judgments are made by and are the sole province of qualified healthcare professionals who work with correctional staff to adhere to facility safety and security regulations.

D.) Administrative Meeting and Reports

- a. Responsible Health Authority will attend quarterly medical provider(s) meetings and other meetings as requested by Jail and WCRJC medical providers in coordination with facility administration.
- b. Proposer will conduct regular meetings with Medical Personnel as necessary for quality care.
- c. Proposer will provide Facility Administrators with quarterly statistical data reports of health services that were provided. Quarters refer to: January thru March as Quarter 1; April thru June as Quarter 2; July thru September as quarter 3; and October thru December as quarter 4. The reports must be emailed no less than 30 days after the quarter ends.
- d. **Quarterly Reports for the Jail at a minimum will data for:**
 - 1. Number of inmate initial health assessments completed before the 14 day of incarceration.
 - 2. Number of inmate health assessments completed after the 14 day of incarceration
 - 3. Number of TB screenings
 - 4. Number of inmate encounters by category (medical, mental health, and dental)
 - 5. Number of inmate health services requests by category (medical, mental health, and dental)
 - 6. Number of inmates placed on suicide precautions and watches
 - 7. Number of labs
 - 8. Number of X-Rays
 - 9. Number of inmates on chemical withdrawal protocols, if possible by category (alcohol, opioid)
 - 10. Number of appointments outside the facility
 - 11. Number of inmates sent to the hospital
 - 12. Number of hospital admissions after in custody
 - 13. Number of inmate deaths
 - 14. Number of afterhours calls to medical provider

15. Number of inmate health services grievances responded to by nursing supervisor
16. Pharmacy cost by category (medical, mental health, and dental and MAT Medically Assisted Treatment)
17. Training provided for correctional personnel and medical personnel

e. Quarterly Reports for the WCRJC at a minimum will provide data for:

- I. Number of initial health assessments completed within 5 working days.
 - II. Number of initial health assessments completed after 5 working days.
 - III. Number of medical encounters (whether through standard sick call or other means). These must be broken out to 3 categories, medical, mental health, and dental.
 - IV. Number of inmates (residents) placed on suicide precautions and watches.
 - V. Number of inmates (residents) on chemical withdrawal protocols.
 - VI. Number of medication errors
 - VII. Number of after hour calls to Responsible Medical Provider
 - VIII. Number of inmate (resident) grievances responded to by the Nursing Supervisor
 - IX. Quality improvement initiatives and outcomes including reviews of plans, policies and protocols.
- f. Proposer must provide a template of how the data will be tracked if awarded this contract.
 - g. Proposer must comply with audits/inspections performed by Facility Administrators.

E.) Policies and Procedures

- a. The Responsible Health Authority will be responsible for ensuring that inmate healthcare policies, procedures and protocols are developed, documented and available to staff.
- b. The Responsible Health Authority will review and revise, if necessary, all inmate healthcare policies, procedures, and policies at least

annually. All reviews must be signed, dated and distributed to Facility Administrators annually.

- c. Proposer, if selected as a viable candidate, will be required to provide one electronic copy of policies, procedures, and protocols to Facility Administrators.

F.) Continuous Quality Improvement Program

- a. Proposer will describe their plan for a continuous quality improvement program for the County

G.) Privacy of Care

- a. Healthcare encounters and exchanges of information must remain private.
- b. Physical exams and assessments must be conducted in a private manner/area.
- c. Privacy of Care must be addressed in policies and protocols
- d. Medical professionals must coordinate with Correctional officials if there are any safety or security risks.

H.) Medical Records

- a. Each inmate will have a separate complete medical record.
- b. Medical Records will be maintained separate from facility/legal records.
- c. Medical personnel will record all patient contacts on one medical record. Separate charts and records must not be maintained. Records will be filled in each inmate's medical record as soon as possible after completion.
- d. Proposer will document all complaints of illness or injury and actions taken in the inmate's medical record.
- e. Proposer will be required to document the limitations and disabilities of the inmate, instructions for inmate care, orders for medication including stop date, medication administration records, list of current problems, allergies any special treatment or diet, activity restrictions,

and encounters including times and dates when inmate was seen by medical personnel.

- f. All medical records will be kept locked and be secured from routine traffic. The Facility Administrator shall have unrestricted access to any and all records. The proposer is required to establish access controls for the medical records.
- g. All medical records will be retained according to each facilities record retention schedule.
- h. All medical records shall be considered property of the County.
- i. Proposer shall respond to and document all release of information requests in accordance with the MGDPA, Minnesota Statutes Chapter 13, and the Health Insurance Portability and Accountability Act (HIPAA). Proposer shall work with facility administration to ensure that correct information is sent.
- j. Medical Personnel shall share with Facility Administrators information regarding an inmate's medical management, security. And ability to participate in programming.
- k. Medical information may be shared with appropriate County personnel to the extent necessary for the continued care and wellbeing of the inmate.
- l. Proposer shall have a policy and procedure regarding the transfer of medical records and information in summary with an inmate is transferred to another correctional facility. The summary at a minimum must be a list of current medications, inmates' compliance with medication management, significant physical health needs, significant mental health needs, personal safety and ability to participate in programming.
- m. Proposer must notify the Facility Administrator of any security or privacy incidents or breaches and cooperate with the County in responding.
- n. Proposer shall provide in their response if they consider themselves a HIPPA covered entity or a hybrid entity, of a business associate of a

