ATTACHMENT A – PROPOSED PROGRAM DESCRIPTION AND INFORMATION

**PROGRAM STATISTICS AND INFORMATION:** The statistics provided in this RFP reflect the actual number of Defendants who signed a plea agreement or who completed a program during the listed periods. The City provides these statistics to help an Offeror estimate program services that may be required. Be advised, the actual number of Defendants who sign a plea agreement, participate in a program, and complete the terms may vary from these statistics. By submitting a proposal, each Offeror expressly agrees to provide program services for the actual number of Defendants who initially agree to participate in the Program during the term of any agreement resulting from this RFP.

The Prosecutor’s Office established the Shoplifting/Theft Diversion Program in 1988.

**Statistics:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fiscal Year | Number of Defendants who signed plea agreements | Number of Defendants who reenrolled | Number of Defendants who completed the Program | Number of Defendants who completed and paid reduced fees |
| 2017/2018 | 1,321 | 395 | 899 | 11 |
| 2018/2019 | 1,220 | 326 | 817 | 20 |
| 2019/2020 | 839 | 230 | 703 | 77 |

Approximate number of education classes/groups held per month: 3 (2 in person and 1 telehealth)

Occasionally, individual counseling is provided if the group setting is inappropriate. In fiscal year 2019/20, no Defendants received individual counseling.

The following information is based on fiscal year 2019/2020:

**Demographic Approximations:**

* 35% male
* 65% female
* 35% Caucasian
* 34% Hispanic
* 20% African American
* 5% Native American
* 30% high school graduate or GED (no college)
* 26% some college
* 23% did not complete high school
* 38% between 18 and 29 years old
* 25% between 30 and 39 years old
* 34% employed full-time
* 15% employed part-time
* 30% unemployed

**Other Data:**

* 87 cases involved restitution
* $17,940 was remitted to the City of Phoenix by current provider for all compliant Defendants paying a full fee.
* Non-English/Non-Spanish language required for program services – none.

**Fees:**

* $35 for intake assessment
* $165 for 8-hour education class
* $22.50 per hour up to $165 total for counseling session
* $45 fee for individual counseling session in lieu of group session
* $55 for referred-out client: out of state, includes reporting

**1. METHOD OF APPROACH**

**1.1.** **Location, Service Hours, and Other Program Data**: Provide information on the following:

* + 1. Address or proposed location of the program office.

* + 1. If applicable, additional branch offices or other entities that will perform or assist in performing the proposed program.

* + 1. Indicate length of screening/intake.

* + 1. Indicate times, weekday and/or weekend, when **screenings/intakes** will be scheduled. If none for that day, please indicate NONE under hours.

1.1.5. Indicate times, weekday and/or weekend, when **sessions** will be scheduled. If none for that day, please indicate NONE under hours.

1.1.5.1 Educational sessions

1.1.5.2 Counseling sessions

**Example:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days** | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| **Hours** |  |  |  |  |  |  |  |

1.1.7. Indicate the anticipated number of days from initial contact to the screening/intake.

1.1.8. Indicate the anticipated number of days from the screening/intake to:

1.1.8.1 the first education session.

1.1.8.2 the first counseling session.

1.1.9. Is group structure open or closed? (Open to new participants or Closed, no new participants allowed after first session)

1.1.10. Estimated average length of program per participant (weeks).

1.1.11. Any other requirements?

**1.2. PROPOSED PROGRAM:**

1.2.1. PROGRAM INFORMATION - Provide the following information:

1.2.1.1. A one-page abstract of your program that includes no more than two paragraphs of what makes your proposed program distinctive in your opinion.

1.2.1.2. Summarize the research, literature, and philosophy that form the basis of the proposed program (Limit total 4 pages).

Ensure the summary includes:

* The causes of shoplifting/theft behavior your program specifically addresses.
* Describe the program methods that will stop shoplifting and theft behavior. Include information on specific skills and different ways of behaving that will be learned or reinforced.

1.2.2. PROGRAM SERVICES - Provide the following information:

1.2.2.1. SCREENING/INTAKE AND ASSESSMENT PROCEDURES:

1. Describe the screening/intake process and procedure.

* Include the length of the appointment and what information will be gathered at this appointment.

* Describe how the screening/intake process will be provided for Defendants who live out of county or state.

* Explain if there is a difference between screening and intake and what each entail.

