



WICHITA COUNTY, TEXAS

REQUEST FOR QUOTES
OF MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES
FOR INMATE/DETAINEES OF WICHITA COUNTY

Released:

Release Date: September 27th, 2021

Submission Due Date: October 22nd, 2021

5:00 PM CST

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I. INVITATION TO SUBMIT PROPOSALS

This document is to provide a basis for interested parties to submit a comprehensive quotation for Medical, Mental Health, and Dental services to inmate/detainees housed in the Wichita County Detention Center (adult) and Wichita County Juvenile Detention Center in Wichita County, Texas. The anticipated start date for the provision of such services is no earlier than January 1st, 2022.

Respondents having questions should contact Captain Lisa Patterson at lisa.patterson@co.wichita.tx.us.

All responses shall be received no later than 5:00 PM CST on October 22nd, 2021. Wichita County is requiring one (1) original and three (3) hard copies and one PDF copy on a CD or flash drive of the quotation including all backup and annexed information. Responses should be mailed, or hand delivered to:

Wichita County Commissioners Court
Attention Willie Wall
900 7th Street Room 207
Wichita Falls, Texas 76301
940-766-8106

Submissions packages should be sealed and labeled with the project's name "Proposal to Provide Medical, Dental, and Mental Health Services for Wichita County detention facilities", and due date as well as the responder's name, address, phone, and email on the outside of the package.

Emailed copies will NOT be accepted.

II. ANTICIPATED SCHEDULE OF IMPORTANT DATES

ACTION	DATE
Issue RFQ	September 27 th , 2021
Deadline to Submit Questions	October 4 th , 2021
Response to Written Questions (if applicable)	October 11 th
Submission of RFQ	October 22nd, 2021
RFQ Interviews	October 25 th , 2021
RFQ Evaluation	November 1 st , 2021
RFQ Award	November 8 th , 2021
Contract Start Date	January 1, 2022

III. OBJECTIVES TO THIS RFQ

Each response will be evaluated as to its achievement and compliance with the followingstated objectives:

1. To deliver high quality health care services that can be audited against established standards.

2. To operate the health care program in a cost-effective manner with full reporting and accountability to the Jail Captain, the Sheriff (or Jailer) the Juvenile Probation Department Chief of Wichita County.
3. To operate the health care program at staffing levels agreed-to, and use only licensed, certified and professionally trained personnel.
4. To implement a written health care plan with clear objectives, policies, and procedures.
5. To maintain an open and cooperative relationship with the administration and staff of the Jail and Juvenile Detention Center.
6. To maintain complete and accurate records of care and to collect and analyze health statistics on a regular basis.
7. To operate the health care program in a humane manner with respect to the inmate/detainee's and detainee's right to basic health care services.
8. To provide for a fair and objective evaluation of proposals that will result in a mutually satisfactory contract between the successful Provider and Wichita County.

IV. GENERAL INFORMATION

Facility Description

Detention Center (Adult Inmate/detainees)

The Wichita County Detention Center is located at 2815 Central Freeway East, Wichita Falls, Texas 76302

The facility capacity is 718 with an Average Daily Population (ADP) of 469.

The facility has 14 general population units, a 24 bed segregation unit, a 22 bed infirmary include 2 negative pressure cells and a male and female medical ward, and 68 a capacity booking area.

The nurse's station contains 4 exam rooms, dental room, designated pharmacy, office space, break room, storage areas, biohazard room, dirty linen area, and an ADA shower.

Juvenile Detention Center

The Juvenile Detention Center is located at 510 Lamar, Wichita Falls, Texas.

The facility capacity is 32 beds and contains one Nurses' station.

Average Daily Census

The Wichita County Detention Center houses inmate/detainees for the cities of Wichita, Burkburnett, Iowa Park, and Electra. We also house for the US Marshal Service.

Inmate/detainees may remain in custody from less than 24 hours to several years.

Inmate/detainee Population

The average inmate/detainee population has generally been in the range of 469 inmate/detainees at the existing Detention center. There have been occasions when there have been spikes in the number, and the population has risen to as high as 551 or have decreased to 380. Generally, approximately 19% of the total inmate/detainee population in the Jail is comprised of women.

