



STATE OF ARKANSAS

OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300

Little Rock, Arkansas 72201-4222

TECHNICAL PROPOSAL PACKET

SP-16-0091

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



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PROPOSAL SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION			
Company:			
Address:			
City:	State:	Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran
	AR Minority Certification #: _____	Service Disabled Veteran Certification #: _____	

VENDOR CONTACT INFORMATION	
<i>Provide contact information to be used for bid solicitation related matters.</i>	
Contact Person:	Title:
Phone:	Alternate Phone:
Email:	

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<i>Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

An official authorized to bind the vendor to a resultant contract must sign below.

The signature below signifies agreement that either of the following **shall** cause the vendor's proposal to be disqualified:

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 5 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 6 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 7 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTIONS 8, 9, 10 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 GENERAL INFORMATION	
A. Describe your organization’s past history and experience serving the following populations of juveniles: <ul style="list-style-type: none"> • ages 18-20 • ages 10-17 • Transsexual and gender non-conforming 	10 points
B. Describe your organization’s past history and experience serving the following populations of juveniles: <ul style="list-style-type: none"> • with a full-scale IQ below sixty-five (65); • with other developmental disabilities (e.g. to autism spectrum disorder, traumatic brain injury, and fetal alcohol spectrum disorder) • with physical, neurological, or sensory disabilities requiring special accommodations • with disabilities that impact learning (e.g. attention deficit-hyperactivity disorder, intellectual disability, dyslexia, dyscalculia, and dyspraxia) 	10 points
C. Describe your organization’s past history and experience serving the following populations of juveniles: <ul style="list-style-type: none"> • for whom English is not their native language 	10 points
D. Describe your organization’s past history and experience serving the following populations of juveniles: <ul style="list-style-type: none"> • with moderate to severe psychological disorders; • with moderate to severe medical disorders or conditions; and • Severely behaviorally challenged, including youth presenting serious risk of harm to themselves and others 	10 points
E. Describe the methods and practices your organization proposes to use to rehabilitate behaviorally challenged juveniles in each of the target populations identified in the RFP. <ul style="list-style-type: none"> • Include any data demonstrating the success of those methods and practices both within your own programs and in the nation at large. 	10 points
F. Describe your organization’s past success in rehabilitating behaviorally challenged juveniles within four (4) to twelve (12) months, including average length of stay and recidivism rate (re-incarceration within six (6) months after release) for target populations identified in the RFP.	10 points
G. Describe your organization’s past history and experience in securing and maintaining accreditation under ACA, PbS, or other relevant national standards.	10 points
H. Describe your organization’s methods and practices to meet or exceed the standards set by the ACA, PbS, or other accrediting body.	10 points
I. Describe your organization’s data collection and reporting methods regarding your programs and the juveniles you serve including: <ul style="list-style-type: none"> • measurements of program integrity • effectiveness • compliance with treatment plans • outcome measurements • client/stakeholder satisfaction • any others 	10 points

