

County of Los Angeles – Department of Children and Family Services  
SAFE CHILDREN AND STRONG FAMILIES (SCSF) SERVICES (RFP # 11-053)  
**ATTACHMENTS for QUESTIONS AND ANSWERS for SCSF SERVICES**

TABLE OF CONTENTS

|   |            |
|---|------------|
| <b>PREVENTION and AFTERCARE – Resource Center (Exhibit A) Attachment IV .....</b> | <b>2</b>   |
| <b>PREVENTION and AFTERCARE – CAPIT (Exhibit B) Attachment V .....</b>            | <b>31</b>  |
| <b>ASSESSMENT and INTERVENTION (Exhibit C) Attachment VI.....</b>                 | <b>48</b>  |
| <b>ADOPTION PROMOTION and SUPPORT SERVICES (Exhibit D) Attachment VII...</b>      | <b>92</b>  |
| <b>PARTNERSHIPS for FAMILIES (Exhibit E) Attachment VIII .....</b>                | <b>98</b>  |
| <b>CONTRACTS RELATED QUESTIONS Attachment IX.....</b>                             | <b>130</b> |
| ❖ <b>FORMATTING PROPOSAL .....</b>  | <b>130</b> |
| ❖ <b>FUNDING .....</b>  | <b>131</b> |
| ❖ <b>HOURS OF OPERATION .....</b>   | <b>134</b> |
| ❖ <b>REQUIRED FORMS .....</b>   | <b>136</b> |
| ❖ <b>EVALUATION PROCESS .....</b>   | <b>158</b> |
| ❖ <b>CATCHMENT AREAS AND SPAS .....</b>   | <b>164</b> |
| ❖ <b>SUBMISSION REQUIREMENTS .....</b>  | <b>167</b> |
| ❖ <b>NUMBER OF PROGRAMS .....</b>   | <b>173</b> |
| ❖ <b>CONTRACT TERM.....</b>   | <b>174</b> |
| ❖ <b>PRICE SHEET / COST PROPOSAL.....</b>   | <b>175</b> |
| ❖ <b>QUALITY ASSURANCE .....</b>  | <b>179</b> |
| ❖ <b>MISCELLANEOUS .....</b>  | <b>181</b> |
| <b>GENERAL QUESTIONS (Programs) Attachment X.....</b>                             | <b>200</b> |

County of Los Angeles – Department of Children and Family Services  
SAFE CHILDREN AND STRONG FAMILIES (SCSF) SERVICES (RFP # 11-053)  
**QUESTIONS AND ANSWERS for SCSF SERVICES**

**PREVENTION and AFTERCARE – Resource Center (Exhibit A)**  
Attachment IV

1. RESOURCE CENTER – CASE NAVIGATION: Part D. Statements of Work. Exhibit A: Prevention and Aftercare Services – Resource Center. Section C. Service Description, 5.0 Case Navigation, 5.1.2. pg. 57, “CONTRACTOR shall verify that the family does not have an open case with another SCSF Contractor. If the family has an open case with another SCSF Contractor, provision of linkage services is permissible. For all other service needs, CONTRACTOR shall refer the family to the appropriate SCSF Contractor for the geographic catchment area.”
  - a. How will the contractor verify? Which database is the County using and will the contractor have access?
  - b. Part D. Statements of Work. Exhibit A: Prevention and Aftercare Services – Resource Center. Section C. Service Description, 10.3 CONTRACTOR Directed Discretionary Funds, 10.3.1, pg. 63, “Forty-five percent (45%) of all CONTRACTOR Directed Discretionary Funds shall be used by the CONTRACTOR with COUNTY pre-approval to fund services, activities and/or programs that satisfy one or more of the following criteria.”
  - c. Is the 45% over and beyond of all Contractor directed discretionary funds?

Answer: . DCFS is in the process of developing a centralized tracking system for all SCSF contract programs. Upon completion, Contractors will have access to this tracking system. In the interim, Contractor shall inquire about client participation in any other SCSF contract programs at the time of intake. Contractors should ask clients as part of the intake process regarding services received. DCFS is in the process of developing a database that Contractors will have access to. I Please refer to Addendum #2.

2. CASE NAVIGATION – BILLIABLE HOURS: Page 757.
  - a. When multiple staff are meeting with external partners for the purpose of collaboration and/or case navigation can each staff member’s time be billed as long as it is documented in the case files?

- b. Does this apply to Clinical Supervisor's in attendance and what is acceptable documentation since they do not provide direct services to the client in question?
- c. When staff attends collaboration/case navigation meetings off site, is travel time billable?

Answer: a. No. The Prevention and Aftercare Services –Resource Center is a Firm-Fixed Price Contract not to exceed the Maximum Annual Contract Sum.  
 b. No. The Prevention and Aftercare Services –Resource Center is a Firm-Fixed Price Contract not to exceed the Maximum Annual Contract Sum.  
 c. No. The Prevention and Aftercare Services –Resource Center is a Firm-Fixed Price Contract not to exceed the Maximum Annual Contract Sum.

- 3. Exhibit A, p. 63, 10. Please can you explain the discretionary funds and how the request process will work. If I'm understanding correctly, we do not need to put (for example) Emergency Based Support Services costs in our bid, since these will be dealt with separately through discretionary funding. However, if no discretionary funding is available (or has not yet been requested) and the family needs emergency housing assistance, it's not clear what will happen/how the contractor will be required to address. Again, can you clarify how all this will work?

Answer: Discretionary funds have three components; (1) Contractor Directed Funds, (2) County Directed Discretionary Funds and (3) Emergency Based Support Services (EBSS). Both Contractor and County directed funds must be requested and approved before use. EBSS services are emergent and the Contractor will be reimbursed for allowable EBSS services. Further, yes, the prospective proposer must include discretionary funds in their bid; otherwise they will be underbidding when they fail to include 15% of their total cost.

