

**STATEMENT OF WORK
RESIDENTIAL HOUSING AND TREATMENT SERVICES
INVITATION TO QUALIFY (ITQ) CONTRACT**

OVERVIEW: The purpose of this Residential Housing and Treatment Services Invitation to Qualify (ITQ) contract is to address the residential and treatment requirements of the Commonwealth of Pennsylvania's Department of Corrections (DOC).

ISSUING OFFICE: This ITQ is managed and administered by the Commonwealth of Pennsylvania, Department of Corrections (DOC), Bureau of Administration. All inquiries should be referred to:

Amanda Wasko
PA Department of Corrections
Bureau of Administration
1920 Technology Parkway
Mechanicsburg, PA 17055
Telephone: 717-728-3914
Email: amawasko@pa.gov

TERM OF CONTRACT: Any contract issued to qualified Contractors, as a result of this ITQ, shall commence on the Contract Effective Date and shall end on 1/31/29. There are no renewals available.

QUALIFICATIONS: Suppliers interested in providing residential housing and treatment services must meet the following requirements, and must furnish the following documentation. Failure to meet the below requirements or submit the appropriate documentation will result in the application being rejected. Award of a contract to a Supplier is not a guarantee of business.

A. SUBMIT: Contractors must complete and/or upload the following attachments in the ITQ JAGGAERsystem:

1. A narrative of service(s)
2. Documentation showing three (3) years of experience in delivering the services under the Service Category. Acceptable documentation can include verification of prior services and/or licenses.
3. Domestic Workforce Form
4. Iran Free Procurement Form
5. Workers Protection Form
6. Contractors must provide a narrative indicating how it will meet the requirements below for the service category(ies) for which they are qualifying:

- a. Service delivery and how contractor will meet requirements outlined in each Service Category;
- b. Evidence-based model used;
- c. Outcome/performance measures established for this service and how they will be achieved and upheld;
- d. Plan, coordinate and partner with other community organization working with reentrants funded under this contract;
- e. Staffing with a summary of current staff qualifications;
- f. Name of designated individual responsible for overall operation of the facility and/or services provided; and
- g. Additional requirements that may exceed can be found at the specific category.
- h. Must meet both general requirements and service-specific requirements

7. Copy of current Worker's Compensation and Public Liability and Property Damage Insurance Certificate;

8. Contractor(s) are required to complete and return Attachment A, Cost Submittal; and

9. Counties - select which counties you are able to serve

B. SERVICES: All services must be provided twenty-four (24) hours per day, seven (7) days per week.

1. Gender specific programming and services must be provided. Male and female reentrants must be segregated and housed in separate areas of a single facility. However, males and females can attend programming together with the approval of the DOC BCC Regional Director.
2. Selected Contractor(s) for all Lots will be required to provide food services for reentrants, which must include three (3) meals per day with at least one (1) being a hot meal. Dietary allowances must be reviewed at least annually by a qualified nutritionist, dietician, or physician to ensure that they meet the nationally recommended allowances for basic nutrition for the types of reentrants housed in the facility. Accommodations shall be made for those who require a special diet. Vending machine services shall be available to include food and beverages.

C. TASKS:

1. Emergency Preparedness: The selected Contractor(s) must develop an emergency preparedness plan for the services required under any contract executed as a result of this solicitation. The emergency preparedness plan must be approved by the DOC prior to any reentrant being placed in the facility at which the Contractor(s) will provide services and must be maintained throughout the term of any contract executed as a result of this solicitation. The emergency preparedness plan must, at a minimum
 - a. Describe how a fire, pandemic, or other natural disaster, including, but not limited to an earthquake or flood, may impact the delivery of services.
 - b. Describe in detail the plan to continue providing services in the event that an emergency renders the facility, at which services are to be provided, unusable.
 - c. Provide and describe in detail the Contractor(s)' organizational training plan
 - d. Identify the essential operations and key personnel within the organization who are necessary to implement the emergency preparedness plan
 - e. Address how the Contractor(s) will address staffing issues if a significant portion of its personnel are incapacitated by illness or injury
 - f. Address how the Contractor(s)' personnel will address contagion control measures to prevent the contagion from entering the primary service areas
 - g. Address how the Contractor(s) will communicate with personnel and contractors if primary communications systems are overloaded or otherwise fail.
 - h. Describe how the emergency preparedness plan will be tested and whether such testing will be conducted by a third party.
 - i. Contractor(s) are encouraged to conduct simulated drills

D. ADMINISTRATION:

1. The selected Contractor(s) must designate an individual to be responsible for the overall operation of its facility or facilities and any treatment programs provided. The designated individual must be on site to provide direct supervision of all treatment and security staff on a regular and daily basis. Direct supervision includes documentation of case file reviews and observation of service delivery (group facilitation and/or individual counseling sessions) at least once per month.
2. The selected Contractor(s) must maintain a narrative description and diagrammed

organizational chart outlining the structure of authority, responsibility, and accountability for the organization and for each facility. The intent is to gain an understanding of the "chain- of-command" within the organization.

3. All persons providing services at a selected Contractor(s)' facility pursuant to any contract arising from this solicitation shall be issued and must sign for a copy of the DOC Code of Ethics (Attachment B) prior to providing services and must comply with their provisions. Any alleged violation of either Code shall be reported to a designated contact person within one (1) hour of discovery. The Contractor(s) shall then be provided direction regarding the course of action which may include investigation by the Contractor(s), DOC or outside law enforcement.
 4. When the DOC conducts an investigation, the Contractor(s) will be notified of the findings and recommendations within thirty (30) working days of initial discovery. When the Contractor(s) conducts the investigation, they must provide the DOC with a copy of the investigation and course of action within thirty (30) working days of initial discovery. Depending on the seriousness of the charges, the DOC may prohibit the contract employee from providing services at any sites contracted with the DOC. All Contractor(s)' employees shall fully cooperate with any investigation conducted by the DOC or outside law enforcement agency. When applicable, surveillance video recordings must be submitted within 5 business days from request.
 5. The selected Contractor(s) and any persons providing services pursuant to any contract arising from this solicitation must cooperate in a background investigation by completing a security clearance application and answering any questions posed by the investigator. The DOC may deny an individual access to any contracted facility and/or any reentrant information during the course of the investigation or due to violation of policy.
- E. **ACCREDITATION:** Stand-alone inpatient facilities providing services under Lot 2 (AOD) may be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and are exempt from additional requirements listed under this section. **All others must follow these mandates:**
1. Contractor(s) must comply with the standards imposed by the current American Correctional Association's (ACA) Standards for Adult Community Residential Services (ACRS) throughout the term of the contract.
 2. These standards can be obtained by contacting the ACA at www.aca.org and include, standards for safety and security, accreditation services, programs, operations essential to good correctional management, including administrative, staff, and fiscal controls, staff training and development, physical plant, emergency procedures, sanitation, food service, rules and discipline, and a variety

of subjects that comprise good correctional practice.