HIPPA covered entity, or any combination of the above. If the answer is yes, the proposer shall provide the following information:

- I. Whether the Proposer is in compliance and will continue to comply with the HIPPPA Privacy and Security Rules;
- II. Whether all staff who work in County facilities complete HIPPA training.
- III. Date of last HIPPA audit.
- IV. Whether the proposer has had a data breach requiring notification to individuals in the past five (5) years, if so describe in narrative the nature of the breach and what was done to correct the breach.

o. Medical Logs and Forms

- I. Proposer will be required to provide and is responsible for the creation and modification of documents including but not limited to: checklists, flow sheets, tracking documents, forms, order, logs, reports, referral documents, release of information consent forms, and screening tools.
- II. Proposer must ensure that logs and forms at a minimum contain full inmate name, date of birth, and sex.
- III. If selected proposer will be able to provide examples of the aforementioned documents in an electronic copy.
- IV. Proposer will be required to maintain files of completed documents within the inmate medical record or in files that are on-site within each perspective facility and will be maintained in accordance with the facilities Record Retention Schedule.
- V. Proposer understands that all records, documents, and other papers relating to the direct delivery of healthcare services to inmates hereunder; are owned by the County.

p. Procedure in the Event of an Inmate Death

- I. Medical and Mental Health Personnel will cooperate with the death investigations and provide pertinent information and assistance.
- II. Responsible Health Authority will review in custody deaths and assist Facility Administrators to improve care and prevention methods.

q. Grievance Process for Healthcare Complaints

- I. Proposer must have a Nursing Supervisor or an agreed upon designee that can respond to the Facility Administrator or designee regarding grievances related to the healthcare.
- II. Any grievances provided to medical personnel must be sent to the facility administrator within 24 hours.

Part 3: HEALTH PROMOTION, SAFETY, AND DISEASE PREVENTION

- i. Healthy Lifestyle Promotion
 - a.) Medical personnel will educate inmates on inmate healthcare issues when necessary.
- ii. Infections Disease Prevention and Control
 - a.) Proposer shall provide policy and procedure that address the management of inmates with serious and infectious diseases.
 - b.) Proposer shall screen all inmates for tuberculosis as required by law.
 - c.) Proposer shall provide tuberculosis screening of new facility personnel.
 - d.) Proposer shall provide annual tuberculosis screening of facility personnel.
 - e.) Proposer will ensure medical equipment and instruments are appropriately cleaned, decontaminated, and sterilized according to applicable recommendation/regulations.
 - f.) Responsible Health Authority will ensure sharps and biohazardous wastes are properly disposed of.
 - g.) Responsible Health Authority shall ensure inmates with contagious diseases are identified and isolated to prevent the spread of disease and ensure that inmates are receiving proper medical care.
 - h.) Medical Personnel will use personal protective equipment and follow universal precautions when working with inmates.
 - i.) Proposer will advise Facility Administration as well as take necessary steps and make recommendations when an inmate is identified as having an ectoparasite.
 - j.) Proposer shall conduct inspections of the medical unit to ensure cleanliness and safety.

- iii. Clinical Preventative Services
 - a.) Preventative services, including vaccinations, will be given when deemed by the Medical Provider to be medically necessary.

- iv. Medial Surveillance of Inmate Workers
 - a.) The Responsible Medical Provider will provide basic physical examinations for potential inmate workers to ensure inmates are physically capable of performing assigned work duties.
 - b.) Medical staff will communicate with facility personnel when an inmate worker is incapable of performing their assigned duties.

- v. Suicide Prevention and Intervention.
 - a.) Responsible Health Authority will review the facility's suicide prevention plan with the Jail and WCRJC Administrators to ensure there is not a conflict between it and their protocols and policies and make recommendations if necessary.
 - b.) The Proposer shall have their on-site medical staff attend annual training (1 hour) on the facilities suicide prevention plan.
 - c.) Medical Personnel will promptly evaluate all suicidal inmates (acute and non-acute status) and follow-up by communicating intervention measures with the Unit Supervisors (or shift lead).
 - d.) Medical Personnel will make recommendations regarding monitoring and housing suicidal inmates.
 - e.) Medical Personnel will make timely referrals to and schedule appointments for suicidal inmates with the jail/WCRCJ's physician and/or mental health personnel for further evaluation and treatment.
 - f.) Proposer's policies/protocols will ensure inmates on suicide precautions are assessed and that the precautions are only removed by a qualified mental health professional.

- vi. Contraception
 - a.) Contraception is made available as medically appropriate.