2. Describe how the results of the initial assessment will be used to determine the need for each of the following:

* Assignment to education

* Assignment to counseling

* Defendants needing an individualized plan instead of, or in addition to, the education or counseling group sessions

3. Attach an intake form and any other forms used during the intake/screening process to explain the program and Defendant’s responsibility to complete the program.

1.2.2.2. EDUCATIONAL GROUP SESSION(S):

1. Describe each educational session.

* Indicate the length of time allotted for each topic and/or task.

* Indicate if task is done as group or as individual.

* Describe your methodology of education.

2. Describe how you will provide case plans and case management for all necessary services for those Defendants recommended for education session(s) who live out of county or state.

1.2.2.3. COUNSELING GROUP SESSION(S):

1. Describe each counseling session.

* Indicate the counseling modality used.

* Indicate the length of time allotted for each topic and/or task and is task individual or group.

* Identify the type of individual most likely to be assigned to counseling rather than to education.

2. Describe how you will provide case plans and case management for all necessary services for those Defendants recommended for counseling who live out of county or state.

1.2.3. GENERAL PROGRAM INQUIRIES:

1.2.3.1. Explain program implementation timeline.

1.2.3.2. Describe your program out-reach efforts for Defendants who fail to contact the program within five (5) days.

1.2.3.3. Describe your program response and services to Defendants who are not making progress in the program.

1.2.3.4. Describe any type of individualized service that would be required for Defendants. Include services for those who will not benefit from a regular program or may be disruptive in a group setting.

1.2.3.5. Explain fee collection procedures.

1.2.3.6. Describe philosophy of reducing fees.

1.2.3.7. Describe the criteria and special arraignments (e.g., sliding fee scale, payment plan) for indigent Defendants.

1.2.3.8. Describe Defendants ability to use AHCCCS.

1.2.3.9. Describe Defendants ability to use personal insurance.

1.2.3.10 Describe procedures used for collecting restitution from Defendants.

1.2.3.11. Describe testing methodology used for the proposed program.

1.2.3.12. Explain how services will be provided to English and mono-lingual Spanish speaking Defendants.

1.2.3.13. Explain how services will be provided to Defendants who are hearing impaired, Defendants with disabilities, and Defendants who speak neither English nor Spanish.

1.2.3.14. Describe specific community agencies you would use as referral sources and the services they would provide.

1.2.3.15. Explain your working relationships with the agencies noted in 1.2.3.9. above.

1.2.3.16. Explain the rights of Defendants that participate in the program.

1.2.3.17. Explain how the facilities used to provide services comply with the Americans with Disabilities Act (ADA).

1.2.3.18. If applicable, provide the following information on subcontracted services:

* Types of services
* Signed, preliminary agreements
* Plans assuring coordination and monitoring
* Frequency of payment

1.2.3.19. List your professional and community affiliations in regard to alcohol education, alcohol treatment, and mental health.

**1.3.** **COMPUTERIZED INFORMATION SYSTEM:**  Provide information regarding your computerized information system. Indicate the following information:

1.3.1. Type of software used to monitor the status of cases.

1.3.2. Security (include local and network procedures).

1.3.3. Backup and recovery procedures.

1.3.4. Are case notes electronic/computerized? If yes, how?

1.3.5. Describe your agency’s web-based case management system that would allow the Prosecutor’s Office Diversion staff to access a Defendant’s program status as needed. If you do not have one, what are your plans for implementation? NOTE: The Prosecutor’s Office identifies first by Defendant’s compliant number, secondly by name, and lastly by other identifiers.

**2. OFFEROR’S QUALIFICATIONS AND EXPERIENCE**

**2.1. QUALIFICATIONS:**

2.1.1. Attach an organizational chart for the program. Include the program’s relationship to the organization of which it is a subsidiary or by which it is sponsored.

2.1.2. Attach job descriptions of key personnel.

2.1.3. If known, list the names and qualifications (education, training, and experience) of staff who will perform key program functions.

2.1.4. Language and cultural competency.

2.1.4.1. Explain how you will ensure all services are culturally appropriate.

2.1.4.2. Provide information on your bilingual staffing (English/Spanish). Please include the number of bilingual (English and Spanish) staff you have.

2.1.5. Facilitators, intake/screening staff, and case managers.

2.1.5.1. Describe required qualifications.

2.1.5.2. Describe training and supervision.

2.1.6. If any, explain your professional staff turn-over, including full-time and part-time group facilitators, during the past two years.

**2.2. EXPERIENCE:**

2.2.1. Describe how Offeror’s experience satisfies the minimum requirement of two years experience providing educational/counseling services, the same as, or similar to, the program proposed, include any additional experience that is comparable to the services required in the Scope of Work Section of the RFP over a period not to exceed three additional years (e.g. up to five years of experience).