3. Contractor(s) must possess the relevant, current ACA accreditation, or obtain it no later than two (2) years after receipt of the first reentrant placed by Community Corrections and Reentry. Once achieved, accreditation must be maintained throughout the remaining term of any contract. Failure to achieve accreditation within the specified time or to maintain accreditation may result in cancellation of the contract and removal of all reentrants. A facility housing twenty (20) reentrants or less may request a waiver of this mandate from the DOC's Director of the Bureau of Community Corrections.

F. MANAGEMENT:

1. The selected Contractor(s) must report any arrest of a person providing services under any contract resulting from this solicitation. Any arrest must be reported within one (1) hour of occurrence. The selected Contractor(s) must promulgate and enforce, by discharge if necessary, a policy requiring persons providing services under any contract issued pursuant to this solicitation to report arrests.
2. The selected Contractor(s) shall notify the DOC upon the discovery that a friend, family member or someone with whom a personal relationship exists is being supervised under the authority of the DOC. Permission to visit and/or correspond with such persons is at the discretion of the DOC.
3. The selected Contractor(s) shall report every reentrant abuse allegation in accordance with DOC policy and procedures. This includes any incident of abuse or allegation of sexual contact between reentrants or persons providing services to reentrants as specified through the Prison Rape Elimination Act (PREA). Additional information on PREA can be obtained at <https://www.prearesourcecenter.org>.
4. The selected Contractor(s) must promulgate and enforce a Substance Abuse policy. The Substance Abuse Policy must apply to any person providing services pursuant to any contract executed as a result of this solicitation and be enforced, by discharge if necessary, throughout the term of any such contract.
5. The selected Contractor(s) must comply with the Clean Indoor Air Act.
6. The selected Contractor(s) shall ensure that all persons performing services pursuant to any contract executed as a result of this solicitation complete the applicable DOC Basic Training within one year of execution of the contract and within six (6) months for persons who begin providing services thereafter, this training will be provided by the DOC at no cost to the Contractor(s). Basic training requirements are subject to change in accordance with DOC policy. All clinical staff shall complete additional training as required by DOC policy. The Contractor(s) must notify the BCC administration of any staff who fail to complete the DOC Basic Training within six (6) months of hire date. Failure to notify and or failure to complete may result in the

suspension of staffs' clearance(s).

7. The selected Contractor(s) must ensure that any person providing services pursuant to any contract executed as a result of this solicitation is trained and competent on DOC policy and procedure relating to Community Corrections on an ongoing basis and as required by the DOC.
8. No reentrants under active supervision may work as a permanent employee at the contracted site or supervise other reentrants. To the extent permitted by applicable law, reentrants can be employed part-time as a food service or maintenance worker under supervision.

G. POLICY AND COMPLIANCE: The selected Contractor(s) must furnish all personnel, management, equipment, supplies, and services necessary for performance of all aspects of any contract resulting from this solicitation. Unless explicitly stated otherwise, the selected Contractor(s) will be responsible for all costs associated with and incurred as part of providing the services outlined in this contract.

1. The selected Contractor(s) must comply with all applicable policies to include but not limited to DOC 8.1.1, DOC 8.3.1, DOC 8.3.12, BCC-ADMs and procedures of the DOC. This includes subsequent revisions, as well as any rules, regulations, and manuals provided by either the DOC. DOC policies can be found at www.cor.pa.gov.
2. Selected Contractor(s) must adopt and comply with standards of the Prison Rape Elimination Act (PREA) including the auditing provisions contained within §115.401. Contractor(s) must maintain compliance with the standards between audit years. Selected contractor(s) must also comply and adopt DOC PREA notices as set forth in DC-ADM 008, and applicable DOC policies. The third-party reporting mechanism as listed in DC-ADM 008, must be posted and made available to all residents in English and Spanish. Additional information on PREA can be obtained at <https://www.prearesourcecenter.org>.
3. Selected Contractor(s) will be required to file various reports set forth in DOC Policy within timeframes specified by DOC, any amendments thereto and ad-hoc reports as required by the DOC. Reports are to be completed on DOC policy forms by all staff members, regardless of rank or department.
4. The selected Contractor(s) must work cooperatively with the designated DOC representative to assure that compliance is achieved, demonstrated and maintained.
5. DOC staff have access to the selected Contractor(s)' facilities at all times to conduct security inspections, program evaluations, file reviews (residential & fiscal), and reentrant interviews. Access is also required for detainment of reentrants.

6. Each facility, as well as the selected Contractor(s)' central office, must have a computer system equipped with Microsoft Office to enable the selected Contractor(s) to send and receive information electronically, to and from the DOC. In addition, Contractor(s) must have access to videoconferencing equipment to include Skype, Teams, and Zoom.
7. The select Contractor(s) may be required to designated a minimum of three (3) staff members to obtain certification and or attend trainings to be able to utilize DOC computer based systems. These systems may include but are not limited to:
 - a. DOCNet- Case overview and history
 - b. CAPTOR- Case notes, Case Assignments and Location Management
 - c. Vant4gePoint – Case Planning and programming
 - d. Power DMS- compliance
8. The selected Contractor(s) may be required to incur costs necessary for the DOC to install equipment used to enforce and standardize new policies and procedures implemented by the DOC. Any equipment installed by the DOC for such purpose will remain the property of the DOC and must be returned in good condition at the conclusion of any contract resulting from this solicitation; reasonable wear and tear expected.
9. The selected Contractor(s) must have all licenses and comply with all laws, regulations, policies and procedures applicable to the services to be provided throughout the term of any contract resulting from this solicitation. Any deficiencies cited by any governmental regulatory agency, including but not limited to, DDAP, OSHA, OMHSAS and the Department of Labor and Industry must be reported to the DOC within forty-eight (48) hours of notification thereof. A corrective action plan addressing any such deficiency must be provided to the DOC within seventy-two (72) hours of notification of the deficiency and updated as material changes occur. The results of any follow up inspection or other agency action concerning any such deficiency must be forwarded to the DOC within seventy-two (72) hours of receipt by the selected Contractor(s).
10. DOC reserves the right to withdraw reentrants from the program at any time for any reason

H. REFERRALS:

1. The selected Contractor(s) must designate one point of contact to receive/process referrals and respond to the BCC Centralized Referral Unit during normal business

hours. The point of contact must respond within 3 business days or receipt of referrals. The individual will be granted access to authorized DOC computer systems and must submit to a background check for this purpose. All movement entries are to be submitted and completed as stated within DOC policy.

2. The selected Contractor(s) must conduct a Suicide Risk Screening **approved by the DOC** on all new reentrants

I. INSPECTIONS:

1. Prior to Reentrant Placement: Prior to the placement of reentrants in the facility of the awarded Contractor(s) the DOC may inspect the facility where services will be provided
2. Ongoing Inspections: Contractor(s) are subject to inspections by the DOC throughout the term of the contract. DOC will inspect facilities in accordance with their respective policies using the standards promulgated and approved by the DOC and ACA. Inspections may be conducted with or without notice to the Contractor(s). The DOC may search facilities at any time.

