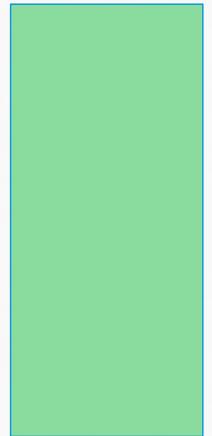


PRE-SOLICITATION OFFEROR'S CONFERENCE

U.S. PROBATION OFFICE

JUNE 22, 2016



WELCOME!!

- Jeanne G. Walsh, Chief U.S Probation Officer
- Aimee B. Callanan, Asst. Deputy Chief U.S. Probation Officer
- Stephanie Devoe, Senior U.S. Probation Officer/Contracting Officer
- Gervacio Lopez, Supervisory U.S. Probation Officer
- Richard Elias, Supervisory U.S. Probation Officer

AGENDA

- Overview of Services Needed
 - Distinction between USPO and USPSO
- Vendor and Facility Requirements
- Service Requirements: CBT and Risk-based Supervision
- Overview of Solicitation and Audit Processes
- Q&A

SUBSTANCE ABUSE SERVICES

- **1010-Urine Collection and Reporting-** The vendor shall perform the procedures related to the collection, testing and reporting of urine specimens.
- **1504-Breathalyzer-** Provide a breath alcohol content (BAC) test and all supplies and consumables necessary to operate the instrument. The vendor shall provide and use a reliable instrument approved by the USPO/USPSO.
- **2011-Substance Abuse Intake Assessment Report-** Comprehensive biopsychosocial intake assessment and report conducted by a state certified addictions counselor or licensed clinician. The assessor shall identify the defendant(s)/offender(s) substance abuse severity, strengths, weaknesses, and readiness for treatment.
- **2021 Clinical Cognitive Behavioral Group-** 2 to 12 defendants/offenders led by a trained and certified counselor as defined in SOW. Treatment shall include the use of cognitive and behavioral techniques to change defendant/offender thought patterns while teaching pro-social skill building.
- **2010 Individual Substance Abuse Counseling-** Clinical interaction between defendant/offender and a trained and certified counselor. The interactions are deliberate and based on various clinical modalities, which have demonstrated evidence to change behavior.
- **2030 Family Counseling-** Defendant/offender and one or more family members. The vendor may meet with family members without the offender present with USPO/USPSO approval.

SUBSTANCE ABUSE CONT'D.

- **2001-Short Term Residential-** Facilities provide a highly structured environment that incorporates counseling, drug testing, and other approaches that involve cooperative living for people receiving treatment. Must have 6 hours of structured programs per day (3 of those must be clinical group).
- **8090-Non-Medical Detoxification-** in a non-medical therapeutic "social detoxification" setting with routine medical and nursing services on call.
- **1001-Therapeutic Community-** aka "sober living." Drug-free residential settings that promote substance free living and mental health stability. The facility uses a hierarchical model with treatment stages that reflect personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills.
- **4010 Medical Exam (only used in conjunction with methadone maintenance program)-** per defendant/offender, as deemed medically necessary, conducted by a licensed medical doctor/physician, or other qualified practitioner
- **9020-Methadone Maintenance Treatment-**requires the vendor to administer methadone to a defendant/offender for a period of time longer than 90 days.

MENTAL HEALTH SERVICES

- **5011-Mental Health Assessment-** Performed by a masters or doctoral level clinician who is licensed or certified and meets the standards of practice established by his/her state regulatory board.
- **5030-Psychiatric Evaluation and Report-** To establish a psychiatric diagnosis, to determine the need for psychotropic medications and/or to develop an initial treatment plan with particular consideration of any immediate interventions that may be needed to ensure the defendant's/offender's safety and that of the community.
- **6000-Case Management Services (Mental Health)-** A method of coordinating the care of severely mentally ill people in the community. Case management services serve as a way of linking clients to essential services including, but not limited to, securing financial benefits, health and mental health care. Only to be used in conjunction with mental health counseling.
- **6010 Mental Health Counseling (Individual)-** Clinical interaction between a defendant/offender and a psychiatrist, psychologist, or masters or doctoral level practitioner who is licensed or certified by his/her state's regulatory board. The interactions shall be deliberate and based on clinical modalities, which have demonstrated evidence to stabilize mental health symptoms.

MENTAL HEALTH CONT'D.

