

**MINUTES OF BIDDERS' CONFERENCE**  
**August 8, 2008, 1:35 pm**

**Introductions:**

Sheryl Fett, USPO, Drug and Alcohol Treatment Specialist  
Barbara Scott, Contracting Assistant  
Sarah Robinson, Intern

**Opening Statement:**

The Request for Proposal has several sections, and we want to make sure you know which sections you are required to return. The sections you must return are:

Section A  
Section B  
Section K     and  
Section L

Sections K & L are located after Section C.

Section A is the Solicitation/Offer/Acceptance page. Your signature and contact information is required on this page.

Section B is where you, as the Offeror, list your prices. Please remember to build the cost of no shows into the prices you quote us. You cannot charge us later for no shows, but you can build it into your bid.

Section J contains copies of the forms our agency utilizes. Section J10 is the Dept. of Labor's Wage Determination.

Section K is where you indicate who the authorized person is, who will be negotiating with us, and also where you indicate your Tax ID Number.

Section L is the Offeror's statements, qualifications and references.

And remember... the due date for you to turn in your completed RFP to us is no later than **Tuesday, September 2, 2008, at 4:00 pm.**

If you have any questions after today, please feel free to contact me, Sheryl Fett, at (616) 456-2339. If there is no answer, please leave a message with your name and number and your call will be returned. Otherwise, you have my e-mail address. It is on the web page.

The Bidders' Conference is now open for questions.

**GRAND RAPIDS QUESTIONS:**

**1. When you say use L, is that the description of how we are going to do C?**

Section L, Page 10 and on is the Offerors' Narrative Statement, qualifications, etc. and must be returned with your bid.

**2. The Forms in L should tell how we are going to do C, do we send those back to you?**

Send Pages L-10 to L-13 filled out completely. In L, you need to do what you are instructed to do. Don't just refer back to Section C for the descriptions. Describe how you are going to provide the services.

**3. Do we have to send back the forms (Section J) you are sending us?**

No, you don't have to send them.

**4. On the map, I found several different service areas, and several different services. It says, when you bid, you bid those things individually and then you are expected to be able to provide all the services contained in the bid, correct? Does that mean that if we want to just do detox, we could do that individually?**

Detox is a separate BPA and so yes, you could do that, but if you were going to do substance abuse, and you wanted to do urine testing, but not the counseling, you couldn't do that. You need to be able to provide all of the services that are listed on Section B in that solicitation.

**5. You can pick a particular service area, but then you have to do all the services, you can't just do testing?**

Correct, but you could sub-contract out with another agency that could do them if they meet all of the criteria, too.

**6. When it says, must be able to provide that service, for instance one of the service areas is Berrien, Cass and Van Buren counties, do you have to have offices in each of those counties or just one county to be able to service those?**

It's okay if you have it in just one of those counties. We would have people come to you.

**7. If you want to bid on Clinton, Eaton and Ingham, for example, would you have to have an office in one of those counties or an adjoining county?**

You have to be able to service those counties, so you should have the office in one of those counties. There are occasions where we send somebody outside of a catchment area to you, but in order to really provide services to that population, you need to have an office in at least one of those counties.

**8. Under substance abuse, there is 2010, 2011, 2020, 2030 and there is 2080 intensive outpatient (IOP) which is 3 days a week, 3 hours each day, so I would need to (haven't used it in 6 years), but if I bid, I have to have somebody provide intensive outpatient in my bid, because it is part of the substance abuse contract?**

Joel is asking, in his instance for substance abuse if he has to be able to provide intensive outpatient because that is listed as part of the substance abuse. (It isn't listed in all of the BPA areas, there are some BPAs that don't require intensive outpatient. We looked at each area and decided it that way.) You would have to sub-contract or else you might be able to work something out where you individually meet with somebody, 3 hours a week, and you can design your own intensive outpatient, too, in unique circumstances, like yours, since you don't have a large population area.