J. SECURITY:

1. General
 - a. The selected Contractor(s) shall ensure that each reentrant placed within their facility will receive a facility orientation. A copy of facility rules, the DOC BCC Universal Set of Rules, the facility handbook and expectations, as well as photo identification will be provided.
 - b. The selected Contractor(s) shall ensure that each reentrant assigned to its facility follows the Universal Set of Rules established by the DOC as well as DOC rules and procedures related to community corrections and reentry.
 - c. The selected Contractor(s) shall provide a copy of its facility's emergency plans to the DOC regarding natural and man-made disasters to include short term and long-term evacuation.
 - d. At no time shall the Contractor(s) allow any weapons to be carried by their staff or reentrants.
 - e. Staffing levels must be reviewed and approved by BCC administration. Any deviations from the approved staffing plan must be resubmitted.
 - f. The facility security staff must wear a uniformed shirt as designated by the facility. This is to be the staff member's outer-most garment.

- g. If the selected Contractor(s) employs unionized personal at the facility, a copy of the Collective Bargaining Agreement (CBA) between the Contractor and the union must be provided to the DOC.
- h. Every facility shall be equipped with a functioning public-address system to be used for general and emergency announcements.
- i. Every facility shall be equipped with a functioning two-way communication system to be used for staff-to-staff contact. A facility housing twenty (20) reentrants or less may request a waiver of this mandate from the DOC's Director of the Bureau of Community Corrections.
- j. The facility must have enough radios to issue to every security and treatment staff member on a regular duty day. All staff members are required to utilize facility issued radios during the duty day.
- k. The facility's video retention devices must have memory to store and recall data for 30 days, or as directed in Department policy related to community corrections. Video requested by the DOC must meet viewing requirements in the format requested. When applicable, video recordings must be submitted within 5 business days from request.

2. Access Control

- a. The selected Contractor(s)' staff is responsible to protect the community, one another, DOC, employees and reentrants from harm.
- b. The selected Contractor(s) shall assure that all exterior doors to its facility are secured to prevent unauthorized ingress and egress. All exterior doors must be alarmed or directly observed to prevent/detect unauthorized ingress or egress.
- c. Main ingress may occur at only one (1) point and must be controlled by staff.
- d. The main entrance point must be equipped with a walk-through metal detector operated by security staff. The selected Contractor(s) must ensure that every person entering the facility processes through the metal detector. A facility housing twenty (20) reentrants or less may request a waiver of this mandate from the DOC's Director of the Bureau of Community Corrections.
- e. All facility windows must be secured to prevent and/or detect unauthorized ingress or egress. A window must be equipped with a functioning alarm. If it cannot be equipped with an alarm due to ventilation issues, it must be secured in a manner so as to prevent an average size person from being able to exit through it.

- f. Each facility must be equipped with a functioning surveillance system having the capability to monitor and record all points of ingress/egress, and common areas within the facility. Common areas include dormitory style housing areas that are not considered designated changing areas.
- g. Properly identified DOC or law enforcement employees conducting official business must be processed into the facility without delay.

3. Drug Interdiction

- a. The selected Contractor(s) shall implement testing for alcohol and other drugs according to the standards set forth by the DOC. This shall include the random testing of all DOC reentrants by urinalysis, breathalyzer, and other drug testing devices. Urine samples must be collected as set forth in the applicable DOC policy or as otherwise directed by the DOC. Urine specimens must be submitted to the testing laboratory selected by the DOC. The DOC will provide all supplies and will be responsible for all non-personnel costs associated with alcohol and other drug testing. The selected Contractor(s) must maintain accurate records of specimens collected and furnish them to the designated DOC contact as requested.
- b. Unannounced drug interdiction efforts, to include K-9 searches, electronic drug detection, and general searches, may be conducted at any time.
- c. The selected Contractor(s) shall not conduct any drug interdiction business with any outside resource without consent of the DOC. All requests shall be made through a designated DOC contact.

4. Reentrant Supervision

- a. The selected Contractor(s) shall maintain 24-hour supervision of reentrants, with staff present in its facility at all times. The selected Contractor(s) assume all responsibility for the care, custody, and control of reentrants transferred to it by DOC and PBPP. All reentrants must be accounted for at all times.
- b. The selected Contractor(s) must maintain a functioning electronic accountability and daily supervision system which shall include a sign-out procedure, to ensure that the Contractor(s) has knowledge of a reentrant's whereabouts at all times. Curfew shall not exceed any standard set by the DOC. A facility housing twenty (20) reentrants or less may request a waiver of this mandate from the DOC's Director of the Bureau of Community Corrections.
- c. The selected Contractor(s) must create and provide each reentrant with a Contract Facility Resident Handbook that includes facility regulations as well

as the DOC's Universal Set of Rules. Handbook requirements must be enforced. Resident Handbooks must be reviewed/updated yearly, and a copy must be provided to the Bureau of Community Corrections' Central Office to be posted on the Department's website.

- d. The selected Contractor(s) must report any reentrant escape or other unauthorized absence from the facility or a treatment program, including a curfew violation, immediately to the designated DOC Bureau of Community Corrections' contact/Management Operations Center (MOC).
- e. No reentrant may sign in or sign out another reentrant or person, nor question another reentrant or person regarding security matters.
- f. Contractor(s) must immediately report the detainment of any reentrant by another authority (i.e. arrested) to the designated DOC-contact/Management Operations Center (MOC), if applicable, and a detainer must be lodged. Verification of who lodged the detainer and the date, time, and reasons must be indicated.
- g. Misconducts, abnormal or violent behavior, or illegal activity must be reported to the designated DOC contact/Management Operations Center (MOC) immediately.
- h. Under no circumstances shall the selected Contractor(s) inform any reentrant that he or she is terminated from treatment services or expelled from the facility.

5. Searches

- a. The selected Contractor(s) shall have security staff conduct searches of all employees, reentrants, visitors and their property as they enter their facility. The selected Contractor(s) shall search their facility as required by DOC Policy 8.3.1., which will be provided upon execution of a contract. The DOC designated contact shall be given advance notice of a facility search and provided appropriate documentation at the conclusion. The DOC shall be notified as early as possible of any search scheduled to be conducted by an outside law enforcement agency. The selected Contractor(s) shall not conduct searches using outside resources without prior DOC approval.
- b. Any contraband found shall be maintained in a secured cabinet with exclusive access available only to the facility's designated evidence custodian and DOC officials.

K. COMMUNITY INTERACTION:

- 1. Positive relationships must be established and maintained both with the criminal

justice community (DOC and law enforcement agencies having jurisdiction over the facility) and the local community. The selected Contractor(s) shall establish a community advisory board to facilitate its interaction with the community that meets at least twice, annually. The selected Contractor(s) must establish a Community Work Program (CWP), consistent with DOC policy to allow reentrants to participate in community improvements.

2. The selected Contractor(s)' facilities must be within walking distance to public transportation businesses that will offer employment to reentrants, and county assistance offices. If they are not, the selected Contractor(s) must provide transportation services at no cost to the Commonwealth.
3. The selected Contractor(s) shall contact the designated DOC Management Operations Center (MOC) within one (1) hour of negative media or public interaction and within twenty-four hours of positive interaction.
4. The selected Contractor(s) shall seek and identify transitional and/or permanent housing possibilities for parolees without approved home plans.
5. The selected Contractor(s) shall provide job placement and employment assistance to their residential reentrant population.