Calendar Year	Average Yearly Population	Average Male Intakes	Average Female Intakes
2018	455	5769	2411
2019	465	8842	3277
2020	437	2802	1135
2021 YTD	476	1900	680

Average daily booking - 22

Jail Medical Budget

The following table shows the actual budget for all medical services at the jail.

Fiscal Year	Actual Budget
2018	\$2,165,964
2019	\$2,420,000
2020	\$2,970,000
2021	\$3,082,000

V. SUBMISSION REQUIREMENTS

Requested Response Date

Please submit your proposal response by October 22nd, 2021 at 5:00 PM CST Responses should be clearly labeled, "Proposals to Provide Medical, Dental, and Mental Health Services for Wichita County detention facilities".

The sealed proposal must be hand delivered or mailed to:
Wichita County Commissioners Court
Attention Willie Wall
900 7th Street Room 207
Wichita Falls, Texas 76301
940-766-8106

A walk-thru site visit of the Wichita County Detention Center and Wichita County Juvenile Detention Center will be conducted on Friday October 1st at 09:00 AM CST. All interested parties will meet at the lobby of the Wichita County Law Enforcement Center. For security purposes, those interested in touring the facility will provide identifying information and any necessary releases to Capt. Lisa Patterson not less than ten (10) days prior to the tour of the facility in order for a background review to be performed prior to admission to the facility.

Wichita County reserves the right, in County's sole discretion, to waive all formalities of this request.

Wichita County reserves the right, in its sole discretion to reject, in whole or in part, any and all proposals received by reason of this Request for Quotation (RFQ). Wichita County will not pay for any information herein requested, nor will Wichita County be responsible for any costs incurred by the Provider. All proposals shall become the property of Wichita County upon submission. Wichita County reserves the right to negotiate the final price and specific contract provisions subsequent to the submission of proposals, from the selected qualified Proposers.

VI. RFQ FORMAT

Letter of Transmittal

The Proposer will provide the following within the Letter of Transmittal: full name, legal company name, names and titles of the principals, mailing address, telephone number, e-mail address, name of contact person(s); and any additional corporate headquarters location information (state of incorporation, incorporation status in Texas, etc.).

All proposals must be signed by an individual who has signatory rights within the organization.

Corporate Summary

Include the historical background of the company, biographies of key corporate personnel, and experience of the contracting entity in providing services in similar or related fields related to this RFQ

Minimum Requirements

Corporate Experience

1. The Proposer will have a minimum of three (3) years of medical correctional health care experience.
2. The Proposer will have experience in the management of health care programs in facilities operating a similar scope of service.
3. The Proposer will have the capability to supervise and monitor the on-site program at the Detention Center from a regional location. The Provider will demonstrate its ability to provide a local system of health care support to its on-site personnel.

Technical Proposal

The technical proposal should include the Scope of Services found in Section VII of this document.

References

Include five (5) county facility references which can provide knowledgeable input about prior performance; and include a current client list of facilities that Provider currently contracts with in the template format in the Appendix section.

Proposed Staffing Plan

Please provide your proposed staffing pattern, inclusive of role, level of licensure, and on-site/on-call scheduling. Final staffing for the delivery of comprehensive detainee health care services will be carefully reviewed and mutually agreed upon during contract negotiations.

Proposed Pricing

Comprehensive pricing to include all costs associated with the contract to include staffing and all health care on-site and third-party programs and services.

VII. SCOPE OF SERVICES

Wichita County is seeking a Provider who will serve as the sole supplier and/or coordinator of quality healthcare services and related administrative services for Wichita County inmate/detainees and juvenile detainees. The Provider shall be responsible for hiring, employing, and supervising all persons necessary for providing the required medical care. By the term "medical care" Wichita County refers to medical, dental, and mental health care for the wellbeing of inmates and juvenile detainees through services offered by licensed healthcare professionals.

This responsibility of Provider for the medical care of an inmate/detainee/detainee commences with the commitment of the inmate/detainee/detainee to the custody of the administration of the Detention Center (adult) and/or Juvenile Detention Center I and ends with the discharge (or temporary release) of the inmate/detainee/detainee from the

custody of the County at the Detention Center (adult) or Juvenile Detention Center.