**9. I need some clarification, since I walked in late, under the substance abuse piece, if we want to do the urine collection, the intake, individual, group counseling, do we also have to include IOP, in the bid?**

Yes, that was the question Joel just asked. I'm just repeating it again for everybody. You have to be able to provide all of the services that are listed and in Traverse City area, we did require that intensive outpatient be part of that contract. So, yes, you would have to be able to provide IOP.

**10. Under the mental health, will the mental health intake assessment report be attached to general mental health counseling or will that be separate? For example, I think under substance abuse, sometimes it's separate, so for every mental health counseling person, will everyone have to have that intake assessment, or is that a separate item?**

You're asking if the assessment would be separate from the counseling or are you asking if sometimes we would refer people for counseling and want you to do an assessment, but not ask for that separately?

**11. Right, or will all the people referred for counseling be automatically attached to an intake assessment and report? Or is that separate, for example, all the individuals who are referred for a 6010, will that automatically mean that a 5011 is attached to that or will they be separate?**

In answering this, we are going to be doing things a little bit different this time around in contracting. Our Chief is wanting to have more diagnoses and I think you're going to see more requests for assessments than we've had in the past. I think this is where Ravonne's question is coming from. In the past, sometimes, we referred somebody for treatment and we haven't asked for an assessment, but you had to do it for your own internal purposes. Then the billing gets kind of messed up because we're paying for your time doing treatment, not time doing an assessment. This time around, we're going to want assessments on everybody, whether it's substance abuse or mental health. If they've had a recent one, a very recent one, maybe in the last six months, then that would be a situation where we would only refer them for counseling. In general, we are going to be asking for an assessment first. We are going to be asking for a DSM diagnosis. We are doing that because of evidence-based practices and our office is starting to track that.

**12. So what we're doing, when we're doing substance abuse bids or mental health bids, a lot of that information is repeated, but it has to be each done separate, so it all has to be repeated for Parts A and B?**

Joel was asking if you are submitting both substance abuse and mental health bids when some of it overlaps, if you have to send two complete packets back to us. Two complete proposals? Yes, you do. Each proposal must have Parts A, B, K & L attached to it.

**13. If there are requirements in here that you don't currently have, because you don't have a program like that, say mental health, if you don't have a psychiatrist on staff, do you write a plan that, if you were awarded the contract, you would have those things and give the price?**

I think that would be fine. Another situation where this comes in, is the ATSA requirement, the Association for the Treatment of Sexual Abusers. In the Lower Peninsula, we do have local language requiring sex offender providers to be ATSA members, but in the Upper Peninsula, we waived that requirement because there was nobody in the Upper Peninsula who is an ATSA member, but we had a lot of people last time, as long as they were in the process of applying, they could put in the bid and they needed to detail that.

**14. Same for residential substance abuse treatment, if you had an outpatient treatment program, you would handle it similarly?**

Yes.

**15. It's kind of a follow-up to my question before, since now this year, there'll be attached with a report to the counseling, will these numbers be a little bit different, for example on mental health for the estimated monthly quantity is "one" for assessments? Will there a shift in those numbers or is it still looking like it will be one, even though it is attached to everyone who is referred?**

Those numbers (estimated monthly quantities) are just estimates and so it is hard for us to say. I would think that there might be a little increase in assessments, just based on the way we are going to be coming at it, but I would think those would be pretty accurate estimates.

**16. In what section are each of the estimates?**

That is Section B.

**17. I have not bid before, so this is all kind of new. In reading the RFP, I'm not sure when it looks at say, intake assessment and report, 2011, and then it has 3 different codes. 2009, 2010 and 2011.**

Those are the years. It's a good question. We're not used to hearing the years 2009, 2010 and 2011. It seems so far in the future. You need to put the amount you will be bidding for 2009, 2010 and 2011 and the price may stay the same, they may go up and that's up to you completely.

**18. So then, in the estimated monthly quantities, the 97 would be 97 people that would get service or the number of individuals?**

You're asking about estimated monthly quantities. If you're talking about a report, that is how many reports a month. If you're talking about counseling, units are half hour units. So you need to keep that in mind when you're putting in your bids, a unit is a half hour for counseling. If your group is an hour and a half, you need to put the cost for each half hour. In terms of estimated monthly quantities, usually individual is an hour or two units. Usually, group is an hour and a half, three units. An example would be: If your cost for individual counseling is \$60.00 an hour, you need to divide that by 2 to get the 30 minute cost of \$30.00 which is the unit cost.