L. RECIDIVISM MONITORING:

Recidivism is a critical measure of the effectiveness of the Community Corrections Program in promoting successful reentry and improving public safety. The DOC will monitor and review the recidivism rates for facilities operated by the selected Contractor(s) in accordance with Attachment C. At a minimum, facilities operated by selected Contractor(s) must maintain a baseline rate of recidivism as outlined in Attachment C. Facilities reducing recidivism rates below the baseline recidivism range may be eligible to receive a price increase as more fully described in Attachment C.

M. INVOICING:

1. Invoices must be submitted to the Bureau of Administration no later than the 10th of every month. Late invoices and multiple errors may result in a reduced rate.
2. Information on invoices must match exactly what the Commonwealth has on file; i.e. vendor name, vendor number, "remit to" address, per diem rate, and banking
3. Backup documentation must be submitted as requested.
4. Payment for days in the facility shall include the day of entry but not the day of discharge.
5. Rent may be collected at the rate of 20% of monthly net wage income for each

reentrant. This amount must be calculated and deducted from the total invoice amount. The Contractor is responsible for documentation of all financial transactions.

N. MEDICAL:

1. Reentrants are responsible for their own medical, ambulance and dental bills through employer paid health insurance, public funded health insurance (i.e. Medicare/Medicaid), sponsored health clinics, or any other available source. In the event no funding for medical and/or dental care is available, the Contractor(s) must contact the DOC immediately. The Contractor(s) will not be responsible for payment of off-site medical and/or dental services. SDTP participants and reentrants residing in Parole Violator Centers must have prior approval by the DOC for reimbursement of costs associated with all medical procedures. Additionally, all emergency medical/dental contacts are extraordinary occurrences and shall be so reported.
2. The Contractor(s) may be responsible for transportation to and from a medical facility.
3. Any Parole Case who is under medical care for more 72 hours may be released from the facility count. Regional staff must grant prior approval.

O. SERVICE LEVEL AGREEMENTS:

1. The Commonwealth has developed a set of minimum Service Level Agreements (SLA), defined below, which the selected Contractor(s) are expected to meet or exceed in order to be in good standing on the contract. The SLAs will be monitored by the DOC.
2. Nothing contained in the SLA section shall be construed to limit the rights or remedies available to the DOC in law or equity or elsewhere under the contract.
3. The selected Contractor(s) will be allowed a sixty (60) day grace period to "ramp up" services, without scoring on the performance metrics in the table below. After the sixty (60) day grace period, tracking of each of the below performance metrics should begin, and the first report shall be due to the DOC contract officer one (1) month after the grace period ends.

P. PRICE INCREASE: During the term of the contract, selected Contractor(s) may be eligible for one or both types of price increases set forth below:

1. Price Increase for Compliance with Service Level Agreements (SLA): If the selected Contractor(s) meets the performance targets during the contract year, the DOC will increase the per diem rate by three percent (3%) for the subsequent contract year beginning January 1

2. Price Increase for Recidivism Rate Reduction: Selected Contractor(s) reducing facility recidivism rates may be eligible for a price increase as specified in Attachment C.

Performance Metric	Performance Target	Frequency of Review
Program Audits	95%	Quarterly
Security Audits (Mandatory)	100%	Annually
Operational Audits (Mandatory)	100%	Annually
BCC Director /	Pass/Fail	Annually
Unexcused Absences from a Non-secure facility	23%	Annually
Unexcused Absence from a Secure Facility	4%	Annually
Employment Rate	85%	Annually
120 Day	10% of population	Annually

SERVICE CATEGORIES: Suppliers will need to choose the appropriate commodity code(s) to qualify for this contract. Supplier will select the appropriate code(s) under the Business Details section of the qualification process. The Commonwealth may add additional service categories as the need arises. The table below lists the appropriate commodity code and description of each service category.

SERVICE CATEGORY/ COMMODITY CODE	SERVICE CATEGORY REQUIREMENTS
<p>Group Homes 85911000-ITQ-</p>	<p>I. <u>OVERVIEW:</u> Community-based facility to house and provide programming to male and/or female reentrants that include:</p> <ul style="list-style-type: none"> a. A room, which may be in a dormitory setting, that must include a bed, linens, blanket and pillow; b. Food services for reentrants, which must include three (3) meals per day with at least one (1) being a hot meal. Dietary allowances must be reviewed at least annually by a qualified nutritionist, dietician, or physician to ensure that they meet the nationally recommended allowances for basic nutrition for the types of reentrants housed in the facility. Accommodations shall be made for those who require a special diet. Vending machine services shall be available to include food and beverages. c. An adequate dining area; and d. Adequate washroom facilities. <p>II. <u>REFERRALS:</u> May include reentrants who have been paroled and or participants in Level 3 and 4 of the State Drug Treatment Program (SDTP). Referrals may include but not limited to hard to place reentrants such sex offenders, sexually violent predators, physically disabled, severely mentally ill, intellectually disabled, non-English speaking, long term offenders, commuted lifers, juvenile lifers, transgender or medical cases that do not qualify for a nursing home.</p> <p>III. <u>PROGRAMMING:</u> The selected Contractor(s) must assess each reentrant referred to its care and prepare the reentrant for transition into the community. At a minimum the selected contractor must:</p> <ul style="list-style-type: none"> A. Develop an individualized, detailed reentry plan and case notes for every reentrant which ensures continuity of services will continue in the reentrant’s home community. Reentry plan and case notes must be completed within the timeframe outlined by the BCC.

SERVICE CATEGORY/ COMMODITY CODE	SERVICE CATEGORY REQUIREMENTS
	<p>B. Provide inhouse assistance in the following areas as warranted by the reentrants needs:</p> <ul style="list-style-type: none"> i. Basic life skills, including but not limited to: obtaining public benefits, health maintenance and obtaining health care, using public transportation, obtaining personal identification; ii. Job Readiness, including, but not limited to: job search skills, creating resumes, interview preparation, effective communication, proper attire and skills for maintaining a job, utilizing local employment resources (i.e. Career Links, Office of Vocational Rehabilitation) and ensuring reentrants are provided information about job announcements provided by the DOC; iii. Community Services and community reintegration; iv. Employment and or Vocational Training search v. Development of an appropriate home plan and or furlough plan for each reentrant <p>IV. RELEASE and DISCHARGE: The selected Contractor(s) must comply with the release and discharge procedures established by the DOC</p>
SERVICE CATEGORY/ COMMODITY CODE	SERVICE CATEGORY REQUIREMENTS
<p>AOD 85911000-ITQ-</p>	<p>I. OVERVIEW: In addition to Group Homes Services, must provide a community-based facility, licensed by the Department of Drug and Alcohol Programs (DDAP), to house and provide inpatient AOD Treatment Services to male and/or female reentrants. Level of care.</p> <ul style="list-style-type: none"> A. Staffing requirements must meet the licensure requirements established by DDAP. B. Staffing compliment must be reviewed and approved by the BCC Administration. Any deviation from the approved plan must be resubmitted C. AOD programming must meet or exceed the standards required by the DDAP or any successor thereto,