- **6030 Mental Health Counseling (Family)**- Defendant/offender and one or more family members. The vendor may meet with family members without the defendant/offender present with USPO/USPSO written approval.
- **6051 Medication Monitoring**- Prescribe and evaluate the efficacy of psychotropic medications (incorporating feedback from the treatment provider and/or the USPO/USPSO)
- **6001-Short Term Residential for Co-Occurring Disorders**- Inpatient treatment program for individuals who are suffering from both chemical abuse/dependence and a mental health disorder
- **6015-Integrated Treatment Services for Co-Occurring Disorders/Individual Counseling**- To one defendant/offender. This treatment shall conform to the standards set forth in 2010 and 6010 but shall be completed in an integrated fashion.
- **6026-Group Counseling-Integrated Treatment for Co-Occurring Disorders**- 2 to 10 defendants/offenders. Treatment shall conform to the standards set forth in 2020 (substance abuse) and 6020 (mental health), but shall be completed in an integrated fashion

SEX OFFENSE SPECIFIC SERVICES

- **5012 Sex Offense Specific Evaluation and Report-** Commonly known as a “psychosexual evaluation,” is a comprehensive evaluation of an alleged or convicted sex offender, meant to provide a written clinical evaluation of a defendant’s/offender's risk for reoffending and current amenability for treatment; to guide and direct specific recommendations for the conditions of treatment and supervision; to provide information that will help to identify the optimal setting, intensity of intervention, and level of supervision; and to assess the potential dangerousness of the defendant/offender.
- **5022-Clinical Polygraph Exam and Report-** Diagnostic instrument and procedure which includes a report designed to assist in the treatment and supervision of defendants/offenders by detecting deception or verifying the truth of their statements.
- **5023-Maintenance/Monitoring Test-** Employed to periodically investigate the defendant/offender’s honesty with community supervision and compliance with supervision.
- **5025-VRT Measure of Sexual Interest-** An objective method for evaluating sexual interest which is designed to determine sex offender treatment needs and risk levels.

SEX OFFENSE SERVICES CONT'D.

- **6012-Individual SO treatment-** Treatment is provided by a licensed/certified psychiatrist, psychologist, or masters or doctoral level practitioners who meets the standards of practice established by his/her state's regulatory board and adheres to the established ethics, standards of practices of state sex offender management board. Practitioners employ treatment methods that are based on a recognition of the long-term, comprehensive, offense-specific treatment for sex offenders.
- **7013-Individualized Specialized Treatment (Sex Offender-Pretrial Only).**
- **Group Sex Offense-Specific Treatment Readiness (6090)** 2 to 12 defendants/offenders. Treatment Readiness Group shall include offenders with little or no understanding of the cycle of sexual offenses. The attendance of one family member per offender shall be included in the unit price in Section B.
- **6091 Sex Offender and Chaperone Training and Support-** A psycho-educational/specialized training for one or more significant others, or family members of a defendant/offender charged with or convicted of a sex offense. Goal is to provide a means of certifying individuals designated by the USPO/USPSO to act as a chaperone for the defendant/offender and safeguard for the community.

SEX OFFENSE SERVICES CONT'D.

- **6022-Group SO treatment-** 2 to 10 defendants/offenders. Treatment is provided by a licensed/certified psychiatrist, psychologist, or masters or doctoral level practitioners who meets the standards of practice established by his/her state's regulatory board and adheres to the established ethics, standards of practices of state sex offender management board. Practitioners employ treatment methods that are based on a recognition of the long-term, comprehensive, offense-specific treatment for sex offenders.
- **6032-Family SO treatment-** To a defendant/offender and one or more family members. Treatment is provided by a licensed/certified psychiatrist, psychologist, or masters or doctoral level practitioners who meets the standards of practice established by his/her state's regulatory board and adheres to the established ethics, standards of practices of state sex offender management board. Practitioners employ treatment methods that are based on a recognition of the long-term, comprehensive, offense-specific treatment for sex offenders.
- **7023-Group Specialized Treatment (Sex Offender-Pretrial Only)-** 2 to 10 defendants.

OTHER SERVICES

- **1201-Administrative Fee For Defendant/Offender Transportation Expenses-** A reasonable monthly fee to administer transportation expense funds, not exceed 5% of the monthly funds distributed under 1202.
- **1202-Defendant/Offender Transportation Expenses-**for defendant/offender transportation to and from treatment facilities.
- **1501-Defendant/Offender Reimbursement and Co-Payment-** Collect any co-payment authorized on the Program Plan (Probation Form 45) and deduct any collected co-payment from the next invoice to be submitted to the judiciary.

Additional details regarding each project code can be found in Section C of the Statement of Work (SOW), available under the treatment services tab of our website.

