State of Iowa
Juvenile Court Services

April 17, 2026

Responses to Questions, Requests for Clarification, and Suggested Changes received regarding Problematic Sexualized Behavior Community-Based Treatment Services RFP JUV-27-CB-05-002

1. **Specification 1:** Accept all referrals from Fifth Judicial District JCS, for PSB Community-Based Treatment
    1. Concern
        a. Not all referrals are appropriate for outpatient treatment services.
    2. Recommendation:
        a. Change language to: Respondent will consult with Juvenile Court Services on 100% of referrals from Fifth Judicial District JC and will provide Community-Based PSB services to all referrals that are appropriate for this level of care.

    Q1 Answer: Respondent is expected to accept all JCS referrals for PSB Community Based Treatment Program. Respondent may request an exception in writing from JCS if, during the psychosexual evaluation, Respondent deems a referral not appropriate for PSB Community Based Treatment.

2. **Specification 1a:** Response time once referral is received from JCS
    1. Concern: Three business days to contact client/family is not conducive to treatment process, given that client may not be scheduled for up to 30 days.
    2. Recommendation change language to from "make contact with youth, youth's family **and** referring JCO within three business days," to make contact with youth, youth's family **and/or** referring JCO within three business days." Provider will contact JCO to verify receipt of referral and consult on the case.

    Q2 Answer: Respondent is expected to make contact with referred youth, referred youth's family and referring JCO within 3 business days of receipt of referral.

3. **Specification 2c:** Staff Qualifications
    1. **Concern**
        a. Staff providing services must have ATSA, IBTSA, and/or SOTP certifications
    2. **Question:**
        a. Can a Bachelor's level individual working towards their SOTP under the supervision of a SOTP provide services?

    Q3.a. Answer: Yes, please see the updated language added to Specification 2c, via Amendment 1 to this RFP.

        b. If an individual has experience working with the PSB population (i.e. former SOTP provider) are they able to provide services under the supervision of the SOTP?

Q3.b. Answer: Yes, please see the updated language added to Specification 2c, via Amendment 1 to this RFP.

4. **Specification 2e:** Safety Plans
   1. Concern: Individualized Safety Plans within 14 days
   2. Question: Is this a PSB specific safety plan that is created by and/or with the collaboration of JCO?

Q4 Answer: Yes, the Successful Respondent will develop a safety plan as soon as possible, (within 14 days), in collaboration with the referring JCO. Please see the updated language added to Specification 2e, via Amendment 1 to this RFP.

5. **Specification 3: Qualified Staff provide Psychosexual Evaluations and risk assessments**
   1. Concern:
      a. Specification 2b states that a Master's Level Counselor/psychologist certified by ATSA/IBTSA/SOTP can provide the psychosexual evaluation
   2. Question:
      a. Can a master's level counselor under the supervision of an SOTP complete the assessments/evaluations if they have completed pre-service trainings through ATSA or IBSTA and are working towards those certifications?

Q5 Answer: Yes, please see the updated language added to Specification 2.b, via Amendment 1 to this RFP.

6. **Specification 3a:** Deadline for psychosexual evaluation submission; flexibility in timelines
   1. Concern:
      a. Timelines (e.g., 2 weeks for safety plans, 30 days for assessments) do not account for delays in engagement, family availability, or client resistance
   2. Recommendation:
      a. Adjust language to "within 45-60 days of successful engagement" when clinically appropriate

Q6 Answer: The Successful Respondent is expected to submit a psychosexual evaluation to the referring JCO within 30 days of the completion of the psychosexual interview. These deadlines are crucial in order for the court process to move forward. An established timeline also helps JCS with keeping the court informed of recommendations in a case and helps prevent the likelihood of court hearings needing to be continued/postponed due to waiting for evaluations to be completed. Please see the updated language added to Specification 3.a, via Amendment 1 to this RFP.

7. **Specification 3b:** Psychological testing
   1. Concern:
      a. there is not a psychologist on staff that can provide this service
   2. Question:
      a. Would a referral to outside provider be an appropriate/viable option?

Q7 Answer: Please see the updated language added to Specification 3.b, via Amendment 1 to this RFP.

8. **Specification 4:** Transferring youth entering PSB treatment from another provider
   1. Concern:
      a. Need clarification
   2. Questions:
      a. Is this reentry from residential placement to community-based setting?

Q8.a. Answer: At times outpatient PSB treatment may be used as an aftercare component to inpatient PSB treatment.

   b. If the client is in services with another provider, then collaboration so as to not disrupt services for the youth.

Q8.b. Answer: There are times when a youth may transfer providers for PSB treatment. Successful Respondent will coordinate this transfer with the referring JCO and previous provider(s) to ensure there is no lapse in service.

9. **Specification 12**: Polygraph administration
   1. Concern: Polygraph utilization
   2. Recommendation/Questions:
      a. Considering WCBS has not done a polygraph for the program in over 5 years, what is the treatment goal for doing polygraphs at this time?

Q9.a. Answer: Please see the updated language added to Specification 12, via Amendment 1 to this RFP.

   b. Would JCS be open to removing this requirement after reviewing research showing polygraphs can detrimental in youth and is also considered unethical in some cases?

Q9.b. Answer: Please see the updated language added to Specification 12, via Amendment 1 to this RFP.