	Maximum RAW Score Available
E.2 FACILITY USAGE	
A. Describe the proposed use of facility space, buildings, and grounds owned by the state.	10 points
B. Describe your organization’s experience and methods in complying with and adapting to changes in facility maintenance standards, including: <ul style="list-style-type: none"> • the Arkansas Building Authority • Performance-based Standards (PbS) • American Correctional Association (ACA) • Prison Rape Elimination Act (PREA) • any applicable state or national standards 	10 points
E.3 SAFETY AND SECURITY	
A. Describe in detail your organization’s experience, practice, and methodology in establishing and maintaining safety, security, and behavioral control, include: <ul style="list-style-type: none"> • how that practice differs among different populations of youth 	10 points
B. Describe any circumstances which, based on your organization’s past history and practice, may prompt a request for DYS to remove or exclude a juvenile client from your facility or program.	10 points
C. Describe your organization’s past practice and methods with respect to behavior modification, discipline, incentives and sanctions, and similar interventions with juvenile clients.	10 points
D. Describe your organization’s past practice and methods with respect to use of restraints, individual segregation and isolation, chemical restraint, and similar interventions with juvenile clients.	10 points
E. Describe your organization’s methods of root cause analysis and response in the case of each of the following:	
1. Seminal incidents, including but not limited to any incidents resulting in or creating substantial risk of client escape, serious injury, or death	10 points
2. Substantiated reports of child maltreatment	10 points
3. Criminal investigations resulting in probable cause finding and/or conviction	10 points
4. Findings of substantial or widespread noncompliance with contractual, statutory, or regulatory requirements	10 points
F. Provide a sample copy of a juvenile handbook which your organization has used or disseminated in other facilities or programs	10 points
G. Describe the proposed grievance process for juveniles served in the facility	10 points
H. Describe in detail your organization’s experience, practice, and methodology to ensure no unlawful discrimination is allowed at the facility, to address allegations of discrimination, and to ensure actions taken by the facility are not arbitrary or capricious with respect to the juveniles served.	10 points
I. Describe the proposed plan to ensure juveniles at the facility have fair, reasonable, and appropriate access to programs and services. <ul style="list-style-type: none"> • Include an explanation of circumstances in which access to programs and services may be limited or restricted. 	10 points
J. Describe how your organization will serve both male and female juveniles on the same campus, include: <ul style="list-style-type: none"> • differences in programming • segregation practices • staffing issues • access to facilities and services 	10 points
K. Describe the proposed plan to ensure juveniles are allowed to make and receive phone calls, and that calls to caseworkers and legal counsel are not monitored.	10 points

	Maximum RAW Score Available
E.4 EDUCATION	
A. Describe your organization’s methods and practices proposed to implement a comprehensive learning environment that is shared and supported by local stakeholders	10 points
B. Describe the proposed plan to ensure a nurturing and sustaining school culture for the following: <ul style="list-style-type: none"> • conducive safe environment • policies and procedures • organized physical classroom layout • managing student behavior 	10 points
C. Describe the proposed plan for progress in instructional outcomes utilizing: <ul style="list-style-type: none"> • human capital • fiscal resources • technological resources 	10 points
D. Describe your organization’s methods and strategies to provide individualized learning experiences	10 points
E. Describe your organization’s experience, methodology, strategies and methods to educate juveniles with learning disabilities	10 points
F. Provide a school day schedule which aligns with Arkansas Department of Education standards	10 points
E.5 THERAPY AND TREATMENT	
A. Describe in detail your organization’s experience, practice, and methodology for addressing, treating, and preventing trauma in juveniles at the facility, include: <ul style="list-style-type: none"> • strategies for incorporating trauma-informed care in educational and therapeutic programming • physical environment • behavior modification practices • other aspects of care that affect quality of life 	10 points
B. Describe the proposed gender-specific programming required in the RFP; include programs for males and females.	10 points
C. Describe the proposed method and practice with respect to placement and discharge planning for juveniles at the facility, including, at a minimum, the methods to ensure each of the following in every case:	10 points
1. detailed, accurate, and individualized progress reports are disseminated every month to involved parties	10 points
2. adequate notice is given to DYS, the juvenile, the family, and the community-based provider of changes to the anticipated discharge date	10 points
3. clinically informed recommendations are included in the discharge summary with respect to community-based and outpatient treatment, safety planning, educational or vocational services, and supervision needs	10 points
D. Describe your organization’s history and capacity to enter partnerships with community organizations to provide program enhancements for youth in the facility.	10 points

	Maximum RAW Score Available
E.5 STAFFING	
A. Describe your organization’s practice and methodology to ensure universal, consistent, and up-to-date training for staff with respect to evidence-based practices, and established standards, procedures, and protocols in providing care and maintaining safety and security at the juvenile facility.	10 points
B. Identify by title, job duties and required qualifications the staff member(s) who will be responsible for engaging with designated community-based providers in the development of aftercare plans for youth, include those responsible for developing recommendations for outpatient treatment, services, and supervision after discharge from the facility.	10 points
C. Describe your organization’s practice and methodology to ensure direct-care and unit staff adheres to training, procedures, and protocol with respect to: <ul style="list-style-type: none"> • Supervision • Intervention • Treatment • Documentation • Other security and control matters 	10 points
D. Provide self-audits and other data demonstrating your organization's history of compliance with established security procedures and protocols.	10 points
E. Provide your proposed annual training schedule which outlines the requested training hours and skill sets	10 points