California Department of State Hospitals

REQUEST FOR INFORMATION

RFI Number: 25-78014-000

Sexually Violent Predator (SVP) Conditional Release Program (CONREP) Program Services

Release Date:

Response Due:

You are invited to review and respond to this Department of State Hospitals (DSH) Request for Information (RFI).

- DSH is seeking to better understand the marketplace and potential bidder pool for a contract to provide social support services for the Sexually Violent Predator (SVP) Conditional Release Program (CONREP) clients, either by county, geographical region(s), or statewide.
- DSH is seeking the input of qualified vendors to better understand the types of services they provide and how they structure their costs.
- DSH is seeking to establish a bidder pool for a future solicitation.
- These services may be performed at a variety of locations throughout the state.

For more information, please review the Description of Services and RFI Requirements included below.

Please note that this RFI is not a solicitation for services.

TABLE OF CONTENTS

DISCLAIMER **3**
A. PURPOSE **4**
B. BACKGROUND **4**
C. DESCRIPTION OF SERVICES **4**
D. MINIMUM QUALIFICATIONS **4**
E. CONTENT OF SUBMISSION **5**
F. RESPONDENT QUESTIONS **6**
G. KEY ACTION DATES **7**
H. DEPARTMENTAL CONTACT **7**
ATTACHMENT 1 ..... **8**
ATTACHMENT 2 ..... **9**

DISCLAIMER – PLEASE READ BEFORE RESPONDING TO THIS RFI

1. DSH will not reimburse Respondents for any costs associated with responding to this RFI.

2. DSH has no obligation to buy or issue a solicitation to any Respondent as a result of this RFI.

3. Information provided in response to this RFI will not be considered when evaluating bidders responding to any future procurement.

4. Participants are advised that the responses to this RFI are subject to the Public Records Act.

5. Information provided in response to this RFI related to any costing should be **estimated** costs, only to be used by DSH for informational and planning purposes and understood not to be represented as a bid from the Respondent.

6. DSH, at its sole discretion, may invite Respondents to this RFI to make a presentation or engage in a confidential conversation concerning their response.

7. DSH may, at its sole discretion, choose to not consider or evaluate any response, or any portion of a response, received as a result of this RFI.

A. PURPOSE

1. The purpose of this Request for Information (RFI) is to engage with interested parties to provide the Department of State Hospitals (DSH) with input from qualified vendors to better understand the types of in-person contract services they can provide to administer a Sexually Violent Predator (SVP) Conditional Release Program (CONREP). The DSH is seeking a better understanding of the types of services and structured costs a vendor would be able to provide for this program. This is an opportunity for DSH to establish a bidder pool of interested parties for a future solicitation.

2. The scope of work describes the services being sought. The information received from this RFI may be utilized in a scope of work for use in a future solicitation.

3. This request is issued solely to obtain information and planning purposes to consider for a solicitation and does not constitute a competitive solicitation.

B. BACKGROUND

1. CONREP was implemented on January 1, 1986, and is codified in Welfare and Institutions Code (WIC) section 4360 (a) and (b). Penal Code (PC) section 1615 also mandates the Department of State Hospitals (DSH) to be responsible for the community treatment and supervision of judicially committed patients. Effective January 1, 1996, Sexually Violent Predators (SVP), were added to the CONREP population (WIC section 6604). Program funding provides for outpatient services to patients entering CONREP. DSH contracts with counties and private organizations to provide these legislatively mandated CONREP services, although CONREP SVP clients remain DSH's responsibility per statute when they enter CONREP for community treatment and supervision.

2. The CONREP SVP program provides CONREP SVP clients an array of forensically focused mental health services. Additionally, required services for SVPs in CONREP include but are not limited to regularly scheduled sex offender risk assessments, polygraph testing, and the review of Global Position System (GPS) monitoring and surveillance.

C. DESCRIPTION OF SERVICES

1. For a complete description of services refer to Attachment 2, Scope of Work included in this RFI.

D. MINIMUM QUALIFICATIONS

1. The following minimum qualifications provide an idea of the contractors DSH is seeking information from and the nature of the services for which information is sought. These minimum qualifications will be similar to or identical to those that will be in the final solicitation. The contractor is not required to meet these minimum qualifications at the time of the RFI proposal submission.

A. Contractor will be required to have a legal right to do business in the State of California. Contractor shall meet all terms and conditions for operating a business in the city/county in which the business is headquartered.

B. Contractor will be required to have a license to do business in the State of California. Contractor, at its own expense, will be required to maintain and possess such license, and any and all necessary license(s), permit(s), and certificate(s) required by law.

C. Contractor will be required to ensure that any and all staff providing services maintain and possess any and all necessary license(s), permit(s), and certificate(s) required by law.

D. Contractor must be a Medical Corporation registered with the California Secretary of State.

E. Contractor must have at least five (5) years of experience in the diagnosis and treatment of mental disorders. Experience and training in the assessment of factors associated with the risk of sex offending including criminal and psychosexual history, type, degree, and duration of sexual deviance and severity of mental disorder.

F. The CONREP SVP program 24 hours, 7 days a week. Contractor must be available to fulfill this obligation. Treatment and administrative services shall be provided during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except State holidays. Contractor shall maintain a 24-hour phone line for emergency contact and keep DSH informed of any changes to that number.