10. Specification 13: In-home and community contact

1. Concern:
   a. The RFP references "community-based services" but does not define whether in-home services are required or the frequency or scope of these services.
2. Recommendation:
   a. Clarify whether in-home services are required, for which clients (all vs. high-risk), and at what frequency.

Q10.a. Answer: Please see the updated language added to Specification 13, via Amendment 1 to this RFP. In-home services are required when tracking and monitoring is requested as well as in any high-risk cases when safety plans need additional monitoring.

   b. Does this fall under the "tracking and monitoring" duties as noted in Specification 11?

Q10.b. Answer: Yes, "tracking and monitoring" activities may include electronic monitoring and/or in-home and community contact. Specifics will be outlined within each individual referral.

11. Specification 16: 1-17: Adjust "100% Compliance" Expectations

1. Concern:
   a. Multiple expectations require 100% compliance (e.g., polygraphs, timelines, trainings)
   b. Real-world barriers such as family engagement, scheduling, and case coordination (including court timelines) make this difficult
2. Recommendation:
   - Shift to 90–95% benchmarks or include language such as: "reasonable efforts made" or "when feasible"

Q11. Answer: Performance Measures listed are goals for the program. The Successful Respondent will be expected to communicate with JCS if there are barriers to meeting any expectation on a case-by-case basis, in which case exceptions may be granted.

12. Specifications 16:16c

1. **Adjust Outcome Expectations for Client Complexity**
   a. Concern:
      i. Outcome benchmarks (e.g., re-offense rates: 90% will not be rearrested for a sexual offense within 2 years) do not account for differences in risk level, trauma history, and/or cognitive and family factors
   b. Recommendation:
      i. Consider stratifying outcomes based on client risk level or complexity

Q12. Answer: Please see the Q11 Response above.

13. Specifications 5, 5a, & 16:6b: Clarification regarding Group Programming

1. Concern:
   a. The RFP outlines expectations for group programming but lacks clarity and flexibility regarding structure, including:

      1. Group size,
      2. Session frequency
      3. Session length
      4. Risk-level grouping
      5. Balance of group versus individual services
      6. Clinical readiness for participation
      7. Attendance expectations
      8. Curriculum requirements
      9. Definitions of pro-social activities
      10. Staffing ratios
      11. Safety protocols
      12. How to manage low enrollment or rural service limitations.

2. Recommendation:
   c. Provide clear group programming guidelines (e.g., size, frequency, staffing, safety) while allowing clinical flexibility, including grouping by risk level when feasible, basing participation on readiness, focusing on reasonable engagement efforts, and permitting alternative service options when group delivery is not feasible.

Q13. Answer: Please see the updated language added to Specification 5, via Amendment 1 to this RFP.

General Questions

14. Provider versus System Responsibilities

a. Concern:
   i. Clarify provider versus system responsibilities
   ii. Language suggests providers often coordinate these processes but do not control them (e.g. logistics, scheduling
   iii. Expectations around polygraphs, GPS monitoring, and court involvement are not clearly divided between JCS/legal parties and treatment provider

b. Recommendation:
   i. Define what providers are responsible for completing and what providers are responsible for coordinating.

Q14. Answer: Please see the updated language added to Specification 12, via Amendment 1 to this RFP. The court may order services, such as a polygraph, or GPS monitoring, and JCS would ensure the ordered service is provided. The Successful Respondent will work with JCS to ensure court ordered services are provided to youth.

15. Reframe Family Engagement Expectations

a. Concern:
   i. The RFP assumes consistent family participation. In practice, families may be disengaged, overwhelmed, or inconsistent.

b. Recommendation:
   i. Revise expectations to emphasize efforts to engage families and use of alternative supports when families are not available

Q15. Answer: Please see the updated language added to Specification 9.b, via Amendment 1 to this RFP. Family participation is important so that the family/parent knows where the youth is in treatment- this can be a staffing or documented contact with the parent/guardian.

16. Review Reporting Requirement

a. Concern:
   i. Monthly and quarterly reporting requirements may be time intensive.
   ii. Excessive documentation can reduce time available for direct clinical work.

b. Recommendation:
   i. Streamline reporting where possible
   ii. Clarify which data points are essential
   iii. Can we create a form that is easy to fill out that captures key points.

Q16. Answer: Please see the updated language added to Specification 2.h, as well as Specification 15.a and 15.b, via Amendment 1 to this RFP.

17. Clarify Caseload Expectation

a. Concern:
   i. The RFP does not specify expected caseload size or service intensity
   ii. PSB cases require high levels of time, coordination, and risk management
b. Recommendation:
   i. Provide guidance on caseload expectations and acuity-based workload considerations

Q17. Answer: Unfortunately, JCS does not have an estimated caseload expectation.

18. Consider Workforce Realities

a. Concern:
   i. Requirements for highly specialized, certified staff may be difficult to meet or hire (SOTP certified, master's level)
   ii. Provider shortages in states with poor mental health funding impact Iowa clinicians
   iii. PSB work is taboo in nature and is a small clinical niche
b. Recommendation:
   i. Allow flexibility such as supervision models and provisionally trained staff working under qualified clinicians (including bachelor's level counselors)

Q18. Answer: Please see the updated language added to Specification 2.b and 2.c, via Amendment 1 to this RFP.