Inmate/detainees/detainees housed in facilities not covered under the terms of this RFQ, or the resulting contract, will not be included in the Provider's responsibility while they are housed at other facilities or while being transported. Inmate/detainees/detainees held in the Detention Center (adult) or Juvenile Detention Center for other jurisdictions such as other counties or the US Justice Department will be included in the count, and the on-site care for these inmate/detainees/detainees will be the responsibility of the Provider for nursing and physician care, any supplies used, and for over-the-counter medications. Other medical costs which can be identified for specific inmate/detainees such as prescriptions, x-rays, dental procedures, and all off-site medically related consultations and procedures will be billed back to the originating agency, either by the County, the actual community agency providing the care, or by the Provider.

On Site Medical Services for Detention Center Inmate/detainees

Detention Center (adult) Health care services must be provided in substantial compliance with the Jail Health Standards, 2018 Edition, published by the National Commission on Correctional Health Care (NCCHC).

Juvenile Detention Center Health care services must be provided in substantial compliance with the Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015 Edition, published by the National Commission on Correctional Health Care (NCCHC).

Intake Screening

The Provider shall perform an intake screening on incoming inmate/detainees upon admission to the Detention Center (adult) or Juvenile Detention Center. Individuals brought into the Detention Center (adult) or Juvenile Detention Center to be placed in custody must be medically cleared prior to booking. The intake screening will identify those individuals with medical conditions, mental disorders, inmate/detainees in need of segregation or close supervision, and those with suicidal tendencies. Inmate/detainees will be booked and committed into the Detention Centers 24 hours a day, seven days a week.

The screening examination should include, at a minimum, documentation of the following:

1. Inquiry into current illnesses, health problems, and conditions, including:
 - Any past history of tuberculosis or other infectious or communicable illness, or symptoms- e.g., chronic cough, hemoptysis (spitting up blood), lethargy, weakness, weight loss, loss of appetite, fever, night sweats -suggestive of such illness;
 - Mental health problems including suicidal ideation;
 - Dental problems;

- Allergies;
 - Medications taken and special health (including dietary) requirements;
 - For women, date of last menstrual period, current gynecological problems, and pregnancy;
 - Use of alcohol and other drugs, including types, methods (including needle sharing), date or time of last use, and problems that may have occurred after ceasing use (e.g., convulsions); and
 - Other health problems designated by the medical service provider.
2. Observation of the following:
- Behavior, which includes state of consciousness, mental status (including suicidal ideation), appearance, conduct, tremors, and sweating;
 - Body deformities and ease of movement;
 - Persistent cough or lethargy; and
 - Condition of skin, including scars, tattoos, bruises, lesions, jaundice, rashes, infestations, and needle marks or other indications of drug abuse.

The intake screening shall include all elements covered by Standard J-30 of the Standards for Health Services in Jails, 2018 Edition, published by the National Commission on Correctional Health Care (NCCCHC).

A standard form will be used for purposes of recording the information of the intake screening and will be included in the health record of the inmate/detainee.

When clinically indicated, there is an immediate referral to an appropriate health care service. All intake screenings shall include documentation of the date and time when referral/placement takes place.

The medical service provider shall work in conjunction with the Detention Staff to provide for appropriate inmate/detainee placement into housing.

Detention staff will be notified if an inmate/detainee refuses any aspect of the intake screening and the inmate/detainee will be segregated from the general population.

Health Assessment

The medical service Provider shall establish policies and procedures for inmate/detainee health assessments, which shall be subject to review and comment by the Jail Captain or their designee at the Detention Center (adult) or the Chief Juvenile Probation Officer at the Juvenile Detention Center.

A Registered Nurse or other appropriate health care professional shall complete a health assessment within fourteen (14) days of admission to the Detention Center and Juvenile

Detention inmate/detainees. Inmate/detainees will have a health assessment annually.