Note several "Local Needs" will be posted, detailing service specifications in some areas beyond those found in the SOW

VENDOR STAFF REQUIREMENTS

SUBSTANCE ABUSE

- **Undergo training on proper urinalysis collection and breathalyzer administration procedures.**
- **Assessments and Counseling will be face to face and conducted by a state certified addictions counselor or clinician who meets the standards of practice established by his/her state's regulatory board.**
- **Counselors will have at least one of the following:**
 - Advanced degree (masters or doctoral level) in behavioral science, preferably psychology or social work
 - A BA/BS and at least 2 years of drug treatment training and/or experience
 - Counselors shall be certified and/or have credentials to engage in substance abuse treatment interventions per state regulatory board/accrediting agency
 - Paraprofessionals can be used only under direct supervision of and in conjunction with, a staff member described above, and after approval is given from Contracting Officer. Interns may be considered paraprofessionals.
- **Emergency services (after hour staff phone numbers/local hotlines and/or procedures when counselors are unavailable)**

VENDOR STAFF REQUIREMENTS

MENTAL HEALTH & CO-OCCURRING

- **Counseling** - Must be a licensed/certified psychiatrist, psychologist, masters or doctorate-level practitioner who meets standards of their state regulatory board
- **Psychological Evaluations/Testing:** licensed/certified psychologist (PHD or Psy.D, or other advanced doctoral degree meeting standards of state's regulatory board
- **Psychiatric Evaluations/Testing:** licensed medical doctor/physician, a psychiatrist who specializes in disorders of the mind, is board certified or board-eligible and meets standards of practice established by the state regulatory board
- **Medication Monitoring:** licensed psychiatrist, medical doctor or physician with prescriptive authority, who is board certified or board-eligible and meets standards of practice established by the state regulatory board
- **Case Management Services:** Bachelors in behavioral health, HS Diploma or GED with 5 years experience in BH setting, work under direct supervision of a licensed/certified psychiatrist/psychologist, or masters or doctorate-level practitioner who meets standards established by state regulatory board
- **Emergency services (after hour staff phone numbers/local hotlines and/or procedures when counselors are unavailable)**

VENDOR STAFF REQUIREMENTS

SEX OFFENSE SPECIFIC

- **Evaluations/Treatment/Chaperone Training and Support Services:** are conducted by a licensed/certified psychiatrist, psychologist, or masters or doctorate-level practitioner who meets state regulatory and sex offender management boards and adhere to the Code of Ethics and Practice Standards and Guidelines published by ATSA
- **VRT (Abel):** conducted by trained examiner and adhere to ATSA standards
- **Polygraph Examinations:**
 - Education: examiners must be graduates of poly school accredited by American Poly Assoc; minimum baccalaureate or higher from a regionally accredited univ or college, or have at least 5 years experience as a full time commissioned federal, state or municipal LEO; min. 40 hours of post- conviction sex offender testing (PCSOT) specialized instruction. Examiners who passed a final exam approved by the APA are preferred
 - Certification: Examiners shall be members of a professional organization that provides regular training on research and management of SO
 - Experience: Min. of 2 years of poly experience in criminal cases. Specialized training or experience with sex offenders
 - Ethics and Standards: Adhere to ethics and standards of APA
- **Licensure:** Licensed by state's regulatory board

RESIDENTIAL TREATMENT STAFF REQUIREMENTS

- Adequately trained and physically able staff and 24/7 coverage
- Use volunteers only at direction of USPO
- Keep written position descriptions that accurately describe current duties for all staff performing services under this agreement
- One staff member each shift trained in CPR and first aid
- Code Compliance
- Sleeping and Bathroom Facilities
- Emergency Plans
- Safety Precautions

VENDOR STAFF RESTRICTIONS POST-AWARD

- Persons under supervision cannot perform services or have access to defendant/offender files
- If person charged or under investigation for a criminal offense, cannot perform services or have access to def/off files
- Persons convicted of a sexual offense cannot perform services or have access to def/off files
- Persons with restrictions on their license, certifications or practice, cannot perform services or have access to def/off files
- Vendors and employees shall:
 - Avoid compromising relationships with def/off and UAPO/USPSO staff
 - Not employ, contract with, or pay any def/off or def/off firm or business to do any work for vendor or its employees
 - Report any improprieties to USPO or USPSO
 - Report within 48 hours to USPO/USPSO, any investigations, pending charges, arrests, and/or restriction on licenses or certifications, whether imposed or voluntary, on any staff member
 - Notify USPO or USPSO in writing of any staff changes and provide documentation of any required licensing, certification, experience and education requirements and changes thereof. The Vendor shall submit an Offeror's Staff Qualifications form (Section L – Attachment C) for each new staff member added under this agreement

FACILITY REQUIREMENTS

- Adequate access for defendant(s)/offender(s) with physical disabilities
- Comply with all applicable state, federal and local laws and regulations when performing services under this contract

EVIDENCED-BASED PRACTICES WITHIN THE FIELD OF COMMUNITY CORRECTIONS ARE...