G. Contractor should specify if services can be provided in-person statewide or in specific counties or geographical regions. Additionally, there could be none or multiple client need for services statewide during a given time.

E. CONTENT OF SUBMISSION

1. Respondents interested in participating in this RFI must complete and submit the RFI Cover Sheet (Attachment 1) with the following:

    A. A written response (no more than 5 pages) addressing the Minimum Qualifications and articulating their experience in accordance with the following:
        i. Both the contractor and staff providing treatment services will be licensed to practice in the State of California, to include board certified psychiatrists, licensed psychiatrists, and other licensed clinicians.
        ii. Evidence of the availability of at least one (1) Medical Doctor who can administer medication and provide psychiatric care.
        iii. Minimum of five (5) year of experience providing forensic assessment treatment and supervision of high-risk sex offenders.
        iv. Minimum of two (2) years of experience working high-risk sex offenders and communicating clinical, assessment and supervisory efforts with committing courts, legal stakeholders, and other providers.

v. Statistics of total number of high-risk sex offenders treated, and the total number returned to a locked facility if one was available.
vi. Clinical Assessment and supervisory services and approach must be empirically based and of industry standard (e.g., risk, needs, responsivity model).
vii. Staff with correctional experience to provide supervision of clients in the community.
viii. Indicate whether services can be provided in-person statewide or in specific counties or geographical regions. If statewide in-person services are not available, list all specific counties or geographical regions services can be provided and note any plans or potential to expand coverage.
ix. Respondent must be amenable in procuring rental properties. Will need to work in collaboration with other entities and follow residency restriction guidelines.

B. Structured costs of services offered and cost estimates for a county, geographical region, and/or statewide SVP program.

2. Submit one (1) electronic copy of the response to the contact person named in Section H, below by email. Include the following information in the subject line of the email: RFI# 25-78014-000 CONREP SVP.

3. Submit RFI response by the deadline identified in the Key Action Dates in Section G, below.

F. RESPONDENT QUESTIONS

1. Submit questions regarding this RFI via e-mail by the specified date identified in the Key Action Dates to the contact person listed in the Departmental Contact, in Section H, below.

2. Include the following in the email inquiry:

a. Subject line: RFI# 25-78014-000 CONREP SVP
b. Respondent name, contact person, telephone number, and email address
c. A description of the subject or issue in question, or discrepancy found in the RFI
d. The RFI section, page number, and/or other information useful in identifying the specific problem or issue in question; and
e. The Respondent's question(s).

3. DSH may contact the Respondents to seek clarification of any inquiry received. DSH may respond to questions directly to the Respondent or release an addendum or updated RFI.

G. KEY ACTION DATES

Event	Date	Time
RFI Posted / Sent to Potential Respondents	5/22/2026	3:00 PM
RFI Questions Due	6/05/2026	5:00 PM
RFI Answers to Questions Returned to Potential Vendors	6/19/2026	5:00 PM
RFI Responses Due	6/30/26	3:00 PM

H. DEPARTMENTAL CONTACT

All correspondence related to this RFI shall be directed to:

Department of State Hospitals
Attention: Pravjot Sartan
Email: Pravjot.Sartan@dsh.ca.gov

ATTACHMENT 1
RFI Cover Sheet

Respondent Name *(Name and Title):*
Address:
Telephone Number:
Email:
Respondent's Primary RFI Contact *(Name, Title, Phone Number and Email):*
Respondent's Signature:

ATTACHMENT 2
Sample Scope of Work

1. SUMMARY OF WORK TO BE PERFORMED:

A. Pursuant to Welfare and Institutions Code (WIC) Section 4360 (a) and (b), the DSH operates the CONREP. Through contracts with private providers or counties, the DSH provides a statewide system of community mental health treatment and supervision to the designated population of judicially committed individuals, including those committed pursuant to the following Penal Code (PC) and Welfare and Institutions Code (WIC) sections: Not Guilty by Reason of Insanity (PC 1026/WIC 702.3), Incompetent to Stand Trial (PC 1370), Mentally Disordered Sex Offender (former WIC 6316), Offender with a Mental Disorder (PC 2972) and Offender with a Mental Disorder (PC 2964(a)) and SVPs (WIC 6604), hereinafter referred to as CONREP "clients".

B. Contractor shall provide forensic treatment services statewide to CONREP SVPs pursuant to the CONREP Policy and Procedures Manual. Services shall also be performed at some or all of the DSH hospitals, on an as needed basis. These services shall be forensic treatment services with a focus on relapse prevention, supporting client recognition of patterns that lead to offenses and development of alternative behaviors.

6. CONTRACTOR RESPONSIBILITIES:

A. Contractor acknowledges it has received a copy of the CONREP Policy and Procedures Manual, Volume I and II (Manual) and has had an opportunity to review the terms and provisions of the Manual and consult with independent counsel. Contractor agrees to the terms and conditions of the Manual and that the terms and conditions of the Manual are incorporated into this Agreement. The meanings of the terms and requirements in this Agreement, unless otherwise defined in this Agreement, are defined in the Manual. In the event of an inconsistency between the Manual, attachments, specifications, or provisions which constitute the Agreement, the following order of precedence shall apply unless specifically stated otherwise:

i. Standard Agreement, STD 213; and
ii. This Exhibit A – Scope of Work, including specifications incorporated by reference; and
iii. All attachments incorporated in the Agreement by reference; and
iv. CONREP Policy and Procedure Manual, Volume I and II (the "Manual"); and
v. Contractor's SVP CONREP Policy and Procedure Manual as approved by DSH.