- vii. Communication on Patients' Needs
 - a.) Treating Medical Personnel will communicate with Facility Administrators regarding inmates' significant health needs for consideration during classification, housing, work assignment, disciplinary, appointments, transfers, safety measures, treatments, special privileges, need, authorizations, daily cares and activities.

viii. Patient and Staff Safety

- a.) Proposer will report all safety issues, including “near miss” events that could have resulted in an injury or safety issue, and medical errors to the Facility Administrator.
- b.) Medical staff will attend training and understand the appropriate use of emergent and routine communication methods (Radio, intercoms, duress buttons, phones, ect.)
- c.) Proposer’s personnel will be responsible for maintaining and auditing inventory of sharps including scissors, syringes, lancets, and other sharp instruments. Medical sharps and supplies shall be accounted for and secured in locked area(s).
- d.) Medical Personnel will wear PPE as necessary and will take measures to maintain a sanitary environment for staff and inmates.
- e.) Proposer will appropriately utilize biomedical waste disposal receptacles and services.
- f.) Medical personnel will immediately report if they know or are associated with an inmate other than providing medical services in the jail or WCRJC to the Facility Administrator.
- g.) Medical Personnel will assess inmates that require the use of restraints because that present a danger to themselves or others when asked to do so by facility personnel.
- h.) Medical Personnel shall ensure all first aid kits are stocked with necessary supplies and are available in the designated areas of the facility.

Part 4. Personnel and Training

i. Credentials

- a.) Proposer will ensure that all Medical Personnel are properly training and have valid credentials to provide services in the counties facilities in the state of Minnesota.
- b.) Proposer verifies credentials are current and remain current on all Medical Personnel. Proposer’s response must include documentation on how their company verifies credentials and conducts background checks on employees, weather they provide to services to the facility in person or through telehealth means, Including any sanctions or disciplinary actions and relays such information to the County.

- c.) The County reserves the right to have any contracted employee removed or terminated from working at the facility.

ii. Professional Development

- a.) Proposer ensures healthcare professional maintain current clinical knowledge and skills including CPR and AED through education and training.
- b.) Proposers response must describe the training that is provided to their personnel regarding CPR, AED, emergency first aid, suicide preventions, confidentiality, information sharing and privacy of care.
- c.) Facility will provided initial security orientation training to every new contracted employee with in ninety (90) days of working at the facility.

iii. Medication Administration Training

- a.) Prosper will provide training for custody and medical staff on medication administration as approved by the Responsible Health Authority and as required by law.
- b.) Medication administration training must include security measures to confirm medications are ingested and not saved by the inmate for misuse later. These security measures must include, at a minimum: that medications are administered one at a time, through visual inspection of inmate's mouth, medication cup, water cup, and hands; Checking allergies, common side effects, and documenting the administration of medications to ensure the right drug is given to the right inmate at the right time and that the right dose is given by the right method. There shall be a procedure for the identification of the right inmate. Proposers must provide their protocol for training and administration of medications.
- c.) Proposer must maintain training curriculums/outlines including instructor, dates of training, length of training, participants, and course content on file an make them available to Facility Administrators as needed.
- d.) Proposer must Provie Medication deliver training for facility personnel as needed up to four (4) times per year.
- e.) Proposer agrees to provide training and a Standing Order signed by the Responsible Medical Provider for medications for the reversal of opioid overdoses that may be administered by any County Jail or WCRJC employee who has been trained in the administration of such medications.

iv. Inmate Workers

- a.) Inmates are not permitted to provide health care services in any manner at any County Facility.

Section 5: Staffing Requirements:

Below you will find staffing requirements for both the Jail and the WCRJC. Refer to Section 2; part 7 for the proposal of alternatives. It is encouraged that proposer suggest alternative staffing plans that maintain the level of care. Please respond to this RFP section as requested and propose alternatives separately.

Part 1. Medical Staffing Requirements for the Jail

- a) Responsible Medical Provider on-site a minimum of four (4) hours twice (2) per week at the Jail to provide clinical services. Eight Hours total for a week.
- b) Medical Provider that will work with local licensed mental health professionals as part of the Jail's River Project.
- c) Prescribing Psychiatric Provider on-site (4) hour per week.
- d) Medical Provider available 24/7/365 to coordinate any prescribing needs with the facility nurse.
- e) In person (or Telemedicine) Mental Health Provider available eight (8) hours per week to monitor and evaluate inmates/residents on suicide precautions, provide directive for ongoing care, and coordinate care with local mental health professionals.
- f) Registered Nurse on site eight (16) hours per day, seven (7) days per week, three hundred sixty-five (365) days per year to provide medical and personal care services to include but not limited to: Responding to "Sick Call" Slips, Creating and maintaining MAR's to medical standards, medication dispensing, ordering/re-ordering inmate medications as needed, packaging medications upon release, providing ectoparasite treatments, changing dressings, coordinating care with other providers.
- g) Standard On-Call Nurse available via phone 24/7/365.
- h) Medical Personnel trained to conduct inmate medication administration/delivery passes at least three (3) times per day. Med pass times can be negotiated with the WCRJC to provide ample time conduct effective and safe medication passes. The Jail requires that medical personnel dispense all medications between the hours of 0700 and 2200 (outside of emergency situations).
- i) When on duty, Nurses to conduct lab draws (to include blood). This includes collecting blood (or urine) samples, in accordance with applicable medical and legal procedures, for the purpose of evidence collection. This will be requested under the direction of a licensed peace officer
- j) Medical Personnel to coordinate with traveling x-ray agencies (currently use PPX) to come on site and provide x-ray services, as appropriate.
- k) Proposer to provide administrative support services for proper and complete healthcare services. At a minimum the County requires organized and maintained medical records.

