

BIDDERS COMPANY NAME

# REQUEST FOR PROPOSAL

## #6149

## MEDICAL SERVICES

for

## Children's Services/ Juvenile Detention

Prepared By:

Washtenaw County Purchasing  
Administration Building  
P.O. Box 8645  
220 N. Main B-35  
Ann Arbor, MI 48107

Anne Strieter  
Senior Buyer  
(734) 222-6760





## WASHTENAW COUNTY

Finance Department

### Purchasing Division

P.O. Box 8645, 220 N. Main, Ann Arbor, MI 48107-8645

Phone (734) 222-6760, Fax (734) 222-6764

### REQUEST FOR PROPOSAL # 6149

July 8, 2004

Washtenaw County Purchasing Division on behalf of the Children's Services Department is issuing bids for Medical Services for Juvenile Detention.

**Sealed Proposals:** Vendor will deliver one (1) original and six (6) copies to the following address:

**Washtenaw County  
Administration Building  
Purchasing Division  
220 N. Main St. Room B-35  
P.O.Box 8645  
Ann Arbor, MI. 48107**

**by 2:00 p.m. on Thursday, August 12, 2004**

**This submission shall include the entire Request For Proposal document and any amendments if issued.**

**Proposals received after the above cited time will be considered a late quote and are not acceptable unless waived by the Purchasing Manager.**

- Please use the attached self-addressed label or the envelope must be clearly marked "SEALED RFP # 6149".
- Please direct purchasing and procedural questions regarding this RFP to Anne Strieter at (734) 222-6760.
- Please direct specific technical questions regarding this RFP Paula Baker at (734) 973-4367.

Thank you for your interest.

**PROPOSAL FOR MEDICAL CARE SERVICES**

**I. INTRODUCTION**

The purpose of this request for proposal is to provide management of the health and medical care at the Washtenaw County Youth Center for a three year time period. This service would provide daily face-to-face services, 365 days per year (with the possible exception of holidays), and off- hours emergency consultation by telephone. This service would cover 7 days a week for a capacity of 40 Juvenile Detention residents, with an annual intake of 600-800 youth per year. There may be occasional "sick call" contacts with day program youth, (approximately once or twice per week).

**II. PROPOSAL SPECIFICATIONS**

**A. Services**

Washtenaw County is requesting proposals providing a range of medical services and care in four broad Service Areas; Intake, Ongoing Care, Discharge Planning and Follow-up, and other required Health Services Elements. The types of individual services necessary under the broader service areas have been outlined. Suggested staffing is also specified (LPN, RN, NP, etc), but this proposed staffing may be altered providing services are adequately delivered. When submitting the proposal, the operational guidelines and practices should be discussed separately for each individual service area (i.e.; General Health Screening, Urgent/emergent health care problems, Routine on-site non-emergency care, etc.).

**Service Areas**

**1. Intake**

- A. General medical screening (LPN/RN/NP)  
Applies to all youth. Includes health history, PPD skin test, lice check, check on urgent needs, obtaining needed meds from home or elsewhere within 72 hours upon arrival to the facility. Check with parent or guardian regarding health history, particularly any currently prescribed medications, whether psychoactive or other.
- B. Complete physical examination (RN/NP)  
Applies to all youth. Is performed within 72 hours upon arrival to the facility. Elements of the examination conform to a standard record form.
- C. Court-ordered drug testing (LPN/RN/NP)
- D. Collection of urine for gonorrhea and chlamydia screening (LPN/RN/NP)  
Offered to all youth, and expected to be done on any symptomatic youth; permission required from all.
- E. Preliminary mental health and substance use screening (LPN/RN/NP)  
To facilitate new or continuing prescribed psychoactive medications, a psychiatrist will visit within 7 days to oversee such medications administered by health personnel.

# RFP #6149 Medical Services for Children's Services/ Juvenile Detention

## 2. Ongoing Care

- A. Urgent/emergent problems during off hours (Detention Center Staff can transport to emergency care provider during off hours; NP and/or Physician available by page) NP and/or physician will provide criteria and training to Center staff on a regular basis regarding their off-hours responsibility.  
Emergency Department Services will be routinely obtained through an identified Emergency Department and will be paid for outside of this contract.
- B. Routine on-site non-emergency care (LPN/RN, with standing orders)  
Includes (but is not limited to) immunizations, topical medications for acne, symptomatic treatment of minor illnesses such as colds, health education and health counseling based on identified risks or needs, development of an appropriate plan of care.  
Also,
  - Pass daytime meds and set up evening meds for Center staff;
  - Prepare youth and charts for NP/MD visit;
  - Filing of records, prepare monthly reports and daily logs;
  - Inventory, and prepare order for clinic supplies;
  - Complete lab requisitions, prepare samples for courier, and call lab.
- C. On-site services: birth control (new or continuing prescriptions), STD treatment, prenatal care, problems requiring prescriptions, health education, all off-site referrals for non-emergent problems.  
The LPN/RN/NP is responsible for initiating all referrals to existing providers where appropriate.  
Scheduling appointments, and calling providers for medical refills will be done by the RN/NP.
- D. Physical Health Assessment (RN/NP/Physician)  
This assessment is a confidential report on each youth which may be used as input for the adjudication process. The assessment will be first made available to the detention center staff, then the youth's probation officer.
- E. Mental Health Status Update  
Based on chart records, the NP and Center Social Worker will routinely prepare this update, including recommendations, as a confidential report intended as input for the adjudication process. This update will also first be made available to the detention center staff, then the youth's probation officer.

# RFP #6149 Medical Services for Children's Services/ Juvenile Detention

## 3. Discharge Planning and Follow-Up

- A. All discharge planning information related to medical services should include referrals for ongoing medical services. Follow-up will be provided by court and detention staff.

## 4. Administrative and Support Services

The health plan for the Juvenile Detention Center must also provide for the following:

- A. Regular evaluation process.
- B. Continuing education for professional staff.
- C. Accreditation preparation and maintenance.
- D. Community Networking.

## B. Suggested Staffing

The following are suggested minimal staffing levels necessary to provide daily medical care coverage:

- 1. Licensed Practical Nurse (LPN), Registered Nurse (RN), or Nurse Practitioner (NP)  
-Half time day coverage, 7 days per week.
- 2. Medical Director - Oversees the work of the other personnel and on-site weekly.
- 3. Support Staff - Clerical functions related to health services will be performed by Detention Staff.

*\*Please note that detention youth will be transported off-site by detention staff for specialty care, such as lab, radiology, etc.*

## C. Costs

When submitting this proposal for medical care services, the following costs are to be listed in detail:

- 1. Contract cost per year.
- 2. Proposed amounts and limits for supplying professional liability and malpractice insurance (see Request For Proposal Sub-Section III. Contractual Requirements, Article VI. Indemnification Agreement and Article VII. Insurance Requirements)

Additional costs:

Please note that all additional cost for services provided off-site will be borne by Washtenaw County.

*It is expected that the Medical Services Provider shall pursue private insurance and Medicaid reimbursement.*

# RFP #6149 Medical Services for Children's Services/ Juvenile Detention

## **D. Experience Narrative and Quality Evaluation Summary**

The following information should be provided:

1. Number of current Health Care contracts.
2. Number of years of experience directly providing Health Care.
3. Number of individual facilities at which health care services are currently provided and number of these that are county/city facilities.
4. Number of patients currently served by your organization.
5. Past experience with and compliance with Michigan Department of Corrections and American Correctional Association Standards (if applicable).

The following require a Yes/No response with comments only as deemed necessary:

1. Contractor conducts independent Peer Reviews on a routine basis and provides documentation of same.
2. Contractor has developed and routinely uses a detailed Policy and Procedure Manual.
3. Contractor has an established Grievance Procedure in place specific to the concerns of Inmates and Corrections Staff.
4. Contractor has an Evaluation Program in place that considers contractual obligations as well as customer satisfaction. Contractor agrees to provide regular reports relative to various outlined performance measures and participate in regular meetings referencing those measures.
5. Contractor has written job descriptions for all health care staff.
6. Contractors provide letters of reference from existing clients and a listing of all current clients.
7. Contractor's proposal contains specific performance commitments and penalties (e.g. staffing, NCCHC accreditation).
8. Contractor provides opportunity to tour existing facilities being served.

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## III. CONTRACTUAL REQUIREMENTS

### ARTICLE III - REPORTING OF CONTRACTOR

Section 1 - The Contractor is to report to **the Director of Children's Services** and will cooperate and confer with him/her as necessary to insure satisfactory work progress.

Section 2 - All reports, estimates, memoranda and documents submitted by the Contractor must be dated and bear the Contractor's name.

Section 3 - All reports made in connection with these services are subject to review and final approval by the County Administrator.

Section 4 - The County may review and inspect the Contractor's activities during the term of this contract.

Section 5 - When applicable, the Contractor will submit a final, written report to the County Administrator.

Section 6 - After reasonable notice to the Contractor, the County may review any of the Contractor's internal records, reports, or insurance policies.

### ARTICLE IV - TERM

This contract begins on **(to be determined)** and ends on **(three years from date of contract)**.

### ARTICLE V - PERSONNEL

Section 1 - The contractor will provide the required services and will not subcontract or assign the services without the County's written approval.

Section 2 - The Contractor will not hire any County employee for any of the required services without the County's written approval.

Section 3 - The parties agree that the Contractor is neither an employee nor an agent of the County for any purpose.

### ARTICLE VI - INDEMNIFICATION AGREEMENT

The contractor will protect, defend and indemnify Washtenaw County, its officers, agents, servants, volunteers and employees from any and all liabilities, claims, liens, fines, demands and costs, including legal fees, of whatsoever kind and nature which may result in injury or death to any persons, including the Contractor's own employees, and for loss or damage to any property, including property owned or in the care, custody or control of Washtenaw County in connection with or in any way incident to or arising out of the occupancy, use, service, operations, performance or non-performance of work in connection with this contract resulting in whole or in part from negligent acts or omissions of contractor, any sub-contractor, or any employee, agent or representative of the contractor or any sub-contractor.

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## ARTICLE VII - INSURANCE REQUIREMENTS

The Contractor will maintain at its own expense during the term of this Contract, the following insurance:

1. Workers' Compensation Insurance with Michigan statutory limits and Employers Liability Insurance with a minimum limit of \$100,000 each accident for any employee.
2. Comprehensive/Commercial General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily injury and property damage. The County shall be added as "additional insured" on general liability policy with respect to the services provided under this contract.
3. Automobile Liability Insurance covering all owned, hired and nonowned vehicles with Personal Protection Insurance and Property Protection Insurance to comply with the provisions of the Michigan No Fault Insurance Law, including residual liability insurance with a minimum combined single limit of \$1,000,000 each accident for bodily injury and property damage.

Insurance companies, named insureds and policy forms shall be subject to the approval of the Washtenaw County Administrator. Such approval shall not be unreasonably withheld. Insurance policies shall not contain endorsements or policy conditions which reduce coverage provided to Washtenaw County. Contractor shall be responsible to Washtenaw County or insurance companies insuring Washtenaw County for all costs resulting from both financially unsound insurance companies selected by Contractor and their inadequate insurance coverage. Contractor shall furnish the Washtenaw County Administrator with satisfactory certificates of insurance or a certified copy of the policy, if requested by the County Administrator.