- 4. Exhibit A, p. 64, 10.3.6. Can you clarify (1) what is meant by this paragraph; (2) how it relates to the directed discretionary funds: and (3) what is meant by the note "Contractor is not permitted to subcontract share of cost services"?

Answer: 10.3.6 "Individual/family share of cost for necessary services that have a fee associated." This means that discretionary funds may be used to pay for services that a family is in need of, but can not afford.

The statement, "NOTE: CONTRACTOR is not permitted to subcontract share of cost services." has been removed. Please refer to addendum one dated July 20, 2012.

5. Per Part A, page 8, 9.1, funding will be under a one-year contract. However, Exhibit C, p. 69, 13.2.2., indicates evaluation “subsequent to year two of contract implementation.” Can you clarify? Will the CRC program contract be for longer than a year?

Answer: Please refer to addendum one dated July 20, 2012.

6. Part D: Statement of Work for Prevention and Aftercare services-Resource Center- Section C-Service Description-Scope of Work-Section 4.0-Differential Response Path1-paragraph 4.2.1-pg 56 “The DR Path 1 MDT, comprised of three (3) or more persons trained in the prevention, identification and/or treatment of child abuse and neglect, is convened to share information pertinent to the prevention and treatment of child abuse and neglect.” Is there a specific training they are referring to?

Answer: MDT participants must be trained in the prevention, identification and treatment of child abuse and neglect

7. Part D: Statement of Work for Prevention and Aftercare services-Resource Center- Section C-Service Description-Scope of Work-Section 5.0-Case Navigation-paragraph 5.1.2 pg 57 “CONTRACTOR shall verify that the family does not have an open case with another SCSF Contractor” How would we do this?

- a. Can you please define scope and parameters?

Answer: Please refer to the answer provided in question 1. Contractors should ask clients as part of the intake process regarding services received. DCFS is in the process of developing a database that Contractors will have access to. I included the following in Addendum 2-B.

CONTRACTOR shall verify that the family does not have an open case with another SCSF Contractor by asking the client at the time of intake and/or searching a COUNTY maintained database. If the family has an open case with another SCSF Contractor, provision of any non-duplicative service which has been identified as a need, in addition to linkage services, is permissible.

COUNTY will provide training and technical assistance regarding COUNTY database as required.

8. Part D: Statement of Work for Prevention and Aftercare services-Resource Center- Section C-Service Description-Scope of Work-Section 5.0-Case Navigation=paragraph 5.2.8, pg 58 “CONTRACTOR shall provide Prevention or Aftercare Services in the family’s home, Community Family Resource Center, school, workplace or any other agreed upon place by the family...” There is a discrepancy with pg 54 section 3.4 that states “CONTRACTOR shall operate a Community Family Resource Center (CFRC) located in the contracted geographic catchment area. The CFRC

shall be adequate in size and equipped to provide all services identified in the Scope of Work (with the exception of home based services).

Answer: The language in Section 3.4 has been modified. Please refer to addendum one dated July 20, 2012.

9. Part D: Statement of Work for Prevention and Aftercare services-Resource Center- Section C-Service Description-Scope of Work-Section 6.0- Core Supportive and Preventative Services- paragraph 6.1.1 "Counseling services are provided by CONTRACTOR's professional or paraprofessional staff. These services are not psychotherapeutic services. Counseling services may be provided in the CFRC, off-site or in the home" There is a discrepancy with pg 54 section 3.4 that states "CONTRACTOR shall operate a Community Family Resource Center (CFRC) located in the contracted geographic catchment area. The CFRC shall be adequate in size and equipped to provide all services identified in the Scope of Work (with the exception of home based services).

Answer: Section 3.4 has been modified. Please refer to addendum one dated July 20, 2012.

10. Part D: Statement of Work for Prevention and Aftercare services-Resource Center- Section C-Service Description-Scope of Work-Peer Based Support Groups-Section 8.0-paragraph 8.1. CONTRACTOR's staff shall facilitate or co-facilitated peer based support groups at the level of case aid or above. Quest: What qualifies a peer who co-facilitates a peer based support group?

Answer: This peer support model is derived from PIDP. There are no degree requirements for "peers". Shared experiences and/or empathy and the ability to work with group dynamics are qualifications for co-facilitation of a peer based support group. Current PIDP examples include peer based support groups such as, Neighborhood Action Councils, Community Action Groups and Parent Café's. The Prevention Initiative Demonstration Project (PIDP) is an initiative intended to implement a variety of approaches that will prevent families from entering, re-entering and/or experience extended associations with the County's health and human services systems by addressing root causes that weaken families and impede healthy child development, such as social isolation, economic challenges, and barriers to accessing beneficial activities and services. Strategies include building neighborhood based and/or common link social networks ( Parent Cafes, Neighborhood Action Councils, Ask Seek Knock Centers) increasing economic opportunities and development (career counseling, job training, pro bono legal services) and increasing access to and utilization of beneficial services, activities, resources and support (resource centers). *To view the PIDP Year Two Evaluation Report, please follow the link below: [www.casey.org/Resources/Publications/PIDP/year2.htm](http://www.casey.org/Resources/Publications/PIDP/year2.htm)*

11. List of Technical Exhibits for Statement of Work – Exhibit A; Pages 71-83. Will the Exhibits be available in a word document format?

- a. Will the Exhibits A-1 and A-2 be translated to other languages?
- b. Is it required that all community residents accessing the services at the CFRC to complete Exhibit A-1? Some of the requested information may not be appropriate for a family seeking prevention activities.
- c. Exhibit A-1 page 72- Referral Source box on the top right hand side of form. Walk-In. Is it expected that an agency have the capacity to do Walk-In intakes at any time? Will a Walk-in be required to complete all the intake forms?