2.2.2. If available, describe your compliance/completion rate for related services, and attach statistics to document the rate(s). Include data on all people referred, including those that failed to make contact. All data should be from the past five years and include:

* Time frame
* Number referred
* Number closed non-compliant
* Number closed compliant

2.2.3. Describe any areas where your organization lacks the expertise or administrative ability to implement the proposed program. Describe your plan to develop the necessary expertise and administration to implement the proposed program.

2.2.4. List information on a minimum of three (3) organizations, including government organizations, for which the Offeror is currently furnishing or has furnished services, the same as, or similar to, the program proposed, in the past five years (please verify information provided is correct). Include the following information for each organization:

* Organization
* Address
* Contact name
* Contact’s title
* Contact’s phone number
* Contact’s e-mail
* Brief description of services including the number of clients served per program or service (do not compile number of all programs/services).
* Dates of service

2.2.5. Explain any complaints that resulted in a substantiated finding by a licensing organization or court within the past 5 years.

2.2.6. List all contracts that were not renewed or were terminated before the expiration of the contract. Please identify the agency that the contract was with, the type of services/program that was provided and the length of time that the services/program was provided.

2.2.7. Submit any other information that documents other skills or experience relating to the requirements of this RFP, which you believe may be relevant including brochures and descriptions.

2.2.8. Have **three (3)** organizations submit the Proposer’s Performance Evaluation, Attachment C, (reference checks) as indicated on the form. These organizations should be those for whom you provide a similar type of service. Individuals/organizations who may receive direct or indirect pecuniary gain from the proposed program or the organization submitting the proposal should not be included. **DO NOT** submit to City of Phoenix employees or officials for completion.

**3. PROGRAM EVALUATION AND MEASURES**

**3.1. PERFORMANCE MEASURES:** (measurable objectives and client outcomes):

3.1.1. Identify and describe the performance measures that will be used to evaluate the program, such as any test administered. These measures should be results oriented, specific, and measurable.

3.1.2. Explain the validity of any empirical support for any tests that would be administered. They should measure the topics covered in the curriculum of the program and skills provided in the intervention you are proposing.

**3.2.** **RESPONDING TO DEFENDANTS COMPLAINTS:** Describe the procedure for responding to Defendant complaints about the program.

**3.3. Participant Program Evaluation:** An SDP evaluation provided by or developed in collaboration with the Prosecutor’s Office to be given to each Defendant upon completing program.

**3.4.** **ON-GOING PROGRAM IMPROVEMENTS:** Explain how you will use the information above (3.1.-3.4.) to make on-going program improvements.

**3.5.** **EVIDENCE BASED INFORMATION:** Provide information that your proposed program is evidenced based and documentation of its success.

**3.6.** **DOCUMENTATION OF CLIENT PROGRESS:** Describe the process for documenting client progress and engagement through case notes, and for electronically sharing these case notes with the City of Phoenix Prosecutor’s Office.

ATTACHMENT B – ORGANIZATION INFORMATION

**1.** **ORGANIZATION STRUCTURE**

Please check the type of organization

Non-Profit 501(c)(3) Year Incorporated \_\_\_\_\_\_\_\_\_\_\_\_

Other Non-Profit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Government Entity

Sole Proprietorship

Partnership

Corporation

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Offeror is a corporation or partnership, attach a copy of the Articles of Incorporation or partnership agreement.

**2.** **ORGANIZATION INTEGRITY**

* 1. Has your organization had any contracts terminated for default of non-performance?

* 1. Has your organization ever been debarred from contracting?

* 1. Has your organization (corporation, sole proprietorship, or individual provider), its principals, or members ever filed for bankruptcy or are there any suits, judgments, tax deficiencies, or claims pending against your organization? If yes, please explain.

* 1. Is your organization or any of its principals currently involved in any litigation, threatened litigation, investigation, reorganization, receivership, filing, strike, audit corporation acquisition, unpaid judgments or other action that could have an adverse impact on your ability to provide the required RFP needs? If yes, please explain.

* 1. Is your organization or any of its principals currently involved in any administrative proceedings of judicial or quasi-judicial nature, related to, arising from, or connected with the conduct of organization business, client relationships, professional status, or licensure of any nature? If yes, please explain.

* 1. Are there any scenarios worth mentioning related to organization conduct and compliance but do not fall within 2.1 – 2.5? If yes, please explain.