No payments will be made to the Contractor until the current certificates of insurance have been received and approved by the Administrator. If the insurance as evidenced by the certificates furnished by the Contractor expires or is canceled during the term of the contract, services and related payments will be suspended. Contractor shall furnish the County Administrator's Office with certification of insurance evidencing such coverage and endorsements at least ten (10) working days prior to commencement of services under this contract. Certificates shall be addressed to the County Administrator, P. O. Box 8645, Ann Arbor, MI, 48107, and shall provide for 30 day written notice to the Certificate holder of cancellation of coverage.

## ARTICLE VIII - COMPLIANCE WITH LAWS AND REGULATIONS

The Contractor will comply with all federal, state and local regulations, including but not limited to all applicable OSHA/MIOSHA requirements and the Americans with Disabilities Act.

## ARTICLE IX - INTEREST OF CONTRACTOR AND COUNTY

The Contractor promises that it has no interest which would conflict with the performance of services required by this contract. The Contractor also promises that, in the performance of this contract, no officer, agent, employee of the County of Washtenaw, or member of its governing bodies, may participate in any decision relating to this contract which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested or has any personal or pecuniary interest. However, this paragraph does not apply if there has been compliance with the provisions of Section 3 of Act No. 317 of the Public Acts of 1968 and/or Section 30 of Act No. 156 of Public Acts of 1851, as amended by Act No. 51 of the Public Acts of 1978, whichever is applicable.

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## ARTICLE X - CONTINGENT FEES

The Contractor promises that it has not employed or retained any company or person, other than bona fide employees working solely for the Contractor, to solicit or secure this contract, and that it has not paid or agreed to pay any company or person, other than bona fide employees working solely for the Contractor, any fee, commission, percentage, brokerage fee, gifts or any other consideration contingent upon or resulting from the award or making of this contract. For breach of this promise, the County may cancel this contract without liability or, at its discretion, deduct the full amount of the fee, commission, percentage, brokerage fee, gift or contingent fee from the compensation due the Contractor.

## ARTICLE XI - EQUAL EMPLOYMENT OPPORTUNITY

The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, sexual orientation, national origin, physical handicap, age, height, weight, marital status, veteran status, religion and political belief (except as it relates to a bona fide occupational qualification reasonably necessary to the normal operation of the business).

The Contractor will take affirmative action to eliminate discrimination based on sex, race, or a handicap in the hiring of applicant and the treatment of employees. Affirmative action will include, but not be limited to: Employment; upgrading, demotion or transfer; recruitment advertisement; layoff or termination; rates of pay or other forms of compensation; selection for training, including apprenticeship.

The Contractor agrees to post notices containing this policy against discrimination in conspicuous places available to applicants for employment and employees. All solicitations or advertisements for employees, placed by or on the behalf of the Contractor, will state that all qualified applicants will receive consideration for employment without regard to race, creed, color, sex, sexual orientation, national origin, physical handicap, age, height, weight, marital status, veteran status, religion and political belief.

## ARTICLE XII - LIVING WAGE

The parties understand that the County has enacted a Living Wage Ordinance that requires covered vendors who execute a service or professional service contract with the County to pay their employees under that contract, a minimum of either \$8.70 per hour with benefits or \$10.20 per hour without benefits. Contractor agrees to comply with this Ordinance in paying its employees. Contractor understands and agrees that an adjustment of the living wage amounts, based upon the Health and Human Services poverty guidelines, will be made on or before April 30, 2002 and annually thereafter which amount shall be automatically incorporated into this contract. County agrees to give Contractor thirty (30) days written notice of such change. Contractor agrees to post a notice containing the County's Living Wage requirements at a location at its place of business accessed by its employees.

## ARTICLE XIII - EQUAL ACCESS

The Contractor shall provide the services set forth in Article I without discrimination on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, physical handicap, or age.

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## ARTICLE XIV - OWNERSHIP OF DOCUMENTS AND PUBLICATION

All documents developed as a result of this contract will be freely available to the public. None may be copyrighted by the Contractor. During the performance of the services, the Contractor will be responsible for any loss of or damage to the documents while they are in its possession and must restore the loss or damage at its expense. Any use of the information and results of this contract by the Contractor must reference the project sponsorship by the County. Any publication of the information or results must be co-authored by the County.

## ARTICLE XV - ASSIGNS AND SUCCESSORS

This contract is binding on the County and the Contractor, their successors and assigns. Neither the County nor the Contractor will assign or transfer its interest in this contract without the written consent of the other.

## ARTICLE XVI - TERMINATION OF CONTRACT

Section 1 - Termination without cause. Either party may terminate the contract by giving thirty (30) days written notice to the other party.

## ARTICLE XVII - PAYROLL TAXES

The Contractor is responsible for all applicable state and federal social security benefits and unemployment taxes and agrees to indemnify and protect the County against such liability.

## ARTICLE XVIII - PRACTICE AND ETHICS

The parties will conform to the code of ethics of their respective national professional associations.

## ARTICLE XIX- CHANGES IN SCOPE OR SCHEDULE OF SERVICES

Changes mutually agreed upon by the County and the Contractor, will be incorporated into this contract by written amendments signed by both parties.

## ARTICLE XX - CHOICE OF LAW AND FORUM

This contract is to be interpreted by the laws of Michigan. The parties agree that the proper forum for litigation arising out of this contract is in Washtenaw County, Michigan.

## ARTICLE XXI - EXTENT OF CONTRACT

This contract represents the entire agreement between the parties and supersedes all prior representations, negotiations or agreements whether written or oral.

# RFP #6149 Medical Services for Children's Services/ Juvenile Detention

## **III. QUALIFICATION OF BIDDERS**

To be considered for award of this contract, the Bidder must meet the following minimum qualifications:

1. The Bidder must be organized for the purpose of providing health care services and must have a minimum of **five (5) years** experience with proven effectiveness in Health Care Services.
2. The Bidder must have a proven ability for a contract start-up within two months of contract award.
3. The Bidder must have qualified and trained staff with sufficient back-up personnel.
4. The Bidder must have Central Office capability to supervise and monitor the program ensuring satisfactory provision of services
5. The Bidder must submit a certified copy of a current financial report of the company. If the company is a subsidiary or a division of a corporation, the relationship of the Bidder must be clearly delineated in the proposal.
6. The Bidder shall submit a list of five (5) references, including name of institution, address, contact person and telephone number. A minimum of three (3) of these references must be correctional in nature.

## **IV. PROPOSAL TERMS**

Proposal terms are noted below:

1. The County reserves the right to reject any and all proposals as a result of this RFP. If a proposal is selected, it will be the most advantageous regarding price, quality of service, the Vendor's qualifications and capabilities to provide the specified service, and other factors which Washtenaw County may consider. The County does not intend to award a Bid fully on the basis of any response made to the proposal; the County reserves the right to consider proposals for modifications at any time before a Bid would be awarded, and negotiations would be undertaken with that provide whose proposal is deemed to best meet the County's specifications and needs.
2. The County reserves the right to reject any and all bids, to waive or not waive informalities or irregularities in bids or bidding procedures, and to accept or further negotiate cost, terms, or conditions of any bid determined by the County to be in the best interests of the County and the Office of the Sheriff even though not the lowest bid.
3. The County reserves the right to determine to what extent the provision of Psychiatric Services may or may not be secured through this bidding process.
4. The price quotations stated in the bidder's proposal will not be subject to any price increase from the date on which the proposal is opened at the County Purchasing Office to the mutually agreed-to date of the Bid.

## RFP #6149 Medical Services for Children's Services/ Juvenile Detention

5. Proposal must be signed by an official authorized to bind the provider to its provisions for at least a period of 90 days. Failure of the successful bidder to accept the obligation of the Bid may result in the cancellation of any award.
6. In the event it becomes necessary to revise any part of the RFP, addenda will be provided. Deadlines for submission of the RFP's may be adjusted to allow for revisions. The **entire** proposal document with any amendments should be returned with **one (1) original and six (6) copies**. To be considered, the original proposal and six copies must be at the County Purchasing Division on or before the date and time specified.
7. Proposals should be prepared simply and economically providing a straight-forward, concise description of the Vendor's ability to meet the requirements of the RFP. Proposals shall be written in ink or typewritten. No erasures are permitted. Mistakes may be crossed out and corrected, but must be initialed in ink by the person **authorized to sign** the proposal.
8. Proposals should be submitted in order according to the Proposal Checklist (Appendix I).
9. Medical Services should meet the standards outlined in the Washtenaw County Juvenile Detention Policy and Procedures (Appendix IV).

### **V. AWARD: SELECTION CRITERIA AND RFP REVIEW**

The vendor will be selected on the basis of the Bidder's written proposals and any requested presentations; written or oral. The Selection Committee will review all proposals and make their recommendations for selection. The primary criteria used in making a selection will be as follows :

1. The proposal must contain all of the sections identified in the application instructions and checklist (Attachment A). (5 Points).
2. The proposal has identified and provided operational procedures and guidelines for each of the specified service areas i.e.; General Health Screening, Urgent/emergent health care problems, Routine on-site non-emergency care, etc. (25 Points).
3. The proposal must clearly demonstrate the Bidder's capacity to effectively provide the services as proposed. The Selection Committee will consider the thoroughness of the proposal regarding service provision, proposed staffing and support. Proposal must contain an Evaluation Plan specifying the method of evaluation, key personnel or consultants involved in the process, elements of the evaluation, and strategies for sharing the evaluation with County personnel and negotiating necessary improvements. (30 Points).
4. The proposal has provided narrative information relative to the Bidder's experience in Health Care and information relative to an evaluation of past and future performance. Past history and references shall be reviewed (20 Points).

## RFP #6149 Medical Services for Children's Services/ Juvenile Detention

5. Proposed Contract Price. The proposal clearly details identified costs, outlines proposed Maximums, proven cost containment strategies, and projected annual increases and how derived. (20 Points).

Submitted proposals will be reviewed by a Selection Committee (**see Score Sheets, Appendix III**). Vendors who are deemed (*on the basis of selection criteria*) fully qualified and best suited among those submitting proposals may be requested to participate in discussions regarding their proposals. Discussion will cover cost, methods, and all other relevant factors.

At the conclusion of the discussions, the Bidders will be ranked on the basis of selection criteria and final negotiations will be conducted with the Bidder ranked first. If a satisfactory agreement can be reached, the contract shall be awarded to that vendor; otherwise, negotiations will be conducted with each subsequent vendor until a satisfactory contract can be established or until the Selection Committee determines the rejection of all bids is in the best interest of the County.

### **VI. METHOD OF AWARD**

The award will be made to the Bidder whose proposal is determined to be professionally and technically complete. The selection process may, however, include a request for additional information or an oral presentation to support the written proposal; the price proposal will be considered firm and cannot be altered after receipt per the terms of this proposal.

County of Washtenaw reserves the right to award this contract not necessarily to the Bidder with the lowest price, but to the best responsive, responsible bidder.