The Manual, as referenced in this Agreement, may be amended by the DSH from time to time. Contractor shall operate CONREP in accordance with the Manual, including any future amendments to the Manual. The DSH shall provide Contractor's contract manager, or their designee with written notice of any amendments to the Manual at least thirty (30) days prior to the effective date. From the effective date of any amendment, Contractor shall follow the amendments required by any change in California statute or regulation. For all other amendments, Contractor shall present any of Contractor's concerns to the DSH within ten (10) business days from the date of notification, this does not relieve Contractor from adhering to any amendment, unless agreed upon in writing by the DSH. The DSH and Contractor shall negotiate, in good faith, changes to the Manual as well as the budgetary impact, if applicable.

B. Contractor shall provide services consistent with the CONREP Clinical Treatment Required Services (hereinafter referred to as the Required Services). Contractor shall provide the specific Required Services at least at the minimum frequency and duration as indicated in Section F.

C. Prior to, and as part of performing the Required Services, Contractor shall assess each client's functioning and risk and determine the appropriate Required Service Care Level from one of the following Care Levels: Intensive, Supportive, or Transitional.

D. Should the Contractor, in its professional judgment, determine that services are needed for a particular client less frequently than outlined in Section F, Contractor must obtain prior written approval from the DSH for a waiver of Required Services before deviating from the levels of service indicated in Section F.

E. Should the Contractor, in its professional judgment, determine that services are needed for a particular client more frequently than outlined in Section F, for the purposes of this Agreement, such services shall be considered Supplemental Services.

F. Contractor shall provide the following Required Services, as outlined and defined in the Manual:

i. Forensic Individual Contact:
   a. Contractor shall provide four (4) services per month with a minimum of forty-five (45) to a maximum of sixty (60) minutes per session for clients receiving services at the Intensive Care Level.

   b. Contractor shall provide one (1) service per month with a minimum of forty-five (45) to a maximum of sixty (60) minutes per session for clients receiving services at the Supportive Care Level.

   c. Contractor shall provide one (1) service per month with a minimum of forty-five (45) to a maximum of sixty (60) minutes per session for clients receiving services at the Transitional Care Level.

ii. Group Contact:
   a. Contractor shall provide four (4) services per month with a minimum of sixty (60) to a maximum of one-hundred-twenty (120) minutes per session for clients receiving services at the Intensive Care Level.

   b. Contractor shall provide four (4) services per month with a minimum of sixty (60) to a maximum of one-hundred-twenty (120) minutes per session for clients receiving services at the Supportive Care Level.
   c. Contractor shall provide four (4) service per month with a minimum of sixty (60) to a maximum of one-hundred-twenty (120) minutes per session for clients receiving services at the Transitional Care Level.

iii. Case Management:
   a. Contractor may provide up to ten (10) hours per week / forty (40) hours per month at fifteen (15) minutes per session for clients receiving services at the Intensive Care Level.

b. Contractor may provide up to five (5) hours per week / twenty (20) hours per month at fifteen (15) minutes per session for clients receiving services at the Supportive Care Level.

c. Contractor may provide up to two (2) hours per week / eight (8) hours per month at fifteen (15) minutes per session for clients receiving services at the Transitional Care Level.

iv. Travel:
a. Contractor shall track all staff time traveling and associated mileage supporting Required and Supplemental Services.

v. Surveillance:
Surveillance is one component of supervision. Surveillance activities monitor the client in a manner that attempts to ensure the client is unaware the monitoring is or may be taking place. This allows for the monitoring of the client's compliance.
a. Contractor shall provide one (1) service per year, with a minimum of one (1) to a maximum of four (4) hours per service, documented in fifteen (15) minute increments per session for clients receiving services at the Intensive or Supportive Care Levels.

b. Contractor shall provide two (2) services per year, with a minimum of one (1) to a maximum of four (4) hours per service, documented in fifteen (15) minute increments per session for clients receiving services at the Transitional Care Level.

vi. Home Visits:
a. Contractor shall provide four (4) services per month with a minimum of sixty (60) to a maximum of one-hundred-twenty (120) minutes per visit for clients receiving services at the Intensive Care Level.

b. Contractor shall provide four (4) services per month with a minimum of sixty (60) to a maximum of one-hundred-twenty (120) minutes per visit for clients receiving services at the Supportive Care Level.

c. Contractor shall provide one (1) service per month with a minimum of sixty (60) to a maximum of one-hundred-twenty (120) minutes per visit for clients receiving services at the Transitional Care Level.

vii. Collateral Contact:
a. Contractor shall provide four (4) services per month, which may be in conjunction with a Home Visit, with a minimum of fifteen (15) to a maximum of thirty (30) minutes for phone, or a minimum of thirty (30) minutes to a maximum of two (2) hours for face-to-face contacts for clients receiving services at the Intensive Care Level.
b. Contractor shall provide one (1) service per month, which may be in conjunction with a Home Visit, with a minimum of fifteen (15) to a maximum of thirty (30) minutes for phone, or a minimum of thirty (30) minutes to a maximum of two (2) hours for face-to-face contacts for clients receiving services at the Supportive or Transitional Care Levels.