Answer: . a. Exhibit A-1 has been removed. COUNTY will translate other SCSF documents. Requests should be made to respective SCSF Program Managers. Language has been included in Addendum 2. DCFS will permit Contractors to utilize a tool of their choosing until a standardized intake form is developed conjointly between DCFS and Contractors through a workgroup.

The following language should be included somewhere in the RFP:

DCFS will convene a meeting with representatives from the various SCSF Prevention and Aftercare Services providers to develop a standardized needs assessment to be utilized in both Prevention and Aftercare Services programs. DCFS will solicit participation from awarded Contractors at a later date.

c. The requirement to use Exhibit A-1 has been removed. Instead, Contractors may use an intake form of their choosing.

12. Statement of Work Section C- 10; pages 63-65 - "10.1 New, expanded and specialized services and supports shall be implemented and funded through the use of discretionary funds. COUNTY Program Manager has discretion to terminate approved use of discretionary funds." When submitting the RFP does the contractor have to describe the specific activities for the Discretionary Funds?

- a. Including budget and timeline?
- b. "10.4 County Directed Discretionary Funds: Forty five percent of all Discretionary Funds shall be used for the implementation of DCFS directed and approved activities, services and/or programs that meet the needs of children and their families in the contracted geographic catchment area. And satisfy one or more of the following criteria:" When submitting the RFP is it required to describe proposed activities?

- c. "10.3.6 Individual/family share of cost for necessary services that have fee associated."
- d. Can a contractor charge a fee for service? Are the discretionary funds used to make up the difference of activity cost and the sliding scale cost a family can afford to pay?

Answer: . a. Submission of specific activities for use of discretionary funds is not required at the time of submission of the proposal. Yes, the prospective proposer must include discretionary funds in their bid; otherwise they will be underbidding when they fail to include 15% of their total cost. A budget and timeline is required when requesting approval for use of discretionary funds for s specific service or activity

. b. Submission of a proposal for specific activities for use of discretionary funds is not required at the time of submission of the proposal. However, a proposer must include discretionary funds in their bid.

. c. Contractor directed discretionary funds may be used to pay fees associated with services for client needs.

d. It is envisioned that the resource center contract would fully fund the service activities described in the SOW. The allocation and use of discretionary funds in Prevention and Aftercare Services was included to allow for innovation and opportunities to meet an unmet need. Assistance with client share of costs for services with an associated fee is one use for discretionary funds.

13. Part E-required Form 4-A; Page 353 - : Price Sheet. Please clarify statement under Region – Select one region only for the 14 regions identified below. Can an agency apply to service more than one region?

a. If yes, does the resource center have to be in the region area?

Answer: Yes, an agency may apply to service in more than one region. A service delivery site must be located in the geographic catchment area of the region it proposes to serve.

14. Statement of Work Section C-Service Description; page 55: "3.8 - CONTRACTOR shall provide the following Prevention and Aftercare Services at the CFRC : " Can an agency subcontract for CFRC services such as Health , Parenting and Other Educational Programs, Structured Parent-Child Activities and Family Centered Activities, Peer based Support Groups, and Capacity Building Activities?

a. If yes, can subcontracted services be provided at subcontractors site within the Region?

Answer:. a. Yes. Subcontracting of the identified services and activities is

permissible and works to ensure network collaboration. Therefore, the requirement to limit service provision through the CFRC has been modified. Please refer to addendum one dated July 20, 2012.

b. Yes.

15. Refers to pages and paragraphs throughout the Family Resource Center section: - Does the model in the current RFP support continuation of the collaborative regional networks that have been established under previous funding models?

Answer: Yes. Much like PIDP, collaboration among other SCSF Contractors, non contracted community providers and other County Departments is encouraged through linkages, subcontracting, and the use of Discretionary funding. The Prevention Initiative Demonstration Project (PIDP) is an initiative intended to implement a variety of approaches that will prevent families from entering, re-entering and/or experience extended associations with the County's health and human services systems by addressing root causes that weaken families and impede healthy child development, such as social isolation, economic challenges, and barriers to accessing beneficial activities and services. Strategies include building neighborhood based and/or common link social networks ( Parent Cafes, Neighborhood Action Councils, Ask Seek Knock Centers) increasing economic opportunities and development (career counseling, job training, pro bono legal services) and increasing access to and utilization of beneficial services, activities, resources and support (resource centers). *To view the PIDP Year Two Evaluation Report, please follow the link below: [www.casey.org/Resources/Publications/PIDP/year2.htm](http://www.casey.org/Resources/Publications/PIDP/year2.htm)*

16. SCOPE OF WORK – Section 3.6 (Page 55) CONTRACTOR shall make the CFRC available for use by DCFS staff as a visitation site. CONTRACTOR is not required to provide monitors or supervision for DCFS related visits. Who will provide the supervised visits and what type of setting?

Answer: This deliverable has been removed. Please refer to addendum one dated July 20, 2012.

17. 4.0 DIFFERENTIAL RESPONSE PATH 1 - 4.2 Multidisciplinary Team (Page 55) Multidisciplinary Teams will be utilized to provide Differential Response Path 1 services to Prevention and Aftercare Services clients. The Welfare and Institutions Code (WIC) allows for the disclosure and/or exchange of otherwise confidential information regarding a family through the formulation of a Multidisciplinary Team (MDT). The DR Path 1 MDT, comprised of three (3) or more persons trained in the prevention, identification and/or treatment of child abuse and neglect, is convened to share information pertinent to the prevention and treatment for child abuse and neglect. This information may be shared amongst the MDT members during a telephonic or electric MDT conference. The Differential Response Path 1 MDT shall be comprised of

two (2) COUNTY designees and at least (1) CONTRACTOR designee. Will families be signing a release to exchange confidential information?