The successful Bidder shall commence work after the transmittal of a fully executed contract and after receiving written notification to proceed from the County of Washtenaw. The successful Bidder will perform all services indicated in the proposal in compliance with the negotiated contract.

Bidders whose proposal does not meet the mandatory requirements will be considered non-compliant. After the evaluation of the proposals and selection of the successful bidder, all bidders will be notified in writing of the selected firm.

**WASHTENAW COUNTY JUVENILE DETENTION  
PROPOSAL FOR MEDICAL CARE SERVICES**

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Federal Tax I.D. Number

|            |                          |                          |
|------------|--------------------------|--------------------------|
| Check One: | <input type="checkbox"/> | Partnership              |
|            | <input type="checkbox"/> | Non Profit Corporation   |
|            | <input type="checkbox"/> | Profit Corporation       |
|            | <input type="checkbox"/> | Other,<br>Specify: _____ |

|   |  |   |  |
|---|--|---|--|
| _____<br>Signature of Authorized Signatory  |  | _____<br>Title and Name of Applicant Agency |  |
| _____<br>Name of Authorized Signatory (please print)  |  | _____<br>Date                               |  |
| The above individual is authorized to sign on behalf of company submitting proposal.<br>Proposals must be signed by an official authorized to bind the provider to its provisions for at least a period of 90 days. |  |   |  |

|   |  |
|---|--|
| <b>BOARD OF DIRECTORS INFORMATION – Please list Board Members</b> |  |
|   |  |
| Attach an additional sheet if more space is needed.               |  |

**PLEASE SEE THE CHECKLIST OF ATTACHMENTS FOR ADDITIONAL REQUIRED MATERIALS (APPENDIX I).**

# RFP #6149 Medical Services for Children’s Services/ Juvenile Detention

## Provider Application– Page Two

|   |                             |                              |
|---|-----------------------------|------------------------------|
| Is your agency accredited or licensed by an outside or state organization?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| If yes, list below. Include date of last review, <b>status of current accreditation or license</b> , and approximate date of next review. |                             |                              |
|   |                             |                              |

|  |                             |                              |
|--|-----------------------------|------------------------------|
| Indicate the agency’s experience over the past four years in reference to the following items:   |                             |                              |
| · Were grievances or complaints filed against the organization (not including discrimination)?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| · Were lawsuits or judgments filed?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| · Were there investigations of fraud, abuse, conflict of interest, Political activities, nepotism, or any criminal activities?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| · Was there a default or breach of contract?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| · Did this organization or a parent organization declare bankruptcy or go into receivership?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| · Were there any discrimination complaints or rulings against the agency?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <p>If any one of the above items is checked, the following supplemental information must be provided:</p> <ul style="list-style-type: none"> <li>- Date item checked was initiated</li> <li>- Party or parties involved with specific references to public funding</li> <li>- Brief description of the circumstances</li> <li>- Final disposition and date, if applicable</li> <li>- Brief description if action is still pending</li> </ul> |                             |                              |
| <p>The supplemental information above must be included as an addendum, and may be submitted as a table, if desired. Failure to include the above information, to provide false information, or to omit relevant information may be grounds for not awarding a contract or canceling a contract if awarded.</p>   |                             |                              |

**Provider Application– Page Three**

**Attestation – Authorization to Disclose Information**

I hereby certify on behalf of \_\_\_\_\_ (Name of Organization) that all information in this application and the copies of state license(s), certificates of insurance, and accreditation are true and accurate.

I fully understand that any significant misstatements in or omissions from this application will void this application and any subsequent agreement with Washtenaw County regarding this agency's participation in its provider network panel.

I also release from liability all individuals and organizations which provide information in good faith and without malice at the request of Washtenaw County concerning this application.

I understand that agency participation as a provider for Washtenaw County is dependent upon review of this application and completion of the applicable credentialing process.

\_\_\_\_\_  
**Authorized Signatory**

\_\_\_\_\_  
**Name of Authorized Signatory**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

|                   |
|-------------------|
| <b>APPENDIX I</b> |
|-------------------|

**PROPOSAL CHECKLIST**

The proposal shall include all of the following information. Failure to include all the information listed could result in disqualification. Place attachments in order as follows:

- Proposal Checklist (this document)**
- Proposal Table of Contents**
- Proposal Signature Page**
- Provider Application**
- Program Narrative**
  - A. Introduction
  - B. Experience Narrative
  - C. Statement of Need
  - D. Proposal Specifications
    - 1) Service Areas
      - A) Intake; 1a. through 1e.
      - B) Ongoing Care; 2a through 2e.
      - C) Discharge Planning and Follow-Up; 3a.
      - D) Administrative and Support Services: 4a. through 4d.
- Budget Narrative**
- Budget Summary Worksheet (Appendix II)**
- Attachment A: Copy of current Licenses/Certificates/Accreditations**
- Attachment B: Copy of Current Certificates of Insurance**
- Attachment C: Copy of Registrations (if applicable)**
- Attachment D: Copy of Last Fiscal Audit**
- Attachment E: Five (5) References**

|                    |
|--------------------|
| <b>APPENDIX ii</b> |
|--------------------|

**BUDGET SUMMARY WORKSHEET**

| BUDGET 2005              |  |
|--------------------------|--|
| Revenue:                 |  |
| Total County RFP Request |  |
| Other Revenue (If any)   |  |
| Total Revenue            |  |
|                          |  |
| Expenditures:            |  |
| Salaries                 |  |
| Fringe Benefits          |  |
| Consultants/Contractual  |  |
| Supplies                 |  |
| Pharmaceuticals          |  |
| Equipment                |  |
| Other                    |  |
| Total Expenditures       |  |

|                     |
|---------------------|
| <b>APPENDIX III</b> |
|---------------------|

**CRITERIA SCORE SHEET**

BIDDER: \_\_\_\_\_

REVIEW TEAM MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL SCORE: \_\_\_\_\_/100

| CRITERIA   | SCORE | COMMENTS |
|--|-------|----------|
| <b>Application Package (5 Points)</b>  |       |          |
| Proposal submitted in order requested (3 Points)   |       |          |
| Checklist complete (Appendix II), all attachments submitted as outlined in RFP (2 Points)  |       |          |
| <b>Operational Procedures and Guidelines (25 Points)</b><br><i>Policies and Procedures well Formulated for Each Service Area</i>   |       |          |
| Intake: Each service Area covered; 1a. through 1e. (10 Points)   |       |          |
| Ongoing Care: Each Service area covered; 2a. Through 2e. (10 Points)   |       |          |
| Discharge Planning and Follow-up: Service area 3a. (5 Points)  |       |          |
| <b>Bidder’s Capacity to Provide the Services Proposed (30 Points)</b>  |       |          |
| Thoroughness of proposal Regarding Administrative and Program support services, 4a. Through 4d. (10 Points)                        |       |          |
| Proposed staffing levels in Accordance with suggested minimal levels and relative to proposed service provision (5 Points)         |       |          |
| Operational guidelines reflect compliance with Washtenaw County Juvenile Detention Policies and Procedures (5 Points). Appendix IV |       |          |
| Evaluation Plan (10 Points)  |       |          |

RFP #6149 Medical Services for Children’s Services/ Juvenile Detention

| <b>Bidder’s Experience in Health Care (20 Points)</b>  |  |  |
|--|--|--|
| Narrative history and Experience (5 Points)  |  |  |
| Quality evaluation summary II. D. Yes/No Responses (5 Points)  |  |  |
| Number of years of Experience (Greater than 10 years: 5 Points, 5 to 10 years: 3 Points, Less than 5: 0 Points)                      |  |  |
| References (5 Points)  |  |  |
| <b>Proposed Contract Price (20 Points)</b>   |  |  |
| Budget narrative addresses costs in detail. (5 Points)   |  |  |
| Budget Worksheet (2 Points)  |  |  |
| Cost containment strategy Including professional Discounting arrangements and private insurance or Medicaid reimbursement (7 Points) |  |  |
| Competitiveness of Cost (6 Points)   |  |  |
| <b>TOTAL SCORE</b>   |  |  |

**ADDITIONAL COMMENTS**

**APPENDIX IV**

See attached pages.

|  |   |   |
|--|---|---|
| <b>Washtenaw County Juvenile Detention Center</b><br><b>Policy Approved: 12/11/98</b><br><b>Procedures Written: 5/25/00</b><br><b>Procedures Amended: 10/22/01</b> | <b>WCJD Policy:</b><br><b>15.1</b>  | <b>Review Date:</b><br><b>August</b><br><b>Pages:</b><br><b>6</b> |
| <b>Chapter:</b><br><b>Medical and Health Care Services</b>   | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161; R400.4163; R400.4335</b><br><input type="checkbox"/> <b>ACA Guidelines: 15.1</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 15.1</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>Medical Services Management</b>  |   |   |
| <b>Department Head Signature:</b>  |   | <b>Date:</b>  |

**I. POLICY**

Provisions shall be made for short-term medical, dental and mental health care services. In coordination with other licensed and/or certified health care providers the medical and mental health needs of the juveniles in the Detention Facility shall be met. The medical services shall ensure continuity of care and coordination of treatment.

Each specific policy and service in the health care system shall be reviewed annually and updated as needed.

**II. DEFINITIONS**

As used in this document, the following definitions apply:

*Healthy Authority:* The contracted medical agency responsible for overseeing all levels of health care provided to the youth while in the Detention Center. The contracted medical health agency is responsible for assuring the quality of the health services provided to the youth.

*Responsible Physician:* The Medical Director of the contracted medical agency.

*Health Care Provider:* A Registered Nurse or Licensed Practical Nurse, licensed by the State of Michigan and certified by a national credentialing body of his/her specialty.

**III. FORMS**

The following forms are to be used in conjunction with this procedure: *Resident Medical Information* (JDF 06), *Order – Remand to Detention* (FAMDIV-JUV-FORM), *Suicide Risk Assessment* (JDF 07), *Consent Form* (JDF 09)

**IV. PROCEDURES**

The following procedure addresses:

Health History on Admission, Coordination of Services, Medical Procedures and Administration of Treatment, Medical Emergencies, Medical Administrative Reports, Annual Review

## RESPONSIBILITIES

Detention Staff

## ACTION STEPS

*Health History at Admission:* A brief health history is obtained by the admitting Detention staff member during the intake/admission process. The *Resident Medical Information Form* (JDF 06) shall be thoroughly completed for all youth admitted to the facility. A copy of this form shall be forwarded to the Health Care Provider and the original shall be placed in the youth's detention file. The health screening form includes, at a minimum, the following:

- The youth's complete name, birthdate, date of admission, emergency contact person and phone number, and signature of the admitting staff member.
- Any medical, dental, and mental health treatments and medications the youth is currently taking.
- Any chronic health problems such as allergies, seizures, diabetes, hearing or sight loss, heart condition, sexually transmitted diseases, etc.
- Any previous suicide attempts with the youth or friends as well as a family history of suicide.
- Current suicidal feelings.
- Current drug/alcohol usage.
- Medical consent form signed by a person legally authorized to give consent for treatment of the youth (*Order - Remand to Detention – JDF 06*) which is signed by a Judge.
- Current health problems.