The health assessment should include the following, as appropriate:

- A review of the intake screening results and the collection of additional data to complete the medical, dental, and mental health histories;
- Recording of height, weight, pulse, blood pressure, and temperature;
- A physical examination including comments about mental status;
- Other tests and examinations as appropriate;
- Initiation of therapy and immunizations when appropriate;
- Oral (dental) history, including instruction in oral hygiene and oral health education; and
- A structured interview in which inquiries are made in the following items:
 - History of hospitalization and outpatient treatment;
 - Current psychotropic medication;
 - Suicidal ideation and history of suicidal behavior;
 - Drug usage;
 - Alcohol usage;
 - History of sex offenses;
 - History of expressively violent behavior;
 - History of victimization due to criminal violence;
 - Special education placement and history of cerebral trauma or seizures; and
 - Emotional response to incarceration.

Provider shall perform a comprehensive Health Assessment on any inmate/detainee within fourteen (14) calendar days (or such other stricter time limit as required by statute or controlling authority) of the arrival of the inmate/detainee at the Detention Center(adult) or Juvenile Detention Center. Such assessment shall be performed by a qualified medical professional.

Inmate/detainee/Juvenile Detainee Requests for Health Care Service

The Provider shall establish policies and procedures for handling and responding to inmate/detainee requests for health care services. Medical service provider policies and procedures shall be subject to review and comment by the Jail Captain, Chief Juvenile Probation Officer and/ or their designee

Inmate/detainees will have the opportunity to request sick call services daily. Inmate/detainees will request sick call services in writing. Health care personnel will review the requests and determine the appropriate course of action to be taken to include immediate intervention or scheduling for a nursing sick call or a provider evaluation.

The Provider will determine the process to be used for collecting, triaging, and responding to inmate/detainee requests for health care services. Sick call will be held a minimum of five (5) days per week.

Segregation Rounds

The Provider shall perform rounds on inmate/detainees who are segregated from the general population (whether for disciplinary, administrative, or protective reasons) to determine the inmate/detainee's health status and to ensure access to health care services, a minimum of three (3) times a week. A record of the segregation rounds will be maintained, clinical encounters will be noted in the inmate/detainee's health record.

Women's Health Care

The Provider will be responsible for the provision of medically necessary health services to the female inmate/detainee population.

The Provider will establish policies and procedures specific to the health care of pregnant inmate/detainees.

Medication Management

The Provider shall provide a pharmaceutical program in accordance with federal, state, and local laws that meets the needs of the inmate/detainee population. Currently the County has a contract with Correct RX for pharmaceuticals and medical supplies; however, proposals by providers for a different source of supply will be considered. Medications shall be administered to inmate/detainees as prescribed. Appropriately trained health care personnel will administer medications and the administration of each dose will be documented in the form and manner prescribed by County. The pharmaceutical program will also include guidelines for administering medications to those inmate/detainees scheduled to be temporarily out of the detention facility (e.g., for court appearances).

The Provider pharmaceutical program will address, at a minimum, the following:

- 1) Medication ordering process.
- 2) Routine/non-urgent medication shall be administered within 24 hours of physician's order with urgent medication provided as required and ordered by physician.
- 3) Documentation of medication administration to inmate/detainees utilizing the medication administration record to include citations of an inmate/detainee education addressing potential medication side effects, and an inmate/detainee's refusal to take the prescribed medication.

- 4) Requirements for physician evaluations prior to the renewal of medication orders to include psychotropic medications. The re-evaluation will be documented in the inmate/detainee's health record.
- 5) Management of a cost-effective formulary to be used by medical providers when prescribing medication.

Medications will be maintained under proper conditions and in a secure area. A log indicating the use of stock medications will be maintained. The Provider shall provide policies and procedures for the removal and disposal of any and all outdated, unneeded, or surplus medications.

Incoming inmate/detainees with active prescriptions from a licensed physician will be screened by medical staff and approved prescription drugs will be issued accordingly. Outdated prescriptions will be referred to the jail physician.

Wichita County currently pays for all medical services and prescriptions at the Medicaid rate. Provider shall pay the Medicaid rate or less. Contract shall state that in instances where Provider pays with limitations, Provider's payments prior to limitations shall be calculated using the Medicaid rate, or less; and County's portion after limitations shall be at the same rate.

Mental Disabilities/Suicide Prevention Plan

The medical service provider shall become familiar with and comply with the Mental Disabilities/Suicide Prevention Plan of the Jail, and in coordination with other medical and mental health officials.

