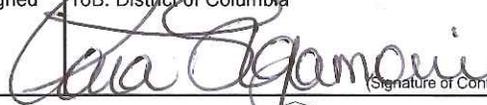


AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages 1 11
2. Amendment/Modification Number Amendment 2	3. Effective Date See box 16C	4. Requisition/Purchase Request No.	5. Solicitation Caption Recovery Support Services	
6. Issued By: Contracts and Procurement Administration Child and Family Services Agency 200 I Street, S.E. Suite 2031 Ph: (202) 724-5300 Washington, DC 20003		Code	7. Administered By (If other than line 6) Office of Well Being 200 I Street S.E., Washington, D.C. 20003	
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)			9A. Amendment of Solicitation No. DCRL-2014-R-0071	X
			9B. Dated (See Item 11) 3/17/2014	
			10A. Modification of Contract/Order No.	
			10B. Dated (See Item 13)	
Code	Facility			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. Accounting and Appropriation Data (If Required)				
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14				
A. This change order is issued pursuant to: (Specify Authority) <u>27 DCMR Section 3601, Par. 19, Changes, Standard Contract Provisions</u> The changes set forth in Item 14 are made in the contract/order no. in item 10A.				
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.				
C. This supplemental agreement is entered into pursuant to authority of:				
D. Other (Specify type of modification and authority)				
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) 1) Responses to questions received from proposed contractors and a synopsis of the pre-proposal conference, are attached as pages 2 through 11. 2) In Section C.1, page 6, paragraph 4, delete the word "no" and replace with "low". The paragraph now should read: "The Recovery Specialists shall impact child welfare outcomes including timely permanency (within 12 months) through reunification of parents with their children and with low recurrence rate of re-entry into the child welfare system, and increased well-being outcomes in addition to case plan/treatment plan requirements." 3) Add Section H.16 DIVERSION, REASSIGNMENT AND REPLACEMENT OF KEY PERSONNEL, attached in this Amendment. 4) Delete: From Section I.8 Insurance, Number 4: the following phrase: "The Contractor shall maintain this insurance for five (5) years following the District's final acceptance of the work performed under this contract." 5) Delete: L.1.2 Initial Offers, and replace with the attached Section L.1.2R SELECTION OF NEGOTIATION PROCESS, attached in this Amendment. 6) Attachment 1 to this Amendment shows the phases for the Family Treatment Court (FTC). 7) Attachment 2 to this Amendment is the Subcontracting Plan form (SCP). 8) Attachment 3 to this Amendment is Find a CBE Today!				
The due date for submission of offers is hereby extended until April 24, 2014 by 2:00pm.				
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect				
15A. Name and Title of Signer (Type or print)		16A. Name of Contracting Officer Tara Stigamoni		
15B. Name of Contractor	15C. Date Signed	16B. District of Columbia	16C. Date Signed	
(Signature of person authorized to sign)			4-15-14	
Government of the District of Columbia				Child and Family Services Agency

**DCRL-2014-R-0071
RECOVERY SUPPORT SERVICES
AMENDMENT 2**

Solicitation: DCRL-2014-R-0071: Recovery Support Services

Pre-Proposal and Questions from vendors:

Questions for Recovery Support Services; Solicitation DCRL-2014-R0071

1. Section C.4.1.1 Mentions that there is a high likelihood that evening and weekend hours will be preferred by the families. With regards to the Recovery Specialists and their hours is there a desired split of hours day/week vs. evenings/weekends?

Answer: Since there is a high likelihood that evening and weekend hours will be preferred by families, and that the contractor is required to ensure that the team inclusive of the Supervisory Recovery Specialist is available to ensure coverage 24 hours a day, seven days a week, 365 days a year to respond to any emergencies that may arise, the contractor shall schedule the team as needed to ensure coverage.

2. Under C.4.1.9, it states that Recovery Specialists shall use District vehicles. How is that process conducted? Would Metrocards also be provided as an option?

Answer: Vehicles are available through the Agency's Fleet office. Metrocards are not provided to contractors or staff. *See response to question 35 for an answer on insurance requirements.*

3. How is it anticipated the referrals will be delivered to the Recovery team?

Answer: Referrals will be made through CFSA's Office of Well Being

4. Is there a particular protocol for referring clientele out to other District agencies for services such as Housing etc.?

Answer: CFSA has a Rapid Housing program that provides housing support to facilitate reunification.

5. How is the communication between recovery specialists and social workers to be conducted? Phone calls, emails or regular in-person meetings?