viii. Substance Abuse Screening:
a. Contractor shall provide four (4) services per month with a minimum of fifteen (15) minutes per session for clients receiving services at the Intensive Care Level.

b. Contractor shall provide one (1) service per month with a minimum of fifteen (15) minutes per session for clients receiving services at the Supportive or Transitional Care Levels.

ix. Assessment (Dynamic Risk):
a. Contractor shall provide two (2) services per year for clients receiving services at the Intensive, Supportive or Transitional Care Levels.

x. Polygraph Assessment Monitoring/Maintenance:
a. Contractor shall provide four (4) services per year (quarterly) for clients receiving services at the Intensive Care Level.

b. Contractor shall provide two (2) service per year for clients receiving services at the Supportive or Transitional Care Levels.

xi. Polygraph Assessment Sexual History:
a. Contractor shall provide one (1) service for any client who does not have a Sexual History Polygraph in their file.

xii. Visual Reaction Time (VRT)/Penile Plethysmography (PPG) Assessment:
a. Contractor shall provide one (1) service of either a VRT or Penile Plethysmography (PPG) per year for clients receiving services at the Intensive, Supportive or Transitional Care Levels.

xiii. Global Position Satellite (GPS) Data Review:
a. Contractor shall review GPS data once per day (one (1) service per day) for clients receiving services at the Intensive, Supportive or Transitional Care Levels. GPS alerts shall be handled by the on-call staff when received after hours.

xiv. Community Safety Team:
a. Contractor shall provide one (1) service per month for clients receiving services at the Intensive, Supportive or Transitional Care Levels.

xv. Annual Case Review (Assessment):
a. Contractor shall provide one (1) service per year for clients receiving services at the Intensive, Supportive or Transitional Care Levels. The annual case review shall be a separate and discrete service than an annual CST, and must be documented as such, including signatures of participants.

xvi. Court Reports – Community Outpatient Treatment (COT) Patients:
a. Contractor shall provide four (4) services per year (quarterly) for clients receiving services at the Intensive, Supportive or Transitional Care Levels.

xvii. Meetings and Trainings:
Contractor's Community Program Director (CPD) and/or designee(s) must attend:
a. The Forensic CONREP Annual Training.

b. The DSH Sex Offender Commitment Program (SOCP) Annual SVP Training.

c. At least one national conference or training per year (e.g., Sex Offender Civil Commitment Programs Network annual conference, Association for the Treatment and Prevention of Sexual Abuse conference).

d. All CONREP Forums at DSH-Coalinga. CPD and/or designee(s) must prepare for, present at, and facilitate SVP CONREP client attendance at CONREP Forums.

e. All quarterly CPD meetings. CPD and/or designee(s) must attend two meetings in person.

The Contractor's clinical staff may attend, as deemed appropriate by CPD.

G. As part of the Required Services, Contractor shall complete a state hospital liaison visit and report at least once for each WIC 6604 patient. For those WIC 6604 patients in the DSH Sex Offense Specific Treatment Program Modules 2, 3 and 4, a state hospital liaison report shall be completed every six (6) months. Additionally, pursuant to WIC6608(f) orders from the court, the hospital liaison visit, and reports may need to be completed outside of the six (6) month or "at least once" schedule. All visits shall be conducted on-site, unless there are circumstances necessitating teleconference or videoconference visits, which require advance DSH approval. Contractor shall, at a minimum, review all patients' medical records and treatment plans; behavioral incidents and investigations, conduct face-to-face meetings with patients; directly consult with each patient's inpatient treatment team; and conduct an assessment of each patient's treatment progress and readiness for treatment in the community, including identification of specific barriers to community treatment. Contractor shall provide written reports which detail the specifics of the hospital liaison visits within forty-five (45) days after the visit. Contractor shall complete the visits at the DSH state hospital in which the client resides. Contractor shall have a monitoring system to ensure report completion and timely submission to the DSH.

H. Contractor acknowledges that, in addition to other auditing and/or compliance-review rights retained by the DSH under this Agreement, the DSH may monitor the Contractor for compliance with administration and treatment of CONREP clients comprising the caseload. When requested, the Contractor is expected to show documentation of caseload compliance for any given time period, which may include, but not be limited to, time sheets for employees, scheduled appointments for each employee, employee training records, client records and tracking sheets, or other method to validate percentages of time dedicated to CONREP. Contractor acknowledges that this information may be compared to the contracted caseload.

I. Contractor agrees that the DSH shall have access to facilities, programs, documents, records, staff, clients, or other material or persons the DSH deems necessary to perform monitoring and auditing of services rendered, in its sole and absolute discretion.

J. Contractor further acknowledges that while the DSH may monitor Contractor program operations to determine compliance with DSH policies, regulations, statutes, the Manual, and contract requirements, the Contractor shall be additionally responsible for its compliance with State and Federal laws applicable to operating a CONREP Program and shall seek its own legal counsel for advice on these laws. However, DSH is solely responsible for determining and ensuring the Manual, the CONREP SVP Program Manual as approved by DSH, and other DSH policies related to the services comply with State and Federal laws and Contractor shall rely on DSH's determination as to legal compliance.