Also respond to request for information in compliance with applicable state and federal laws. Ordering medical supplies after order request has been approved by the facility administrator. Any other administrative functions, as appropriate to order and maintain inmate medication, and when applicable, notify the pharmacy of insurance information

- l) Proposer is required to provide orientation training for new medical staff with the exception of facility security training that will be conducted by WCRJC staff.

Part 2. Medical Staffing Requirements for the WCRJC

- a) Responsible Medical Provider on-site a minimum of four (4) hours per week at the WCRJC to provide clinical services.
- b) Responsible Medical Provider must work with community based psychiatric medication providers to ensure medications are given for best therapeutic effect, in the most time sensitive manner.
- c) Medical Provider available 24/7/365 to coordinate any prescribing needs with the facility nurse.
- d) In person (or Telemedicine) Mental Health Provider available 4 hours per week to monitor and evaluate inmates/residents on suicide precautions and provide directive for ongoing care.
- e) Registered Nurse on site eight (8) hours per day, seven (7) days per week, three hundred sixty-five (365) days per year to provide medical and personal care services to include but not limited to: Responding to "Sick Call" Slips, Creating and maintaining MAR's to medical standards, medication dispensing, ordering/re-ordering inmate medications as needed, packaging medications upon release, providing ectoparasite treatments, changing dressings, coordinating care with other providers.
- f) Standard On-Call Nurse available via phone 24/7/365.
- g) Medical Personnel trained to conduct inmate medication administration/delivery passes at least three (3) times per day. Med pass times can be negotiated with the Jail to provide ample time conduct effective and safe medication passes.
- h) Train and allow WCRJC program staff to dispense prescribed PRN medications, as directed by the prescriber.
- i) Medical Personnel to coordinate with traveling x-ray agencies (currently use PPX) to come on site and provide x-ray services, as appropriate.
- j) Proposer to provide administrative support services for proper and complete healthcare services. At a minimum the County requires organized and maintained medical records. Also respond to request for information in compliance with applicable state and federal laws. Ordering medical supplies after order request has been approved by the facility administrator. Any other administrative functions, as appropriate to order and maintain inmate medication, and when applicable, notify the pharmacy of insurance information.

- k) Be available to have a registered nurse on-call and able to respond in person, if necessary 24/7/365. These on-call responses that require physical presence of a registered nurse should be charged separate as a per-diem need not to exceed (\$300 per hour). Proposer will agree to work with WCRJC administration on satisfying the medical contracting standards for a qualified residential treatment facility (QRTF). It is anticipated that this will never occur as WCRJC staff will utilize local EMS and Emergency Rooms in the event of an emergency. In addition, if the proposer's standard on-call nurse suggests further assessment/treatment the WCRJC will bring the inmate/resident to the appropriate Emergency Room/Clinic. Increased costs due to maintaining QRTF standards can be independently negotiated with the County.
- l) Proposer is required to provide orientation training for new medical staff with the exception of facility security training that will be conducted by WCRJC staff.

Section 6: SERVICE CARE AND TREATMENT REQUIREMENTS

This Section provides basic direction on what and how the county will require services. Refer to Section 2; part 7 for the proposal of alternatives. It is encouraged that proposer suggest alternative methods that maintain the level of care. Please respond to this RFP section as requested and propose alternatives separately.

Part 1: Information on Health Services

- a.) The Responsible health Authority will make recommendations to Facility Administrators regarding how inmates are informed of and access health services

Part 2: Receiving/Intake/Booking Screening

- a.) While on duty, nursing personnel are responsible to assess potential inmates that present with a substandard level of consciousness, bleeding or severe mental instability, or otherwise urgently in need of medical attention prior to acceptance into the facility. Nursing personnel will determine if the inmate is in need of urgent or critical care that they need to be declined entry to the facility and sent to a medical facility for medical clearance prior to admittance to the Jail.
- b.) Assessments of potential inmates for medical clearance and actions by Medical Personnel shall be documented by medical staff and reported to the Facility Administrator. Should the inmate be medically cleared for acceptance to the facility, this assessment must also be documented in the inmate's medical record.
- c.) The Responsible Health Authority will review and approve each facility's receiving inmate medical screening process to ensure that the screening comply with current standards and law.
- d.) Nursing personnel will review medical screenings of all inmates within twenty-four (24) hours of admission and will prioritize the health care follow-up of all inmates who present with a serious, chronic, or persistent medical condition when Nursing personnel are alerted or it is reviewed on the inmate's medical screening.
- e.) Medication verification will be prioritized to ensure that medications are able to be given in a timely manner.

Part 3: Transfer Screening

- a.) Medical Personnel will provide a summary or copy of the inmate's medical record when the inmate is transferred to another correctional facility.
- b.) Proposer must have a policy on referrals or transfers to medical for mental health in a non-correctional setting.