SERVICE CATEGORY/ COMMODITY CODE	SERVICE CATEGORY REQUIREMENTS
	<p>D. AOD programming must be consistent with the AOD programming provided within the State Correction Institutions (SCIs) under the curriculum established by the Div. of Treatment Services.</p> <p>E. Releases of information must be signed so that treatment information may be shared with DOC/PPB upon request.</p> <p>F. Clinical staff must complete the Cognitive Behavioral Interventions (CBI) and motivational interviewing training offered through the DOC Training Academy, to be coordinated by DOC.</p> <p>G. May include participants in the community-based inpatient treatment portion of the State Drug Treatment Program (SDTP Level 2) and parolees that qualify for inpatient AOD services.</p> <p>H. Services must include a comprehensive assessment and appropriately integrated treatment plan addressing education, and guidance regarding issues related to the reentrants' psychiatric diagnoses, medication compliance, emotional problems and other life skills related difficulties.</p> <p>I. A multi-disciplinary approach to assessment and treatment must be used, including but not limited to addressing physiological, psychological, spiritual educational, vocational, social, legal, community, family, parenting, and other relationship issues/needs of the reentrant.</p> <p>J. The Contractor will assess and evaluate the need for MAT participation for all AOD reentrants. The Contractor will resource to provide onsite and/or off -site MAT services to reentrants housed in the AOD program, The Contractor will ensure a continuum of care for all reentrants participating in the MAT Services both pre and post discharge. MATs are not paid for under this contract.</p> <p>K. Contractor(s) shall recognize milieu therapy as the established path in the treatment process. Specific services shall include, at a minimum, the following:</p> <ol style="list-style-type: none"> 1. AOD assessment; 2. CBT/MET drug and alcohol treatment focused on individual and group counseling; and 3. Discharge summary and aftercare planning; <p>II. PROGRAMMINGS: Program services for substance abuse and/or dependent reentrants shall include comprehensive assessment and appropriately integrated treatment for all AOD disorders.</p>

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	<ul style="list-style-type: none"> A. A comprehensive assessment must be conducted with the reentrant. In addition, risk factors, needs factors, and responsivity factors must be assessed via standardized and objective instruments (may be mandated for use), which will include the American Society of Addiction Medicine (ASAM) or replacement thereof, to identify treatment levels and program components (e.g., anger management; relapse prevention). B. The comprehensive assessment shall include assessment tools approved by the DDAP and DOC. The ASAM (or replacement thereof) must be completed for all referrals, regardless of legal or financial status, to determine level of care. Results of the risk and needs assessment must be incorporated into a treatment plan which will be jointly formulated by the reentrant and his/her case manager. C. Except for SDTP participants, no one shall be placed in the Contractor(s)' AOD program without meeting assessment criteria for inpatient level of care. D. The risk and needs assessment, which considers the physical, mental health, and alcohol and other drug issues/needs of the reentrant, must identify specific risk and needs, and drive the treatment planning process. The treatment plan, prepared by the Contractor(s), must be shared with the DOC and PPB, as applicable, upon request. E. The treatment plan shall be reviewed and updated when new issues are identified, and/or significant changes occur in the reentrant's condition or situation and in accordance with DDAP regulations. Treatment goals shall recognize the presence of mental health limitations and be formulated accordingly; e.g. reentrant's progression in treatment is based on his/her ability rather than established criteria. F. A cognitive behavioral therapeutic modality, which is rooted in an evidence-based treatment model, will be utilized in both theory and practice. A cognitive based group shall occur at least twice per week for one and a half hours per session and shall consist of no more than 15 participants. G. Treatment goals will target criminogenic risk and needs, i.e., risk and needs that are related to re-offending. Cognitive behavioral strategies that assist the individual in challenging dysfunctional and self-defeating thoughts; addressing trauma-related issues; changing criminal thinking, attitudes, and behaviors to healthier, pro-social ways of thinking, acting, and viewing the world; developing and utilizing appropriate problem solving and coping skills; and avoiding relapse into substance abuse and other harmful behaviors (relapse prevention) will be utilized.

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	<p>H. Treatment goals will be specific, measurable, achievable, relevant, and time bound. Case notes and progress reviews will be timely and specific in terms of reentrant progress in the domains as established within the individual treatment plan. Interventions to assist reentrants with the achievement of treatment goals should be progressive, therapeutic in nature, and should include but not be limited to the following interventions: individual counseling, group participation, behavioral contract, and program team review.</p> <p>I. The Contractor(s) must use modules of the Therapeutic Community model of AOD rehabilitation services, which includes community meetings, pro-social groups, motivational activities, etc. This may also include psychological treatment, education, and guidance to deal with issues related to alcohol and other drug abuse and/or dependence.</p> <p>III. STATE DRUG TREATMENT PROGRAM LEVEL 2:</p> <p>A. Level 2 Curriculum: Eligible participants in Level 2 of SDTP treatment must spend a minimum of two months in a licensed community-based inpatient addiction treatment center and engage in programming as outlined in the following three (3) phases.</p> <ol style="list-style-type: none"> 1. Phase 1: The objectives of this phase will be 1) assessment; 2) goal setting and treatment planning; 3) education relative to mental health and AOD issues; and 4) motivational techniques. A participant will move to the next phase of Level 2 upon receiving a recommendation from the Contractor(s) for making significant progress toward their treatment goals, displaying appropriate behaviors and attitude, and complying with the treatment program and facility rules. 2. Phase 2: The objective of this phase is cognitive and behavioral change strategies. Behavioral plans will be reformulated to reflect the change in treatment focus and will be individualized to the participant's specific 3. Phase 3: The objective of this phase will be reentry, with a focus on achieving educational and vocational goals, as well as establishing a viable furlough address- <p>B. SDTP Level 2 treatment must include at least six sessions of Cognitive Behavioral Therapy (CBT) Skill Building and aftercare, with more sessions available based upon participant progress and needs. CBT Skill Building Groups must occur four times per week, while CBT Problem Solving Groups must occur twice per week. Each CBT session must be 1.5 hours in duration. Progress toward treatment goals must be monitored and minimum standards of success must be achieved in accordance with policy.</p>