Screening Instrument. An approved mental disabilities/suicide prevention screening instrument shall be completed immediately on all inmate/detainees admitted.

Tuberculosis Screening Plan

The Provider shall develop a TB surveillance, treatment, and monitoring program. The Provider shall administer tuberculosis screening tests for employees, vendors, and if applicable volunteers yearly. Inmate/detainees will be screened for TB within 7 days of incarceration, then yearly while incarcerated. The County will pay for this service.

Infectious Disease

The Provider shall establish policy and procedures for the care and handling of inmate/detainees diagnosed with an infectious disease, chronic illness, or other special health care needs. The Provider shall provide an infection control program that focuses on surveillance, prevention, treatment, and reporting.

Chronic Illness and Special Needs Inmate/detainees

The Provider shall establish a plan for the identification, treatment, and monitoring of inmate/detainees with chronic illnesses and special health care needs. Upon identification of an inmate/detainee with a special health care need the inmate/detainee will be referred, if appropriate, to a health care professional in a specialized area of specialty or subspecialty, so that a special needs treatment plan can be established to guide the care of an inmate/detainee with special needs.

Health Records

- The Provider shall have procedures for gathering, and compiling health care information, and shall maintain, a separate health record on each inmate/detainee. It is County's desire that all medical records be maintained electronically to facilitate ease of access at all jail facilities and reduce the file storage requirements. County may, from time to time, require that the documentation be provided to County in an additional form and manner prescribed by County.
- Upon admission of an inmate/detainee into the facility, the medical service provider shall document any prescription medication brought in with the inmate/detainee.
- The County shall have the right to review inmate/detainee health records at any time.
- The County shall have the right to review inmate/detainee health records at any time.
- Health records shall comply with HIPAA standards.

Emergency Services

The Provider shall maintain policies and establish procedures to address emergency situations. The emergency policies will provide for immediate response by the health staff to stabilize the inmate/detainee. Emergency services to include first aid and cardiopulmonary resuscitation services will be provided on-site 24-hours a day, staffed as the Provider, Detention Center (adult) and Juvenile Detention Center administrations jointly determine appropriate for each respective facility. The Provider will establish protocols for after-hours care.

Necessary and common on-site emergency services provided 24-hours a day by the Provider should include the following, as appropriate:

- Superficial injuries where closure with steri-strips or minor suturing are required;
- Treatment of contusions, sprains, strains or other minor injuries;
- Mild, closed, asymptomatic trauma to the head where observation is appropriate; and

- Other treatment and minor procedures.

The Provider shall adhere to contracts of Wichita County with area providers for emergency services including those for transportation to an off-site emergency department. The Detention Center (adult) and Juvenile Detention Center shift supervisor will be notified when an off-site emergency transfers is required to facilitate the coordination of the transfer.

The Provider will report emergency transfers to the Jail Captain, Chief Juvenile Probation Officer or his/her designee, as appropriate to an inmate/detainee. The report should indicate, at a minimum:

- Inmate/detainee name and identification number;
- The date and time the emergency service was requested;
- The date and time the emergency service was initiated;
- The nature of the emergency;
- The date and time the inmate/detainee left the facility; and
- The current and final disposition.

Emergency Response Plan

The Provider shall establish policies and procedures to address the health aspects of the emergency response plan. The related policies and procedures will be approved by the Jail Captain and Chief Juvenile Probation Officer and include:

- Responsibilities of health staff;
- Procedures for triage;
- Predetermination of the site for care;
- Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances);
- Procedures for evacuating patients; and
- Alternate backups for each of the plan's elements.

The health aspects of the emergency plan will be tested or drilled. These drills will be observed and critiqued in a written report.

Nutritional Services

The Provider shall be responsible for cooperating with the established food service program to ensure the provision of medically necessary diets. The following diets may be ordered from food service:

- Mechanical soft (chewing problem, digestive problem)
- Low sodium
- ADA Diabetic (specify number of calories)
- Full liquid
- Clear liquid

Diagnostic Services

- **Laboratory X-Ray and IKG Diagnostic Services** - Laboratory, x-ray and EKG diagnostic services shall be provided in the community through agreements with the Provider. The Provider shall provide equipment and supplies to perform on-site laboratory testing and mobile r-ray equipment as required. With regard to lab services, the Provider shall be responsible for all lab services including requisitions, supplies, and results reporting.

