

**Forensic Rehabilitation Program HS-00005 MH
Q&A Document**

Question: 1. Please identify how the Delaware County Department of Human Services (County) will notify applicants of selection to contract for the requested services. **Once the review process is completed, all applicants will be notified whether or not we wish to move forward with their proposals.**

Please specify the anticipated effective date, base term date, and full term expiration date for an agreement specific to HS-00005 MH. **The anticipated effective date would be determined on the length of time for development of the service, and the timeline identified by the chosen provider to bring the service up. Delaware County typically contracts with our provider agencies on a fiscal year basis and we seek our Council's approval for renewal based on provider performance, their ability to meet targeted metrics, and the availability of local, state and federal funds.**

Please allow mutual termination for convenience in the final agreement for the provision of Forensic Rehabilitation Program services. **No response required.**

Please identify the funding currently allocated for the provision of a Forensic Rehabilitation Program specific to HS-00005 MH. **Funding for the provision of Forensic Rehabilitation services specific to RFP HS-00005 MH will be through the Community Hospital Reintegration Project Plans.**

The County intends to post responses to Applicant Questions on Friday, June 16, 2023. To provide applicants sufficient time to adjust their proposals based on the County's responses, and to ensure accurate, competitive, and timely submissions, we respectfully request the County extend the RFP Responses Due Date to allow applicants a minimum of ten (10) business days to submit proposals following the posting of responses to Applicant Questions. **The deadline to submit proposals in response to HS-00005 – MH for the provision of Forensic Rehabilitation Services remains as outlined in the proposal timeline.**

In addition to the extension, please permit a 2nd round of Applicant Questions. Due to the complexity of this solicitation, we anticipate having some additional questions that could provide applicants with valuable information to provide the most competitive proposals. **The deadline to submit questions with regards to HS-00005 – MH for the provision of Forensic Rehabilitation Services remains as outlined in the proposal timeline.**

Please confirm that an applicant can propose a Forensic Rehabilitation Program outside the boundaries of Delaware County, PA. **The Department of Human Services is unable to inform applicants what to include in their program proposals.**

Please specify the minimum and maximum length of stay for participants referred to the Forensic Rehabilitation Program. Please provide the average length of stay for participants referred to in the Forensic Rehabilitation Program. **Individuals must be involved with the Delaware County Criminal Justice system and each individual's needs are unique, therefore, there is not a minimum/maximum length of stay that can be specified.**

Please provide clarity regarding whether participants will be referred to the Forensic Rehabilitation Program from jail, a specific institution, or directly from the community. **Referrals to the Forensic Rehabilitation will be determined by the Court. As stated in Question 8, individuals must be involved with the Delaware County Criminal Justice System.**

Please confirm that all participants referred to the Forensic Rehabilitation Program will be appointed by Court Order and will be under court supervision for the duration of program attendance. **Individuals, involved with the Delaware County Criminal Justice System, and determined by the Court for referral to the Forensic Rehabilitation program will be court ordered or have criminal/civil court oversight.**

Please specify if all participants will be involuntarily committed to the Forensic Rehabilitation Program under Article III., Sections 304 and 305 of the Mental Health Procedures Act. **Individuals, involved with the Delaware County Criminal Justice System, and determined by the Court for referral to the Forensic Rehabilitation program will be court ordered or have criminal/civil court oversight.**

Please identify the County's preferred discharge criteria for program participants. **Each individual's needs, charges and commitments will be unique; all discharge plans will need to be reviewed by the Court.**

Please clarify whether participants will be discharged to the public or transferred to another less restrictive facility/housing upon discharge from the program. **Each individual's needs, charges and commitments will be unique; all discharge plans will need to be reviewed by the Court.**

Please specify if participants will remain in the Forensic Rehabilitation Program after court supervision or sentencing has ended. **Individuals must be involved with the Delaware County Criminal Justice System. Ongoing coordination with the Criminal/Civil Court would occur should an individual's legal status change while enrolled in this program.**

Please specify how long a participant can remain in the program without a court order, or after the termination of such court order. **Individuals must be involved with the Delaware County Criminal Justice System. Ongoing coordination with the Criminal/Civil Court would occur should an individual's legal status change while enrolled in this program.**

Due to the lack of housing options in Delaware County for the Forensic Rehabilitation Program population following program discharge, please confirm an applicant may propose a solution to provide supportive housing and price it separately in an appropriate Cost Report format. **The Department of Human Services is unable to inform applicants what to include in their program proposals.**

Please identify the neurocognitive and neurodevelopmental disorders potential Forensic Rehabilitation Program participants have that the County is currently aware of. **As identified in HS-00005 MH Request for Proposal, traumatic brain injury, autism, intellectual and developmental disabilities, fetal alcohol spectrum disorders, and dementia.**

Please identify the physical health disabilities of potential Forensic Rehabilitation Program participants that the County is currently aware of. **Physical health disabilities that are usually co-occurring with those that have a diagnosis of traumatic brain injury, autism, intellectual and developmental disability, fetal alcohol spectrum disorders, and dementia. Others could include hard of hearing, autoimmune, diabetes, sexually transmitted infections, etc.**

Please confirm that the County (or another government entity) will be responsible for the cost of medication and offsite medical care to treat participants with physical health disabilities. **Individuals will be enrolled in Medicaid which includes prescription coverage. The expectation is having the use of a physician and psychiatrist for ongoing evaluation, diagnosis, and treatment in-house which can include the use of telehealth. Should an individual require outside medical appointments, they would need to be secured by the provider of the Forensic Rehabilitation Program and for some transportation approved by the Courts.**

Please provide details on the County's responsibility for providing emergency transportation services to Forensic Rehabilitation Program participants in need of medical attention. **Dependent upon commitment type, some transportation would need to be approved by the Courts.**

Please confirm that the County (or another government entity) will be responsible for the cost of medication (psychotropic medication) and offsite medical care (i.e., local hospital). **Individuals will be enrolled in Medicaid which includes prescription coverage.**

Please confirm that the awarded applicant for the Forensic Rehabilitation Program will have the right to refuse referred participants based on the severity of a participant's case and the awarded applicant's ability to provide such services. **Referrals for individuals involved with the Delaware County Criminal Justice System to the Forensic Rehabilitation will be determined by the Court**

Please confirm that HS-00005 MH does not effect, replace, or serve as a renewal of Contract #MH 32/22. **To adhere to the Administrative Code, the Department of Human Services issues Request for Proposals for all services, other than 'network' services billed on a fee-for service rate or those deemed to be professional services over a five-year time period. This includes existing services.**

To reduce duplication of effort and provide the County with the best possible pricing, is an applicant able to share existing staff from a current contract that is operated for Delaware County DHS? **There is nothing prohibiting using staff across various services with whom the County contracts as long as said costs are accurately and properly distributed across all programs.**

Please confirm that an applicant's Letters of Support are not restricted to the two page limit specified in Technical Proposal Question 6. **Applicants are encouraged to adhere to all specifics outlined in the Request for Proposal.**

Please elaborate on the following statement: This RFP is not subject to the competitive bidding process, and any contract entered into as a result of any response submitted will not be based on the concept of the 'lowest responsible bidder'. **Because we are a service driven organization, the evaluation of all proposals includes programmatic aspects as well as costs.**