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	<p>C. Upon successful completion of SDTP Level 2, participants may either be transferred to a Group Home facility or to an approved transitional residence for participation in SDTP Level 3. While housed in a facility, and/or while residing in an approved transitional residence, SDTP Level 3 participants are to successfully complete a minimum of six (6) months of AOD outpatient treatment.</p> <p>D. SDTP Programming Collateral Services: must also provide the following services relative to the administration of the SDTP Programming for eligible participants:</p> <ol style="list-style-type: none"> 1. Inclusion of the assigned Community Corrections Contract Facility Coordinator, or designated DOC staff in case conferencing; 2. Random and scheduled drug testing utilizing DOC contracted services and equipment; 3. A comprehensive discharge summary must be provided to the Bureau of Community Corrections Regional Office on a DC-13A Form, as outlined in policy, for each SDTP participant who successfully completes the inpatient level of the SDTP Program, or who is discharged for other reasons. Progress in treatment and reasons for completion/discharge must be clearly stated; and 4. Accurate and timely reporting to BCC and Community Contract Facility (CCF) staff, and the SDTP Coordinator/Designee for routine matters and any extraordinary occurrences, reassessments on SDTP cases returned to Level 2 from Level 3, and behavioral issues
SERVICE CATEGORY/ COMMODITY CODE	SERVICE CATEGORY REQUIREMENTS
Mental Health 85911000-ITQ-	<p>I. OVERVIEW: In addition to Group Homes services, must provide a community-based facility to house and provide Mental Health (MH) Service to male and/or female reentrants with psychiatric disorders, including but not limited to those individuals listed on the "C" and "D" rosters and those with Intellectual & Developmental Disabilities (IDD) of the various state correctional institutions.</p> <p>A. In a state correctional institution, an individual having a "C" stability code indicates a mental health need and required mental health services. This individual also has a mental health history and is monitored by psychiatry every ninety (90) days and psychology every thirty (30) days and may be prescribed medication.</p> <p>B. In a state correctional institution, an individual having a "D" stability code indicates the most serious need for mental health services consisting of monitoring by</p>

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	<p>psychiatry monthly and psychology weekly, unless more frequent monitoring is needed. This individual may be prescribed medication; however, he or she may not be medication compliant. The individual is currently receiving treatment for a substantial disturbance of thought or mood which significantly impairs judgment, behavior, and capacity to recognize reality or cope with the ordinary demands of life. This individual's treatment history is significant.</p> <p>C. The Contractor(s) will utilize the most current edition of the Diagnostic and Statistical Manual of the American Psychological Association (<u>currently DSM-5-TR</u>) and subscribe to the Department's philosophy of treatment. Additionally, the Contractor(s) must comply with all relevant ACA standards for mental health treatment as prescribed in the Statement of Work.</p> <p>D. Security staffing levels must be reviewed and approved by the BCC Administration. Any deviation from the approved plan must be resubmitted</p> <p>E. Contractor(s) must adhere to all applicable policies, which are located at www.cor.pa.gov; specifically, those pertaining to the MH/ID Roster classification system, Individual Recovery Planning procedures, and Psychiatric Review Team (PRT) procedures, and residential outpatient service delivery.</p> <p>F. The Contractor will assess and evaluate the need for MAT participation for all MH reentrants. The Contractor will resource to provide onsite and/or offsite MAT services to reentrants housed in the MH program. The Contractor will ensure a continuum of care for all reentrants participating in the MAT Services both pre and post discharge. MATs are not paid for under this contract.</p> <p>II. MH CASE MANAGEMENT: Services must include a comprehensive assessment and appropriately integrated treatment plan addressing education, and guidance regarding issues related to the reentrant's psychiatric diagnoses, medication compliance, emotional problems, and other life skills related difficulties.</p> <p>A. The selected Contractor(s) must conduct a Suicide Risk Screening approved by the DOC on all new reentrants.</p> <p>B. The Contractor(s) must complete a risk and needs assessment (on an evidence-based assessment instrument which may specifically be mandated by DOC/PPB) within two (2) working days of admission into the program, if such risk and needs assessment was not completed prior to the reentrant leaving the correctional institution. Contractor(s) must conduct an initial suicide assessment upon arrival and on-going screening thereafter.</p> <p>C. Based upon the needs assessment, the Treatment Plan will be jointly formulated by the reentrant and his/her case manager at the facility, to address specific needs</p>

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	<p>within the treatment process in accordance with DOC Policy. Each reentrant's treatment plan will be reviewed monthly and updated/adjusted as needed.</p> <p>D. The Contractor(s) shall provide Group Multi Track treatment options for all MH/IDD reentrants.</p> <p>E. The Contractor(s) shall provide a minimum of three (3) groups per week. The group is required to be a minimum of 1 clinical hour per group.</p> <p>F. Group Tracks shall be determined based on the MH evaluation & assessment, reentrant risk & need, each reentrant's ability to participate in programming Current MH Status and stability, employment status, progress in treatment, etc. Additionally, MH/IDD tracks shall focus on therapeutic interventions and community resources to support the reentrant such as: Safety Planning (SI), Social Skills Training (SST), Substance Use Disorder & Medical Assisted Treatment (SUD/MAT) Education, Interpersonal Relationship, Anger Management, Coping Skills, Medication Management, Relapse & Recovery, Employment Skills, Pro Social Habilitation, Fiscal Management, Housing-Independent, Semi Independent & Supportive Services, IDD & MH Services, Community Support Services/Community Liaisons (NAMI, CSP, PCCD, AA, NA, CareerLink), Practical Living Skills, Wellness & Leisure Activities based on Reentrant interest-Art Therapy, Yoga, Meditation, Mindfulness, etc.</p> <p>G. Mental health case management services must, at a minimum, offer:</p> <ol style="list-style-type: none"> 1. Mental Health Evaluation and Assessment; 2. Mental Health and Illness education; 3. Medication compliance & management. 4. Outpatient Mental Health services; 5. Coordination of Mental Health services with appropriate SCI and other community providers; 6. Aftercare and Support services; and 7. Individual and Group therapy. 8. Crisis Intervention 9. Discharge Plan that includes a referral to the Single County Authority (SCA) and/or County Mental Health Forensic Liaison. <p>III. <u>CLINICAL STAFF (for Outpatient Mental Health Treatment)</u></p> <p>A. Outpatient Mental Health Treatment may be onsite or in the community</p> <p>B. Staff must meet licensure requirements established by the DHS Office of Mental Health and Substance Abuse Services (OMHSAS).</p>

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	<ul style="list-style-type: none"> C. Clinical staff must complete training for Cognitive Behavioral Interventions and Motivational Interviewing offered through the DOC Training Academy D. All support staff shall be trained in Mental Health First Aid and Crisis Intervention E. Shall be licensed by the Commonwealth of Pennsylvania, Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS). <p>IV. <u>CLINICAL PROGRAMMING:</u></p> <ul style="list-style-type: none"> e. The Contractor(s) shall recognize milieu therapy as the established path in the treatment process. In addition, Group Services shall include Evidence Based Practices to increase quality of treatment, accountability & overall outcomes. The program shall fit the reentrant needs as opposed to the reentrant meeting the constraints of the program. The Contractor shall recognize the multi-faceted needs of the MH & IDD reentrants and adapt throughout the reentrant's residency based on need. Types of services provided by the Contractor may include but are not limited to: Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Motivational Enhancement Therapy (MET), Interpersonal Therapy (IPT), Motivational Interviewing (MI), Acceptance & Commitment Therapy (ACT), Eye Movement Desensitization & Reprocessing (EMDR), etc. B. The Contractor(s) and any subcontractor(s) providing mental health and/or co-occurring disorder services provided must be licensed and shall comply with community standards for service delivery; and must comply with standards established by the licensing body. C. If the Contractor(s) outsources mental health services, the Contractor(s) must provide written documentation upon request to the DOC evidencing that they have maintained consistent communication with the outsourced mental health service provider, and have been consistently apprised of the reentrant's treatment, progress and evolving needs.
SERVICE CATEGORY/ COMMODITY CODE	SERVICE CATEGORY REQUIREMENTS
Dual Diagnosis 85911000-ITQ-	<ul style="list-style-type: none"> I. OVERVIEW: In addition to Group Homes services, must provide both inpatient Alcohol and Other Drugs (AOD) and Mental Health (MH) services to those reentrants who are diagnosed with both disorders ("Dually Diagnosed Reentrants") in a facility that has been appropriately licensed to provide such services.