- a. Does the WIC specify what information can and cannot be shared? Is there a protection clause for CONTRACTOR?

Answer: The formation of the MDT eliminates the need for signed authorization to release and exchange information pertaining to the referral allegations and any information provided during the call to the Child Protection Hotline.

Members of the multidisciplinary team," (rather than the contractor) can legally inspect the contents of the juvenile case file without a specific release form. But it should be noted that there may be contents of the juvenile case file that are confidential or privileged for reasons other than WIC 827, e.g. medical records, and that these may need to be addressed on a case-by-case basis.

18. CASE NAVIGATION – Section 5.1.2 (Page 57) *Question:* How do we verify if a client has an open case with another SCSF CONTRACTOR?
  - a. How do we define “individual/family share of cost

Answer: Please refer to Addendum #2. The following language was included in Addendum Two:

CONTRACTOR shall verify that the family does not have an open case with another SCSF Contractor by asking the client at the time of intake and/or searching a COUNTY maintained database. If the family has an open case with another SCSF Contractor, provision of any non-duplicative service which has been identified as a need, in addition to linkage services, is permissible.

COUNTY will provide training and technical assistance regarding COUNTY database as required.

b. Individual/family share of cost is defined as a fee associated with necessary client services. This will be determined on a case by case basis, as County approval is required prior to use of discretionary funds.

19. Part E- Required Form 4-A; Page 352 - Price Sheet: Is there a specific funding amount for Prevention and Aftercare Services – Resource Center?
  - a. Do the Average Number of families to be serviced per Regional Office include families from the general population?
  - b. Are the Average Number of families to be serviced per Regional Office include DCFS referrals only?

Answer: Funding information has been provided in Addendum two.  
a. Yes, as Prevention and Aftercare Services allows for self or community referrals.  
b. No, as Prevention and Aftercare Services are comprised of DCFS and community based referrals.

20. List of Technical Exhibits for Statement of Work – Exhibit A; Pages 71-83 - Will the Exhibits be available in a word document format? Will the Exhibits A-1 and A-2 be translated to other languages?

Answer: Please refer to the answer provided in question 11. County will translate forms into alternate languages. Requests should be made to respective SCSF County Program Managers. Language was added to Addendum 2.

21. Section 5 Invoices and Payments; page 407 - 5.11 Family Reunification Services-Ten percent (10%) of the total contract award shall be allocated for DCFC referred client receiving Family Reunification Services. In the Statement of Work, Part D, page 53, Target Population, 2.1.3 DCFS referred clients, who are receiving Family Reunification Services. It is not stated in the SOW or the Price sheet the specific percentage of funds allocated to Family Reunification Services. Why wasn't the information in paragraph 5.11 directly stated in the Statement of Work and Price Sheet? It is important information when preparing a proposal budget.

Answer: This information has been added to the Statement of Work. Please refer to Addendum two.

22. Section 5 Invoice and Payments; page 407 - 5.13.1 Contractor shall utilize a maximum of seven and a half percent (7 1/2%) of the total contract award for Community Outreach. Why wasn't the information in paragraph 5.13.1 directly stated in the Statement of Work and Price Sheet? It is important information when preparing a proposal budget.

Answer: This information has been added to the Statement of Work. Please refer to Addendum two.

23. Section 8.0 Contractor Staffing; page 409 - 8.1.4.2 PM shall be available 24 hours a day, 7 days a week including holidays to respond to County inquiries and a to discuss problem areas and shall have full authority to act for the Contractor on all matters relating to the daily operation of this Contract. If the Resource Center is a "prevention" strategy what is the purpose of CBO program manager required to be on 24 hours on call 7 days a week to DCFS? The families referred to the Resource Center would not be the high crisis cases.

Answer: 8.1.4.2 has been removed. Please refer to Addendum two.

24. Statement of Work, Prevention and Aftercare services – Resource Center, Section B – Project Foundation, 6.1.2, Health, Parenting, and/or Other

Education Programs or Resources. - Can these services be provided as classes or series of classes?

Answer: Yes, the services can be provided as classes or a series of classes. CONTRACTOR shall provide health, parenting and/or other educational programs or resources classes to assist families in attaining and maintaining optimal functioning and family health at a minimum of once weekly. These programs shall be facilitated by CONTRACTOR's professional level staff.

25. 8.4 Peer based support groups – p 61 - What are minimum education/experience training required to facilitate these teen groups?

Answer: Peer based support groups shall be facilitated or co-facilitated by staff at the case aid level or above. There is no degree requirement for case aids.

8.1 CONTRACTOR's staff shall facilitate or co-facilitated peer based support groups at the level of case aid or above.

26. Part D Statements of Work, Exhibit A – Prevention and Aftercare Services – Resource Center – Page 54 - 3.4 “Contractor shall operate a Community Family Resource Center located in the contracted geographic catchment area.” Are there designated catchment areas or is it up to the proposer to propose an area they plan to serve? Are these designated by SPA or DCFS district office boundaries or some other criteria?

Answer: Geographic catchment areas have been determined by DCFS based on zip code boundaries of the various DCFS offices. The proposer should submit a proposal for each area that they propose to serve. Please refer to Attachment BB for zip codes by catchment area.

27. 4.4.1 Does the space for the resource center need to be designated specifically for the CFRC? For example, if an agency has a reception area, does the CFRC need its own designated reception area?