Upon completion of the *Resident Medical Information Form* (JDF 06), one copy is forwarded to the Health Care Provider at the Detention Center and one copy is placed in the youth's detention file.

Youth are not to be admitted to the detention facility if any of the following conditions exist:

- The youth is in need of detoxification.
- The youth is in need of immediate medical attention and there is no medical staff available.

Facility Manager

*Coordination of Services:* The Facility Manager will secure contracts with the appropriate agencies/individuals to coordinate services for routine health care to all youth in the Detention Center.

The following shall be followed:

- Per agreement between the Facility Manager and the Health Authority, health care will be provided to the youth in detention on a daily basis.
- The Health Care Provider position will be governed by a written job description approved by the Health Authority and the Facility Manager and subject to all state and local laws and regulations.
- The Health Authority is responsible for verifying all credentials of the designated Health Care Provider.
- Routine dental care will be provided to all youth in detention per contracted agreement.

Health Care Provider/Shift Supervisors

Advance arrangements shall be made with health care specialists upon referral by the Detention Health Care Provider, Shift Supervisors, and/or parents/guardians.

When making an appointment for health services the following shall apply:

- When at all possible, coordination of health services shall be done by the Health Care Provider and the Shift Supervisors.
- The Health Care Provider, in coordination with the Shift Supervisor, schedules appointment at the earliest available opening dependent on the urgency.
- The Detention Center will facilitate medical appointments unless the appointment is elective. In the event of an elective appointment, the Probation Officer will need to arrange transportation.
- When at all possible, consultation shall be made with the youth's previous provider in the event a prescription medication needs to be renewed.

Detention Staff

*Medical Procedures and Administration of Services:* The following shall be followed:

- All youth requesting medical services shall be given the opportunity to meet with the Health Care Provider as soon as possible. No one is to be denied access to any medical services.
- Staff will accompany all youth to the health clinic and remain outside the door during the appointment/interview.
- Supervisors or designees are trained to dispense medications and to record all information according to Policy.

- Shift Supervisors, Youth Counselors, Youth Attendants and Support staff shall work cooperatively with the Health Care Provider in carrying out his/her recommendation.
- Ongoing minor acute illness, as well as all other medical requests, are to be evaluated by the Health Care Provider the next day the clinic is in operation. If the request is of an urgent nature, the detention staff will consult with the Health Care Provider and, if necessary, transport the youth to one of the designated after hours providers.

*Medical Emergencies/Training:* All staff should be trained in the following procedures:

- CPR and First-Aid.
- Use of anaphylaxis treatment (Ana-Kit, Epi-Pen).
- Importance of immediate response time.
- Where emergency supplies are located.
- Contacting a parent/guardian.
- Appropriate use of 911.
- Providing the hospital with signed *Consent Form* (JDF 09) from either a parent/guardian or the signed Remand to Detention authorizing emergency care for the youth.
- Transporting of the youth.
- Over the counter medications.

#### Health Care Provider

The Health Care Provider will be familiar with all aspects of medical procedures of the facility including, but not limited to:

- Obtaining outside services including medical, dental, and mental health services.
- Immunization laws and requirements regarding acquisition, storage, and administration of vaccines.
- Issuing and dispensing pharmaceuticals.
- Providing preventive, acute, chronic, and convalescent care.
- Screening for communicable diseases.
- Confidentiality
- Medical record requirements.
- Communication of medical needs to detention staff.

Any treatment administered by the detention Health Care Provider must be done in accordance with all local, state, and federal laws and regulations.

*Medical Administrative Reports:* The Health Care Provider shall supply the Facility Manager a monthly statistical report from which the annual statistical report is compiled. Items to be included in the reports are:

- Number of youth receiving physical exams.
- Number of youth seen during sick call.
- Number of youth referred to physicians.
- Number of laboratory tests done.
- Number of youth with positive TB tests or other reportable communicable diseases.
- Number of youth taken to urgent care or the hospital.
- Number of hospital admissions.
- Number of ambulance services needed.
- Number of youth on psychotropic medications.
- Number of youth on any type of medication.

Quarterly reports shall be prepared by the Health Care Provider and reviewed by the Facility Manager. These reports shall include the following:

- Achievements
  - New or completed projects, policies, or procedures.
  - New staff/positions.
  - New equipment or services.
- Challenges and/or needs
  - Areas currently under revision.
  - Areas in need of improvement or revision.
  - Specific needs including supplies, staff, or services.
- Future goals
  - Areas needing immediate planning for improvement, such as facility needs for meeting accreditation.

Facility Manager

*Annual Review:* An annual review of medical records shall be done by the Medical Director with the assistance of the Health Care Provider.

The Health Care Provider and the Facility Manager shall annually review all medical policies and procedures and update them as needed.

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| <b>Washtenaw County Juvenile Detention Center</b><br><b>Policy Approved: 12/11/98</b><br><b>Procedures Written: 5/25/00</b><br><b>Procedures Amended: 11/5/01</b> | <b>WCJD Policy:</b><br><b>15.2</b>  | <b>Pages:</b><br><b>3</b> |
| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><b>State Lic.: R400.4160; R400.4161;</b><br><b>R400.4163</b><br><b>ACA: 15.2</b><br><b>WCJD Policy: 15.2</b> |                           |
| <b>Subject:</b><br><b>Medical Records</b>   |   |                           |
| <b>Department Head Signature:</b>   |   | <b>Date:</b>              |

## I. POLICY

A complete medical record shall be kept for each juvenile to accurately document all health care services provided throughout the period of detention. These records, in accordance with the Detention Center rules relating to security and privacy, shall be retained after a juvenile's release for a period of time sufficient to allow continuity of treatment.

Medical Records shall include the following information:

- Completed receiving screening form
- Health appraisal data forms, including history of immunizations
- All findings, diagnoses, treatments, and dispositions
- Prescribed medications and their administration
- Laboratory, X-ray, and diagnostic studies
- Signature and title of documenter
- Consent and refusal forms
- Release-of-information forms
- Places, dates, and times of health encounters
- Health service reports
- Medical treatment plan
- Progress reports and discharge summary

## II. DEFINITIONS

As used in this document, the following definitions shall apply:

*Health Authority:* The contracted medical agency responsible for overseeing all levels of health care provided to youth while in the Detention Center. The contracted medical agency is responsible for assuring the quality of the health services provided to the youth.

*Responsible Physician:* The Medical Director of the contracted medical agency.

*Health Care Provider:* A Registered Nurse or Licensed Practical Nurse, licensed by the State of Michigan..

### **III. PROCEDURES**

The following procedures addresses:

#### Collection and Recording of Health Data

- Review of Records
- Storage of Records
- Confidentiality of Medical Information
- Transfer of Health Records

### **RESPONSIBILITIES**

Health Care Provider

### **ACTION STEPS**

Medical records shall include the following information:

- The completed screening form.
- Health appraisal data forms, including history of immunizations.
- All findings, diagnoses, treatments, and dispositions.
- Prescribed medications and their administration.
- Laboratory, X-ray, and diagnostic studies.
- Signature and title of documenter.
- Consent and refusal forms.
- Release of information forms.
- Places, dates, and times of health encounters.
- Health service reports.
- Medical treatment plan.
- Progress reports and discharge summary

*Collection and Recording of Health Data:* Only qualified facility medical staff shall collect and record health history, vital signs, and other health appraisal data on medical record forms. Detention Staff shall collect a basic initial medical history from each youth at the time of admission to the detention facility and forward it on to the Health Care Provider who will then evaluate the information. All medical record forms shall be uniform and approved by the local Health Authority.

A record of each visit to the clinic, physician, or dentist after admission to the detention facility shall be kept with a recommendation for treatment. A record will be kept of all medications that includes dosage, time given, and the name of the staff member administering the medication.

Responsible Physician

*Review of Records:* Records of medical examinations, tests, and identification of problems shall be performed only by a physician.

Health Care Provider

*Storage of Records:* The Health Care Provider shall maintain a system of identification and filing to ensure rapid access to each youth's medical record. The detention facility shall provide storage space and equipment for all medical records that is safe from fire and water damage and secure from unauthorized use.

The medical records are the responsibility of the Health Care Provider, who shall control access to the medical reports. Medical records shall be kept in locked cabinets located in the clinic, separate from other records. All inactive medical records shall be separated from the active records and accessible only to the Facility Manager and the Shift Supervisors.

*Confidentiality of Medical Information:* The active health record shall be maintained separately from detention records. Medical records shall be confidential, secure, and safeguarded against loss, defacement, tampering, or use by unauthorized persons. A youth requesting his/her medical records may review it in the presence of the Health Care Professional.

Authorization for access to records is given by the Health Care Provider. Authorized staff members shall not discuss any information in the medical records with anyone not directly involved in therapeutic care, treatment, or monitoring the quality of care.

Medical Staff share need-to-know information concerning a youth's medical management security, and ability to participate in programs with the Shift Supervisor or DPI.

Authorization from the Facility Manager is required for release of medical information to persons not otherwise authorized to receive such information.

*Transfer of Health Records:* When a youth is transferred to another facility, a summary of the medical record shall accompany him/her. The Court/FIA Caseworker shall notify the Health Care Provider in writing at least forty-eight hours in advance prior to the youth being transferred. Any portion of the medical record that cannot reasonably be copied at the time shall be forwarded to the new facility within seventy-two hours.

Information on the following shall accompany all youth being transferred:

- Medication needs during transit.
- Medical conditions with special problems or needs, such as diabetes or epilepsy.
- Psychiatric problems, especially suicidal tendencies.
- Handicaps that may require special procedures during transportation.

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| <b>Washtenaw County Juvenile Detention Center</b><br><b>Policy Approved: 12/11/98</b><br><b>Procedures Written: 5/28/00</b><br><b>Procedures Amended: 11/5/01</b> | <b>WCJD Policy:</b><br><b>15.3</b>  | <b>Pages:</b><br><b>5</b> |
| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><b>State Lic.: R400.4160; R400.4161;</b><br><b>R400.4163</b><br><b>ACA: 15.3</b><br><b>WCJD Policy: 15.3</b> |                           |
| <b>Subject:</b><br><b>Hospital Facilities and Equipment</b>   |   |                           |
| <b>Department Head Signature:</b>   |   | <b>Date:</b>              |

**I. POLICY**

All juveniles shall be provided health care services appropriate to their medical needs. The Detention Center shall maintain arrangements with community hospitals to provide services not available in the Center. Detention Center health care space, equipment, and supplies shall be adequate to meet the needs of juveniles.

Detention Center staff shall work cooperatively with the contracted medical agency and the Risk Management Office to develop and maintain appropriate procedures.

**II. DEFINITIONS**

As used in this document, the following definitions apply:

*Emergency Care:* Care for an acute illness or unexpected health need that cannot be deferred until the next scheduled clinic day. Emergency care is provided by trained staff, attending physician, EMS and/or hospital/urgent care medical staff.

*Health Care Provider:* A Registered Nurse or Licensed Practical Nurse, licensed under the State of Michigan.