Answer: We're not expecting regular in-person meetings with everyone in the social worker team. A lot of communication will happen by email or telephone. There are certain team meetings that require social workers from the private agencies to come to this building (200 I Street, S.E., Washington, D.C. 20003). We do RED (Review, Evaluate, and Direct) Teams. It is a decision making process for team meetings, which is time intensive and requires social workers to be here in person, and there will be an opportunity to have social workers here, if needed. Another thing to keep in mind for the purposes of the Family Treatment Court clients, every week in the morning of the day in court there are staffings, so the social worker won't necessarily be present for that, but they can be. The information would flow back to them through the Recovery Specialists (RSs).

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6. In trying to respond to this RFP, we are in a building project, to try and house our clients. When we had put out RFPs for that we had to be specific on what we had to have included in the response. We had them to do a plan, under 10 pages, to address 11 specific points. I didn't notice that in this RFP – am I missing something?

Answer: See Section M, evaluation criteria to craft your proposal accordingly.

- 6.1 The criteria were general. We were trying to be specific to what is needed. We could easily address what is needed if we know what it is that is asked for.

Answer: If you address the criteria in Section M, you should be alright. Also, in Section L, you should pay attention to the explanation of the Proposal Organization and Content and the Unnecessarily Elaborate Proposals Clause for the Technical and Price proposals. Price and Technical proposals should be in a separate envelope. If they don't follow these guidelines, they could be determined to be non-responsive.

Also what could be helpful for the review panel which reviews the proposals, when you are talking about the organizational capability and experience, go to the Requirements Section and if those are requirements you are using to perform services in other contracts or requirements that you use in house for other programs, you should mention that, so it shows us that you are used to performing the requirements.

7. In the Price Schedule on page 3, is this the complete budgetary – what is allowed? When you are talking about transportation, I know you are providing transportation. What about cell phones? Do you provide that? Or is it something that the contractor provides?

Answer: Yes we would provide cell phones and space for each of the positions. The price would be for what you think you would need to manage the programs. The physical space/things required to do the job would be provided.

- 7.1 So the price would be per hour for one year, or 4+1?

Answer: Yes. The price per hour would include your overhead cost and direct cost and would include any training for certifications that would be needed.

- 7.2 So would you need an itemized budget?

Answer: Yes, an itemized budget would be needed.

8. In Section C.1, when you talk about Family Teams, CASA, the attorney, the judge, are all these people involved? I'm trying to understand how the Family Treatment Court (FTC) works.

Answer: The staffing of the FTC would be the judge and attorneys and maybe the CASA. It depends. Outside the FTC would be mental health therapists, any other professionals working with the family, they would all be part of the treatment team.

8.1 Are all these relationships already established? Or is this something the new team has to bring? These people know what their responsibilities are?

Answer: It depends. By the time some of the cases come to you, there might already be a therapist working with the family. For other cases, the services may not be in place, so the RS will have a role to play in helping make the social worker aware of other services that may be needed.

9. What are the barriers that keep the parents from going into treatment?

Answer: There are a few things that we hear about a lot. One of the big ones is transportation. In DC all of the adult clients get to choose from one of the about 40 providers to enter treatment with. And some of the providers that they might want to go to treatment with might be on the other side of town. A lot of them might use public transportation, and the providers might not be near public transportation. Another big barrier is childcare. A lot of the substance abuse programs don't have an onsite childcare facility. Another one is the hours. Even the assessment center that is operated here that is run by APRA (Addiction Prevention and Recovery Administration) does not offer evening hours after about 6 pm or the weekends. So even if someone is ordered to go for an assessment, or is ready to go for assessment, it can be difficult to find the time in the day to go. These are really the top three – transportation, childcare and flexible hours. Generally, this is applicable for those who are ready to go. We are dealing with a population of folks where engagement is the issue. We have a difficulty engaging people at the outset, which remains a barrier for the purposes of the FTC.

10. What is average length of stay/time to recovery, currently?

Answer: The average time to reunification for fiscal year 2013 was 18 months.

10.1 That would be helpful to know, if for example it is 5 years, and then it could show internal problems, not necessarily willful problems. If the system where people are ready, but no housing is available, for example. That makes the time to permanency greater.

Answer: Our numbers have probably improved greatly over the last couple of years and problems like that are not an issue. We have a lot of resources to help families.