Answer: No, the CFRC does not need its own designated reception area. Please note that 3.4 has been modified. Please refer to addendum one dated July 20, 2012.

28. Page 61, 7.0 Psychotherapy Referrals – “Contractor shall first refer Prevention and Aftercare Services clients to the CAPIT Services providers in the contracted geographic catchment area for psychotherapeutic services.” The statement does not designate a specific catchment areas. Do the catchment areas align with specific zip codes, DCFS District boundaries or SPAs or other criteria?

Answer: Geographic catchment areas have been determined by DCFS based on zip code boundaries of the various DCFS offices. The proposer should submit a proposal for each area that they propose to serve. Please refer to Attachment BB for zip codes by

catchment area. Please also refer to Attachment BB for zip codes by catchment area.

29. 10.3.1 Directed Discretionary Funds - "45% of all Contractor Directed Discretionary Funds shall be used by the Contractor --- to fund services, activities and/or programs that satisfy one or more of the following:" Do we need to identify in the proposal the specific evidence-based practices, promising approaches, services and programs in the proposal? How do we identify these services in the budget? Should these services be explicitly identified in the budget narrative?

Answer: Please refer to the answer provided in question #12. This question continuous to be under consideration and will be addressed in Addendum Three.

30. PSYCHOTHERAPY REFERRALS - (Page 61) - Is this referring to case consultation?

Answer: No. Section 7.0 describes referring clients to CAPIT Contractors for psychotherapy services. Please note that Contractors are not restricted to solely referring clients to CAPIT contractors but may also refer to another agency for psychotherapy services.

31. CONTRACTOR DIRECTED DISCRETIONARY FUNDS - 10.3.6 Individual/family share of cost for necessary services that have a fee associated. (Page 64) NOTE : CONTRACTOR is not permitted to subcontract share of cost services. Can an agency/CONTRACTOR pay for supplemental services such as substance abuse, DV and Mental Health particularly for undocumented populations who may not be eligible through other services?

a. Or must services be provided by CONTRACTOR?

b. What services can a CONTRACTOR subcontract?

Answer: a. Contractors do not have to provide mental health, domestic violence and substance abuse treatment services directly. Subcontracting of these services is permissible.

b. Core Preventative and Supportive Services Peer Based Support Groups, Outreach and Capacity Building Activities may be subcontracted.

32. 11.2.3 CONTRACTOR shall, in the annual report, document Strengthening Families: Protective Factors: Protective Factor outcomes. (Page 67) - Will the COUNTY specify an evaluation tool or can the CONTRACTING agency utilize existing tools which measure for Protective Factors?

Answer: 11.2.3 has been stricken because the Protective Factors Framework is used as a guiding philosophy with LA County and does not require the use of specific tools..

33. The Community Family Resource Center reflects the desire of the County for fluidity and flexibility in working with the individualized circumstances of each family and the availability and accessibility to the broad array of resources across many disciplines and organizations in the communities. Do the highly prescriptive structures, forms, timeframes and reporting not undercut the focus on family-centered service assessment, planning and service delivery and the DCFS Core Practice Model?

Answer: The requirements set forth in the Resource Center Statement of Work are intended to create an environment that would allow for both innovative services, as well as the core supportive services. The Department's expectation for contracted agencies is to make every effort to work within the guidelines provided.

34. 4.0 Safe Children and Strong Families (SCSF) Service Delivery Continuum pg 2 - 3<sup>rd</sup> Paragraph – Is the CFRC the only area that needs to be located in the geographic catchment area?

Answer: No. All SCSF Contracts require that contractors have a physical location within the geographic area that they are proposing to serve. Please refer to addendum two for updated language in each individual SCSF contract.

35. Resource Center - 2.0 Target Population: 2.1.2 – DCFS referred children and families with unfounded, closed child abuse referrals who do not meet the criteria for other Safe Children and Strong Families programs and are in need of services to prevent future child maltreatment and/or DCFS involvement. Pg 53. Is this saying that if they qualify for CAPIT, Family Preservation, or PFF, that they cannot receive services through the Resource Center?

Answer: Families are permitted to receive linkage services through the Resource Center regardless of participation in any other SCSF program. Ideally, families should receive services through the SCSF program that best meets their needs.

36. 3.0 Scope of Work: 3.6 CFRC available for use by DCFS staff as a visitation site...pg 55. If this is the only service that the agency offers during the non-traditional time, does this satisfy requirement #11.0 Days of Operation?

Answer: Section 3.6 has been removed. Section 3.4 has been modified. Please refer to addendum one dated July 20, 2012.

37. 5.0 Case Navigation: 5.2.4.1 – Contractor's professional or paraprofessional staff shall facilitate the family group meeting.pg 58. If a paraprofessional is able to facilitate the family group meeting and help identify and assist in solving family problems (#6.1.1.1, pg 60), why are they not able to provide Problem Solving and communication skills (#6.1.2.3, pg 60), and Household management and budgeting (#6.1.2.6, pg 60)?

Answer: Section 5.0 and 6.0 have been modified. Please refer to addendum one dated July 20, 2012.

38. 6.0 Core Supportive and Preventative Services: 8.0 Peer-based Support Groups – staff shall facilitate or co-facilitated peer based support groups at the level of case aid or above. pg59. What is the qualification of a case aid?

a. Isn't a case aid the same classification as paraprofessional?

Answer: As noted in Part F: Appendix A, Section 8.1.7, case aid shall be a paid position with no degree requirement.

a. As noted in Part F: Appendix A, Section 8.1.6.1, paraprofessional staff shall have at minimum, a Bachelor's Degree in social work, psychology, marriage and family counseling or a closely related field.

39. 9.0 Community Outreach and Capacity Building: 9.1.3 Maintain documentation to support its outreach efforts. pg 62. What documentation is acceptable?