K. Contractor shall assist as needed in obtaining psychiatric service providers, adhere to the Manual, and support and facilitate participation in a Psychopharmacological Consultation System when required, but psychiatric service providers shall not provide services other than forensic treatment services.

L. Program Administration – as part of the services provided:

i. Contractor shall administer the CONREP Program serving the designated population in accordance with WIC Section 4360 (a) and (b), as noted in this Agreement.

ii. Contractor shall nominate a qualified Community Program Director, who shall be responsible for case management, placement evaluations, and who shall serve as the court liaison.

iii. Contractor shall have an internal Policy and Procedure Manual which shall reflect operations and incorporate the Manual and shall provide a copy to DSH upon request.

iv. Contractor shall establish and maintain effective working relationships with the judiciary, District Attorneys, Public Defenders, Parole Agents, and local law enforcement officials and other entities involved with the management of sex offenders in the community.

v. Contractor shall have a monitoring system to ensure the Required Services are provided at the minimum frequency and duration as indicated in Section F of this Agreement, unless otherwise approved by the DSH, in accordance with the client's Care Level.

M. Community Outpatient Treatment Admission and Assessment Process – as part of the services provided:

i. Contractor shall develop recommendations to the Courts for admission of prospective CONREP clients.

ii. Contractor shall develop written "Terms and Conditions of Release to Outpatient Treatment" that are specific to each client.

iii. Contractor shall work with the California Forensic Assessment Project (CFAP) panel to complete all required assessments, when a CFAP assessment is requested for a client receiving outpatient services in CONREP SVP. The Contractor shall assist in informing the client, making the client available for the appointment and provide all required information to the CFAP panelist.

N. As part of the services provided:

i. Contractor shall develop, review, and revise individual wellness and recovery treatment plans for each CONREP client at least annually, through multidisciplinary treatment team consultation, and in collaboration with the client.

ii. Contractor shall provide staffing coverage 24 hours a day, seven (7) days a week and shall respond to Special Incidents and law enforcement issues. The Contractor shall maintain the capacity to arrange for/or provide emergency transportation of CONREP clients in response to any and all Special Incidents or any law enforcement issue when needed.

iii. Contractor shall provide treatment to follow the Risk, Needs, Responsivity/Forensic Focus model in the context of a wellness and recovery approach to care. The Community Safety Team will allow the use of the Containment Approach/Collaboration Model.

iv. Contractor shall provide forensic interventions, including documentation, to address patient-specific criminogenic risk factors, including identification of warning signs, precursors, criminal thinking styles and patterns, and high-risk conditions/situations.

v. Contractor shall provide mental health treatment to support individualized recovery and address a client's understanding of and ability to live with chronic mental illness, including necessity of medication compliance.

vi. Contractor shall provide psycho-educational training to address coping skills, daily life skills, social skills, time management, goal setting, consequential thinking, stress management, anger management, and safety issues related to any history of trauma, interpersonal communication, conflict resolution, job skills, and recreation skills.

vii. Contractor shall provide substance abuse treatment, including monitoring for abstinence from prohibited substances, psychoeducation regarding co-occurring substance use and psychiatric disorders, relapse prevention, and integration into community resources, including self-help groups such as Alcoholics Anonymous and Narcotics Anonymous.

viii. Contractor shall provide interventions consistent with the psychological and cognitive level and learning style of the CONREP client, including but not limited to:

a. Interventions that are trauma-informed and support safety and stability.

b. Interventions that are gender responsive.

c. Interventions that are culturally appropriate and sensitive to a diversity of cultures.

d. Interventions that are consistent with the cognitive challenges associated with developmental conditions (i.e., specifical learning disabilities), acquired conditions (i.e., traumatic brain injury), and chronic mental illness.

O. Contractor shall provide the following reports – as part of the services provided:

i. Contractor shall develop and submit quarterly, four (4) per year, Progress and Annual Dispositional Reports to the Courts. Contractor shall have a monitoring system to ensure report completion and timely submission to the Courts.

ii. Contractor shall develop and submit pre-placement evaluations.

iii. Contractor shall complete annual case reviews by multidisciplinary staff, including the treating psychiatrist/physician if they are directing psychiatric and/or hormonal intervention, resulting in updated risk assessment, treatment goals and objectives in client's individualized wellness and recovery treatment plan; disposition recommendations to the Courts in the annual reports; and modification of the client's "Terms and Conditions of Outpatient Treatment."

iv. Contractor shall develop discharge plans and Community Aftercare Plans for CONREP SVP clients receiving Transitional Levels services.

P. Contractor shall provide the following services related to a client's possible Revocation/Re-hospitalization:

i. Contractor shall provide an explanation of the reason(s) as well as the process of revocation/re-hospitalization to CONREP clients prior to requesting revocation/re-hospitalization.

ii. Contractor shall complete the appropriate re-hospitalization and revocation paperwork with specific justifications/clinical rationale that address public safety considerations.

iii. Contractor shall cooperate with law enforcement agencies, Parole Agents, Court officials, and the DSH to ensure continuity of care of CONREP clients during the revocation/re-hospitalization process.

