

## **Pre-Solicitation Offeror's Conference – Questions & Answers**

### **June 22, 2016**

**Q: With regard to the treatment criteria required by your agency with respect to Methadone, how will that work, being a different kind of animal in comparison to other forms of substance abuse treatment?**

A: Now, as in the past with methadone clinics, we will pay for the services provided, as needed, until the termination of the offender's term of supervision. Then, we will coordinate their transition into a methadone funding program.

**Q: (Continued) Well, I am looking at this with respect to the quarterly treatment plan, which is a tough thing to do, having a 90-day treatment plan for someone who may have some co-occurring issues alongside their Methadone addiction. I am wondering if there is flexibility with the awarded methadone contract and how the treatment plan will work in this instance.**

A: Unfortunately, there is no flexibility with submitting a 90-day treatment plan. If the plan needs to be amended during the 90-day period, then ongoing communication between the officer and treatment provider should be occurring. The vendor is required, and we are obligated to ensure, full adherence to the criteria outlined in the Statement of Work and Local Needs requirements. We must ensure that those services contracted for, are being performed in accordance with the treatment plan. Although our treatment criteria for an individual may not fit perfectly into a facility's initial treatment program design, we will work with your staff to address an individual's needs, and agree upon appropriate programming. For example, you will never see a contract for just dosing; it is always coupled with additional services. We always determine the level of care that needs to be provided from your facility.

**Q: Can the Request For Proposal (RFP) be found on your website?**

A: Only parts of the RFP can be found online. We are required by the Administrative Office of the U.S. Courts to provide and submit a hard copy with a wet signature (ink of a pen) only. Being in a paperless era, this is something that we are looking toward, but are not quite there yet. The RFPs will be mailed to interested vendors in hard copy format, and must be returned to the U.S. Probation Office in the same manner with wet signatures.

**Q: I operate three (3) half-way houses. Offenders are expected to stay 90 days, but are encouraged to stay longer. So we would bill your agency per day for the 90 days? There was a reference to "up to 3 years." What does that mean?**

A: Our offenders will typically have a term of supervision of three (3) to five (5) years. The length of their term is dependent on their history, what they have been convicted of, along with a lot of other variables that are considered at sentencing. The length of time in which an offender is required to stay at a half-way house is determined by the court, and part of an offender's conditions of supervision. The second part of your question, if you are referring to the wording of the contract, all contracts guarantee the first year, with the option of an additional two (2) years. We hold the option of extending the agreement to ensure that the

quality of the services provided are consistent with the criteria outlined in the Statement of Work and Local Needs Agreement.

**Just a note for everyone:**

The services outlined in the contract services plan sent to you, are the only services you are expected to perform and will be reimbursed for. If you decide to provide additional services that are not contracted for, you will not get paid for those additional services. The U.S. Probation Office makes determinations as to the amount and type of treatment provided. If a vendor believes there is a need for an increase or decrease in services, then the vendor should staff this with the supervising officer. The recommendations of the treatment provider are invaluable and will be strongly considered. However, the probation officer will make the final determination as to the amount of services, and contract for those services accordingly. Also, in the past, we had the tendency to lean more toward individual counseling, but in the future, a greater emphasis will be placed on group treatment as a research-proven, effective treatment modality. However, you may still see individual treatment sessions in conjunction with group treatment sessions.

**Q: If the offender is interested in additional services provided by the agency, such as computer training, GED classes, or things of that nature, is this something we can provide if they decide to pay for it themselves or if it is at no cost? Is this something that needs to go through the officer if they decide to do so?**

A: Definitely communicate with the officer for any additional services that you believe would be helpful. Treatment providers are valuable stakeholders and play an important role in addressing the various risks and needs of our offender population, such as illiteracy and employment. Unfortunately, we can only fund treatment services outlined in the Statement of Work, as it relates to sex offender specific, substance abuse, and mental health treatment. However, if a vendor has additional resources they can provide and fund by other means that would help to address an offender's risks and needs, we have an interest in facilitating the provision of those services.