**III. Forms**

The following are to be used in conjunction with this procedure: *Incident Report* (JDF11), *Dispensing Medication* (JDF 48) Training Module, *Flex Cuffs* (JDF 56) Training Module, *Shackles* (JDF 57) Training Module.

**IV. PROCEDURES**

The following procedure addresses:

- Staff Training, 24-Hour Emergency Care, Examination Room, Hospital Transfers, Disaster Plan, Hunger Strike, Use of Restraints, First Aid Kits
  - Location
  - Content

## Dispensation of Medications, Daily Living Program, Education, and Training

### RESPONSIBILITIES

Facility Manager

### ACTION STEPS

*Staff Training:* A training program shall be established to train detention staff to respond to health-related situations within four minutes. Health training covers the following areas:

- Recognition of signs and symptoms and knowledge of action required in emergency situations.
- Administration of First-Aid and cardiopulmonary resuscitation (CPR).
- Methods of obtaining assistance.
- Signs and symptoms of mental illness, retardation, and chemical use/dependency.

*24- Hour Emergency Care:* The detention facility shall have written agreements for 24-hour emergency care that is to include:

- Emergency transportation arrangements.
- Arrangements for the use of hospital emergency rooms and urgent care facilities or other appropriate health care agencies.
- Arrangements for emergency on-call physician services.
- Arrangements for emergency mental health care.
- Arrangements for emergency dental care.

*Examination Room:* The detention facility shall maintain an adequately equipped examination room that ensures the privacy and dignity of the patient during treatment. The examination room shall contain at a minimum the following equipment:

- Thermometers
- Blood pressure cuff and sphygmomanometer
- Stethoscope
- Ophthalmoscope
- Percussion hammer
- Scale
- Examination table

- Gooseneck light
- Refrigerator with lock
- Locked storage cabinets for medical records
- A sink equipped with hot and cold running water with no-hand operating control.

The examination room should have the following current reference documents:

- Physician's Desk Reference
- Emergency care reference work
- General medical text

#### Shift Supervisors

*Hospital Transfers:* All transfers to local hospitals/medical facilities shall be made as follows:

- Emergency medical transfers shall be at the discretion of the Shift Supervisor.
- Whenever possible, non-emergency and specialty consultations should be arranged at least one week in advance, to allow for adequate staffing.
- The Shift Supervisor(s) are responsible for arranging appointments and transportation.

NOTE: In case of a Hospital Transfer, an Incident Report shall be written and submitted to the Shift Supervisor/DPI.

#### Health Care Provider

*Disaster Plan:* The Health Care Provider shall prepare a disaster plan to be submitted to the Facility Manager. This should be compatible with other emergency disaster plans approved by the Facility Manager and shall include provisions for the following:

- Emergency evacuation of youth
- Triage of large number of casualties
- Use of medical vehicles
- Use of local hospital services
- Communication procedures for medical staff
- Security procedures

#### Detention Staff

*Hunger Strike:* In case of a youth declaring a hunger strike, the following procedures shall be implemented:

- The youth's parents/guardians shall be contacted and informed of the situation.

- The youth shall be offered a medical evaluation by the Health Care Provider. The youth's acceptance or refusal to be examined shall be documented, signed, and witnessed. If the youth refuses, he/she shall be offered vital sign monitoring by the Health Care Provider or medical staff on a daily basis. Each visit must be documented and witnessed.
- The Health Care Provider or medical staff shall visit the youth at least three times a day for assessment of his/her physical condition.
- All meals shall continue to be provided with documentation that all meals were offered to the youth as well as his/her response.

#### Medical Staff

The use of restraints shall be authorized by the Facility Manager and the order shall be documented in writing within twenty-four hours.

An order for restraint shall include the purpose of and clinical justification for the type of restraint used and the length of time for which restraint measures are to be imposed, not to exceed twenty-four hours. If further restraint is required beyond the maximum twenty-four hours, a new order must be issued by the Facility Manager based on observation of the youth's behavior and clinical condition. The determination for restraint removal shall be made by the Facility Manager and the medical staff.

Youth receiving restraint measures shall be observed visually by a shift supervisor or DPI at least every fifteen minutes. Each visual check shall be recorded in the youth's chart or record and signed by the documenter. The observation shall be direct, not through a window. The medical staff shall communicate with the youth while doing the visual check.

The type of restraint used shall cause the least possible discomfort and be administered in a humane manner. Unless there is an immediate danger of harm to self or others, restraints shall be applied loosely to permit some freedom of movement.

## Health Care Provider

*Location and Content of First Aid Kits:* First Aid Kits shall be placed throughout the detention facility to ensure that all staff have rapid access to emergency supplies. At a minimum, each first aid kit shall contain the following materials:

- Rolled gauze
- Sponges
- Triangle bandages
- Band-Aids
- Instruction pamphlets for first aid
- Salves and medication approved by the medical staff
- Antiseptic lotion
- First aid book
- Note paper and pencil
- Blunt-end scissors, safety pins, and tweezers
- Ammonia inhalant

The Health Care Provider shall review the contents of the first aid kits bi-monthly to ensure that supplies are replenished as needed.

The emergency first aid kits are for emergency use only. When items are removed from the kits, the detention staff must inform the Health Care Provider so the item(s) can be replaced immediately.

The location of the emergency first aid kits is as follows:

- Control Station
- Medical Clinic
- Supervisor's Office
- Kitchen
- Each Unit

## Shift Supervisor(s)/DPI(s)

*Dispensation of Medications:* The Shift Supervisor(s)/DPI(s) shall have training from the Health Care Provider. He/She is accountable for administering medications according to orders and records.

The administration of medications shall be done in a manner approved by the prescribing physician as well as the Health Authority. This does not include psychiatric medication or medicines given by injection. Such medications should only be administered by trained medical personnel. Detention Staff should also be trained on the appropriate uses of over-the-counter medications such as aspirin, Ibuprofen, Acetaminophen, personal hygiene items, and cough drops.

Detention Staff

*Daily Living Program:* Youth shall be taught by the Detention Staff the importance of developing sound personal hygiene habits. Personal grooming, including wearing clean clothes and taking daily showers, and housekeeping, including cleaning one's own room regularly, shall be stressed as part of the routine.

Social Services Workers/Detention Staff

*Education and Training:* Health modules dealing with a broad range of issues such as birth control, sex education, AIDS and other infectious diseases, smoking, stress, personal hygiene, and dental hygiene shall be an integral part of the curriculum.

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| <b>Washtenaw County Juvenile Detention Center</b><br><b>Policy Approved: 12/11/98</b><br><b>Procedures Written: 5/25/00</b><br><b>Procedures Amended: 11/5/01</b> | <b>WCJD Policy:</b><br><b>15.4</b>   | <b>Pages:</b><br><b>2</b> |
| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><b>State Lic.: R400.4160; R400.4161;</b><br><b>R400.4163; R400.4231; R400.2432;</b><br><b>R400.4332; R400.4334;</b><br><b>ACA: 15.4</b><br><b>WCJD Policy: 15.4; 16.1</b> |                           |
| <b>Subject:</b><br><b>Physical Examinations</b>   |  |                           |
| <b>Department Head Signature:</b>   |  | <b>Date:</b>              |

**I. POLICY**

Each juvenile shall be provided medical care from the time of admission throughout the period of detention. This continuous care shall include medical screening for clinical history at admission, a complete physical examination following admission, and additional physical examinations on a regular basis or other physical examinations as ordered by the Court.

**II. DEFINITIONS**

As used in this document, the following definition shall apply:

*Health Care Provider:* A Registered Nurse Practitioner or Licensed Practical Nurse, licensed by the State of Michigan.

**III. PROCEDURES**

The following procedure shall addresses:

New Admissions

- Intake Screening
- Medical Screening
- Detoxification
- Screening for Communicable Disease

Intra-system Transfers

**RESPONSIBILITIES**

Health Care Provider

**ACTION STEPS**

*New Admissions:* Physical examinations by the Health Care Provider shall be completed for every new admission within seventy-two (72) upon arrival to the facility.

Detention Staff

*Intake Screening:* As part of the admission process for every youth being admitted to the facility, the admitting Detention Staff Member shall perform a basic health screening (*Resident Medical Information Form*) during admission.

Health Care Provider

*Medical Screening:* Each youth shall have a medical screening by the Health Care Provider. Findings of the screening shall be recorded on a form approved by the Health Care Provider. Detention Staff shall be informed of special medical or physical problems that might require attention. The screening shall include inquiry into current illnesses and health problems, including the following:

- Medications taken.
- Special health requirements.
- Use of alcohol and other drugs, including types, makes, and amounts of drugs used; frequency of use; date of last use; and history of problems occurring from withdrawal.
- Dental problems.
- Mental Health problems.
- Past or present treatment or hospitalization for mental disturbance or suicide risk or attempt.
- Sexually transmitted diseases.
- Other designated health problems.
- Height, weight, blood pressure, and temperature.

During the medical screening, the youth's general behavior should be observed by the Health Care Provider. The observation shall include the following:

- State of consciousness
- Mental status
- Appearance
- Tremor or sweating
- Body deformities
- Ease of movement
- Condition of skin, including trauma, bruises, lesions, jaundice, rashes, infestations, and needle marks or other signs of drug abuse.

After the screening is completed, the Health Care Provider shall make any necessary recommendations:

- Disposition to general population.
- Disposition to general population, with a referral to the appropriate physician.
- Immediate referral to a physician, urgent care, or hospital for treatment/services.
- Restrictions

Detention Staff

*Detoxification:* Youth who are in need of detoxification (see 16.1) should not be admitted to the Detention Center. If a youth is brought in while under the influence of alcohol or drugs, he/she must not be admitted until they have gone through a detoxification process. If the youth is taken to a local hospital, the discharge summary is sufficient to then admit the youth. Alcohol level must be below .08 to admit.

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| <b>Washtenaw County Juvenile Detention Center</b><br><b>Policy Approved: 12/11/98</b><br><b>Procedures Written: 5/29/00</b><br><b>Procedures Amended: 3/20/01, 11/5/01</b> | <b>WCJD Policy:</b><br><b>15.5</b>   | <b>Review Date:</b><br><b>August</b><br><b>Pages:</b><br><b>6</b> |
| <b>Chapter:</b><br><b>Medical and Health Care Services</b>   | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161; R400.4163</b><br><input type="checkbox"/> <b>ACA Guidelines: 15.5</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 9.14; 15.5</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>Mental Health Care Services</b>  |  |   |
| <b>Department Head Signature:</b>  |  | <b>Date:</b>  |

**I. POLICY**

All juveniles shall be provided access to mental health services designed to provide assessment, diagnosis, and treatment. Arrangements for coordination and provision of services shall be made with Washtenaw County Community Mental Health for those juveniles meeting service criteria. Coordination with other mental health care givers shall occur to support the necessary continuity of care for juveniles.