Q. Contractor shall provide the following services related to client grievances:

i. Upon admission/re-admission, Contractor shall provide an orientation and education on the client grievance process for each CONREP client, and document in the client's record.

ii. Contractor and subcontractors shall post the CONREP Client Grievance Process as outlined in the Manual, section 1470, Outpatient Treatment Operations: Client Rights and Protection Issues, in an area that is accessible and visible to CONREP clients.

iii. Annually, Contractor shall review the grievance process with each CONREP client, documenting the review in the client's chart. A standardized form for the client to sign annually, that the review has occurred, is acceptable documentation.

R. As part of the services provided, Contractor shall:

i. Provide clinical notes following any mental health service to include, but not be limited to, services provided, client's response/interaction, specific problem behaviors, warning signs and/or any pertinent observations, and actions taken in response to mental health services. Clinical notes shall reflect that criminal history, mental illness and treatment plan goals were addressed during service contacts.

ii. Maintain psychiatric documentation produced by the client's physician/Psychiatrist that includes generic names of medications, dosage, route of administration, diagnosis, frequency of administration, and refill numbers.

iii. Maintain CONREP client records that include the State Hospital Liaison file and referral packet; photo identification; current Terms and Conditions of Outpatient Treatment; copy of Department of Justice (DOJ) Notice of Registration Requirement form SS8047; quarterly and annual court progress reports; personal belongings designation form; clinical and medical information, including required chart notes; CFAP report and current Annual Case Review; Individual Risk Profile form; positive toxicology results; polygraph results/reports; Patient Transaction form; and current court Minute Order.

iv. Maintain a Special Incident file that is separate from the CONREP client record.

v. Maintain a hospital liaison file for each state hospital patient receiving liaison visits, which is incorporated into the patient record once the patient is admitted to CONREP outpatient services.

vi. Retain monthly reports on urine drug screen laboratory test results for twelve (12) months.

vii. Retain CONREP client criminal history summaries in a secure file separate from the CONREP client record.

viii. Maintain a voter registration form, Tarasoff documentation, family/victim correspondence, identification of other individuals' names and psychological records, including prior client profiles, raw test data, test results, HCR-20 and any other coding sheets, and PCL-R scoring summaries in a file separate from a client's record.

ix. Complete Patient Transaction Form, MH1716, and enter client status information into the CONREP Data System (CDS) within required timeframes. Client admissions, transfers, and AWOL (Away Without Leave) status shall be entered into the CDS the same day or first business day after the event. Contractor is also required to email the DSH 1716 form to CONREP Operations at CONREP.Sac@dsh.ca.gov in instances of declaring a client AWOL and for all client discharges. Clients who are on Not Available and on discharge status shall be entered within three (3) business days of occurrence. All client care levels must be updated as indicated and reflect their accurate status.

x. Contractor shall enter monthly fiscal and Required Services data into the CONREP Data System on delivery of services by the 15th of each month following the month of service. Contractor shall contact DSH prior to the 15th of each month following the month of service if data cannot be entered by the required timeframe. Additional time may be authorized by DSH on a case-by-case basis. The DSH 1717 CONREP Data System – Data Correction Request Form is required anytime the Contractor needs CONREP Operations to make an entry or change in the CDS on their behalf. The Contractor shall complete the request on the form and send it to CONREP Operations as directed.

S. Contractor shall provide the following services, as part of the services provided, related to Credentialing/Staff Training and Supervision:

i. Unless granted a waiver pursuant to WIC 5751.2, and the "Waiver of License Process" outlined in the Manual, Contractor shall ensure that all treatment services are performed by staff licensed, credentialed, and/or certified as is appropriate to the scope of their practice, and in accordance with the laws and regulations of California. Such licensure shall be maintained in good standing and without conditions at all times. Contractor shall not allow any person to practice in CONREP whose license is currently revoked or suspended for any reason.

ii. Upon becoming aware that charges have been filed with the licensing authority regarding any person working in a CONREP Program, the Contractor shall inform the Contract Manager immediately both verbally and in writing of the charges and the status of the licensee both with regard to the licensing authority and nature of the employment with the Contractor. Contractor

should inform the Contract Manager of relevant stages of the investigation and disposition of the charges.

iii. Contractor shall complete comprehensive law enforcement background checks of its staff as set forth in the Manual with ongoing recertification through California Department of Justice Information Bulletins and updates.

iv. Contractor shall provide orientation, training and clinical supervision of program staff on an as-needed basis on forensic issues, risk assessment, substance abuse screening, infection control, and provision of care.

v. Contractor shall attend DSH sponsored Forensic Training, as indicated above and determined by the DSH.