Part 4: Initial Health Assessment, Mental Health Screening, and Dental Care

- a.) The Responsible Health Authority will determine the components of an initial health assessment. The initial health assessment at a minimum must include Medical Personnel collection additional data to complete inmate's medical, dental, and mental health histories, collection of vital signs, mental health screening, dental screening , and a physical examination by a registered nurse or a medical provider training to a level above a nurse.
- b.) Proposer must approve screening for tuberculosis screening at each facility and be consistent with the recommendations by the United States Public Health Service and the Minnesota Department of Health.
- c.) Proposer understands that the initial health assessment must be completed on all jail inmates on or before the fourteenth (14) day of confinement. Inmates/Resident initial health screen must be completed on or before the fifth (5) working day for juveniles in confinement at the WCRJC.
- d.) Proposer must submit their plan, procedure, and initial assessment form(s) for conduction initial health assessments with this RFP.
- e.) The proposer, through the Responsible Health Authority must ensure that they have a policy that an inmate is medically isolated if they refuse tuberculosis or infectious disease screening until a determination can be made as the inmate's health status. This includes juvenile residents who refuse to comply with personal safety precautions such as contraband checks.

Part 5: Mental Health Screening and Evaluation

- a.) Proposer will ensure inmates who screen positive and/or are referred to medical staff for mental health concerns are referred to a qualified mental health professional for further evaluation in a timely manner.
- b.) Proposer will communicate with unit supervisors when an inmate needs to be placed on a watch at more frequent intervals for suicide, medical, or behavioral reasons.
- c.) Proposer has a policy that allows Responsible Medical Provider(s) or Responsible Mental Health Clinician(s) to direct WCJRC staff to hold juveniles who are a significant threat to themselves in medical isolation. Increased checks and care/treatment options will be provided to WCRCJ staff.

Part 6: Dental Care

- a.) Proposer will provide procedures necessary to relieve pain, control infection and ensure ability to chew. The Proposer will also provide dental triage screening in accordance with criteria established by a licensed dentist for the purpose of identifying inmates in need of serious dental services. When appropriate, Medical Personnel will coordinate off-site dental care with a licensed dentist or oral surgeon.
- b.) Proposer ensures inmate's urgent dental needs are addressed in a timely manner.
- c.) Documentation in the medical record shall provide the record of dental procedures of each inmate.

Part 7: Nonemergency Healthcare Request and Services

- a.) Proposer understands that Nursing personnel shall be on duty sixteen (16) hours per day, seven (7) days a week, three hundred sixty-five (365) days per year in the Jail. In addition, WCRJC nursing personnel should be on duty eight (8) hours per day, seven (7) days a week, three hundred sixty-five (365) days per year.

- b.) Oral and written inmate health services requests shall require nursing staff to review, triage, and respond to requests daily – seven (7) days a week including holidays.
- c.) Responses to all inmate health services requests must be documented in the inmate medical record even if the request resulted in a face to face encounter with the inmate.
 - d.) All inmates with chronic or persistent medical conditions shall be provided with a healthcare follow-up.
 - e.) All assessments and referrals resulting from an inmate request for health services must be documented in the inmate medical record.
 - f.) Sick call conducted by physician or other Medical Provider shall be held a minimum of once (1) per week.
 - g.) Arrangements will be made for inmates whose custody status precludes the ability to access the standard sick call process. These inmates may be seen in their room/cell when appropriate.
 - h.) Examinations, treatments, and procedures affected by informed consent standards governed by state or federal law shall be observed for inmate care.
 - i.) Informed consent of the parent, guardian, or legal custodian must be obtained when required by law.
- j.) The Proposer will not be responsible for providing elective care to inmates. “Elective Care” is care in which, if not provided, would not, in the opinion of the Responsible Health Authority, cause the inmate’s health to deteriorate or cause harm to the inmate’s well-being. Decisions concerning elective care should be consistent with the applicable medical standards and laws.

Part 8: Emergency Services

- a.) Proposer understands that the Emergency Services and Response Plan must be approved by the

Responsible Health Authority and the Facility Administrator.

- b.) Proposer understands that Nursing personnel shall be on duty sixteen (16) hours per day, seven (7) days a week, three hundred sixty-five (365) days per year in the Jail. In addition, WCRJC nursing personnel should be on duty eight (8) hours per day, seven (7) days a week, three hundred sixty-five (365) days per year.
- c.) Nursing personnel must respond to all medical emergencies in the facility while on shift.
- d.) Certain members of the Medical Personnel, including the Responsible Health Authority, Responsible Medical Provider, and Prescribing Psychiatric Provide will each have twenty-four (24) hour on-call responsibilities for any emergency that may arise.
- e.) Proposer understand that the need for emergency medical services may be obtained in coordination with FM Ambulance and Moorhead Fire Department. If selected, proposer shall have the nursing supervisor familiarize themselves, and to the extent necessary, coordinate with both FM Ambulance and Moorhead Fire Departments.
- f.) Proposer must provide telephone numbers for medical, dental, mental health, and ambulances services available along with a schedule of availability to the Facility Administrator for posting in the facility's control room and medical unit.

Part 9: Nursing Assessment Protocols and Procedures

- a.) Proposer must provide nursing assessment protocols that specify the steps to be taken in the evaluating an inmate's health status and the documentation thereof in the inmate's medical record.

- b.) Nursing Protocols must be signed and approved by the Responsible Health Authority.