**II. DEFINITIONS**

As used in this document, the following definition shall apply:

*Suicide Risk:* Youth shall be considered to be at some level of risk for suicide if one or more of the following signs are present:

- Severe loss of interest in activities or relationships previously enjoyed.
- Depressed state indicated by withdrawal, periods of crying insomnia, or lethargy (sluggishness, indifference to surroundings).
- Extreme restlessness, such as pacing up and down in a robot-like manner.
- Past history of suicide attempts (self, family member, close friend).
- Active, concrete discussion of specific suicide plans.
- Opportunity and/or means to commit/attempt suicide.
- Sudden, recent, drastic changes in eating or sleeping habits.
- Giving valued possessions away.
- Unusual agitation or assertiveness.
- Recent traumatic loss.
- Recent recipient of, participant in, or witness to traumatic physical attack or violence.
- Appearing to be under the influence of drugs or alcohol at admission. (If at the time of admission the youth appears to be injured or under the influence of drugs or alcohol, he/she must first receive treatment. The transporting Court Officer or Law Enforcement Officer will be informed that the youth is to be taken to the hospital for treatment prior to admission – see Policy/Procedure #15.8 and 16.1).

*Suicide Attempt*: An act or series of acts performed by one or more residents which could seriously endanger their life, and which appear purposely aimed toward that end. Examples include but are not limited to: hanging, ingesting harmful substances, self-inflicted injuries such as cuts to the arms, wrists, neck or other vital areas, etc.

### III. FORMS

The following form is to be used in conjunction with this procedure: *Suicide Risk Assessment* (JDF 07), *Incident Report* (JDF 11)

### IV. PROCEDURES

The following procedure addresses:

Screening Services, Coordination of Services with Other Service Providers, Mental Health Transfers, Mental Health Services, Mental Health Emergencies, Suicide Prevention and Emergencies.

### RESPONSIBILITIES

### ACTION STEPS

Detention Staff

*Screening Services at the Time of Admission*: Staff are to complete the *Suicide Risk Assessment* (JDF 07) as part of the admission process for every youth being admitted to the Detention Facility.

If at the time of admission a youth is found to be at risk based on the outcome of the *Suicide Risk Assessment*, the youth shall be placed on Severe Risk Status or Self-Harm Status with appropriate observation. If it is determined at the time of admission that a youth falls into one of the above categories, constant supervision is to be maintained throughout the admission process. If the youth is determined to be at risk, a copy of the *Suicide Risk Assessment* form is to be placed in the Risk Assessment Notebook (located in the control station).

Shift Supervisor(s)

**NOTE:** *Parents and caseworkers shall be notified anytime a youth is placed on Severe Risk Status or Self-Harm Status. This includes during the admission process or at any other time during a youth's stay in detention. In addition, parents and caseworkers must be notified any time a youth's status changes (from Severe Risk Status to Self-Harm Status or from Self-Harm Status to regular program).*

Detention Staff

Once admitted to the facility, the youth's status is to be indicated on the population board in the control station.

Detention Staff are to refer youth in need of *non-emergency* mental health services for routine (next business day) follow-up evaluation to the Shift Supervisor

Shift Supervisor(s) DPI(s)

If it is determined that a youth requires non-emergency mental health services, the Shift Supervisor will initiate contact with the necessary agency/party.

The Shift Supervisor will facilitate accessibility of on-site meeting space for mental health evaluations and/or ongoing services at the detention facility as necessary.

When it is determined that a youth is in need of *emergency* psychiatric services, do one of the following:

- If it is between 8:30am-4:00pm Monday-Friday, call Huron Valley Child Guidance Center (971-9605) and ask for: *the clinical staff covering emergencies*. Explain the situation that is unfolding with the youth. HVCGC will make a determination of the next step that is to be followed.

**OR**

- If it is after hours or on the weekend, call the University of Michigan Crisis Line (996-4747) and explain the situation that is unfolding with the youth. They will make a determination of whether the youth needs to be transported to the emergency room at U. of M.

**NOTE:** *If it is determined by the Shift Supervisor or DPI that a youth can not be transported by Detention Staff in the county vehicle for security reasons or due to the nature of the emergency, inform the contact person at Huron Valley Child Guidance Center or U. of M. Emergency Psychiatric Care and request an ambulance. A Detention Staff will need to accompany the youth in the ambulance.*

*If the youth can be transported to the emergency room by Detention Staff, follow WCJD Policy/Procedure 9.6 (Transfer and Transportation of Juveniles Outside the Detention Center).*

Detention Staff

When a youth is being transported to the hospital for medical/psychiatric services, the following should be taken by the Detention Staff:

- Copy of health insurance card(s) – *if the facility is in possession of the insurance card(s)*.
- Copy of *Order - Remand to Detention* (FAMDIV/JUV-FORM) which provides written verification of Detention Staff authority to facilitate emergency medical services.

- Copy of completed *Admission Form* (JDF 05).
- Copy of completed *Resident Medical Information* (JDF 06).
- Copy of Psycho-Social Report.

*Severe Risk Status: Categorized as present suicidal ideations, signs, attempts.* When a youth on Severe Risk Status is in the dayroom they are under 100% visual observation by staff.

*During non-sleeping hours:* If room confinement is necessary for security reasons for a Severe Risk Status youth, place the youth in his/her room with one staff member positioned at the youth's room door while maintaining 100% visual observation. Logging will be done until closure is achieved.

*During sleeping hours:* while a youth is on Severe Risk Status, checks and logging will occur at least every 5 minutes.

**NOTE:** *While a youth is on Severe Risk Status, he/she is to wear a suicide smock while in their room. While the youth is up during daily programming, the youth will wear a white jumpsuit.*

During sleeping hours, a youth on Severe Risk Status or Self-Harm Status are permitted the following in their room: blanket(s), mattress, pillow, and suicide smock.

They are *not* to have the following: sheets, pillowcase, sweatshirt, underwear or socks.

Dayroom and sleeping room areas are to be secured by removing all objects that may cause self-harm. Youth are to be searched when deemed necessary.

*Self-Harm Status: Categorized as n present suicidal ideations or signs but does have a history of suicidal behaviors.* Maintain constant supervision of youth determined to be at risk of self-harm. The youth participates in regular group programming throughout the day, evening, and weekend.

*During non-sleeping hours:* If room confinement is necessary for security reasons for a Self-Harm Status youth, place the youth in their room with visual observation and room restriction logging occurring at least every 15 minutes until closure is achieved.

*During sleeping hours:* while a youth is on Self-Harm Status, checks and logging shall occur at least every 15 minutes.

During sleeping hours, youth on Self-Harm Status are *permitted* the following in their room: blanket(s), mattress, pillow, and a suicide smock.

They are *not* to have the following in their room: sheets, pillowcase, sweatshirt, underwear, or socks.

**NOTE:** *As with Severe Risk Status youth, Self-Harm Status youth are to wear a suicide smock while in their room and a jumpsuit while in daily programming.*

*Attempted Suicide: (The following two sections: Attempted Suicide and Follow-up are taken from WCJD Policy/Procedure 9.14). Upon discovery of an attempted suicide, the following actions shall be taken by Detention Staff:*

1. If the youth is hanging, he/she should be immediately cut down to allow breathing.
2. If a self-inflicted injury is of such a serious nature that the life of a youth is in danger, an ambulance should be requested immediately.
3. The youth should be kept under constant and close observation pending arrival of the ambulance.
4. If the youth has sustained noticeable injury or shows symptoms of having swallowed a poisonous substance, first aid should be administered immediately.
5. If the youth cannot be moved, he/she should be made as comfortable as possible.
6. Any other youth should be moved out of the area.

Shift Supervisor/DPI

The Facility Manager, the youth's parents or guardians, and the youth's caseworker shall be notified as soon as possible.

**NOTE:** *In addition to the above list, an Incident Report (JDF 11) shall be written and submitted as soon as possible following an incident.*

Shift Supervisor(s)

*For Status Changes:* Youth on Severe Risk Status and Self-Harm Status are to be interviewed by a Shift Supervisor daily. A Shift Supervisor will interview the youth and recommend a change in status. When considering a status change for the youth,

a supervisor is to discuss the youth's status with other staff members who have worked with the youth.

**NOTE:** *Although any staff member can put a youth on Severe Risk Status or Self-Harm Status, only a Shift Supervisor can change the status of a youth. If the Shift Supervisor is unavailable, a youth's status cannot be changed.*

Shift Supervisor(s) will complete the evaluation (Suicide Risk Reassessment form) and have the youth sign. The change of status will be noted on the form as well as the population board in the control station. A copy of the *Suicide Risk Reassessment* form will then be placed in the Risk Assessment Notebook.

**NOTE:** *Youth may only decrease in risk status by one level at a time. For example, a youth on Severe Risk Status moves to Self-Harm Status or from Self-Harm Status to regular program. Only after completion of a Suicide Risk Reassessment form and obtaining the necessary signatures, may a youth be moved.*

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| <b>Washtenaw County Juvenile Detention Center</b><br><b>Policy Approved: 12/11/98</b><br><b>Procedures Written: 5/26/00</b><br><b>Procedures Amended: 11/5/01</b> | <b>WCJD Policy:</b><br><b>15.6</b>   | <b>Review Date:</b><br><b>August</b><br><b>Pages:</b><br><b>2</b> |
| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161 R400.4163; R400.4335</b><br><input type="checkbox"/> <b>ACA Guidelines: 15.6</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 15.6</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>Emergency Dental Care</b>   |  |   |
| <b>Department Head Signature:</b>   |  | <b>Date:</b>  |

**I. POLICY**

Dental care shall be provided to each juvenile on an emergency basis by a dentist or other fully qualified professional authorized to provide care in accordance with State of Michigan licensing requirements.

**II. DEFINITIONS**

None

**III. FORMS**

The following form is to be used in conjunction with this procedure: *Incident Report* (JDF 11)

**IV. PROCEDURES**

The following procedure addresses:

Emergency procedures, Conditions Requiring Services, Dental Services Offered, Staff Responsibility

**RESPONSIBILITIES**

Dental Services

**ACTION STEPS**

Youth admitted to the detention facility shall receive dental care under the supervision and direction of a dentist licensed by the State of Michigan. Dental services shall include the following:

- Dental screening.
- Dental examination at the first possible date after admission.

- Dental treatment after informed consent has been obtained when the health of the youth would otherwise be adversely affected.

The Detention Facility shall provide twenty-four hour emergency medical and dental care as outlined in a written plan that includes the following arrangements:

- On-site first aid and crisis intervention.
- Emergency transportation, including security procedures concerning the immediate transfer of youth.
- Use of hospital emergency rooms or other appropriate health facilities.
- Emergency on-call physician and dental services.

*Dental Services Offered:* Youth shall receive immediate attention on an emergency basis, and prompt diagnosis and treatment shall be arranged when informed consent is obtained. Emergency conditions requiring immediate evaluative treatment may include the following:

- Bleeding and pain
- Acute periapical abscess
- Acute Periodontitis
- Vincent's infection
- Acute gingivitis
- Acute stomatitis
- Fractures of teeth
- Fracture of jaw
- Gaping wounds of lip and/or cheek

Detention Staff

*Staff Responsibility:* Any staff member who has reason to believe a youth is experiencing an emergency condition shall notify the Shift Supervisor/DPI immediately. The Shift Supervisor/DPI shall contact the medical staff for evaluation of the situation. If it is believed that it is an emergency, the Shift Supervisor/DPI shall either have the youth transported by staff or request an ambulance.