Answer: Documentation shall include any material to memorialize the outreach activity. This can include such documentation as sign in sheet and flyers.

40. 10.3 Directed Discretionary Funds: 10.3.1 - 45% of funds to be used to fund services, activities and/or programs. Pg 63. Would the cost to meet criteria #9.2 Capacity Building, be appropriate to use under this?

Answer: Yes. Please note that County Program Manager approval is required before use of discretionary funds.

41. SCOPE OF WORK A: Resource Center - Is there any guidance about how much funding is available for this scope of work in each DCFS region? Is it similar to the Assessment and Intervention Scope of Work, which specifies \$1,050 per month per family?

Answer: Funding information has been provided in addendum two.

42. The RFP specifies case navigation services for 120 families; is there a suggested caseload ratio for these?

Answer: The suggested caseload ration is in accordance with the needs of the respective catchment area. There is no suggested caseload ratio. The caseload ratio is at the discretion of the contracted agencies.

43. Section 3.5, paragraph one, page 55, "allow for family visitation". Can the County please define the scope and parameters of "family visitation"?

Answer: Section 3.5 has been removed. Please refer to addendum one dated July 20, 2012.

44. Section 3.6, paragraph one, page 55, "use by DCFS staff as a visitation site." Can the County please define the scope and parameters of "a visitation site"?

Answer: Section 3.6 has been removed. Please refer to addendum one dated July 20, 2012.

45. Section 4.7, paragraph one, page 56, "CONTRACTOR shall maintain completed Differential Response Path 1 Multidisciplinary Team Designee Forms for all MTD designees." Is the Contractor required to maintain completed MTD forms for County designees as well?

- a. Is this feasible given a CONTRACTOR's limited access to and control over a County employee?

Answer: No. The Contractor is not required to maintain completed MTD forms for County Designees. Section 4.7. has been modified as follows:

"CONTRACTOR shall maintain completed Differential Response Path 1 Multidisciplinary Team Designee Forms for all Contractor staff who serve as MTD designees." Please refer to addendum two for the language modification.

46. Section 5.1.2, paragraph one, page 57, "CONTRACTOR shall verify that the family does not have an open case with another SCSF Contractor." Can the County please explain how the CONTRACTOR would be able to verify that a family does not have an open case with another SCSF contractor, given a CONTRACTOR does not have confidential access or oversight of another SCSF Contractor?

Answer: Please refer to the answer provided in question #1.

The following language was included in Addendum 2:

CONTRACTOR shall verify that the family does not have an open case with another SCSF Contractor by asking the client at the time of intake and/or searching a COUNTY maintained database. If the family has an open case with another SCSF Contractor, provision of any non-duplicative service which has been identified as a need, in addition to linkage services, is permissible.

COUNTY shall provide training and technical assistance regarding COUNTY database as required.

47. Section 5.2.10, paragraph one, page 59, "link families with services." Can the county please define the scope and parameters of linking families?

Answer: Linkage involves ensuring that the client (1.) has made a connection with a service provider that is accessible and has the

capacity to meet their needs, and (2.) begins receiving the necessary service. Contractors are required to link clients with services to meet their needs and document all efforts to do so.

48. Section 6.1.2.1, paragraph one, page 60, "professional level staff." Per the RFP the County defines professional level staff as those trained to practice psychotherapy, registered with the California BBS or Licensed. Why would a professional level staff person be required to provide "health, parenting, or other educational services," which are not psychotherapy?

Answer: Section 6.1.2.1 has been modified. Please refer to addendum one dated July 20, 2012.

49. Section 10.3.2, paragraph one, page 63, "Evidenced Based Practices." Can the County please define "Evidenced Based Practices," acceptable evidenced based practices, scope and parameters?

Answer: DCFS distinguishes between evidenced based practices and evidence based programs, which may have an associated fee and/or include certain proprietary rights. DCFS is not requiring Contractors to participate in evidenced based programs. Evidence-based child welfare practices are based on one or more of the following criteria:

Best Research Evidence

Best Clinical Experience

Consistent with Family/Client Values

50. Section 10.3.3, paragraph one, page 63, "Promising Approaches." Can the county please define (including scope and parameters) "Promising Approaches"?

Answer: Promising Approaches are services and/or activities that are determined by the Contractor to hold promise of effectively preventing and treating child maltreatment. Much like PIDP, contracted agencies will be allowed the flexibility to define for their contracted area what is a promising approach. The Prevention Initiative Demonstration Project (PIDP) is an initiative intended to implement a variety of approaches that will prevent families from entering, re-entering and/or experience extended associations with the County's health and human services systems by addressing root causes that weaken families and impede healthy child development, such as social isolation, economic challenges, and barriers to accessing beneficial activities and services. Strategies include building neighborhood based and/or common link social networks ( Parent Cafes, Neighborhood Action Councils, Ask Seek Knock Centers) increasing economic opportunities and development (career counseling, job training, pro bono legal services) and increasing access to and utilization of beneficial services, activities, resources and support (resource centers). To

51. The Community Family Resource Center reflects the desire of the County for fluidity and flexibility in working with the individualized circumstances of each family and the availability and accessibility to the broad array of resources across many disciplines and organizations in the communities. Do the highly prescriptive structures, forms, timeframes and reporting not undercut the focus on family-centered service assessment, planning and service delivery and the DCFS Core Practice Model?

Answer: The requirements set forth in the Resource Center Statement of Work are intended to create an environment that would allow for both innovative services, as well as the core supportive services. The Department's expectation for contracted agencies is to make every effort to work within the guidelines provided.