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	<p>A. The Contractor(s) will utilize the most current edition of the Diagnostic and Statistical Manual of the American Psychological Association (<u>currently DSM-5-TR</u>) and subscribe to the Department's philosophy of treatment. Additionally, the Contractor(s) must comply with all relevant ACA standards for mental health treatment as prescribed in the Statement of Work.</p> <p>B. Security staffing levels must be reviewed and approved by the BCC Administration. Any deviation from the approved plan must be resubmitted</p> <p>C. Contractor(s) must adhere to all applicable policies, which are located at www.cor.pa.gov; specifically, those pertaining to the MH/ID Roster classification system, Individual Recovery Planning procedures, and Psychiatric Review Team (PRT) procedures, and residential outpatient service delivery.</p> <p>D. The Contractor will assess and evaluate the need for MAT participation for all MH reentrants. The Contractor will resource to provide onsite and/or offsite MAT services to reentrants housed in the DD program. The Contractor will ensure a continuum of care for all reentrants participating in the MAT Services both pre and post discharge. MATs are not paid for under this contract.</p> <p>E. The Contractor(s) must complete a risk and needs assessment (on an evidence-based assessment instrument which may specifically be mandated by <u>DOC/PPB</u>) within two (2) working days of admission into the program, if such risk and needs assessment was not completed prior to the reentrant leaving the correctional institution.</p> <p>F. The contractor(s) shall conduct and evaluation for medication</p> <p>G. The selected Contractor(s) must conduct a Suicide Risk Screening approved by the DOC on all new reentrants upon arrival and on-going screening thereafter.</p> <p>H. Based upon the needs assessment, must identify specific risk and needs, and drive the treatment planning process. The treatment plan, prepared by the Contractor(s), must be shared with the DOC and PPB, as applicable, upon request.</p> <p>I. Must be licensed and shall comply with community standards for service delivery; and must comply with standards established by the licensing body.</p> <p>J. If the Contractor(s) outsources mental health services, the Contractor(s) must provide written documentation upon request to the DOC and PPB evidencing that they have maintained consistent communication with the outsourced mental health service provider, and have been consistently apprised of the offender's treatment, progress and evolving needs. Contractor(s) shall ensure that releases of information are signed so that treatment information may be shared with</p>

SERVICE CATEGORY/ COMMODITY CODE	SERVICE CATEGORY REQUIREMENTS
	<p style="text-align: center;">DOC/PPB upon request</p> <p>II. CASE MANAGEMENT: services must, at a minimum, offer:</p> <ul style="list-style-type: none"> A. Mental Health Evaluation and Assessment; B. Mental Health and Illness education; C. Medication compliance & management; D. Outpatient Mental Health services. <p>III. <u>CLINICAL STAFF (for Outpatient Mental Health Treatment)</u></p> <ul style="list-style-type: none"> A. Staff must meet licensure requirements established by the DHS Office of Mental Health and Substance Abuse Services (OMHSAS) and the Department of Drug and Alcohol Programs (DDAP). B. Clinical staff must complete training for Cognitive Behavioral Interventions and Motivational Interviewing offered through the DOC Training Academy C. All support staff shall be trained in Mental Health First Aid and Crisis Intervention D. Must be licensed by the Department of Drug and Alcohol Programs (DDAP) E. Shall be licensed by the Commonwealth of Pennsylvania, Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS).

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<p>Parole Violator Center 85911000-ITQ-</p>	<p>I. Overview: In addition to Group Homes Services, must provide a secure community-based facility to house and provide programming to male and/or female parole violators.</p> <p>A. The Parole Violator's Center diverts Technical Parole Violators (TPV) from incarceration while successfully addressing the criminogenic needs and behaviors within a safe and secure environment utilizing Evidenced Based Programming. Programming requirements are subject to change at the direction of the Department of Corrections/Division of Treatment Services.</p> <p>B. A Parole Violator Center is a program that offers education, treatment, and support to address the needs of technical parole violators within a secure community corrections facility. Reentrants must have been on parole, arrested as a TPV, but not recommitted to a state correctional institution. Reentrant's with assaultive behaviors, sexually related violations, weapons related violations, and new charges are excluded from program participation.</p> <p>C. The program duration will dependent upon an individual's programming needs and shall be discharged upon completion of assigned programming. Reentrants could remain as long as (6) six months.</p> <p>D. Programming will consist of cognitive based treatment geared specifically toward TPVs as well as Substance Use Disorder programming (two intensity levels).</p> <p>E. Reentrants will remain under the jurisdiction of the DOC and will be housed in a secure community corrections center separate from all other populations for the duration of their programs</p> <p>F. Reentrants shall only leave the secure facility for emergency medical care and under the direct supervision of Contractor(s) staff. Reentrants shall be fitted with a GPS unit prior to leaving the facility. Contractor staff must remain with the Reentrant for the duration of the escort until otherwise instructed by the DOC. If the Reentrant is admitted to the hospital, the DOC staff will provide direction if the Reentrant needs to be monitored by contract staff or if the DOC will take over.</p> <p>G. All daily activities shall take place inside the secure perimeter of the Contractor(s)' facility. This applies to treatment, education, recreation, meals, leisure time, housing, visits, etc.</p> <p>H. Laundry services shall be provided</p>

- I. Staffing compliment must be approved by BCC for the PV unit. The contractor shall consider staffing the unit or providing adequate camera coverage.
- J. Centers must review referrals for placement. Hard to Place (HTP) individuals may be referred (i.e. MH D Code) Conferences can be requested from the center to determine if the center is able to accommodate the reentrant. This should be done in a timely manner.
- K. Medical and mental health services shall be provided as indicated below. As stated in the Statement of Work, Reentrant s are' responsible for their own medical, ambulance and dental bills through employer paid health insurance, public funded health insurance (i.e. Medicare/Medicaid), community-sponsored health clinics or any other available source. In the event no funding for medical and/or dental care is available, the Contractor(s) must contact the DOC immediately. The Contractor(s) will not be responsible for payment of off-site medical and/or dental services. Reentrant s under this lot must have prior approval by the DOC for all medical procedures. Additionally, all emergency medical/dental contacts are extraordinary occurrences and shall be so reported

II. CONTRACTOR BUILDING REQUIREMENTS:

- A. The main entrance shall be equipped with magnetic locks and be electronically controlled by Security staff at all times.
- B. The main entrance shall have a vestibule/sally port area to ensure no one enters the center without being positively identified and processed through the metal detector.
- C. The main entrance shall be equipped with a secured monitor station to restrict access. The secure monitor station shall be staffed 24/7.
- D. A sufficient number of closed-circuit television cameras shall be mounted to ensure all areas of the center (exits, yard, common areas, etc.) can be visually monitored from the secured monitor station. The facility shall ensure the system is supported by a sufficient number of digital video recorders. The facility's video retention devices must have memory to store and recall data for 30 days, or as directed in Department policy related to community corrections.
- E. In the event of an emergency, the facility security system must allow the Reentrant (s) to exit the building into an outside secured (e.g., fenced) area with no ability to leave the compound unless escorted. In areas where a fence is not appropriate (e.g. city block) the Reentrant s must exit under direct staff supervision. All other exterior doors shall be secured to prevent

unauthorized exit/entrance. The doors shall be alarmed and only controlled by staff and/or fire alarm.