T. Contractor shall provide the following Pre-placement Services to DSH SVP patients prior to their potential release as CONREP Clients. Pre-placement client is defined as a client whose WIC6608 petition has been granted and is ordered into conditional release under the treatment and supervision of the contractor. The Contractor shall provide these services in an effort to achieve a safe and sustainable reintroduction into the community, and to find appropriate housing preferably securing permanent housing, prior to Court ordered conditional release of an SVP Patient.

i. Pre-placement Hospital Meetings: Meetings with hospital staff and physicians to discuss conditional release out-patient requirements, health and safety, geographic, logistical, life support and other considerations to be met prior to conditional release.

ii. Pre-placement Client Interview: Meetings with the prospective CONREP Patients to discuss conditional release out-patient requirements, health and safety, geographic, logistical, life support and other considerations to be met prior to conditional release.

iii. Pre-placement Court Recommendations: Develop and present detailed information to the court regarding the timing, suitability and outpatient life support, housing, transient release (if requested) and other resources available for a potential patient’s conditional release and make practicable recommendations regarding potential Court actions.

iv. Pre-placement Community Resources: Efforts to identify all available community resources and how they may be utilized for the patient’s success reintroduction into the community.

v. Pre-placement Contact Vested Parties: Contact and applicable required communication to all vested third parties regarding the pending conditional release of SVP patients.

vi. Pre-placement Court Hearing: Attendance and participation in Court Hearings regarding the conditional release of an SVP patient.

vii. Pre-placement Housing Search: Efforts to locate and secure appropriate housing and life support resources for the pending release of SVP patient.

viii. Pre-placement Reports to Court: Research, development and filing of any required Court reports regarding the pending release of an SVP patient.

ix. Pre-placement Housing Committees: Notify, establish, and track membership of Housing Committees for all active cases. Participate in and document all Housing Committee Meetings (HCM), in accordance with Bagley-Keene Act requirements. Provide the court with written status updates/reports summarizing the attendance and participation of the committee members and updates from the meetings. Track submissions of signed protective orders for privacy. Track and report on any filings, court hearings and orders related to Extraordinary Circumstances (pursuant to WIC 6608.5 (c) and WIC 6608.6.

U. Supplemental Services

i. Should the Contractor, in its professional judgment or due to a court order, determine that services are needed for a particular client more frequently than outlined in Section F, such services shall be considered, and hereinafter referred to as, “Supplemental Services”. Additional services that are classified as Supplemental Services are as follows:

a. Lab for forensic treatment (based on medical need as determined by the client’s medical provider)

b. Translation Services

c. Alcohol Monitoring (SCRAM Bracelet)

d. Endocrinology for forensic treatment

e. Bone Density Testing for forensic treatment

f. Lupron Therapy for forensic treatment

g. Psychiatric Practice
   1) Admission/Initial
   2) Progress Note (Follow Up)
   3) Annual Note

h. Polygraph- Special Incident

i. Hospital Liaison Visits

j. Life Support- Housing

   1) Includes housing related expenses such as rent and utilities,

   2) Requires Contractor authorization via form DSH 1804-SVP for initial usage, housing hold and/or increases,

   3) Requires Contractor authorization via form DSH 1804-SVP for high-cost housing enhancements as ordered by the court or as Contractor deems appropriate for the safety of the client.

   4) Includes pre-placement payments for housing holds for clients ordered by the court into CONREP SVP.

5) Includes housing holds for clients during revocation or rehospitalization process until process is finalize and client is ordered returned to residence or revoked.

6) All costs must be reasonable and housing holds shall be for a reasonable period of time, with a maximum of 120 days from the initial authorization. Subsequent requests can be made by Contractor for extension of the hold.

k. Life Support- Medication and Medical Services
Interim assistance to provide funding for medications and medical services, and the associated transportation as applicable, where a client is un-benefitted, does not qualify for benefits or the client's benefits do not cover the cost of the needed care. Procedures or services with cost beyond a reasonable amount and/or in question shall be approved by the DSH Contract Manager.

l. Life Support- Other (Includes Personal and Incidental (P&I)- requires authorization from DSH CONREP for extraordinary use of Life Support funds for other purposes

m. Enhanced Supervision.

Enhanced Supervision is a subcategory of outpatient community treatment in which the client requires increased monitoring supervision by Contractor staff or a subcontractor with the necessary qualifications to provide such services, regardless of housing placement status. Enhanced supervision provides a higher degree of supervision in instances such as, but not limited to, community reaction to a client's placement, the client's adjustment to placement and high-risk situations. It assists the client with adjustments and regulation and provides a safety presence for the client and the community.
Contractor shall request in writing approval from DSH Contract Manager, or their designee, and receive written approval from DSH to utilize Enhanced Supervision outside of a court order. Levels include:

1) Level 1: Requires the highest level of Contractor staff supervision with two (2) staff 24 hours a day, seven (7) days a week for the client.

2) Level 2: Requires a reduced level of Contractor staff supervision with one (1) staff 24 hours a day, seven (7) days a week for the client.

3) Level 3: Requires a more reduced level of Contractor staff supervision with one (1) staff less than 24 hours a day, (7) days a week for the client.

4) Level 4: Requires the lowest level of Contractor staff supervision with one (1) staff less than 24 hours a day for the client.

5) Subcontracted Services: Provides unarmed increased monitoring of the client in an observe and report capacity, as well as a safety presence for the client and the community. The subcontracted services can be performed at any of the above levels or at the frequency ordered by the court or deemed appropriate by the Contractor.

Contractor shall comply with court orders when enhanced supervision services are ordered. In order to comply with court orders requiring increased monitoring services or for

circumstances where the Contractor may determine a client requires a higher level of monitoring supervision, Contractor shall subcontract with one or more company who possess the necessary qualifications to provide such services to CONREP SVP clients in the community.

Contractor must submit a written request, by DSH's preferred method, for approval of such services. In cases of an emergency, Contractor may obtain verbal approval from DSH and then follow up in writing with the circumstance details and document the verbal approval. If prior approval is not obtained, DSH may disallow associated charges.