**Q: I do not wish to provide my services to sex offenders or violent persons. Is this something I can put in my criteria as a vendor?**

A: If you have a contract with to provide services, the expectation is that those services will be provided to all offenders. A vendor cannot refuse services to any defendant or offender referred, except where the offender poses an apparent danger to the vendor's staff or other clients. The vendor can't refuse services without approval. If there is a safety concern with an offender, and you feel the safety of your staff or surrounding community is at risk, then you should immediately contact the supervising officer to address your concerns. Sex offenders are a little different and depending on the nature of the sexual offense and the offender's characteristics, as well as where your facility is located, we might not refer that person there. For example, if you have a Daycare facility located across the street and the offender was convicted of a sex offense against a child, the laws, as well as good judgment, would prohibit us from referring them to a residential facility. As a side note, adult sex offenders do not have the same geographical restrictions as child sex offenders, and barring any identifiable risk, it would be expected that services be provided to these individuals.

**Q: Will the 2011 Assessment be something we will have to do for all individuals who are coming into our facility, even those who are only coming in for urine screenings? Or is that still something you would have to get a separate order for?**

A: Whatever services are contracted for, are the only services you will provide. For those of you who have worked with us in that past, this will be listed on our contract service form, the PROB 45. We will determine whether or not an assessment is appropriate in each individual case. We are tailoring our choice of intervention based on the needs of each individual.

**Just an additional note for our guests:**

**The majority of the time**, if you contact the supervising officer to discuss the need for a decrease or increase in services, they will strongly take your recommendations into account, and come to an agreement that best suits the needs of the offender. We will make sure we work with you on those things, to ensure that offenders receive the appropriate services. Again, we are limited to providing treatment services for sex offenders, and those suffering from substance abuse and mental health issues, as outlined in the Statement of Work. We understand that supervision and treatment is a dynamic process, which makes collaboration between the officer and treatment provider a critical component to effective supervision.

**Q: We span across several different catchment areas. Do we have to submit separate RFPs for each one of those?**

A: For any area you wish to provide services, you must submit an RFP for that area.

**Q: Do you have to submit separate RFPs for mental health services and substance abuse services for the same catchment area? So if we are doing mental health treatment and substance abuse treatment in one catchment area, we submit one RFP?**

A: Well, it depends on which catchment area you are referring to. Traditionally, we have done them together, but we have some catchment areas wherein the contracts are split because of the needs in the area. So when we complete our needs assessment, because we have to make justifications for the catchment areas and the services that we need in that area, we will look at our historical data and make our predictions in regard to what particular services are needed. Based on that, we will make a rough determination as to the estimated quantity of how many people may require a service. In terms of the services that are provided in those catchment areas, we use that information as well. For example, How many offenders have we had in those areas in the last couple years? How much treatment services have we asked for within those areas? Is it best to keep those contracts separate, or does it make more sense to put all of the services they provide in one RFP?

**Q: Will we receive multiple RFPs for our different facilities then?**

A: If you service multiple areas, we can discuss what services you wish to provide within those different areas. It is probably best for you to look at our website and review the list of services we would like our vendors to provide within our catchment areas.

**Q: With regard to sex offender treatment, now we have a new code, 6090. How is the criterion determined for that? I assume the probation officer will send us the referral letter and their requirements.**

A: We look at treatment on a continuum. For example, we will have a Readiness Group (6090) and Maintenance Group (6022). The Readiness Group is for those who have never been to treatment before and are resistant to the idea that they have deviant sexual interests. These individuals would not be appropriate for a Maintenance Group, consisting of individuals who have already been in the group for a period of time and are working toward their safety plans. Deciding where individuals are at along the continuum will initially, and throughout treatment, be a collaborative process between the officer and treatment provider. This collaborative process will determine what level of services is appropriate and subsequently, contracted for.