- Interventions that research has demonstrated reduce offender risk and subsequent recidivism (commission of additional criminal acts) and therefore make a positive long-term contribution to public safety
- Our outcomes are also defined through practical realities (reduction in recidivism, enhanced victim safety, increased prosocial behavior, skill building, etc.)

EVIDENCE BASED PRACTICES IN COMMUNITY CORRECTIONS

- RNR
- Three most important concepts:
 - **Risk** – likelihood that offender will recidivate and/or be revoked during the term of supervision
 - Criminogenic **Needs** (a.k.a., dynamic risk factors) – targets of supervision and treatment
 - **Responsivity** – barriers and CBT programming
- All interventions/treatments utilized should be geared toward mitigating risk, introducing and reinforcing prosocial skills, and increasing responsible anti-criminal behavior.

POST CONVICTION RISK ASSESSMENT TOOL

Static Risk Factor (does not change):

- Criminal History

Dynamic Risk Factors (also referred to as **Criminogenic Needs**):

- Cognitions (including elevated criminal thinking styles)
- Social Networks
- Education/Employment
- Drug/Alcohol Problem
- Violence (will be added January 2017)

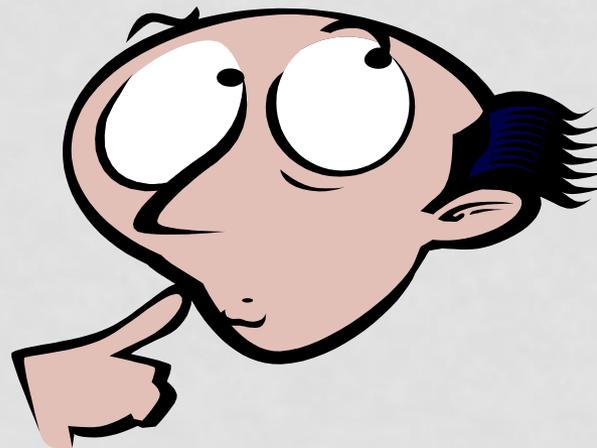
8 CRIMINAL THINKING STYLES

- **Proactive**

- Power Orientation
- Entitlement
- Mollification
- Super Optimism

- **Reactive**

- Cutoff
- Cognitive Indolence
- Discontinuity
- Sentimentality



Offender Self Report Criminal Thinking Styles

Mollification	Justification by blaming others
Cutoff	Rapid elimination of deterrents to crime "screw it"
Entitlement	Grant themselves permission to violate laws
Power Orientation	Exert maximum control over the external environment at the expense of person or internal control
Sentimentality	Doing something nice for others in order to feel better about oneself
Super Optimism	The belief that one can avoid consequences
Cognitive Indolence	Short-cut thinking
Discontinuity	A lack of consistency in thought and action

DYNAMIC RISK FACTORS

(WHY SHOULD WE TARGET THESE?)

- Changing these factors changes the probability of recidivism
- Provide the basis for developing a supervision and treatment plan
- Effectively addressing factors can reduce risk (and thus revocation and re-arrest), improve offender outcomes and increase community safety

RESPONSIVITY FACTORS

(POSSIBLE BARRIERS TO SUCCESS)

- Low intelligence
- Physical handicap
- Reading/writing problems
- Mental health issues
- No desire for change
- Homeless
- Transportation
- Child care
- Language
- Ethnicity
- History of abuse/neglect
- Interpersonal anxiety

RESPONSIVITY

- CBT treatment modality utilized in individual and group counseling
- Importance of “Treatment Matching”
- Assessment of responsivity is important to maximize benefits of interventions/treatment
- Interventions need to be tailored to meet that specific offender’s risk and needs
- Offenders respond differently to treatment strategies

COGNITIVE-BEHAVIORAL THERAPY (CBT)

- **CBT is brief and time-limited**
 - Average number of sessions is 16
 - It is not an open-ended, never-ending process
- **CBT is a collaborative effort between the therapist and the client**
- **CBT is structured and directive**
- **CBT is based on an educational model**
 - Goal is to help clients *unlearn* their unwanted reactions and *learn* a new way of reacting
- **Homework, role plays, and practice are essential features of CBT**

WHAT CAN YOU EXPECT FROM THE PROBATION OFFICER?