**19. I just want to confirm, if we're developing IOP (intensive outpatient), we could be creative with it as far as individual, since it has to be 3 hours a day, 3 times a week, so we could be creative with it?**

The way it is listed is 3 hours a day, 3 times a week and one hour of individual a month. Ideally if you have the numbers for group, we want you to have group. I think that in Holland, there aren't always the numbers, so it depends on the population, because we still want to be able to offer it in the areas we requested it.

**20. It's one individual a month, isn't it? Then group is the treatment of choice, but if it was an individual, maybe bill at group prices or....**

That would be a possibility. I think that when you give us back your quote, you should outline what the plan would be for IOP. (Note: IOP is priced per day.)

**21. Just for clarification, for the things that we have to respond to, the sections... I was late.. Section A...what do you need from us?**

Let me repeat this, since several people walked in after the fact. This is something that I read up front. It bears repeating. You don't have to return the whole packet of paper. You do need to send Sections A, B, K and Section L with the specific things asked for in Section L (Pages L-10 to L-13). You do need to send **two** copies of the documents with original signatures on them.

**22. Did you say also J-10? Is that something you needed back?**

We do not need J-10 back. J-10 is the Dept. of Labor's Wage Determination, so you need to look at that for urine analysis and breathalyzer testing hourly wages.

**23. Looking over the wage determination. I didn't see anything for counselor, or therapist or ....**

The only thing we need to have the wage determination on is for drug testing. We had come up with laboratory technician. There wasn't an exact equivalent for that. We used that as an equivalent.

**24. What's the time frame when you refer somebody or they contact the agency that they need to have their assessment or be seen?**

I believe in the RFP, they say within 10 days, we are to have a written assessment. That has not always happened. We usually give the offenders instructions to call you within 24 or 48 hours. Within 2 weeks, that should be done and back to us by then.

**25. What is the starting salary for a drug tester?**

It varies by county. If you go to the Dept. of Labor's website, they do list it by county. It follows pretty closely along the catchment areas that we did. There was a little bit of overlap, but it's pretty close. (Note: That is attachment J-10 which has been put into RFPs requiring it.)

**26. Drug testing is called???**

On the Wage Determination, they are Medical Laboratory Technician-12130 and for breath/alcohol technician-12011. They are pretty close in range.

**MARQUETTE QUESTIONS:**

**27. I have a simple question. On Pages C-18 and C-19, the substance abuse counseling on Pg. C-18 and then C-19 says substance abuse treatment services. Is that the same? Are they using the terms counseling and treatment services interchangeably?**

Yes, they mean the same. Treatment counseling and treatment services would be the same thing.

**GRAND RAPIDS QUESTIONS:**

**28. Are you anticipating getting a lot of responses from different bidders? Do you anticipate getting a bid for every single RFP? If you don't, what do you do?**

I anticipate that we will, based on the ones we've put out, those are services we have gotten in the past, with the exception of, I think we have a new one for polygraphy, but we have had a contract, a more narrow contract in the past. If we don't, we may have to seek it out and depending on the amount we spend, we would do a non-competitive purchase order or possibly have to compete it again.

**29. Just reading through there, if there are some things you want to do, but can't find others to do it, we could work on it (at KPEP).**

I think there have been, in the past, some areas where we may have not gotten responses, then we've gone out and done a non-competitive purchase order if the dollar amount is not over \$5,000.00. There are even some areas now, you may have noticed. If you click on the map and your area is not there, then we already know the services available and we are doing a competitive purchase order or non-competitive purchase order in those areas, rather than a BPA.