10.2 How about rapid-housing resources?

Answer: Housing resources depends on what the situation is. We have rapid housing which is for all CFSA clients, not just those with substance abuse problems, and it's not just for parents either. It could be funds that are used for a caretaker who is available at the very beginning of the case, and is willing to get an emergency license. It has an application process. Typically, clients have to have some kind of income. The goal of rapid-housing is to provide funds for the outset in the first year with moving toward lesser amounts with the goal of the client being able to sustain the housing on their own. For FTC it is a little bit different, because the FTC clients are typically homeless and really need transitional housing if they are in a residential program, or might need

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transitional housing at the outset. Because our model is so new and we are just starting, we don't necessarily have a great sense of what our housing needs are going to be for that part, but those rapid-housing funds can also be used for FTC clients that need transitional housing and the income requirements are going to be a bit relaxed for those clients. We also have a lot of relationships with different transitional housing providers through some folks at the Court. And there are some that are application processees and some for victims of domestic violence. There are different populations who they serve and some are no cost. Housing is a huge issue here (as it is in Baltimore County), but there are some resources available.

What we hear from some of our clients as they exit a treatment program, even if they have stable housing at home with their family, they don't want to go back as it brings them around the same influences that they were around before they went into treatment. We have a residential provider in Virginia, in Arlington, and a lot of the clients enjoy living in this particular neighborhood, but they might not be able to stay without income. The key is to find them affordable housing that might not be in the same neighborhood/block, but they will be able to sustain long term.

11. On page 6, you mention "no recurrence rate of re-entry into the child-welfare system". We have a pretty good rate in Baltimore – a 2% rate, but that takes a lot. We had to create a whole additional program to allow our people to leave and come back into FRP. It is difficult to control and is hard to be judged on that.

Answer: It should say "a low recurrence rate of re-entry into the child-welfare system". The idea is that it is the goal, but you won't be held accountable for that.

12. Do you know what your entry rates are currently?

Answer: For fiscal year 2013, re-entry rates were 13.8%.

13. Is FTC voluntary? I believe it is. You all do until 18? For FTC.

Answer: You have to have a child who has never had a petition before so they can earn an adjudication of neglect before, so you could have been in the system before, with other kids, but this kid has to be, but not under 5. There is no age limit under 18. We have varied experience with that. The old FTC model we had was only for residential treatment and in that program, kids were under 11. We didn't serve that older population. If capacity became a problem, then the age might be an issue.

14. Page 7: I read you have 453 complaints and 35% of those had indications of substance abuse: that is about 158 clients. You have this FTC currently. How many clients do you have currently?

Answer: The new model just started in January, so right now we only have 3 clients. We have a capacity for 50 per year? The idea is that FTC is offered to every single parent who experiences a removal and has an allegation of substance abuse. We anticipate a third of them would say yes. Plus we are restricted by the Judge's calendar. And keep in mind we are trying to expand from just mothers to mothers and fathers. We'd really like to have some fathers.

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15. We have the same issue of housing a father and child. If the mom is in jail and will be for a very long time. Some mothers have overdosed. So we have a few single dads. We are having a problem housing single dads. No one wants a man with a child.

Answer: We can provide resources to a father with a child, but you have to find an apartment, or some kind of housing, but there is no transitional housing. It is difficult.

16. Drug treatment is paid for by insurance that the clients have? Or do you have some...

Answer: That is not a problem. Either with APRA or covered CFSA funds. It is pretty much never covered by insurance.

16.1 Even with Obamacare?

Answer: We'll have to see.

17. Page 8: CFSA's Office of Well Being (OWB) oversees implementation of the Agency's substance use program and facilitates the parent or youth receiving a substance use assessment through APRA. So APRA does the assessment? So the RSs aren't going to be needed to do, or they can do only if APRA is closed?

Answer: APRA requires for everyone who has to do an assessment, to be certified in their instruments. So it's either the Global Appraisal of Individual Needs –Initial (GAIN-i) for youth or something they call the Treatment Assessment Protocol (TAP) for adults. Otherwise they won't accept our assessment results. So the RSs may be motivating the people to go for the assessment, even physically taking them for the assessment, sitting with them, but they can't do it themselves. APRA has to do it.

17.1 So you can't get into drug treatment, until you've had your assessment?

Answer: How it's envisioned for the new clients, for the removals, it's kind of an immediate process and once we have RSs, the goal is to have them helping with making all that happen. What we do, either the social worker, or someone in our system, does the Global Appraisal of Individual Needs – Short Screen (GAIN-SS) , and we have access to their electronic data system, so we can make electronic referrals, so you can get an assessment very quickly. It's a matter of getting the person there and willing to do it.

18. This is a Court building also?

Answer: It is a five minute ride away.