V. Contractor shall enter monthly data into the CONREP Data System on delivery of approved Supplemental Services by the 15th of each month following the month of services should the Contractor, in its professional judgment, determine that services are needed.

W. Equipment

i. Contractor agrees, unless otherwise permitted by the DSH at its sole discretion, to lease all equipment for program operations. All requests to purchase equipment instead of leasing shall be submitted to the DSH Contract Manager in writing. At the conclusion of the contractual relationship between the DSH and the Contractor, the Contractor shall provide a final inventory to the DSH that includes an inventory of all equipment purchased during the contract term. If purchased with funds from the DSH, the DSH shall own the property and final disposition of such equipment shall be handled at the discretion of the DSH.

Should the Contractor, in its professional judgment, and with DSH written approval, determine the need to use a recreational vehicle (RV), a habitable trailer, tiny home or other self-sustaining home for alternative client housing, herein known as alternative housing, the Contractor agrees to purchase the alternative housing. Alternate housing options may include any combination of the above necessary for program operations. All costs associated with the alternate housing option purchase will be reimbursed to Contractor via Life Support funds through the claims process. The Contractor agrees to maintain the alternative housing in accordance with the manufacturer's recommended specifications. The Contractor agrees to maintain appropriate insurance coverage(s) and require that all designated drivers are properly licensed and insured. Contractor agrees that client will not be provided with keys or the ability to move the housing vehicle, and only the Contractor's designated staff shall operate the housing vehicle. At the conclusion of the contractual relationship between the DSH and the Contractor, or such time as the alternate housing is no longer needed and upon mutual agreement between the DSH and the Contractor, the Contractor shall make its best effort to sell the alternative housing at fair market value and remit the proceeds from the sale to DSH to the Life Support budget line item as an offset (reduction) to claims submitted for reimbursement for the corresponding month. If Contractor is unable to sell the alternative housing, other options may be considered such as donation.

X. The Contractor agrees, prior to entering into any agreement, to obtain prior authorization to move the Contractor's office location or perform office modifications involving construction where CONREP services are provided. The Contractor shall submit in writing to the DSH Administration and CONREP Operations, justification and estimated costs associated with the proposed move or office construction.

Y. Contractor agrees to notify the DSH one hundred eighty (180) days prior to the termination date of the initial term and each subsequent extended term of any known changes to the rates or terms of the Agreement which Contractor desires to have implemented with respect to the succeeding term.

Z. Contractor shall ensure that Contractor's Employees shall be fluent in English. For the purposes of this Agreement, fluent shall be defined as, "able to understand, speak and write in English in a medical and non-medical environment, with full comprehension."

AA. Contractor shall notify the DSH of any of his or her personnel, subcontractors, and anyone else affiliated with this Agreement who is a retired California state employee ("R.E.") prior to offering the services of any R.E. to the DSH. Contractor represents and warrants it will not offer services to the DSH in violation of Government Code Section 7522.56 or as it may be amended. Contractor shall not offer the services of any R.E. within 180 days of the R.E.'s retirement from California State service, unless notice of an exemption is received by the DSH. Contractor shall also not refer any R.E. to the DSH who has worked more than 960 hours for the State in the State's fiscal year of July 1 to June 30 ("Fiscal Year"). Contractor shall track the total number of hours each R.E. works for the state each Fiscal Year and make this information available to the DSH in a quarterly report.

BB. Contractor shall participate in any job-related training provided or required by DSH.

CC. Contractor shall adhere to the payment schedule and budget for this Agreement as described in Exhibit B, Budget Detail and Payment Provisions.

DD. Contractor and its subcontractors shall procure and keep in full force and effect during the term of this Agreement all permits, registrations and licenses necessary to accomplish the work specified in this Agreement, and shall give all notices necessary and incident to the lawful prosecution of the work. Contractor shall provide proof of any such license(s) permits(s), and certificate(s) upon request by the DSH. Contractor agrees that failure by itself or its subcontractors to provide evidence of licensing, permits, or certifications shall constitute a material breach for which the DSH may terminate this Agreement with cause.

EE. Contractor shall provide services as outlined in this Agreement. Contractor shall be responsible to fulfill the requirements of the Agreement and shall incur expenses at its own risk and invest sufficient amount of time and capital to fulfill the obligations as contained herein.

FF. Contractor and its subcontractors shall keep informed of, observe, comply with, and cause all of its agents and employees to observe and to comply with all prevailing Federal, State, and local laws, and rules and regulations made pursuant to said Federal, State, and local laws, which in any way affect the conduct of the work of this Agreement. If any conflict arises between provisions of the plans and specifications and any such law above referred to, then the Contractor shall immediately notify the state in writing.

GG. The DSH may terminate the Agreement pursuant to section 7 of Exhibit C if the Contractor or its subcontractors fails to comply with a federal, state or local law and the noncompliance, based on the facts and circumstances would constitute a material breach of this Agreement under California law.

HH. On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as

well as any sanctions imposed under state law. By submitting a bid or proposal, Contractor represents that it is not a target of Economic Sanctions. Should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for rejection of the Contractor's bid/proposal any time prior to contract execution, or, if determined after contract execution, shall be grounds for termination by the State.