52. Part E, Required Forms, Form 4-A, page 352, Price Sheet for Resource Center only lists the Average Number of Families to be serviced per Regional Office. Is there any adjustment for these numbers based on agency knowledge of the community or are these firm numbers for developing the total price?

Answer: The numbers provided are for informational purposes only. Agencies may use the numbers provided or use their own numbers based on their knowledge of the community.

53. The Statement of Work for the Resource Center, Section 3.0 pages 54 and 55, lists the services that are to be provided at the Community Family Resource Center. Do all the services listed need to be provided in one Center building or can they be provided through a network of Center partners such as faith-based sites for family visitation?

Answer: Similarly to PIDP, services may be provided through the Resource Center, as well as a network of other community partners. Please note that Section 3.4 has been modified. Please refer to addendum one dated July 20, 2012.

54. The Statement of Work for the Resource Center, Section 3.0 pages 54 and 55, lists the services that are to be provided at the Community Family Resource Center. Based on the number of clients projected to be served and the services offered, what is the estimated size that the Center needs to be to adequately provide these services in a "family friendly and strengthening manner"?

Answer: The Statement of Work for the Resource Center does not define the size that the center needs to be. Please also refer to the answer provided to question immediately above.

55. **FORMATTING:** In Section 51.0, Proposal Submission, pages 37-41, it states that the Business Proposal shall be enclosed in a sealed envelope or box

and that the Cost Proposal must be submitted in a separate sealed package. However, the RFP does not mention instructions for binding of proposals. Should proposals be submitted in a three-ring binder with three-hole punched pages? Should proposals be binder-clipped or fastened with rubberbands?

Answer: For further information please refer to addendum one dated July 20, 2012.

56. Can a Community Family Resource Center apply for a specific ethnic or linguistic group? Or does it need to be a resource center for all individuals within the center's catchment area?

Answer: This question continuous to be under consideration and will be addressed in Addendum Three.

57. Please reconcile the use of a highly treatment services focused intake form with the implementation of prevention strategies and for a non-department involved population?

Answer: Exhibit A-1 has been removed. Please refer to addendum one dated July 20, 2012.

58. Section B, paragraph 3.6, page 55: Our agency currently implements Family Visitation Centers at multiple faith based sites; will those be adequate to meet the requirement described in paragraph 3.6?

Answer: Section 3.5 has been removed. Please refer to addendum one dated July 20, 2012.

59. Section D, page 70: How do you propose to measure the percentage of community or self-referred families not included as the subject of child abuse and/or neglect; self-referred families should have the right not to have their information run through the CWS/CMS data base if they so choose, correct?

Answer: DCFS recognizes the importance of respecting the confidential nature of a families' personal information especially in regards to community referred families. The Department will make efforts to develop, in conjunction with our internal bureau of information systems, a way to de-identify families' personal information while still measuring child welfare outcomes. The Department is open to constructive ideas from community partners on alternative methods for measuring outcomes that are less intrusive to community referred families.

60. Exhibit A-1, pages 72 – 81: The section on Protective Factors occupies less than 5% of the total intake form whereas sections on risk factors make up 95%; please reconcile in light of the prominence of the Protective Factors framework as an overarching strategy for the program

Answer: Exhibit A-1 has been removed. Please refer to addendum one

dated July 20, 2012.

61. Exhibit A-1, V. Parent/Caregiver Risk Factors, page 73, second column sixth line "Living with others": It appears that the Client Intake/Exit Form considers "Living with Others" as a risk factor whereas the literature and common practice would consider that a protective factor; please reconcile.

Answer: Exhibit A-1 has been removed. Please refer to addendum one dated July 20, 2012.

62. Exhibit A-6, page 89: "Monthly Reimbursement Invoice". Please clarify if this is to be a cost reimbursement contract or a fee for service contract?

Answer: The resource center contract is a Firm-Fixed Price Contract not to exceed the Maximum Annual Contract Sum. Please refer to Sample Contract page 399, Contract Sum subsection 3.2 for further information.

63. Can we share the resource center site with other Walden programs or does it have to be a separate site?

Answer: The resource center contract does not limit contractors from sharing the service delivery site with other programs.

64. How many resource centers will be funded in each SPA?

Answer: The resource centers will not be funded by SPA's, but rather will be funded by DCFS office regions. There will be 14 total resource centers. Refer to Attachment BB for zip codes by region.

65. How many referrals are estimated to be made to Resource Centers in SPA 1 and SPA2?

Answer: The referrals will come through multiple channels and as this is a new program no estimate is currently available on the number of referrals. It is estimated that each resource center will serve about 120 families per resource center annually. Please see Addendum two for additional funding information.

66. How much funding is available for each Resource Center

Answer: Funding information has been provided in Addendum two.

67. Do Resource Centers also need to be operate 5pm-8pm and on Saturdays?

Answer: Resource Center should operate during normal business hours, Monday thru Friday, as well as 5pm – 8pm and either Saturday or Sunday from 9 am to 1pm.

68. It appears that the concept of prevention is being eliminated in this description. The current PIDP projects allow individuals to seek services

without having significant intrusion in their lives. According to what the work plan indicates in the RFP (pg. 55-57; 3.0 – 4.7), all families using the Resource Center will have to be assessed, have plans developed and go through an MDT process with DCFS, even though they are not open cases and not necessarily referred by DCFS. Is this accurate?

Answer: No, the MDT process is only for differential response families. This is a requirement of State legislation in order to be able to share information with contracted agencies. The Department values the lessons learned from the PIDP initiative and is seeking to balance the level of information requested for community referrals with the need to track outcomes. All families who access services through the resource center should have an intake and case plan completed. Contracted agencies will have the flexibility to create their own intake and case plans that meet the needs of their clients. DCFS will permit Contractors to utilize a tool of their choosing until a standardized intake form is developed conjointly between DCFS and Contractors through a workgroup.

