

DATE 01/20/11

TO: ALL POTENTIAL BIDDERS

FROM: H. Ryan Bolles
DSCYF – Contract Administrator

SUBJECT: ADDENDUM TO REQUEST FOR PROPOSALS (RFP) – CYF1012-Low Level
Community Supervision

ADDENDUM #2

DSCYF' DYRS is undergoing a number of changes, including the restructuring of Community Services. The hope is that through implementation of a validated assessment tool in the next few months that we will be able to refer appropriate youth, based on their risk of re-offense and level of need, to provider programs for case management and supervision as described in this RFP. This would replace supervision by a probation officer with a contact standard based on adjudication, not need.

Utilization Data Analysis

In an effort to receive proposals which can be fairly compared, the target population count for the services bid through this RFP will now be discussed and refined.

During calendar year 2010, DYRS had 1,794 youth placed on supervision at the legal status levels which might have made them eligible for the services described in the RFP if they were available during the year. Of those 1,794 youth 993 (55%) youth were from New Castle County, 459 (26%) youth were from Kent County and 295 (16%) youth were from Sussex County and 47 (3%) youth were undesignated.

The proportion of those 1,794 youth which would ultimately have been referred to the services being bid is impossible to determine at this time. It is anticipated that as these new programs begin to ramp up service delivery the successful bidder(s) will be asked to make adjustments to program staffing to meet the actual needs of the program. However, for the purpose of submitting a responsive, competitive proposal bidders are being directed to assume the following: approximately 50% or 900 youth annually will be managed using these new services as follows: 495 in New Castle County, 234 in Kent County and 144 in Sussex County.

Question and Answer

Answers to questions raised with regard to this RFP:

Question: What risk assessment tool is DYRS using?

Answer: Risk assessment proposals from a recent RFP process are currently under review; however, bidders were asked to base their proposals on the Washington State model or its equivalent.

Question: How many youth on this level of supervision are active with Mental Health Court and thus in need of “assertive and intensive case management”?

Answer: The youth involved with the Mental Health Court will not be active with DYRS; this function will be used by Family Court, in conjunction with the DAG and PD's office to divert youth from the Juvenile Justice System

Question: How will urine testing be handled? Does the contractor need to budget for lab services?

Answer: Proposing urine screens and how they are managed is at the discretion of the bidder.

Question: What are your criteria for “assertive and intensive case management”?

Answer: A case management model that is evidence based, such as Assertive Community Treatment (ACT) or Assertive Continuing Care (ACC) - this model is available on www.chestnut.org click on “light house institute”.

Question: Please provide profile information on youth with fire-setting or weapons charges?

Answer: This category refers to youth charged with such crimes as reckless burning; carrying a pocket knife or box cutter; or carrying a concealed dangerous instrument.

Question: How are probation violations handled? Please comment on the extent of the provider's involvement with court?

Answer: The provider(s) will be expected to utilize the same sanctioning matrix that is currently used by DYRS Community Services, and, in the event that consultation with the Division results in the need for a Violation of Probation, the Division will be responsible for that activity, along with attending the court hearing. The provider will need to submit evidence to the court as well as possibly appear in court as a witness.

Question: Are supervision cases currently in the system to be transferred to the provider?

Answer: No, current cases will complete current case planning.

Question: What is the monthly intake rate?

Answer: Unknown as this is a new service. However, estimates could be made by considering the numbers above in the utilization data analysis section of this document.

Question: With regard to cost saving potential has DYRS considered allowing contractors use state fleet vehicles?

Answer: No, the use of fleet vehicles is not an option.

Question: Is there a possibility of sharing office space with DYRS as a cost saver and increased continuity of services?

Answer: No, this is not an option.

Question: How do the youth get referred to the Mental Health Court (MHC)?

Answer: The Deputy Attorney General is the gatekeeper. After litigants are identified as a possible entrant (based on parent comment or previous diagnosis) the DAG makes a final determination based on an evaluation that is ordered by the Court or existing records as to whether this child's conduct/charge is a manifestation of the diagnosis and whether the child can benefit from the structure of the MHC.

Question: How many youth from MHC would be referred to the MHC case manager on an annual basis?

Answer: Approximately 30 referrals annually (please note that none of these youth are supervised with DYRS. They are diverted from DYRS supervision).

Question: What are the expectations of the MHC case manager?

Answer:

- Report to Court on progress based on information obtained from school, parent, and treatment providers (requires regular contact with teachers, counselors at school, parent/guardian and psychologist and/or Psychiatrist; personal attendance at Court; and preparation of a written report two days prior to trial which is send via e-mail to Court).
- Facilitate parent/guardian connection with appropriate services in the community and insurance network (requires knowledge of treatment providers, programs, and program content to match client need)
- Assist parent/guardian with insurance coverage issues (requires understanding of insurance policy and procedures and/or willingness to contact insurer to assist client)
- Advocate for child's treatment needs (requires knowledge of how school system operates and willingness to meet and discuss child's (special) needs at school; supports parents; etc.)

All other terms and conditions remain the same.

If you have any questions, please contact me at 302-633-2701 or Herbert.Bolles@state.de.us