**Q: How is copay for the offender determined and what happens if the client is not paying?**

A: In order for us to require a copay from an offender, there must be a court order. We view this as one way for offenders to accept responsibility for their actions and to promote “buy in” with the treatment process. Both of these things are diminished when all of the costs are covered. If there is a copay issue with an offender, you need to contact the supervising officer, who will address the issue with the offender and/or the court. Whether compliant or not, our vendors will be timely and fully reimbursed for all services provided.

**Q: What are the expectations of awardees both financially and in terms of performance? Are there reports that we are expected to submit and how are we expected to invoice for our services?**

A: Initially, we will send the referral packet, which includes the services we are requesting you to perform. Once you receive the packet, you will schedule an appointment with the offender to begin services. The offender will come in and see you for the requested services. If it is an evaluation for example, you will provide us with a copy to confirm the evaluation was completed. For ongoing treatment sessions, you will provide us with a detailed Monthly Treatment Report (MTR) each month, reflecting the services performed. Additionally, a billing invoice template will be provided to you, which you will submit each month with the aforementioned documentation.

**Q: Are your referrals based on what a vendor provides?**

A: We take a lot of things into consideration when making that choice. Things that we look at are: where the offender lives, employment hours and location, or whether or not the facilities in their area can provide the needed services. We will only send you a referral after we make the determination as to which facility matches the needs of the offender.

**Also, for those who have not worked with us before, issues that come up often:**

There can be no waiting lists for our offenders to receive services. Services must be provided within 10 days, per the Statement of Work. Referrals cannot be turned away unless there are special circumstances which may increase the risk of the community. We have had several treatment providers state that they do not want to treat sex offenders or violent offenders in their facility. This is the criminal justice system, and we are charged with matching those individuals with the treatment they need. If there is a known safety concern, immediately contact the offender’s supervising officer and we will make a determination based on individual circumstances.

It should also be noted that sometimes our vendors believe that the only communication they need to have with officers is to send in their Monthly Treatment Report each month. Officers and treatment providers should be communicating by phone or in person on a monthly basis, if not more often, to discuss their progress in treatment.

**Q: Do you have a large number of non-English speaking offenders? In regard to documents and services, do we need to translate to this population verbally or provide translated documents to them?**

A: We do encounter that issue, and we do struggle with finding services for such individuals at times. When the need arises, we do have documents in other languages that we provide for our purposes. My suggestion to you would be to do what your agency usually does for such cases. Just be mindful, that when you are providing services to someone, regardless of their native language, be sure that the services provided are explained to these individuals in a comprehensible manner. If you are asking them to sign a document, make certain that the document is available in an understandable fashion so that they know what they are signing. Most of the forms you will be sending us, such as monthly treatment reports, are not something that the client needs to review or sign. Therefore, this should not be an issue. You may have to review the plan with the client, and when this issue arises, contact us so we can work with you on that.

**Q: If our agency does not receive the RFP by the first week of July, what should we do?**

A: Please contact us to make sure you are on the mailing list, if you have not already done so. If you are on the mailing list, you will receive your application in the mail. If you have not received your application by July 12<sup>th</sup>, please call us. Vendors who are present for this conference will be mailed an RFP.

**Q: With regard to sex offenders, we have adolescent programs at our facility, so I am seeking clarification about providing services to such individuals and how that will work?**

A: We abide by state laws with regard to sex offender registration and regulations. We would never put a facility at risk of violating state laws. For example, if you provide services to adolescents, we would not refer a child sex offender to your facility. We will always be available to address any concerns you have regarding any offenders we refer to you for services to ensure the safety of the community. Also, there may be instances where there may be a sex offender who is not barred or restricted from being near a specific group of people or geographical area. In those cases, they may be suitable to participate in treatment at your facility. Never hesitate to communicate any concerns you have regarding referrals. Safety of the community is our first priority, but we cannot negate the fact that offenders need treatment to diminish their risk of recidivism.