Part 10: Continuity, Coordination, and Quality of Care During Incarceration

- a.) Inmates must receive medical, dental, and mental health services from admission to discharge.
- b.) Prescriber orders and recommendations must be implemented in a timely manner.
- c.) Diagnostic tests must be reviewed by the provider in a timely manner.
- d.) Treatment Plans are communicated to the inmate unless doing so would create a potential security breach, such as telling the inmate the date and time of an off-site medical appointment.
- e.) Inmates must be seen by a qualified healthcare professional upon returning to the facility from a hospitalization or off-site medical appointment to review treatment plans and arrange appropriate follow-up care.

Part 11: Discharge Planning

- a.) Medical Personnel shall arrange for the inmate to receive a reasonable supply of medication unless the Responsible Medical Provider decides that in the medical interest of the inmate the medications should not be provided.
- b.) Medical Personnel shall advise inmates with serious medical, dental, or mental health needs on recommendations and referrals for follow-up services in the community.

Part 12: Special Needs and Services

- a.) Inmates with chronic disease, other significant health condition, and disabilities will receive ongoing care and treatment under the direction of the Responsible Medical Provider.

- b.) The Responsible Medical Provider will initiate a specialized treatment plan for inmates once it is established that the inmate has chronic health problem, such as Asthma, Hypertension, Psychotic Disorders, HIV, Hepatitis C, Diabetes, Epilepsy, ect.
 - c.) Medical Personnel will Maintain a current list of inmates with chronic diseases, disabilities, or other significant health conditions for the physician to review at least weekly.
 - d.) Medical Personnel will provide chronically ill, medically incapacitated or developmentally challenged inmates with medical and specialty cares as needed.
 - e.) The Responsible medical Provider will Provide specialized care as need for juvenile and elderly inmates that may require it.
- f.) Medical Personnel will alert correctional staff of restrictions, aids, vulnerabilities, or special needs of inmates that require special needs and services. Medical Personnel will document such needs in the facilities information management system.

Part 13 Mental Health Services

- a.) Inmates that meet screening criteria set forth in initial intake procedures shall receive a mental health appraisal by a qualified mental health professional within fourteen (14) days of initial incarceration into the facilities.
- b.) The Mental health appraisal will include:
 - i. Assessment of the inmate's current mental status and recent conditions
 - ii. Assessment of current suicidal and potential and inmate -specific circumstances (e.g. charged with a crime of high notoriety, individual charges is well known or holds a position in the community of high regard).
 - iii. The increase suicide potential, maltreatment, trauma, or abuse issues that relate to inmate-specific circumstances.
 - iv. Other indicators of violence potential and inmate specific circumstances that increase violent potential.
 - v. Review of inpatient and outpatient psychiatric treatment, if available.
 - vi. Any history of treatment with psychotropic medication, if applicable.

- vii. Any history psychotherapy, psycho-educational groups and classes or support groups.
 - viii. Any previous diagnostic assessments.
 - ix. Any history of sexual abuse victimization or predatory behavior
 - x. A current assessment of drug and alcohol abuse and/or addiction
 - xi. Review of additional assessment tools, as indicated;
 - xii. Referrals to treatment options
 - xiii. Input to a treatment plan including recommendations concerning housing, job assignment and program participation.
- c.) Proposer must have a written policy and procedure to address the needs of inmates in the facility for fourteen (14) days or longer to include at a minimum: screening on intake; crisis intervention and management of acute [psychiatric episodes; stabilization of persons with mental illness and the management of psychiatric deterioration in the correctional setting; provisions for referral and admission to mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility; and procedures for obtaining and documenting informed consent.
- d.) Proposer must provide a licensed Prescribing Psychiatric Provider on-site (4) hour per week at the Jail to provide psychiatric and mental health services to inmates at the jail that include but not limited to the following: provide on-site comprehensive mental health assessments; assess inmates on behavior and/or suicide watches and determine the need to continue watches; provide short term therapeutic interventions; maintain inmate medical records; prescribe and monitor use and effectiveness of psychotropic medication, refer inmates for psychiatric evaluations, when appropriate, order and interpret necessary lab work; coordinate care with other medical and nursing staff who may be treating the inmate for other health conditions or arranging and coordinating off site care; provide other cares as deemed appropriate.

Part 14 Medically Supervised Withdrawal and Treatment

- a.) Proposer shall ensure that inmates who are intoxicated or undergoing withdrawal or who report at screening the use of alcohol, opiates, stimulants, sedative hypnotic drugs or other legal or illegal substances are appropriately managed and treated according to established protocols.

- b.) Medical Personnel shall assess and monitor inmates that show signs of intoxication or withdrawal.
- c.) Medical Personnel will promptly consult with the Responsible Medical Provider when findings from individual monitoring meet guidelines where prescription medications/medically supervised withdrawal may be necessary
- d.) Inmates who present with severe intoxication or severe withdrawal are transferred or referred to an acute care facility.

Part 15: Counseling and Care of Pregnant Inmates

- a.) Proposer shall provide healthcare services to pregnant and post-partum inmates.
- b.) Prenatal care shall include medical assessment and examinations by a qualified provider, laboratory and diagnostic tests, orders and treatment plans.