Lab services can be contracted out by the Provider and include all routine and reference tests. Stat lab services shall be available with a two-hour turnaround time. In the event that the results are not available within the proscribed two-hour window, the on-call or site physician shall make the determination as to whether the inmate/detainee should be taken off-site to a local hospital. If the lab contract is unable to accomplish the stat two-hour requirement, the Provider shall secure such services through a local lab or hospital.

- **Other Specialty Services** - Other diagnostic services such as mammography, CT scans, MRI, ultrasound, fluoroscopy, EEG, EMG, etc., shall be provided in the community through agreements with the Provider.

Off-Site Referrals to Preferred Providers

The Provider shall establish policies and procedures for referring inmate/detainees to specialty care providers when determined necessary by the Provider based on reasonable medical necessity. The Provider shall coordinate arrangements for off-site care with the appropriate detention staff for the transportation of inmate/detainees to health care services which are off-site with preference given to those providers previously identified and agreed upon with Wichita County.

The Provider shall be responsible for determining the medical necessity of off-site medical

services and for providing the necessary medical information, as well as billing information, to the Preferred Provider.

The Provider shall generate and complete an appropriate Request for Consultation form for inmate/detainees who require specialty care services. This completed form will accompany the inmate/detainee during transport from the Detention Center to a provider for treatment.

Each off-site referral will result in a legible consultation/treatment report from the off-site provider to be filed in the inmate/detainee's medical record. The off-site provider will review the consultant report. This legible report will contain the reason for consult, appropriate exam/lab findings, the diagnosis, any treatment plan(s), and any follow-up appointment (if necessary).

Recommendations involving any special procedures or non-routine follow-up will be communicated between the off-site provider and the on-site primary care provider.

On-Site Medical Services for Detention Center and Juvenile Detention Staff

The Provider shall provide the following services for Detention Staff:

- Annual tuberculin skin testing and referral as appropriate;
- Emergency intervention for on-site injuries; and
- Health education.

The Provider shall not be responsible for the provision of routine health services to detention staff. However, health staff will provide on-site emergency intervention for staff, inmate/detainees, and visitors when necessary.

The Provider shall provide correctional personnel with ongoing structured health education to include infectious disease, management of emergency situations and other topics.

Quality Assurance Programs

The Provider shall advise the Jail Administrator and Chief Juvenile Probation Officer or their designee of frequency, methodologies, metrics, tools, and mechanisms which will be used by the Provider to report the quality of care provided to inmate/detainees. Also, periodic self-audits are necessary, and the Provider shall inform the Jail Captain or Chief Juvenile Probation Office or their designee of specific controls that will be in place to meet applicable federal, state and Wichita County standards to provide quality care to the inmate/detainees.

Inmate/Detainee Complaint/Grievance Procedure

The Provider shall establish policies and procedures that address the handling of inmate/detainee complaints related to health services to include a process for appeals.

The Provider shall develop a system of tracking complaints from receipt to resolution. All responses to grievances shall be completed within five days of receipt.

The Provider shall generate and provide to the Jail Captain and Chief Juvenile Probation Office a monthly report of complaints received in their respective facilities. The reports should include, at a minimum, inmate/detainee name and identification number, date the complaint was received, complaint description, date of response, and a brief description of the resolution.

Utilization Management and Cost Containment

The Detention Centers uses United Regional Health Care Systems or other hospitals for off-site emergency treatment services. The Provider shall establish a utilization management program for the review and analysis of on-site medical services and off-site referrals to preferred providers, including sub-specialty and inpatient stays. The program will include non-urgent hospitalization pre-certification, concurrent hospitalization review, discharge planning, and prior authorization of targeted procedures. The utilization management program will demonstrate that the use of off-site services has been appropriate (medically indicated) and that the length of stay (if applicable) is neither longer nor shorter than medically indicated.