- F. The facility shall be equipped with office space for a Parole agent. A designated area must also be available for the temporary detainment of Reentrants for return to state correctional institutions, obtaining specimens for drug screenings, and conducting strip searches by center staff, etc. Additionally, the facility must provide videoconferencing capabilities (ie. TEAMS, Zoom) and equipment.

III. PROGRAMMING: As determined by the DOC and Division Of Treatment Services (DTS), the Contractor(s) must be prepared to provide program workshops that may include but not limited to :

- A. Carey Guides
- B. Anger Management/ Personal Growth
- C. TPV Batters Intervention
- D. TPV Sex Offender Programming
- E. Parents on a Mission

IV. PV CENTER PROGRAM PROCESS:

- A. While at the Contractor's facility, the Reentrant will participate in the following program components:
- B. Each Reentrant will receive a facility orientation(s). A copy of the facility handbook, rules, and expectations, as well as photo identification will be provided.
- C. All Reentrants will be required to participate in a predetermined set of structured activities during the week may include individual counseling sessions, group sessions, self-help meetings, interactive journaling, community meetings, role playing sessions, and table top problem-solving exercises.
- D. An assessment to review all major need areas will be conducted based upon an interview and testing. A comprehensive Case Plan will be developed and approved by the Progress Review Team. This team includes the Parole Agent, Contract Facility Coordinator, Center Director and the Contractor(s).

	<p>E. Progress reviews will be held weekly by the Contractor(s)/PVC staff. After the first 30 days, the Progress Review Team will review overall progress and adjustment will be discussed. The date of program completion will be established as a result of the on-going progress reviews.</p> <p>V. SANCTIONING AND DISCHARGES: Facilities shall utilize progressive sanctioning guidelines as outlined by policy to address Reentrant non-compliance. Recommendations to discharge Reentrants from Contractor(s)' facility for non-compliance shall be reviewed by the Progress Review Team, who then shall determine if discharge or progressive sanctions are appropriate.</p> <p>VI. PV CENTER PROGRAM PARTICIPANTS EXPECTATIONS: Placement of a Reentrant at a Contractor(s)' facility is an opportunity for him/her to address issues that lead to violating parole. In order to successfully complete the program, the following expectations must be met:</p> <ul style="list-style-type: none"> A. Complete all prescribed components of the case plan. B. Demonstrate healthy, pro-social attitudes and behaviors; C. Remain misconduct free; and D. Develop an appropriate and thorough aftercare plan. E. Successful Completion will result in placement at a community corrections center or parole to an approved home plan.
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SERVICE CATEGORY/ COMMODITY CODE	SERVICE CATEGORY REQUIREMENTS
State Drug Treatment Program (SDTP) Case Management and Monitoring 85911000-ITQ-	<p>I. Overview: Contractor must be approved to provide Group Home services under this contract, and operate Group Home facility in an area where SDTP Case Management Services are needed</p> <p>II. Services:</p> <ul style="list-style-type: none"> A. Contractor must manage/monitor each SDTP/SIP reentrant referred. Case management will include, but not be limited to, the following activities via periodic individual meetings with reentrants to assess needs and progress: <ul style="list-style-type: none"> 1. Drug testing, including urinalysis as per the current DOC Policy (paid through current DOC drug testing contract);

	<ol style="list-style-type: none"> 2. Reentrant Workforce Development; 3. Financial Education; 4. Pro-Social Activities; 5. General Education Development (GED) Preparation; 6. Anger Management and/or Violence Prevention; 7. Parenting Skills; 8. Coordination of Mental Health services; 9. Coordination of Medical services; 10. Life Skills; 11. Home plan assistance; and 12. Referral to other Social Service Agencies, as needed. <p>B. Contractor agrees to the following schedule of SDTP-NR contacts for each reentrant:</p> <ol style="list-style-type: none"> 1. In-person SDTP-NR3 reporting will occur twice monthly, unless concerns are noted. Counselor contact will occur weekly using available technology. 2. In-person SDTP-NR4 reporting will occur twice monthly, unless concerns are noted. No other contact is required. <p>C. In-person services shall be provided on site at the Center, to include, face-to-face counselor/case manager sessions assessing reentrant needs and progress. Sign-in and attendance records shall be placed in the reentrant’s case file or stored electronically and shall be made available upon request, to the DOC.</p> <p>D. Any issues of non-compliance with programming or failure to report for scheduled appointments must be communicated to DOC staff within one (1) business day.</p> <p>E. It may be necessary to revoke a reentrant’s NR (Non-residential) status and a Residential bed could be required of the provider until an administrative decision can be determined regarding the status of the reentrant.</p> <p>F. All contacts must be documented in an electronic management system. Electronic files shall indicate the services that are performed.</p>
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GENERAL INFORMATION/REQUIREMENTS:

- A. Type of Contract.** Upon determination that the Supplier meets the ITQ requirements, the Commonwealth will issue a contract to the supplier. Upon receipt of a Purchase Order (PO) issued under this Contract, the supplier agrees to furnish the requested services to the Commonwealth agency issuing the PO.
- B. Order of Precedence.** If any conflicts or discrepancies should arise in the terms and conditions of this Contract, or the interpretation thereof, the order of precedence shall be:
- i. This Contract;
 - ii. The data resident on the ITQ web site and incorporated herein by reference at the date of execution of the Contract or issuance of an RFQ off this Contract, whichever is later, including but not limited to the promises and certifications the Supplier made in qualifying for the Contract;

If any conflicts or discrepancies should arise in the interpretation of a PO, the order of precedence shall be:

- i. The consulting service category definitions, descriptions, qualification requirements, and contract terms and conditions set forth in the RFQ;
 - ii. This Contract;
 - iii. The PO and any attachment thereto, including: (1) the Supplier's Proposal, as accepted by the Commonwealth; (2) the RFQ.
- C. Best Value Determination.** Referrals may be distributed to eligible suppliers based on best value criteria established by the DOC. Best Value Determination criteria may include, but is not limited to, the following:
- a. Quality of services delivered, as determined by evaluations, audits and inspections as described above
 - b. Compliance with contract requirements as described above
 - c. Efficiency with which suppliers transition reentrants to alternate funding streams such as Medical Assistance, for ongoing funding (as applicable)
 - d. Availability of Gender-specific programming options
 - e. Documentation of established community partner agreements