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ADDENDUM 4

To: All Interested Proposers

From: Lucy Balderama, Inventory Bid Technician

Date: July 1, 2016

Subject: RFP #16-036, Sex Offender Therapy for Adult Probation

This addendum has been issued to notify vendors of the following questions:

1. On Scope of Work, page 7, #3 regarding - Service provider shall provide therapeutic services in the client's language of literacy. For clients referred by the department who are hearing impaired and their language of literacy is American Sign Language, will the department provide/pay for translation services under this RFP?

Response: No this will be the responsibility of the service provider.

2. On Scope of Work, page 7, #4 regarding - Provision of materials: Currently, clients use various workbook materials as determined by assessment, primarily the Pathways/ Supplemental and Good Lives Workbooks by Matthew Ferrara, Ph. D, to facilitate their treatment work. Currently clients are financially responsible to pay for the treatment workbooks each uses. It is acceptable for clients to pay for their treatment workbooks under this RFP?

Response: Yes it is.

3. On Scope of Work, page 7, #5 regarding treatment goals: Will it be acceptable to the department if the goals of treatment remain the same with the exception of the specific reference to the terms "cycles" and "relapse prevention"? Current treatment material uses the terms "pathways" to sexual offending and "getting off the pathway to sexual offending." The ultimate treatment goal remains the same: to reduce the tendencies of future sexually abusive behavior. Will alternative terms to achieve this goal be acceptable?

Response: Yes

4. On Scope of Work, page 8, #7 regarding Assessment Phase:

It is impossible to complete the assessment phase within two weeks of referral. Completion of assessment depends on the client's compliance with scheduling and responsibly attending scheduled appointments; client need and functionality; client financial and time resources; and the complexity of assessment. Currently, assessment consists of a minimum of four (4) separate appointments spaced two weeks apart and includes three (3) clinical appointments with a treatment provider and the administration of the Abel Assessment (AASI-3). Based on client need, additional clinical sessions could be necessary. Typically, assessment is completed in 6 to 8 weeks for responsible clients without special needs. The standards of practice for sex offender assessment established by the Texas Council on Sex Offender Treatment (CSOT) allows up to 60 days from the first date of clinical contact with the client to complete assessment. This can be extended for clients with special needs. The assessment process is divided into these separate sessions and spaced two weeks apart for the client's benefit, financial and time required. The assessment process can be accomplished in a shorter time period, 3 to 4 weeks, from initial clinical contact, but requires a relatively large out-put of financial and time resources in a relatively short period of time by the client. A significant number of clients do not complete initial assessment in 6 to 8 weeks because of their lack of financial resources.

Is the intent of this provision for the treatment provider to provide an initial appointment to begin assessment in two weeks? Will the CSOT standards for SO assessment be acceptable under this RFP? Will the CSOT standards for SO assessment be acceptable under this RFP?

Response: Yes it is the Department's intent to have the client schedule an appointment for an assessment within two weeks of the referral.

Response: Yes the CSOT standards for SO assessment will be acceptable under this RFP.

5. On Scope of Work, page 8, #8 b) Progress reports shall be submitted to the department no later than the 10th of each month. Previously the Department agreed that monthly progress reports are to be submitted by the 15th of each month. Can the date for timely submission of monthly progress reports under this RFP be extended to the 15th of each month?

Response: No they are due the 10th of each month.

6. On Scope of Work, page 9, #9 regarding Intensive Treatment Phase, Clients work on individual treatment goals in a group setting. The group treatment content is divided into ten (10) different psycho-educational modules of six sessions each. For decades within this program, treatment has used group treatment as the primary modality, but has also included periodic individual treatment sessions with couple and/or family sessions as needed. Approximately six years ago, the format of using ten (10) different psycho-educational modules of six sessions each was modified based on the change in empirically-based recommended treatment, outdated treatment materials, and for client benefit. This change in treatment format and materials were discussed with and approved by the then Chief Probation Officer and Supervisor of the Sex Offender Unit. Currently the majority of clients in the intensive phase of treatment participate in a weekly open-ended group with one individual session per month using the Pathways/

Supplemental and Good Lives Workbooks by Matthew Ferrara, Ph.D. Other treatment materials, modalities, and frequency of treatment are recommended based on client need as determined by assessment. Treatment recommendations are staffed with the client's community supervision officer. Will the current empirically-based treatment format and materials be accepted for the provision of treatment under this RFP?

Response: No.

7. On Scope of Work, page 9, #11 regarding Maintenance Phase, conducted in a group setting to review and reinforce the relapse prevention plan. During maintenance the client meets with the service provider on a monthly basis for one year, bi-monthly for the second year and quarterly for the third year. The maintenance group frequency can be kept at a monthly basis and/or extended should the client, therapist or community supervision officer deem it necessary. For the entirety of using a maintenance phase of treatment at Reed & Associates, both group and individual treatment modalities have been utilized with the frequency of: 1st year, one group and one individual per month; 2nd year, one clinical contact per month with one month group and alternate month individual; and 3rd year, one group and one individual in a three month/quarterly basis. The recommendation to increase or decrease of maintenance length or frequency is staffed with the client's community supervision officer. For previously stated reasons, a relapse prevention plan is no longer being developed. Will the utilization of both group and individual session in the Maintenance Phase at the frequency outlined be acceptable under this RFP? Will it be acceptable under this RFP to substitute for the phase "reinforce the relapse prevention plan," the phase, "reinforce the practical application of treatment concepts and skills learned to reduce the tendencies of future sexually abusive behavior"?

**Response: Yes both group and individual sessions will be acceptable.
Yes it is acceptable to substitute the phrase relapse prevention plan.**

8. On Scope of Work, page 9, #12 regarding Discharge Plan. The service provider shall develop a discharge plan for each client after the completion of the (third year) quarterly Maintenance Phase of treatment. After staffing with the community supervision officer, currently the majority of clients are completing the maintenance phase of treatment in less than three years. Would it be acceptable to delete the phase "(third year) quarterly" to allow for the possibility that the maintenance phase of treatment could be shorter or longer than three years?

Response: Yes.

9. On Special Conditions, Page 13, section 13.7, Records Retention. For the information of the department, CSOT guidelines now require retention of records for clients receiving sex offender assessment and/or treatment for 10 years. My questions involve the statement that the Department owns all the records and that the program must request disposition instructions from Department. I recognize that the Department may own/request the return/provide disposition instructions for records/information that it has shared with the program. However, I request legal consultation requiring records that are generated within the program that include but are not limited to: various forms, assessment questionnaires/tests, and clinical notes. Which requirement will prevail if

there is a conflict between this provision for the Department and a guideline/rule for a governing board?

Response: For Records requests we will seek legal opinion from our attorney.

10. On Administrative and Fiscal System, page 16, 4.10 - Misspent Funds and Exhibit A, Unallowable Costs; Under this RFP, what is the applicability of these sections given that any funds received by the program are fees for service provided by the program?

Response: This is meant to keep the provider from charging the client other fees not stated in the response to RFP.