Administrative Support Services

The Provider shall provide whatever supplies are required to perform under the contract at its expense. Said supplies will include, but not be limited to, computers, tablets, peripherals, hardware, software, internet connectivity and document storage, forms, books, manuals, medical record folders, indexes and forms, pharmaceuticals, laboratory fees, prosthetics, hand instruments, needles and sharps, special medical items, testing devices, containers and clinical waste receptacles, inmate/detainee information brochures, individual and group materials, gloves and coverings, and disinfectants.

Medical Waste Services

Provider shall properly store and dispose of medical waste in a timely manner.

Quality Improvement Program

Provider shall establish a comprehensive quality improvement program that will monitor the health services provided.

Medical Administrative Meetings

Wichita County requires periodic performance updates with the health services Provider which shall include reporting on clinical outcomes, quality assurance, and pharmacy management and costs. A Medical Administrative Committee (MAC) overview will be developed and shared with Wichita County on a quarterly basis.

Mental Health Component

The Provider shall provide for mental health services which shall include mental health screenings, referrals, crisis intervention and management of acute psychiatric episodes, the stabilization of inmate/detainees who are mentally ill, treatment services, and obtaining and documenting informed consent.

Policies and Procedures

The Provider shall develop and implement policies and procedures for the County's health care program. Once developed, the policy and procedure manual shall be submitted to the County for annual reviews.

Indigent Health Care

The Provider shall complete the Wichita County Indigent Forms on every inmate/detainee admitted into the Detention Center. The Provider will be responsible for distributing the form to the Wichita County Indigent Services Coordinator. The Provider shall update these forms for incarcerated inmate/detainees at least every 6 months or as required by the Wichita County Indigent Health Office.

Juvenile Detention Center

The Provider will be responsible for completing medication pass as prescribed at the Juvenile Detention Center. The Provider will complete sick calls within policy requirements and protocols, complete health assessments on all new detainees within policy requirements, conduct physicals when necessary, and provide on call assistance within 30 minutes of being contacted when the provider is not present at Juvenile Detention.

The Provider will be responsible for appropriately screening detainees at the Juvenile Detention Center prior to recommending transport to emergency care and/or a physician's office or other off-site provider.

The Provider will hire and maintain a minimum of one nurse per shift whose priority is providing care at the Juvenile Detention facility. That staff member will be competent to operate the mobile x-ray and other equipment, provide wound care, administer medications, etc.

VIII. CONTRACT LENGTH

The Provider shall furnish labor, materials, and supplies necessary to provide complete health services to inmate/detainees, as per the accepted proposal and contract, for a period of one year. The Agreement will be confirmed in a written agreement executed by duly authorized representatives of both parties.

The initial award made as a result of this proposal shall be for the period as stated above. After such time, the contract will be renewable for up to one additional twelve-month periods,

if mutually agreed to by both parties before the end of the contract period.

IX. INSURANCE REQUIREMENTS

Upon award of this contract, entry into a contract is expressly conditioned upon the Provider providing Wichita County with certificates of insurance indicating that the insurance requirements below listed are in force and have been satisfied.

The Provider shall not commence work under this contract until the Provider has obtained all insurance required under this section and such insurance has been approved by County nor shall the Provider allow any subcontractor to commence work on a subcontract until all similar insurance required of the Provider has been so obtained by subcontractor and approved by County. Certificates of insurance shall have Wichita County, the Wichita County Juvenile Board, Wichita County Commissioners Court, elected officials, and all of its officers, directors, agents and employees (hereinafter referred to as county, indemnities or owner) named as "additional named insured" for the proposed work.

Workers' Compensation Insurance and Employer's Liability Insurance

The Provider shall take out and maintain during the life of this contract the applicable statutory Workers' Compensation Insurance with an insurance company authorized to write such insurance in the State of Texas and in all states covering all the Provider's employees, and in the case of any work sublet, the Provider shall require the Provider's subcontractors similarly to provide statutory Workers Compensation Insurance for the subcontractor's employees. The Provider shall take out and maintain during the life of this contract, Employer's Liability Insurance with a limit of \$500,000 per accident/injury by an authorized insurance company.

