

MIDLAND COUNTY
24MCO623 REQUEST FOR QUALIFICATION for
Juvenile Medical Services

Midland County, hereinafter known as the County, is seeking the services of a qualified health care professional to provide services for juveniles detained at Barbara Culver Juvenile Center. The contract is anticipated to start May 2024 and will have a **duration of two years with an option for renewal for each additional year afterwards**. The County reserves the right to amend this contract for additional time if it is in the best interest of the County.

Section 1: SOQ Submittal and Closing Date

One (1) original, three (3) copies, and an electronic copy on USB drive of the SOQ must be received by 10:00 am local time on Monday April 29, 2024 (“Submittal Date”) at which time the responses will be publicly opened and read aloud in the conference room of the Purchasing Agent located at:

Midland County Courthouse
500 N. Loraine, Suite 1101
Midland, Texas 79701

SOQ’s may not exceed 20 pages. Neither late nor faxed or emailed submittals will be acceptable. Firms submitting SOQ’s not in compliance with Section 4 will be considered non-responsive. SOQ’s must be addressed to the following:

Statement of Qualification should be mailed or hand delivered to the following address:

Midland County
Attn: Purchasing Agent
500 N. Loraine, Suite 1101
Midland, Texas 79701

In order to assure your packet is considered, it must be submitted in a properly sealed envelope, clearly marked on the left hand corner as “24MCO623 Statement of Qualifications Juvenile Medical Services.” Envelopes containing qualifications that are unmarked or marked otherwise may be opened prematurely.

Section 2: Inquiries

2.1 Questions that arise prior to the RFQ deadline shall be sent by email to the following email address: kengeldahl@mcounty.com

2.2 Vendors are directed to submit questions in writing no later 5pm Wednesday April 10, 2024. Substantive questions and answers will be provided to all known RFQ recipients.

Section 3: General Statement of Work and Delivery Schedule

3.1 General Work Statement

The objective of this work is to assist Midland County Juvenile Detention with medical service needs of the juvenile inmates. The hours needed for this service will be Monday through Friday 8am to 5pm and at least 2 hours in the morning and 2 hours in the evening as an on-call basis for weekends. Pharmaceutical services are not required, however a nurse will need to prepare medications in order for staff to be able to administer such medication in the health professionals absence. All transport to other medical/dental facilities will be the responsibility of Midland County Juvenile Detention staff.

3.2 Vendor’s Responsibilities

The scope of work to be performed by the health care professional is defined in the following Chapter E – Medical and Health Services for Barbara Culver Juvenile Justice Center, and in accordance to Texas Administrative Code, Chapter 343, Section 343.320:

Chapter E – Medical and Mental Health Services

Health Service Plan

A. Definitions of Terms (Listed Alphabetically):

Health Administrator--A person who, by virtue of education, experience, or certification, is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for juveniles.

Health Assessment--A focused assessment conducted for the purpose of validating screening results and making any needed referrals. The health assessment shall include:

- (a) review of the health screening results;
- (b) collection of additional data to complete the medical, dental, and mental health histories;
- (c) recording of vital signs; and

(d) initiation of referrals when appropriate.

Health Care Professional--A term that includes physicians, physician assistants, nurses, nurse practitioners, dentists, medical and nursing care assistants, emergency medical technicians (EMT), and others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for patient.

Health Service Authority--The agency, organization, entity, or individual responsible for consulting and collaborating with the facility administrator and/or the health services coordinator to ensure a coordinated and adequate health care system is available to residents of the facility.

Health Service Plan-- The facility shall have and implement a written health service plan developed in consultation with the health service authority. The health service plan shall establish the facility's health care delivery system and detail the protocols for the delivery of medical, mental health, and dental services for all residents. The health service plan shall be reviewed at least once every 12 months in consultation with health service authority.

Health Services Coordinator-- The facility shall have a designated health services coordinator on staff or on contract to coordinate health care delivery in the facility. Designated health services coordinator shall be in writing. If the health services coordinator is not a health care professional, the health services coordinator shall receive special training in health care and health care service delivery topics relevant to detention and correctional facilities and be familiar with local health care providers and facilities. The facility shall work in conjunction with the health service authority to determine the topics of this specialized training.