- Client's risk assessment results
- Identification of client's protective factors/strengths
- Collateral contacts, including prosocial supports
- Three-way meetings (vendor, client, PO)
- Ongoing communication about issues/concerns and progress

VENDOR EXPECTATIONS?

- The intervention and the treatment plan must address presenting clinical issues as well as the client's specific criminogenic needs (a.k.a., dynamic risk factors), such as Cognitions, Drugs/Alcohol, Social Networks, Education/Employment
- CBT is the required treatment modality
- Vendors will be working collaboratively with the client's probation officer
- Vendor's goals/focus should align with officer's/client's

TREATMENT EXPECTATIONS (WHAT THE FEDERAL GOVERNMENT WANTS)

- Services provided will be those which research has proven to be most effective
- Treatment objectives, goals, and expectations will be clearly outlined for the offender and will be created in a collaborative fashion with the client and supervising probation officer
- The plan for measuring progress will be detailed at the time the treatment plan is created and offender and probation officer will be regularly updated regarding progress

DOCUMENTATION OF SERVICES

- Monthly Treatment Reports
 - Identify treatment goals
 - Steps taken toward the goals
 - Where the offender is within the Stages of Change model
 - Describe any set backs
 - Identify ways the PO can help/support client over the next month
 - Describe offender's commitment to treatment
 - Is ongoing treatment recommended
 - Client's overall progress

DOCUMENTATION OF SERVICES

- Quarterly (90-day) Treatment Plans
 - Clinical Issues and Identified Risk, Needs, Responsivity factors
 - Planned interventions (including homework, thinking reports, problem solving exercises)
 - Treatment Goals
 - Short-term behavior change goals
 - Measurable objectives
 - Client's input into treatment plan
 - Identify involvement of family, supportive collateral contacts and community support
 - Specific criteria for treatment completion or advancement to the next phase. Specify continued need for treatment
 - Anticipated time frame for completion of treatment or advancement to the next treatment phase

THE SOLICITATION PROCESS

How do we find providers?

- Direct contact by USPO/USPSO
- Inquiries from vendors
- Substance Abuse and Mental Health Service Administration (SAMSHA) Website
- Referrals from existing vendors

REQUEST FOR PROPOSAL (RFP)

- All sections are described in detail on our website.
- **Please Note:**
 - Section A must be completed and submitted with a “wet” signature. Electronic signatures is not permissible.
 - The completed RFP cannot be submitted electronically.
 - Only one copy should be submitted.
 - Section B – Prices and Estimated Monthly Quantities (EMQ’s) must include prices for three years.
 - Section C – details all required services/project codes and vendor requirements.
 - Local Needs will also be required

TIME LINE

- RFPs will be mailed to offerors the first week of July.
- **Completed RFPs must be delivered to U.S. Probation Office by 4:30pm on Friday 8/12/16.**
- **Late RFPs WILL NOT be considered.**
- Fiscal Year '17 begins on 10/1/16. Services provision by awardees is expected to begin on this date
- Blanket Purchase Agreements (BPAs)/Awards are issued for one year, with two options to renew for one year each.

CATCHMENT AREAS

- What is it?
 - Designated boundary within which the awardee provides services.
- What do I need to know?
 - **ALL SERVICES (INCLUDING SUBCONTRACTED SERVICES) MUST BE PROVIDED WITHIN THE DESIGNATED CATCHMENT AREA!**
- How are the areas determined?
 - By political (e.g. zipcodes, counties) and natural (e.g. Lake Michigan) boundaries

EMQ'S

What is an EMQ??

- Estimated Monthly Quantity for a service/project code

How are EMQ's Determined?

- Estimated by review of historical service needs in an area

VENDOR SELECTION

- All RFPs are evaluated to determine if criteria (pass/fail) are met. This review determines whether offeror is technically acceptable.
- Prices are evaluated (Competitive Bidding Process)
- On-site evaluation/Site Visit
- Responsibility Determination

POST AWARD AUDITS

- Twice annually
- Review of file storage and maintenance
- File review, including focus on quality of service and CBT interventions
- Review of chain of custody and specimen storage for urinalysis collection
- Are all contracted services being provided?

***Note that copies of professional licenses and resumes must be provided for staff prior to working with defendants/offenders.**

QUESTIONS???