**30. In looking through our area, Clinton, Eaton and Ingham counties, we went through looking at what services, not all services are open for bid in that area, such as mental health counseling. I didn't see anything for our area. Would that be correct? So not all areas of services are open to bid.**

I think mental health is open in Clinton, Eaton and Ingham counties. There are some, for instance, Wexford County, we didn't put that out as a BPA, but we will be contracting there. If you have trouble finding BPAs for services, call me, since we definitely should have mental health treatment for Clinton, Eaton and Ingham counties.

**31. Methadone, are those services open to multiple areas?**

We don't have methadone service contracts anywhere. It's not something we're bidding for at this time.

**32. Do you have a typical distance that would be the limit that you would expect somebody to travel to be able to come to services, for instance, I have office availability in Mt. Pleasant, Ionia, Stanton and Grand Rapids. Is there a distance that we would say it's too far for the person to go?**

It has to be within our District and so Mt. Pleasant is out of our district, so that wouldn't be an option. Otherwise, I would say, probably the next county over would be, it depends on how big the counties are, too. In fact, generally, the next county over. A lot of people I have on supervision don't have transportation. They're going to be hard-pressed to get a ride. If it's a one-time thing, for instance, a sex offender evaluation, sometimes, we've sent people out of their area just to get the service, but if it's an on-going thing, it should be the next county over.

**33. The question is about cognitive behavioral therapy in the Kent County area.**

All of our substance abuse and mental health is cognitive behavioral in nature, but specifically the manualized cognitive behavioral, we already have a contract in place with an agency in Kent County. The same is true in Marquette. Rather than cutting those contracts short, we are letting those go to the end and then we will be re-bidding them after those contracts (BPAs) expire.

**34. Looking at the definition for your medical detoxification, ours falls, we call it a sub-acute, it's an ASAM 322.D, but it's hard to distinguish what you're asking for. Is there more of a description?**

That's a good example of a new service that we haven't had in the past, that we are bidding services for. When I looked, too, I did not see a whole lot of definition beyond that. It's supposed to be inpatient and other than that, there is supposed to be medication involved in it. We had the option of doing medical or non-medical, but we chose medical. I would write up what you can give us and we'll take a look at it.

**35. My area is polygraph. I'm bidding on the entire Western District? So will folks come down to Grand Rapids or do I travel?**

Bob is asking about polygraphy and what that is for. It is for the whole Western District, but we put up to 4 vendors and so we're hoping that you wouldn't have to travel. If you have the ability

and you want to travel, that's a different thing, but the anticipation is we would send them to Grand Rapids. We're going to see where we get those offers from and we can award up to 4 contracts for that.

**36. The Western District covers the UP also, so you hope to get someone from the UP?**

We are hoping to get someone from the UP as well. It would be an extreme case that we would have someone from the UP come down to you to get a polygraph, because it would be problematic geographically. The hope is that we will get someone from the UP. It's like the residential treatment, how we have BPAs for the Upper and Lower Peninsulas. We like to make services as close to people as possible.

**37. Do I just bid on tests that I will do in my office locally here? Or do I have to put something in for mileage or travel, if necessary?**

I would assume that you should bid it out of your own office. That is what happened in the past. I think for the most part that should cover it. As far as bids, we have to look at who is technically correct and make sure one meets all of the criteria and as long as it is technically correct, we have to take the lowest bidder. Keep that in mind, in terms of prices. There has been an occasion where we may have asked someone to go to the jail and interview them in jail. I guess you can't do polygraphy in jail, but we've had ABEL assessments. (You can do them in jail?) We haven't done polygraphs in jail. We have had someone travel to the local jail to do an ABEL assessment. I would bear that in mind, but I think the majority of them would be in the office.

**38. The description of long term residential says not to go over 7 months....**

We are not contracting for long term residential. We are bidding for short term residential. 90 days is the top end of ours.

**39. Are there forms, electronic, that we can get, available instead of in PDF writer? Regular forms sent in regularly, how are they available?**

The Request for Proposal must be handwritten and sent in. The other forms, we'll work on them. Right now, we don't do them electronically. We're not able to take bills in until we have a secure server set up. We do provide a disk to contract agencies with our regular forms on them so they can be downloaded to use.

**Bidders' Conference closed at 2:10 pm.**