B. Medical Health Providers

1. A Health Care Professional is the designated Health Service Authority responsible for the development and implementation of healthcare protocols within the facility and is the primary point of contact.
2. The facility shall have a designated health service coordinator on staff or on contract to coordinate health care delivery in the facility. The facility shall work in conjunction with the Health Service Authority to determine the topics of specialized training.

C. Protocol for Health Screening and Assessment of Residents for Medical or Mental Health Services:

1. Juveniles' arrival and referral by delivering authority will be pre-screened by the Intake Juvenile Supervision Officer prior to admission into Barbara Culver Juvenile Detention Center:
 - (a) The delivering authority will be met at the facility intake area.
 - (b) The Juvenile Supervision Officer should be very alert in observing any indication of injury, illness, or intoxication on the part of the juvenile.
 - (c) Conversation with the juvenile should be initiated to assess any communication deficit or statement of injury.
 - (d) Instructions on moving, emptying pockets, etc. should give an indication of motor coordination.
 - (e) Juveniles referred to the Detention Center in need of emergency medical care due to injury, illness, or intoxication, or in need of mental health intervention, will not be admitted into this facility. The referring person or delivering officer will be directed to a healthcare facility to have the juvenile evaluated and treated.
 - (f) Subsequent admission to the Detention Center is contingent upon written medical clearance provided by a health care or mental health professional.
2. Juveniles who are to be admitted into the facility upon completing the pre-screen process and/or receiving medical clearance shall complete the health screening and assessment. The Intake Juvenile Supervision Officer utilizes the Intake Health Screening Instrument by interviewing the juvenile and gathering the following pertinent information:
 - (a) Past or current medical & health history.
 - (b) Currently receiving any medication.
 - (c) Past or current use of any alcohol, drugs, or illegal substances.
 - (d) Past or current history of services received from therapist, psychiatrist, or psychologist.
 - (e) Past or recent risk of suicide ideation, gestures, or attempts.
 - (f) Obtain and document any observation of juvenile's appearance, behavior, state of consciousness, ease of movement, breathing, skin condition and/or evidence of any physical trauma.

- (g) Documentation of any communicable illness symptoms, recent injuries, and any special health requirements.
- D. Medical isolation may be authorized as a health precaution at the direction of a healthcare professional or the Facility Administrator.
1. The reasons for the medical isolation of a juvenile will be documented and a copy will be placed in the juvenile's medical file.
 2. A juvenile who has been placed on medical isolation by a Facility Administrator will be seen by a health care professional within 12 hours of the initial medical isolation.
 3. A juvenile that has been identified with potential medical problems (e.g., asthma, diabetes) during medical isolation, a Juvenile Supervision Officer will personally observe and record the juvenile's behavior at random intervals not to exceed 10 minutes until a medical follow-up is received.
- E. A juvenile will be referred for medical services at any time during their detention stay if:
1. He/She requests medical attention after self-reporting (the juvenile does not have to disclose the condition or reason for the request to staff member).
 2. A staff member observes any juvenile who appears to require medical attention.
 3. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, may be directed by a health care professional or the Facility Administrator for juvenile residents to be placed in medical isolation.
- F. Non-Emergency and Emergency Health Care Services
1. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, will notify the Health care professional when a juvenile requires medical attention for non-emergency or emergency health services.
 2. If the matter is a serious emergency and requires immediate medical attention the Health care professional will advise the on-duty Shift Supervisor to contact 911.
 3. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, will then notify the Facility Administrator or Assistant Facility Administrator

- of emergency contact to 911. In addition, the Facility Administrator or Assistant Facility Administrator will automatically be contacted by the Midland County Cisco Emergency Response system when any detention staff uses the detention phone system to contact 911.
4. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, may be directed by health care professional or the Facility Administrator for the juvenile resident to be placed in medical isolation.
 5. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, will then notify the juvenile resident's parent/guardian in any emergency health situation where 911 was contacted and the juvenile is treated by local paramedic/EMT services or has been transported to local hospital emergency room.