Commercial General Liability Insurance

The Provider shall maintain during the life of this contract such Commercial General Liability Insurance as shall protect the Provider against claims for damages resulting from bodily injury, including wrongful death and property damage, which may arise from operations under this contract whether such operations be by the Provider or by any Provider subcontractor. The minimum acceptable limits of liability to be provided by such General Liability Insurance shall be as follows:

- | | |
|---------------------|-------------|
| – Each Occurrence | \$1,000,000 |
| – General Aggregate | \$5,000,000 |

Professional Liability Insurance

The Provider shall maintain during the life of this contract such Professional Liability Insurance as shall protect the Provider against claims for damages resulting from medical incidents which may arise from operations under this contract, whether such operations be by the Provider, or the Provider staff. The minimum acceptable limits of liability to be

provided by such Professional Liability Insurance shall be as follows:

- | | |
|---------------------|-------------|
| – Each Occurrence | \$1,000,000 |
| – General Aggregate | \$5,000,000 |

Certificate of Insurance

The Provider shall furnish the Jail Captain/Juvenile Probation Department Chief with a copy of the certificate(s) of insurance prior to the contract start date. Such certificate(s) shall specifically indicate that the insurance coverage includes all extensions of coverage required in those paragraphs. The Provider shall give Wichita County at least thirty (30) days written notice in the event of cancellation of, or material change in, any of the insurance policies. If coverage on said certificate(s) is shown to expire prior to completion of all terms of this contract, the Provider shall furnish a certificate of insurance evidencing renewal of such coverage to Wichita County. The certificates of insurance shall clearly show this contract number.

X. APPENDIX

Provider References

1.	Agency Name	
	Agency Address	
	Contact Person	
	Phone Number	
	Email	
	Fax Number	
	Number of Sites	
	Number of Inmate/detainees	
	Facility Type	<input type="checkbox"/> Jail <input type="checkbox"/> Prison <input type="checkbox"/> Juvenile <input type="checkbox"/> Other
	Accreditation	<input type="checkbox"/> NCCHC <input type="checkbox"/> ACA <input type="checkbox"/> JCAHO <input type="checkbox"/> Other
	Contract Term	
2.	Agency Name	
	Agency Address	
	Contact Person	
	Phone Number	
	Email	
	Fax Number	
	Number of Sites	
	Number of Inmate/detainees	
	Facility Type	<input type="checkbox"/> Jail <input type="checkbox"/> Prison <input type="checkbox"/> Juvenile <input type="checkbox"/> Other
	Accreditation	<input type="checkbox"/> NCCHC <input type="checkbox"/> ACA <input type="checkbox"/> JCAHO <input type="checkbox"/> Other

	Contract Term	
3.	Agency Name	
	Agency Address	
	Contact Person	
	Phone Number	
	Email	
	Fax Number	
	Number of Sites	
	Number of Inmate/detainees	
	Facility Type	<input type="checkbox"/> Jail <input type="checkbox"/> Prison <input type="checkbox"/> Juvenile <input type="checkbox"/> Other
	Accreditation	<input type="checkbox"/> NCCHC <input type="checkbox"/> ACA <input type="checkbox"/> JCAHO <input type="checkbox"/> Other
	Contract Term	
4.	Agency Name	
	Agency Address	
	Contact Person	
	Phone Number	
	Email	
	Fax Number	
	Number of Sites	
	Number of Inmate/detainees	
	Facility Type	<input type="checkbox"/> Jail <input type="checkbox"/> Prison <input type="checkbox"/> Juvenile <input type="checkbox"/> Other
	Accreditation	<input type="checkbox"/> NCCHC <input type="checkbox"/> ACA <input type="checkbox"/> JCAHO <input type="checkbox"/> Other

	Contract Term	
5.	Agency Name	
	Agency Address	
	Contact Person	
	Phone Number	
	Email	
	Fax Number	
	Number of Sites	
	Number of Inmate/detainees	
	Facility Type	<input type="checkbox"/> Jail <input type="checkbox"/> Prison <input type="checkbox"/> Juvenile <input type="checkbox"/> Other
	Accreditation	<input type="checkbox"/> NCCHC <input type="checkbox"/> ACA <input type="checkbox"/> JCAHO <input type="checkbox"/> Other
	Contract Term	