18.1 So the assessments are done in the Court building?

Answer: The assessments can be. There are several places they can happen. The main one is called the ARC (Assessment Referral Center)-it's the main APRA headquarters. If it doesn't happen there, it can happen in the Court urgent care clinic. Part of the family court-same

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building. We are doing an exchange of funds with APRA to have a dedicated adult assessor, the way we have an assessor for youth, who is local, and can move around to different communities. This is the same idea for adults, and that person would be certified with instruments, and would be able to go out to homes. The RSs won't be able to do that.

19. What works really well, is having the person come directly from court, get their assessment directly, and get their recommendation for treatment, right then and there.

Answer: If we have a RS who is able to be a really good candidate for Family Court, it is possible for whomever that RS is, to be able to do that referral to the Court urgent care clinic right there on-site. So what you're talking about is possible, the processes have to be put into place.

20. So this is not a shelter hearing? It is an adjudicatory hearing?

Answer: The very first hearing is what we call an initial hearing, but is the equivalent of a shelter hearing.

- 20.1 So how do you have a couple of days' notice for that?

Answer: We go to court within 72 hours. Used to be 24 hours. The 72 hours is mainly to give us enough time to have Family Team Meetings (FTMs). If the child is removed on a Monday, before we have to go to court on that Thursday, we get the complaint form by the next day, a FTM and another RED team removal meeting has to happen before we go to court. So there are a lot of things happening before we go to court. We also go to mediation in every case. For hearings and time frames - the family has to agree to go to FTC within 100 days. After that they are not eligible. Around that time the disposition hearing has to happen.

21. You talked about the human resources in DC - there are about 40 providers. What % of those are outpatient and inpatient and detox?

Answer: There is only one detox facility. There are approximately less than 10 residential. The majority are outpatient or intensive out-patient. APRA has 4 levels of care: detox, residential, intensive out-patient and out-patient.

22. Would you consider utilizing treatment in other places, other than DC?

Answer: We have the one contractor in Virginia for residential women and children. That's our only option to keep women and children together. So they can reunify quickly. There are two other providers who are looking to open new programs for women and children in the District. If that happens they'll be working with APRA and will be part of that system. We are definitely interested in hearing of other programs that might support our clients. The main reason we have the contractor in Virginia is APRA doesn't have a program for women and children. DC is always the preference.

23. There are many programs in Baltimore and the outskirts in MD.

Answer: Our restriction is APRA. They will only use District providers. It becomes a funding issue.

24. What is the frequency of court hearings?

Answer: It depends. If you're talking about FTC, hearings are at the beginning, typically every week. Or if the person is in residential, it will be modified and then it goes up through the phases to once a month. That's in addition to a person's regular disposition permanency hearing. Permanency hearings here are typically 3-4 months not 6 months. The other population of clients who are court involved, would have just their regular court hearings, which might be 3, 4, 5 up to 6 months.

25. How many phases in the program?

Answer: 4.

26. Is there any information or brochure on the phase system?

Answer: We can give you a chart to show you what the phases look like. *(The chart is attached as part of this Amendment: See Attachment 1 to Amendment 2).*

27. You have policies/procedures. This is a fully functioning, well-oiled machine that we are just going to drop some individuals in?

Answer: It just started in January. Our policy manual is not yet finalized. This is a work in progress. We don't have RSs as they are contracted out. We have someone acting in that capacity. And we only have a few clients right now.

28. Who does drug testing? Does the RS do it?

Answer: It happens in Court – it is called pre-trial services; and also at the provider.

28.1 How is it randomized?

Answer: In court it is randomized through a color system, like days in the week when you call in. The randomization is up to the provider. It depends on how/where they are in treatment.

29. What are the primary drugs of choice here?

Answer: For adults – marijuana, alcohol and PCP. The District at large sees less PCP than we do. We see more marijuana only because we are asking them to get treated. APRA sees less marijuana, because the people who smoke marijuana aren't going there voluntarily to get treated. We also have crack.

30. You have methadone providers for heroin users?

Answer: There are methadone providers. Heroin is a growing problem, but not a primary drug of choice.

31. Talk about Mental health? Is that an APRA referral? How does that work?

Answer: One of the benefits is that the Department of Mental Health merged with the Addiction Prevention and Recovery Administration, last October. They are now one Department of Behavioral Health (DBH). They haven't yet fully linked their clients to one another like they would want to do. Example: mental health therapists are not able to go into the recovery system to see if the clients they referred have gone into treatment, attending, what is their recovery plan. The systems don't talk to each other in the way they would want them to eventually. What we want to be able to do is if our client is linked to a mental health provider and then receives a referral for substance abuse, to inform that mental health therapist that there has been a referral. So the therapist knows. Over the next 6 months to a year, these linkages are being worked out.