G. Continuity of Care

1. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, will follow and comply with any medical treatment instructions that a juvenile resident receives from his physician or from the Health care professional.
2. This also includes medical treatment instructions from the physician or Health care professional for medication, referrals, follow-up appointments and/or medically modified diets.
3. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, may be directed by a health care professional or the Facility Administrator for juvenile residents to be placed in medical isolation.

H. Consent for medical treatment will be secured in accordance with Chapter 32 of the Texas Family Code. Culver staff members will have the parent/guardian complete the consent for medical treatment and consent for release of information form plus have parent guardian complete the permission to administer over-the-counter medication form. Documentation of consent for medical treatment received in accordance with Chapter 32 of the Texas Family Code will be maintained in the applicable juvenile files.

I. Prescription and Over the Counter (OTC) Medication

1. Non-prescription medication (i.e.,over-the-counter medication) will be purchased, stored, dispensed, and administered according to the product instruction unless:
 - (a) the health services coordinator instructs otherwise;

- (b) the health services coordinator is a health care professional; and
- (c) the deviation from the product's instructions and the reason for it are documented.

Only facility staff who have had appropriate training in the administration of medication shall administer non-prescription medication. The training is administered by the designated Health Services Coordinator or their designee.

2. Prescription Medication Procedure:

- (a) Health Services Coordinator or their designee will count all medications and log them on the Medication Log form upon delivery to detention center. This form will also be signed by the persons delivering and receiving the medication to indicate the time and date of the transaction.
- (b) After the medication is counted and logged, it will be delivered to the medical office where the Health Services Coordinator or their designee will prepare medication for delivery to the juvenile.
- (c) The medication will be dispensed as prescribed by the Health Care Professional and logged into the Medication Log and then initialed on the appropriate time and date.
- (d) When a juvenile is released, the Health Services Coordinator or designee will account for all remaining medication and fill out the Medication Log form. This form will also be signed by the persons delivering and receiving the medication to indicate the time and date of the transaction.

3. Over-the-Counter Medications (OTC) - OTC medications will be accepted only with written physician orders including directions for use or upon approval of the Health Service Authority.

J. Off Premises Transportation and/or Evacuation of Juvenile Residents with Medical Restrictions—If a juvenile resident is to be transported off the detention premises or evacuated for medical restriction by:

- 1. Paramedic/EMS ambulance, at least one Juvenile Supervision Officer is to accompany and remain with the juvenile during the transportation to the local hospital.

2. Juvenile Supervision Officer(s), a two-person team transport will be necessary and in compliance with BCJJC Standard Chapter D—Restraints, Part I, Section F, #1 & 2.

K. Identification and Control of Communicable Diseases

1. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, will at the time of intake or anytime during the juvenile resident's detention be very alert in observing any indication of any communicable disease/illness symptoms.
2. If any symptoms are observed or present:
 - (a) The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, will notify the Health care professional plus follow and comply with any medical treatment instructions for that juvenile resident.
 - (b) May be directed by health care professional or the Facility Administrator for juvenile resident to be placed in medical isolation.

L. Health Service Plan Staff Training—During the new employee orientation, the Juvenile Supervision Officers will receive the training over the facilities:

1. Health Service Plan
2. Health care delivery system.
3. Medical and health services training from the designated Health Service Authority.
4. CPR and First Aid which includes location of First Aid Kits, AED machine, CPR face shield mask, ladders, and emergency hook knife(s) in the facility.
5. Staff member duties for checking first-aid kit regularly, checking expiration dates, replacing any used or out-of-date contents and other periodic inspections.

M. Pregnant Juvenile Residents—If a staff member receives information from either observation or after a juvenile self-report during the intake process or anytime during the detention stay that they are pregnant:

1. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, will notify the Health care professional.

2. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, will follow and comply with any medical treatment instructions that a juvenile resident receives from the physician or from the Health care professional.
3. The on-duty Shift Supervisor, or Team Leader if the supervisor is off duty, is directed by a health care professional or the Facility Administrator for juvenile residents to be placed in medical isolation.
4. If the Juvenile is to be transported off the premises for any prenatal care, obstetrical services, or postpartum care the Health Service Plan Part 9 must be followed and in compliance with BCJJC Standard Chapter D—Restraints, Part IV, Section C, #1& 2.
5. In any case where a pregnant juvenile resident is to be restraint, Juvenile Supervision Officers will be trained in the use of Handle with Care, the facility's approved verbal de-escalation and physical restraint technique. Handle with Care technique training advises of the most appropriate type(s) of restraint that may be used with a pregnant juvenile resident.

N. Confidentiality

1. All medical documentation regarding juveniles will be kept in their medical files and not in their control room file pursuant to HIPPA regulations.
2. The juvenile does not have to disclose the condition or reason for the request to staff member.
3. All medical and mental health screenings and assessments will be conducted in a confidential setting consistent with facility operations and security.
4. All interactions between a juvenile and a healthcare professional that involve treatment or an exchange of confidential medical information will be conducted in private. A juvenile supervision officer will be present in the following situations:
 - (a) if the juvenile poses a substantial risk to the safety of the health care professional or others.
 - (b) if the health care professional or juvenile requests the presence of a juvenile supervision officer during the treatment.
 - (c) or if the circumstances or situation indicate the presence of a juvenile supervision officer is necessary and prudent.

Section 4: SOQ Content Requirements

4.0 No Fee Schedule

Costs will not be evaluated as part of the selection process. Costs will be negotiated after a Vendor is selected.

4.1 Vendor's Capabilities/Experience/References

Outline the vendor's capabilities and experience with regard to the requested services. The response should address the following:

- Experience with similar projects.
- Internal procedures and/or policies related to work quality and cost control.
- Management and organizational structure.
- Capability to perform the work for the duration of the contract.
- Provide references.

4.2 Required Affidavit, see pages 11 and 12; completed, signed and notarized

4.3 Understanding of Requested Services and Local Area

Outline the vendor's understanding of the requested services and local area.

Section 5: General Information

5.1 The successful vendor(s) must have Worker's Compensation Insurance covering work in the State of Texas. The successful vendor(s) must also submit documents addressing insurance, non-collusion, tax law, debarment, and conflict of interest as part of the personal services contract.

5.2 The County reserves the right to reject any or all proposals and is not liable for any costs the vendor incurs while preparing or presenting the proposal.

5.3 The County reserves the right to cancel this RFQ.

5.4 The County will award a contract to the vendor(s) whose proposal, in the opinion of the County Commissioners, would be most advantageous to the County.

5.5 The County may award a contract to more than one vendor.

5.6 The selected vendor will be required to assume responsibility for all services outlined in the RFQ, whether the vendor or a sub-vendor produces them.

5.7 The County does not discriminate in selection of service providers on the basis of race, color, religion, ancestry, national origin, political affiliation, sex, age, marital status, sexual orientation, physical or mental disability, or any other inappropriate reason prohibited by law or policy of the state or federal government.

**BID REQUIRED FORM
COMPANY AFFIDAVIT**

The affiant, _____ states with respect to this submission to County:

I hereby certify that if the contract is awarded to our firm that no member or members of the governing body, elected official or officials, employee or employees of said County, or any person representing or purporting to represent the County, or any family member including spouse, parents, or children of said group, has received or has been promised, directly or indirectly, any financial benefit, by way of fee, commission, finder's fee or any other financial benefit on account of the act of awarding and/or executing a contract.

I hereby certify that I have full authority to bind the company and that I have personally reviewed the information contained in this submission and all attachments and appendices, and do hereby attest to the accuracy of all information contained in this submission, including all attachments and exhibits.

I acknowledge that any misrepresentation will result in immediate disqualification from any consideration in the submission process.

I further recognize that County reserves the right to make its award for any reason considered advantageous to the County. The company selected may be without respect to price or other factors.

Signature _____ Date _____

Name _____ Phone _____

Title _____

Company/Firm Name _____