An *Incident Report* (JDF 11) shall be written.

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| <b>Washtenaw County Juvenile Detention Center</b><br><b>Policy Approved: 12/11/98</b><br><b>Procedures Written: 4/20/00</b><br><b>Procedures Amended: 11/5/01</b> | <b>WCJD Policy</b><br><b>15.7</b>  | <b>Review Date:</b><br><b>August</b><br><b>Pages:</b><br><b>2</b> |
| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161; R400.4163</b><br><input type="checkbox"/> <b>ACA Guidelines: 15.7</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 15.7</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>Sick Call</b>   |  |   |
| <b>Department Head Signature:</b>   |  | <b>Date:</b>  |

**I. POLICY**

Juveniles' medical complaints shall be monitored and responded to on a daily basis. Juveniles shall be referred to medical staff when required.

**II. DEFINITIONS**

As used in this document, the following definition shall apply:

*Health Care Provider:* A Registered Nurse or Licensed Practical Nurse, licensed by the State of Michigan.

**III. FORMS**

The following form is to be used in conjunction with this procedure: *Youth Complaint Form* (JDF 19)

**IV. PROCEDURES**

**RESPONSIBILITIES**

**ACTION STEPS**

Youth Counselors/Youth Attendants

*Facility Staff Assistance:* The Youth Counselors and Youth Attendants shall assist the medical staff with control and scheduling of sick call.

Health Care Provider

*Sick Call:* Non emergency medical service conducted by the Health Care Provider shall be available to each youth at least three times per week. Youth shall be permitted to register a health care complaint and make a request for medical care at any time. All policies concerning this system shall be communicated to the youth upon arrival and are in language easily understood by the youth.

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| Youth                | <i>Complaints:</i> If a youth has a complaint concerning an examination or any service conducted by the Health Care Provider, the youth will be allowed to file a <i>Youth Complaint Form</i> (JDF 19). The complaint/grievance shall be forwarded to the Shift Supervisor/DPI, Facility Manager, and the physician.  |
| Health Care Provider | <i>Sick Call:</i> Sick call requests and nursing actions shall be recorded in the youth's medical file.   |
| Detention Staff      | <i>Emergency Sick Call:</i> The Health Care Provider is available on-call for consultation twenty-four hours a day for emergencies. If a youth is in need of immediate medical attention, depending on the emergency, the youth shall be transported to the hospital or an ambulance will be called.<br><br><i>Restricted Youth:</i> Sick call for youth who are restricted for disciplinary reasons shall be conducted daily. Staff members conducting the restricted sick call shall record and indicate dispositions for all complaints. |
| Facility Manager     | <i>Review:</i> Sick call reviews shall be conducted by the Facility Manager on a regular basis and shall include the following procedures: <ul style="list-style-type: none"> <li>• Review of referrals made by the Health Care Provider.</li> <li>• Discussion with the Health Care Provider regarding sick call.</li> </ul>   |

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| <b>Washtenaw County Juvenile Detention Center</b><br><b>Policy Approved: 12/11/98</b><br><b>Procedures Written: 5/28/00</b><br><b>Procedures Amended: 11/5/01</b> | <b>WCJD Policy:</b><br><b>15.8</b>   | <b>Review Date:</b><br><b>August</b><br><b>Pages:</b><br><b>3</b> |
| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161; R400.4163</b><br><input type="checkbox"/> <b>ACA Guidelines: 15.8</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 15.8</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>Special Health Care Services</b>  |  |   |
| <b>Department Head Signature:</b>   |  | <b>Date:</b>  |

**I. POLICY**

The appropriate physician, dentist, or other qualified health care practitioner shall develop a written individual medical treatment plan that includes directions for medical and nonmedical personnel in the care and supervision of patients. The plan shall include a statement of short term and long term medical goals, specific sources of therapy and provisions for referral to supportive and/or rehabilitative services when necessary.

**II. DEFINITIONS**

As used in this document, the following definitions apply:

*Medical Treatment Plan:* A written plan from a Health Care Provider regarding the youth's health status and recommendations for addressing the special needs of the youth.

*Convalescent Care:* Post-surgical or post-illness recovery period, where close observation is necessary.

*Special Needs Care:* Needs over and above routine care which may include increased observation, referrals to specialty care, rehabilitation, restricted activities, modification of facilities or diet and specialized learning needs.

*Detoxification:* The need of a youth to get the effects of alcohol or drugs out of their system.

*Health Care Provider:* A Registered Nurse Practitioner or Licensed Practical Nurse, licensed by the State of Michigan.

**III. FORMS**

None

## IV. PROCEDURES

### RESPONSIBILITIES

Health Care Provider

### ACTION STEPS

*Plan Development:* A Medical Treatment Plan shall be developed by the Health Care Provider for each youth who requires a special health care program. Identification of these youth shall be made through staff referral, sick call, physical examination, or self-referral. The Medical Treatment Plan shall be submitted to the Shift Supervisor(s) and reviewed by all staff participating in the care of that youth.

*Convalescent Care:* Shall be determined by the Health Care Provider in conjunction with other medical providers for all post-surgical and post-illness youth. The plan will be documented in the youth's medical record and in the Medical Treatment Plan.

Detention Staff

*Detoxification:* At no time are youth to be admitted to the Detention Facility if he/she is intoxicated (with a .08 or above) or under the influence of drugs. If the youth is in need of detoxification, the admitting Shift Supervisor/DPI shall ask the transporting police officer to take the youth to the hospital to detox. A note shall be made on the admission forms that the youth was referred to the hospital for detox. Upon discharge from the hospital or upon transport from the police station after a period of detoxification, the medical form should reflect that the youth has detoxed and the Health Care Provider should be notified immediately (*see WCVJD Policy/Procedure 15.1 and 16.1*).

Health Care Provider

*Female Health:* All females shall be provided obstetrical and gynecological services and family planning education as needed.

*Prenatal and Postnatal Care:* When a pregnancy has been diagnosed, a treatment plan shall be developed addressing the following:

- Prenatal care
- Special care
- Special dietary or recreational needs
- Education
- Regular medical check-ups

Every effort will be made to ensure that the youth is referred to a continuing prenatal care program upon her release from detention.

Detention Staff, Teachers, Health Care Provider

*Health Education:* Programs should be provided through the Health Care Provider, facility teachers, and Detention Staff to all youth on the importance of preventative medicine in developing sound personal health care. These educational programs shall include:

- Medical emergency procedures
- Personal hygiene
- Self-care for chronic illnesses
- Effects of smoking and drug and alcohol abuse
- Communicable disease control for tuberculosis, sexually transmitted diseases, and AIDS
- Dental hygiene
- Dangers of self-medication
- Information about the services and facilities available for specific health care problems.

Detention Staff

*Disabled Youth:* All disabled youth shall be housed in facilities appropriate to their needs. Every effort will be made to allow them to participate in regular programming. Any youth who is unable to participate in regular programming shall be evaluated for transfer to a more appropriate facility. This evaluation will be done by the Health Care Provider with input from the court/FIA caseworker, court supervisor(s), and the Judge.

Shift Supervisor(s)

*Refusal of Admission or Transfer Referral:* The Shift Supervisor(s) reserve the right to refuse admission or transfer of a youth because of mental illness, developmental disability, physical condition, need of detoxification services that cannot be performed adequately in the detention facility, or need of more sophisticated services that are available at the facility. Such a determination may be made after consultation with the Health Care Provider and the Facility Manager. Notification to the court shall be immediate and include the reason for the refusal.

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| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161; R400.4163</b><br><input type="checkbox"/> <b>ACA Guidelines: 15.9</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 15.9</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>HIV and Infectious Diseases</b>   |  |   |
| <b>Department Head Signature:</b>   |  | <b>Date:</b>  |

**I. POLICY**

Serious and infectious diseases shall be managed in the Detention Center through staff and appropriate procedures. These shall include specific actions to be taken by staff concerning juveniles who have been diagnosed HIV positive, TB positive or having a serious infectious disease.

Procedures shall be developed in cooperation with the Washtenaw County Department of Public Health.

**II. DEFINITIONS**

None

**III. FORMS**

None

**IV. PROCEDURES**

The following procedure addresses:

General Plan, HIV, Tuberculosis

**RESPONSIBILITIES**

Facility Manager

**ACTION STEPS**

*General Plan:* There shall be a general program established in cooperation with the Washtenaw County Public Health Department to deal with infectious diseases in the Detention Facility. The program shall address:

- Ongoing education for detention staff and youth.
- Control, treatment, and prevention strategies that may include screening and/or testing.
- Special supervision and/or special housing.
- Protection of individual confidentiality.
- Media relations.

*HIV-Positive Youth:* The detention facility shall develop a list of specific actions to be taken in the incidence of a youth's diagnosis of HIV-positive. These guidelines shall cover, at a minimum:

- When and where youth will be tested.
- Appropriate safeguards for youth and staff.
- When and under what conditions youth shall be separated from the general population.
- Staff and youth training.
- Confidentiality issues.

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| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161; R400.4163</b><br><input type="checkbox"/> <b>ACA Guidelines: 15.10</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 15.10</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>Prohibition of Medical Experimentation</b>  |  |   |
| <b>Department Head Signature:</b>   |  | <b>Date:</b>  |

**I. POLICY**

Juveniles shall not be used for medical, pharmaceutical or cosmetic experiments by either medical staff or outside researchers. This prohibition shall not preclude properly approved individual treatment of a juvenile based on his/her need for a specific medical procedure that is not generally available.

**II. DEFINITIONS**

As used in this document, the following definitions shall apply:

*Medical Experimentation:* All biological and chemical experimentation involving juvenile subjects

*Drug Experimentation:* All research involving the testing of drug effectiveness and side effects using juvenile subjects

**III. FORMS**

None

**IV. PROCEDURES**

**RESPONSIBILITIES**

**ACTION STEPS**

Detention Staff

Any detention staff member who receives a request for or observes an action that involves or appears to involve medical or drug experimentation using juvenile subjects shall report such contact and/or observations to his/her Shift Supervisor in writing. Copies of the report shall be sent to the Facility Manager.

Facility Manager

The Facility Manager shall permit statistical and management research involving the study of patient use patterns and management. Psychological and social

research may be conducted only as allowed by the regulations governing social science research and with the approval of the Facility Manager, the presiding Trial Court-Family Division Judge, and an attorney.

At no time are stimulants, tranquilizers, or psychotropic drugs to be used under any circumstances for program management, experimentation, or research purposes.

This policy shall not preclude the individual administration of treatments that may not be generally available.

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| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161; R400.4163</b><br><input type="checkbox"/> <b>ACA Guidelines: 15.11</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 15.11</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>Informed Consent</b>  |  |   |
| <b>Department Head Signature:</b>   |  | <b>Date:</b>  |

**I. POLICY**

All informed consent standards for juveniles in the State of Michigan shall be observed and documented for medical care. The informed consent of parent, guardian, or legal custodian shall apply when required by law. When health care is rendered against the juvenile’s will, it shall be in accord with state and federal laws and regulations. Court ordered medical care shall be followed.

