

MINUTES OF BIDDERS' CONFERENCE

August 4, 2011, 10:40 am

Introductions:

Sheryl Fett, USPO, Drug and Alcohol Treatment Specialist
Ian Dingwall, USPO, Drug and Alcohol Treatment Specialist
Barbara Scott, Contracting Assistant
Ashlynn Couterier, 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 and Other Offeror Information - Be sure to complete both pages.

Section L has changed from previous RFPs. You no longer have to list service by service how you will provide services. Attachment A is now a Certification of Compliance Statement. If you are sub-contracting services, your sub-contractors will also have to prepare the Certification as requested. Read the instruction carefully for the other Attachments. References should not include any U.S. Probation officers.

And remember... the due date for you to turn in your completed RFP to us is no later than **Tuesday, August 23, 2011 at 4:00 pm.**

If you have any questions after today, please e-mail them to me. My e-mail address is listed on this board and it also listed on the Treatment Services web page. I also have business cards at the back.

The Bidders' Conference is now open for questions.

1. Is there a way to combine the CBT and substance abuse treatment contracts recognizing that some of the information will be the same?

We need to have separate proposals under each contract number, each solicitation number.

2. Under Medical Detoxification, what is the likelihood for regionalized referrals in the Upper Peninsula for that service. If we build it, will they come?

We list the estimated quantities and the lowest EMQ that we can list is one. So it is strictly an estimate. In the Lower Peninsula, it is something we have used, but haven't used a lot. I wouldn't expect the floodgates to open but it could be something we would use, if you have. It tends to be something we use for people who are going into residential treatment and some of them need to have detox before that. That's what we have used it primarily for.

3. Your outpatient RFPs, mental health, sex offender, substance abuse all talk about drug testing. Is that required in all of those RFPs?

It is not a requirement of those unless it is specifically stated. I can tell you we separated the drug testing component for Grand Rapids, Kalamazoo and Lansing. So substance abuse treatment is separate from testing in those 3 areas. In the other ones, I think you're in Kalamazoo, correct? In Kalamazoo, it is not a requirement of the substance abuse contract, sex offender or mental health treatment.

4. In the Cognitive Behavioral, are you looking for two facilitators to lead group for MRT?

That is not a requirement of the RFP. It is something that we have found to be useful at times, but it is not a requirement and so you do not have to have 2 people running it. We didn't request local language for CBT. I hope everyone looked at the back of the RFP for the local language because we do have some specific local language for cognitive behavioral therapy.

5. For the mental health RFP, as far as the credential of the provider, must they be a fully licensed psychologist or a Master level Psychologist or LL Psychologist.

My understanding, it can be a limited licensed psychologist, if they are working under a fully licensed psychologist. So if someone else is signing off on the work they do, too. The same would be true for a limited licensed social worker, master's level.

6. Is there any sense of the volume of services or clients that are served in each county?

The best that we can do is the estimated monthly quantities and that is by catchment area. We've taken that based on historical data and if we know of any changes in the upcoming contracting cycle that our office is implementing.

7. So that's not a default number, that's based on past services?

It is not a default number, it is based on past services. Past services and future trends if we're

making any changes in how we are operating or how our philosophy is changing.

8. Can you clarify the requirements for substance abuse and mental health providers, when you say a limited licensed psychologist is okay. Is a temporary limited license okay? LLMSW or do they need to be a LMSW. Psychologists, social workers, etc. when they graduate get a temporary limited license. After a year they become an LLP. Can a TLLP in that first year provide services. Does it need to be an LLP or LMSW? Clarify the licensing.

I would like to check into that and get back to you. I am not sure about the temporary license. I want to give the right answer.

9. For similar services in different areas, on the map, there are different catchment areas. Is there going to be any substantive difference, beside the numbers served, for those different areas? For the same service, sex offender treatment being provided in one area and then in another area, will there be a difference in what is requested for the RFP?

For the most part, the services are the same. I'm thinking about local language for sex offender treatment in the Upper Peninsula, we did not have a requirement that they be an ATSA member, because there are not as many ATSA members. They have only recently started getting ATSA members, so we thought it would eliminate competition by putting that in. That would be a difference. The rest of the services are defined the same.

The other example would be that some contracts include drug testing with counseling and others don't, based on the area.

10. Can you clarify that there is no narrative, no work statement, no step by step description needed?

This is the first time we have seen this too. Basically it is a certification that you are going to provide everything that is listed in the RFP and you are not having to spell it out step-by-step as it has been in the past. It will hopefully will make your process a little bit easier, but you do have to have any sub-contract agencies also do that certification.

11. Did you say section L needed to be returned? It seems to be the instructions on how to complete the proposal.

It does have to be returned. I believe there is something at the very back of Section L that requires your signature, too. (The Attachments are required.) We have to have 2 copies of every RFP returned with 2 original signatures.

12. The question is on the VRT. Our counselors who do sex offender services have not typically utilized that instrument. The instruments we utilize aren't listed in the bid materials as being exactly what you're looking for. In our response for sex offender proposals, how critical is it that the VRT is going to be necessary or mandated component?

That is actually a separate contract, so you can submit the proposal for sex offender services and provide a psycho-sexual eval without doing the VRT. The VRT actually replaced the ABEL assessment in the statement of works this year and the VRT is intended to be instruments like the

ABEL assessment or the Affinity assessment. That is a pretty specialized tool that is used.

13. On the substance abuse RFP, as far as intensive outpatient, it is described as 3 days a week, 3 hrs a day. In our area, that has been discouraged by other funders, so we have had what is called enhanced outpatient, which really doesn't meet that same level, but it is a higher level of treatment than outpatient. Does that satisfy or are you looking specifically for 3 hrs a day/3 days week?

It has to be exactly as we state. In the past, we have let there be some discretion on how it's done, but we had a program review team come in from Washington and audit us and that is something we got dinged on. We really need to make sure the IOP is the way it is contracted.

14. For sex offender, you don't put any caps on length of stay. Is that determined strictly by the assessment and the client's treatment plan or is there some limits in terms of length of stay?

There is not a cap on outpatient services. It is based by communicating with the therapist and recommendations of the therapist and also the input of the probation officer and what they are seeing on their end. We have contracts, Prob. 45 forms, and those who have worked with us are familiar with them. We renew them every 6 months and if there needs to be changes in between, we will do that too.

If you think of other questions, feel free to e-mail them. You can e-mail them until August 19 at 2 pm.

Bidders' Conference closed at 11:00 am.