Part 16: Response to Sexual Abuse

- a.) Medical Personnel must be training on and must comply with the Prison Rape Elimination Act (PREA) for preventing, detecting, monitoring, investigating, and eradicating an form of sexual abuse with in the facilities.
- b.) Medical Personnel must be trained on how to detect, assess, and respond to signs of sexual abuse and sexual harassment. Medical personnel must be raining in the preservation of physical evidence of sexual abuse.
- c.) Medical Personnel must be able to discern when they must report a claim of sexual abuse to Facility Administrators, Social Services, of Local Law Enforcement.
- d.) Medical Personnel must be able to discern when an inmate must be referred to and transported to a hospital for a sexual assault forensic examination at a qualified medical facility.
- e.) Proposer must ensure inmates that report sexual abuse are provided opportunities of follow up with medical and mental health providers.

Part 17: Care for the Terminally Ill

- a.) Proposer will provide healthcare services for terminally ill inmates whose healthcare conditions are such that hospitalization is not medically necessary.
- b.) Responsible Health Authority will consult with the facility administrator when an inmate has an advanced directive where life-sustaining medical treatment /care is declined or a “do not resuscitate” (DNR) order is issued

Section 7: MEDICAL – LEGAL – COOPERATION

Part 1: Cooperation

- a.) Proposer agrees to exercise its best, good faith efforts to: (a) cooperate fully with the County and its Counsel in connection with any pending or future litigation, arbitration, administrative proceedings, or investigations related to any matter that occurs during the Contract Term in which the Proposer is involved or of which the Proposer has knowledge; and (b) respond in good faith and within a reasonable period of time to the County's request for information.
- b.) Proposer further agrees that in the event it is subpoenaed by any person or entity (including but not limited to, a government agency) to give testimony or provide documents (in disposition, court proceeding, or otherwise) that relates in any way to this Contract or the Services, Proposer will give prompt notice of such subpoena to the County, and unless legally required to do so, will make no disclosure until the County has had a reasonable opportunity to contest the subpoena.

Part 2: Restraint and Seclusion

- a.) Medical Personnel will follow directives of the Responsible Health Authority regarding clinically ordered restraint and seclusion.
- b.) Responsible Health Authority will communicate with the Facility Administrator and supervisors when restraints are ordered for clinical reasons.
- c.) Nursing will medically assess the inmates at the request of correctional staff when custodial restraints are necessary for the safety and security of the inmate(s), staff and facility.
- d.) Nursing will communicate pertinent information concerning the inmate's health and wellbeing to unit supervisors.

Part 3: Segregated Inmates

- a.) Nursing Will medically assess segregated inmates as necessary with the frequency determined on a case-by-case basis.
- b.) Proposer must have a written policy and procedure providing that the Responsible Mental Health Clinician interviews, either in person or via telemedicine, and prepares a written report on any inmate remaining in segregation for more than thirty (30) days. If confinement continues beyond thirty (30) days, a mental health review by a qualified mental health professional is made at least every (30) days, more frequently if prescribed by the Responsible Health Authority or Responsible Mental Health Authority.
- c.) Proposer must describe their policies on the administration of emergency psychotropic medications

Part 4: Therapeutic Relationship, Forensic Information, and Disciplinary Actions

- a.) Medical Personnel may be required to conduct blood draws on inmates for the purpose of lab testing when there is a bloodborne pathogen exposure to a county employee and the inmate is the source of the exposure.
- b.) Responsible Medical Provider agrees to provide a Standing Order in connection with a bloodborne pathogen exposure.
- c.) Medical Personnel will report to the unit supervisor if they are assessing an inmate and they suspect there may be evidence of a criminal nature or rule violation.

Part 5: Informed Consent and Right to Refuse

- a.) Inmates have the right to make informed decisions regarding healthcare, including the right to refuse care.
- b.) Medical Personnel will document all refusals for care.
- c.) Medical Personnel will advise the unit supervisor when an inmate refuses a critical medication or treatment that could create a critical medical incident or cause the inmate's health to deteriorate to the point of requiring emergency care.

Part 6: Medical and Other Research

- a.) The use of inmates for medical, pharmaceutical, or cosmetic experiments is prohibited.

Part 7: Current and Past lawsuits and Legal Claims

- a.) Proposer must disclose all lawsuits and legal claims against it within the past ten (10) years.

Section 8: ANCILLARY HEALTHCARE SERVICES

Part 1: Pharmaceutical Operations and Medication Services

- a.) Proposer is responsible for ensuring that the facility complies with all state and federal regulations regarding prescribing, dispensing, administering, procuring, the accounting, control and disposing of pharmaceuticals. Proposer must provide written procedures regarding pharmaceuticals operations.
- b.) Medications must be stored in a locked area. The Locker area shall be kept locked with not in use by authorized staff.
- c.) Proposer agrees to keep medication requiring refrigeration secured in the refrigerator dedicated ONLY for medications and agrees to check the temperature daily.
- d.) Proposer agrees to ensure that Medical Personnel and County Personnel shall have access to medication storage areas.
- e.) Proposer is responsible for ordering and maintaining a limited quantity of live-saving prescription medications in a locked emergency kit under the direction of the Responsible Health Authority.
- f.) Proposer is responsible to keep stock supplies of prescription over the counter medication under the direction of the Responsible Health Authority.
- g.) Proposer is responsible to make sure all medications in the facility are kept in their original container baring the original labels, unless deemed not in the best medical interest by the Responsible Health Authority.
- h.) Proposer is responsible for ensuring poisons and medications intended for external use are clearly marked. Medical Personnel shall check for medication expirations.
- i.) Proposer shall ensure there is a procedure for the maximum-security storage and accountability of all controlled substances.
- j.) Proposer shall provide their procedures to ensure that adverse reactions to the medications and refusals to take medications by inmates are documented, monitored, and reported to the physician and Medical Personnel.