Juveniles desiring medical treatment shall be accorded the same right to bodily integrity available from a community medical facility.

**II. DEFINITIONS**

As used in this document, the following definitions shall apply:

*Informed Consent:* Voluntary agreement to a treatment, examination or procedure by the juvenile and her/his parent or legal guardian after being informed of the nature, consequences, risks and alternatives of the proposed actions.

*Health Care Provider:* A Registered Nurse or Licensed Practical Nurse, licensed by the State of Michigan.

**III. FORMS**

The following form is to be used in conjunction with this procedure: *Consent Form (JDF 09)*

**IV. PROCEDURES**

The following procedure addresses:

Explanation of Risk, Written Consent, Refusal of Treatment

## RESPONSIBILITIES

## ACTION STEPS

Health Care Provider/Physician/Dentist

*Explanation of Risk:* Prior to initiating a medical procedure, the Health Care Provider, physician, or Dentist shall explain the procedure and its alternatives and risks to the youth and/or parent/guardian.

Youth/Parent/Guardian

*Written Consent:* The youth and/parent or guardian shall sign a *Consent Form* (JDF 09) authorizing the specific treatment that is to be performed. The *Consent Form* will be included in the youth's medical record.

*Refusal of Treatment:* If a youth and/or parent/guardian chooses to refuse treatment recommended as necessary by the medical staff, a form stating refusal to submit to treatment shall be signed. A staff member shall witness the form, and the form will be filed in the youth's medical record.

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| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161; R400.4163; R400.4167</b><br><input type="checkbox"/> <b>ACA Guidelines: 15.12</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 15.12</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>Notification of Illness or Death</b>  |   |   |
| <b>Department Head Signature:</b>   |   | <b>Date:</b>  |

**I. POLICY**

Provisions shall be made for the prompt notification of a juvenile’s parents or guardians, the Family Court Administrator of the Trial Court, and the responsible agency in case of serious illness, surgery, injury, or death. The Detention Center Director and staff shall cooperate with the Washtenaw County Department of Public Health Medical Examiner.

**II. DEFINITIONS**

As used in this document, the following definitions shall apply:

*Medical Examiner:* A public officer whose chief duty is to determine the causes of death not obviously due to natural causes.

**III. FORMS**

The following forms are to be used in conjunction with this procedure: *Incident Report* (JDF 11), *FIA 3200 – Report of Actual or suspected Child Abuse or Neglect* (SM-FORM)

**IV. PROCEDURES**

The following procedure addresses:

Communications, Documentation of Incident, Notification of Next of Kin, Child Abuse Notification

**RESPONSIBILITIES**

Facility Manager

**ACTION STEPS**

*Communications:* The following chain of communications shall be initiated in the event of a youth’s death:

- The Shift Supervisor shall notify the Facility Manager and the Ann Arbor Police/Washtenaw County Sheriffs Dept. immediately.
- The Facility Manager shall notify the Medical Examiner.

- The parent(s)/guardian(s) shall be notified immediately by the Facility Manager by telephone.

Following proper examination by a physician and consent of the Medical Examiner, the body shall be released to a funeral home. The funeral home representative shall document receipt of the body.

If the death is by suicide, homicide, accident, or other suspicious circumstances, the body may not be removed without permission of the Medical Examiner, local police agency, and the District Attorney. In such cases, a post-mortem examination shall be requested and an autopsy report sent to the Facility Manager.

#### Detention Staff

*Documentation of Incident:* Records and reports are required for all deaths occurring within the detention Facility or on facility property shall meet the following requirements:

- All staff who possess information about circumstances surrounding the death shall complete an *Incident Report* (JDF 11).
- All *Incident Reports* shall be dated and signed by the documenter and completed as soon as possible following the incident or discovery of the body.
- *Incident Reports* shall include names of other persons on the scene, observations, and the timing of events.
- If emergency lifesaving measures were attempted, a designated staff member on the scene shall take notes of the procedures used. Containers of any medications used to revive the youth, as well as specific pieces of equipment used for such lifesaving measures, must be saved.

#### Facility Manager

*Notification of Next of Kin:* The youth's next of kin shall be notified as soon as possible after the medical person in charge on the scene or the physician determines that the patient is either deceased or is in imminent danger of death due to serious illness or injury.

Persons previously designated by the youth shall be notified. Notification shall be by a person specially trained in crisis intervention and counseling, usually the Program Manager or Director. The Facility Manager should not include conclusions or opinions based other than on proven fact provided by the attending physician and/or investigating officials.

Telephone notification shall be followed by a telegram delivered to the next of kin within twenty-four hours from time of death or placement on a critical list. In death notifications, the telegram wording shall request permission for autopsy and instructions for the disposition of the body.

The Facility Manager shall forward a letter to the next of kin within one week of the youth's death or placement on the critically ill list that informs the relative(s) of the nature of the crisis and expresses appropriate concern for the situation. The letter should discuss disposition of personal assets and/or property, if appropriate, as well as facility policy concerning medical bills and funeral expenses.

#### Detention Staff

*Child Abuse Notification:* Any person who has reasonable cause to suspect that a youth's injuries or death resulted from child abuse or neglect shall immediately inform the Facility Manager. The Facility Manager will have the youth examined by the Health Care Provider or a physician and notify the youth's parents or guardians. The Facility Manager must be careful to adhere to local and state laws regarding reporting of and actions taken in cases of suspected child abuse. An *FIA 3200 – Report of Actual or suspected Child Abuse or Neglect (SM-FORM)* shall be completed in all cases of child abuse or neglect.

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| <b>Washtenaw County Juvenile Detention Center</b><br><b>Policy Approved: 12/11/98</b><br><b>Procedures Written: 5/29/00</b><br><b>Procedures Amended: 11/5/01</b> | <b>WCJD Policy:</b><br><b>15.13</b>  | <b>Review Date:</b><br><b>August</b><br><b>Pages:</b><br><b>4</b> |
| <b>Chapter:</b><br><b>Medical and Health Care Services</b>  | <b>Related Standards:</b><br><input type="checkbox"/> <b>State Licensing: R400.4160; R400.4161; R400.4163</b><br><input type="checkbox"/> <b>ACA guidelines: 15.13</b><br><input type="checkbox"/> <b>ACA Standards:</b><br><input type="checkbox"/> <b>WCJD Policy: 15.13</b><br><input type="checkbox"/> <b>INS:</b> |   |
| <b>Subject:</b><br><b>Use of Pharmaceutical Products</b>  |  |   |
| <b>Department Head Signature:</b>   |  | <b>Date:</b>  |

**I. POLICY**

State and federal regulations governing the dispensing, distributing and administering of medications shall be followed. Medications shall be distributed or administered only by assigned staff in accordance with the physician’s orders.

**II. DEFINITIONS**

As used in this document, the following definitions shall apply:

*Controlled Substances:* Any medication requiring a written prescription listing the prescribing physician’s or dentist’s Drug Enforcement administration registration number

*Formulary:* A list of medicines with their formulas and directions for compounding them

*Administering Medication:* Providing a single dose of medication to an individual patient by injection, inhalation, ingestion, or other means upon the direction of a medical doctor or dentist

*Dispensing Medication:* The issuance based on a physician’s or dentist’s prescription or standing order, of one or more single doses of medication by a registered pharmacist (or medical doctor or dentist acting for her/his own patient) in a suitable container, properly labeled in compliance with state and federal law, for subsequent administration

*Drug:* A medication of any chemical compound or narcotic (listed in the Unites States Pharmacopoeia or National Formulary) that may be administered to humans as an aid in the diagnosis, treatment, or prevention of disease or other abnormal condition; for the relief of pain or suffering; or to control or improve any physiologic or pathologic condition

**III. FORMS**

None

#### IV. PROCEDURES

The following procedure addresses:

Pharmacy Management, Prescription Practices, Medication Distribution or Administration, Security and Storage of Controlled Substances, Inventory

#### RESPONSIBILITIES

#### ACTION STEPS

Health Care Provider

*Pharmacy Management:* The Health Care Provider shall require all pharmacy procedures adhere to applicable state and federal laws and regulations.

Where prescriptions are generated by contract or consultant health providers, substitutions may be made in accordance with approved guidelines contained in the Central Drug Formulary and approved by the facility's Health Care Provider.

*Prescription Practices:* All pharmaceuticals shall be prescribed in accordance with the Central Drug Formulary, which governs approved prescription and nonprescription medications. Practices to be followed by the Health Care Provider shall include the following:

- Discouraging the long-term use of minor tranquilizers and analgesics subject to abuse unless clinically indicated.
- Dispensing psychotropic medications only when clinically indicated; when necessary, the patient shall be referred to a psychiatrist for a medication evaluation.
- Prescribing medications only on authorization of the supervising physician; verbal authorizations for prescriptions will be signed by the physician at the next MD Clinic.

All prescriptions shall be signed by a qualified health professional licensed and authorized by the appropriate jurisdiction.

Detention Staff

*Medication Distribution or Administration:* No medication is to be administered to any youth except under the following circumstances:

- On an individual case-by-case basis
- By single dosage except for certain drugs that are allowed to be carried (e.g., inhalants, eye and ear drops).

- At prescribed times
- By a designated staff member
- As authorized by a medical doctor or dentist

The administration of all medications shall be recorded on a form approved by the Health Care Provider that becomes part of the youth's medical record. Each dose shall be documented with the date and time of administration and the signature or initials of the health care provider administering it.

Should a youth refuse a prescribed medication, it shall be noted on the medication form in the clinic with the following information: time the medication was offered to the youth and the time of refusal, the date, the dosage, and the Detention Staff who offered the medication to the youth.

Following no more than three refusals of medication, the youth shall be examined by the Health Care Provider. Immediate attention is required in refusals of life-safety medications.

All prescribed medications are to be placed in a container labeled with the youth's name.

#### Health Care Provider

#### *Security and Storage of Controlled Substances:*

Controlled substances except for narcotics, methadone, and insulin shall be stored by the Health Care Provider in a locked, secure cabinet that is securely attached to the wall.

Insulin, prefilled insulin syringes, and other medications requiring refrigeration shall be stored by the Health Care Provider in a locked refrigerator. Needles, syringes, and over-the-counter drugs shall be stored in locked metal containers. Over-the-counter medications shall be stored in limited supply in the clinic or the supply room.

Each container for dispensed medication is to be labeled by the Health Care Provider with at least the following identifying information:

- Name of the youth
- Name of the person who filled and dispensed the prescription
- Name of the medication and directions for its use
- Date of filling and dispensing
- Name of the doctor
- Amount dispensed
- As authorized by a medical doctor or dentist

*Inventory:* Complete records of controlled substances and related equipment shall be maintained by the Health Care Provider. Narcotics, prescription drugs, needles, and syringes shall be inventoried weekly. A report of the inventory shall be submitted to the Facility Manager. All prescription drugs, needles, and syringes shall be recorded in the medication log, which will serve as a perpetual inventory.

At least weekly, the Health Care Provider shall review the medication log, citing medications received and used. All inventories and reviews of inventories shall be documented in writing in the medication log with the staff member's signature and date.