32. The reports that you are talking about – is there any particular format?

Answer: We are not looking for anything fancy. For some of the reports, the RS will utilize access to FACES (our SACWIS system), and they will also have access to APRA's system the District Automated Treatment Accounting System (DATA). For other FTC reports, there are specific formats required.

33. The social workers are responsible for case management and the RSs are responsible primarily for recovery and not case mgmt.

Answer: The social worker is responsible for case mgmt. because they are responsible for the adult and child, while the RS is responsible for treatment for the adult client, mostly.

34. Page 10: Transporting clients to appointments, court, home visits. Vehicles are provided.

Answer: A lot of time the vehicles are not needed, but are available for use.

35. Since you are holding the cars, it talks about the contractor having separate insurance. What responsibility does the contractor have?

Answer: Section I.8, page 59 gives the coverages. You'd have to provide a Certificate of Insurance. We will clarify the Auto insurance coverage. **Clarification: The coverage is as specified in the Solicitation: Automobile Liability Insurance. The Contractor shall provide automobile liability insurance to cover all owned, hired or non-owned motor vehicles used in conjunction with the performance of this contract.**

Therefore the Automobile Liability Insurance has to be provided in order for the contractor to use District vehicles.

36. Is there software involved to help manage these cases, or is it just FACES? Could we use any additional software?

Answer: We wouldn't require any other software. If there are any software needs that you have, there should be no specific restriction, as needed. As long as you let us know about them.

37. Page 23: 51 % new hires to be District residents?

Answer: The District has a First Source Program that requires 51% of **new hires** for any new contract, be District residents. This requirement applies for existing positions that may be open due to terminations, lay-offs and resignations. **NOTE: Sections H.5.4 through H.5.8 do not apply to non-profit organizations.**

38. If you bid over \$250,000 you have to subcontract 35% to a Certified Business Enterprise (CBE)?

Answer: That is the CBE requirement. You may request a waiver of this requirement if you can find it impossible to subcontract the required 35%. Information on this Waiver Request is attached in this Amendment. If 35% cannot be subcontracted, you should seek a Waiver from the CFSA Contracting Officer explaining your reasons. **This Waiver Request is to be sent to the CFSA Chief Contracting Officer.**

The Waiver should follow the following format:

Waiver of Subcontracting Requirements of D.C. Code §2-218.46(2)

(Contractor name) incorporated in (location of incorporation), in accordance with D.C. Code §2-218.51 asks for a waiver from the subcontracting requirements of D.C. Code §2-218.46(2) because "no qualified business enterprises are available to satisfy the subcontracting requirements".

(Contractor) provides the following as reasons for this waiver request:

If there are portions of the contract that can be subcontracted, for example – transportation, but do not meet the 35% requirement, the attached ***Subcontracting Plan Form (See Attachment 2 to Amendment 2)***, should detail the Certified Business Enterprises (CBEs) being utilized. The Contracting Officer will make a decision on the acceptability of the Subcontracting Plan. Upon contract award, a copy of the Plan has to be sent to the DSLBD. Please see the attachment: ***Find a CBE Today! (See Attachment 3 to Amendment 2)***, for more information.

39. Is it possible to see the space that the RSs will be working in?

Answer: We haven't yet identified the place they would be using. It will probably be 5 cubicles close to the Permanency Administration.

40. When are you expecting services to begin?

Answer: There would be a short planning phase after award, after which the unit would be here. We are projecting mid-June.

H.16 DIVERSION, REASSIGNMENT AND REPLACEMENT OF KEY PERSONNEL

The key personnel specified in the contract are considered to be essential to the work being performed hereunder. Prior to diverting any of the specified key personnel for any reason, the Contractor shall notify the CO at least thirty (30) calendar days in advance and shall submit justification, including proposed substitutions, in sufficient detail to permit evaluation of the impact upon the contract. The Contractor shall obtain written approval of the CO for any proposed substitution of key personnel.

L.1.2R SELECTION OF NEGOTIATION PROCESS

In accordance with 27 DCMR §1632, after evaluation of the proposals using only the criteria stated in the RFP and in accordance with weightings provided in the RFP, the contracting officer may elect to proceed with any method of negotiations, discussions or award of the contract without negotiations, which is set forth in subsections (a), (b), (c), or (d) of section 1632.1.