- k.) Juvenile Residents refusing a medication more than one time must also be communicated to the unit supervisor.
- l.) Proposer understands that at no time shall an inmate ever be deprived of medication as punishment and that an inmate will not deliver medications to other inmates.
- m.) Proposer shall provide their “keep-on-person” medication policy which shall include medications identified and approved by the Responsible Health Authority as medications that an inmate can keep on their person or in their room/cell for self-administration, procedures for an inmate’s overdose of such medication, consequences if too much medication is found in the inmate’s possession, documentation of such medication and non-prescription medications that are available through commissary.
- n.) Injected medication shall be administered by qualified medical personnel only. Unless it is a life-saving medication such as EpiPen.
- o.) Proposer must have a policy on the inventory administration of medications.
- p.) Proposer shall be responsible for diabetic care. Insulin dependent inmates and inmates with topical medications shall be permitted to self-administer insulin under the direction of health care personnel or facility correctional staff.
- q.) Proposer shall agree to keep accurate records of receipt, quantity of drugs, and the disposition, of all medications maintained in detail to enable accurate accounting. This included an inmate’s own supply of prescription medications that have been brought into the facility and verified prior to dispensing.
- r.) Proposer shall give prescription medications to the inmate or appropriate authority upon transfer or release unless the Responsible Medical Provider determines it is not in the best interest of inmate to do so. Proposer will document when medications are released and not released.
- s.) Medications will be destroyed and disposed of when expired or when retention is no longer necessary in accordance with policy and procedures under the direction of the Responsible Health Authority and is required by the Minnesota Pollution Control Agency.
- t.) Proposer shall provide a formulary if one is recommended by the Responsible Health Authority.

Part 2: Clinic Space, Equipment, and Supplies

- a.) The County will provide the Proposer with office space, facilities, office furniture, utilities (including phones, computers, printers/scanners ect.) sufficient to enable the Proposer to provide healthcare services as required.
- b.) County shall provide and service medical equipment. If additional major equipment is required by the proposer, it shall be the responsibility of the Proposer to notify the Facility administrator of a need for a major purchase (defined as \$100 or more).
- c.) After the initial setup – a one year notice is required for budgeting purposes. Proposer will need to provide a proposed list of major equipment that would be required. Proposer shall be responsible for the replacement of medical equipment if it was disable or damaged due to misuse by medical Personnel.
- d.) Proposer will be responsible for the inventory and ordering of medical supplies through county approved suppliers. Proposer will also be required to verify the receipt and billing for medical supplies.

Part 3: Medical Diets

- a.) Healthcare providers are required to order and/or discontinue therapeutic medical, food-allergy, and pregnant inmate diets as necessary. Proposer understands that it is required to document such orders in the inmate's medical record.

Part 4: Emergency Services and Response Plan

- a.) Proposer must participate in mass disaster drill and other security drills as arranged by Facility Administrators.
- b.) Proposer shall provide and update as needed a listing of telephone numbers of medical, dental, mental health, and ambulance services in the Control Rooms of each facility.

- c.) In the event of a medical emergency, the on-site medical staff will immediately respond to the scene to assess and medically stabilize the inmate. If necessary, other Medical Personnel will be notified and will respond. The inmate will be stabilized and, if necessary, transferred to a hospital emergency room. When emergency transportation is required, medical staff must inform correctional staff to activate local EMS.

Part 5: Hospital and Specialty Care

- a.) Medical Personnel will communicate with hospitals/specialty care clinics to schedule appointments and for the purpose of continuity of care of the inmate.

Part 6: Billing

- a.) Proposer must verify the receipt of all supplies, equipment, and pharmaceuticals.
- b.) Proposer must work with supply, equipment, and pharmaceutical vendors to obtain accurate invoices to submit to the Facility Administrator for payment.
- c.) Proposer shall seek and obtain from any inmate information concerning any health insurance the inmate may have to cover service costs, or pharmaceutical costs.
- d.) Proposer understands that all invoices for healthcare services must be invoiced separately for each facility (Jail and WCRJC).
- e.) Proposer understands that they will work with the WCRJC administration on ensuring contract language is sufficient to meet the standards of a "Qualified Residential Treatment Program." Any additional costs, associated with increased services, will be billed to the WCRJC.
- f.) Proposer understands that they shall submit separate monthly invoices to the Jail and WCRJC for each facilities respective services. Monthly billing should be 1/12 of the annual costs for services.

Section 9: Transition Plan

- a.) Proposer shall submit a plan addressing the transition from the current Jail/WCRJC healthcare services to the proposer healthcare services at each facility.
- b.) Transition plan must include an implementation schedule identifying tasks and resources required to transition to proposer's healthcare services. Full implementation of healthcare services must begin on or before July 31st 2022 for the WCRJC and August 31st 2022 for the Jail.