69. Case Navigation, as delineated in the RFP, is very unclear (pg. 57-58). As written, Section 5.2 only applies to families who are referred to the Resource Center that are receiving Family Reunification services. Is this accurate? Does the process outlined refer to only this set of families? If so, does this mean that other families can receive navigation using a different process?

Answer: The answer to the first two questions is “No”. Case Navigation shall be available to all families who access services through the resource center, regardless of the referral source. Please find clarification to regarding this in Addendum two.

70. Section 5.1 and 5.2 (pg 57, Case Navigation), appears to indicate that families cannot receive services from the Resource Center and other SCSF programs, with the exception of linkage. This would mean no participation in Visitation Centers, support groups or other activities not offered in some of the other SCSF programs. Is this accurate?

Answer: This language has been modified. Please refer to addendum two. All clients will have the ability to access all resource center services, regardless of participation in other SCSF programs, as long as the service provided is not duplicative. The requirement to have a visitation center has been eliminated from the RFP via addendum one dated July 20, 2012, but this does not eliminate the option for an agency to develop a visitation center using the discretionary funds available through this contract.

71. What level of staff can perform Case Navigation (pg 57)?

Answer: Section 5.0 and 6.0 have been modified. Please refer to addendum one dated July 20, 2012.

72. As indicated in the questions regarding the RFP in general, this component prohibits subcontracting for the majority of services, which removes the possibility of a collaborative model. Is this what was intended? What, if anything, can be subcontracted? All services seem to indicate that it must be contractor's staff.

Answer: Please refer to addendum one dated July 20, 2012.

73. The RFP indicates that the majority of services (including: counseling, parenting, health education, life skills, stress management, T and D) must be provided by professional level staff hired by contractor (pgs. 59-60). This would create an excessive cost for services that are normally conducted by trained paraprofessional staff. Could you explain the reasoning behind this decision? Current contracts do not have these requirements. Existing staff providing these services would no longer be eligible for these positions regardless of their training and expertise in these areas.

Answer: Section 5.0 and 6.0 have been modified. Please refer to addendum one dated July 20, 2012.

74. Must all clients be referred to a CAPIT provider for psychotherapy (pg. 60-61) or can that be provided at the Resource Center through in-kind or linkage services?

Answer: The contracted agency has the option of referring the client to a CAPIT provider for psychotherapy or linking the client to other community based agencies for psychotherapy services.

75. Can the Core Supportive and Preventative Services and Peer Support Groups be offered to anyone who walks in or do they have to go through an assessment, MDT process (pg. 59 – 61)?

Answer: Core Supportive and Preventative Services, including peer support groups can be offered to all resource center clients including both community referred and DCFS referred. The MDT process is only for those families who are referred through the differential response pathway.

76. The RFP limits Emergency Basic Support Service to \$500 per family per year (pg. 65; 10.6.2). As this funding is most often used to prevent eviction or assist families with move-in costs, a cap of \$500 will truly limit or ability to provide for this critical need. Can this cap be increased to \$1000?

Answer: RFP language will be modified to indicate the ability to increase beyond the \$500 limit with CPM approval.

77. RFP Page 55 section 4.0 DIFFERENTIAL RESPONSE PATH– are families in this service track eligible for all the other services represented in this scope of work?

a. Do you have a desired length of services for families in this track?

Answer: Yes, families referred through the differential response path are eligible for all resource center services.

a. Yes. We will provide additional clarification regarding the scope of services in addendum three.

78. RFP Page 57 section 5.0 CASE NAVIGATION - Do you have a desired length of services for families in this track?

Answer: There is no stipulated length of service for families receiving case navigation. It should be based on the assessed needs of the family.

79. RFP Page 63 section 10.3 – re: CONTRACTOR Directed Discretionary Funds: Will the county provide some guidance as to what amount of discretionary funds are available?

a. Are these funds represented in the Price Sheet forms, and if so, how?

Answer: Funding information has been provided in Addendum two.

80. RFP Page 352, the Price Sheet, please confirm that the estimated numbers of referrals/families to be served are the same for each service area.

Answer: Yes, the estimated number of families provided in the price sheet is the same for each service area. Please refer to Addendum two for further funding information.

81. Also regarding hours, is there an expectation for hours of operation for the Resource Centers?

Answer: Resource Center should operate during normal business hours, Monday thru Friday, as well as 5pm – 8pm and either Saturday or Sunday from 9 am to 1pm.

82. In this programmatic area – or in any other – is there an expectation for work or availability to be made overnight or before or after regular business hours?

Answer: Resource Center should operate during normal business hours, Monday thru Friday, as well as 5pm – 8pm and either Saturday or Sunday from 9 am to 1pm. There is no expectation for work or availability to be made overnight.

83. RFP Page 2, Section 4.0 - Do the Resource Centers need to be within a particular service area, or is it alright if they are within the SPA?

Answer: Yes, an agency may apply to service in more than one region. A service delivery site must be located in the geographic catchment area of the region it proposes to serve.

84. RFP Page 2, Section 4.0 - Can the Resource Centers be in a location that is adjacent to but not in the SPA if DMH has approved the site to serve that SPA?

Answer: Yes, an agency may apply to service in more than one region. A service delivery site must be located in the geographic catchment area of the region it proposes to serve.

85. What are the expectations of hours of service for the Family Resource Center (FRC)?

Answer: Resource Center should operate during normal business hours, Monday thru Friday, as well as 5pm – 8pm and either Saturday or Sunday from 9 am to 1pm.

86. Do all the FRC services have to be offered during all the hours of operation outlined in pg. 410, Sec. 9.0.?

Answer: The following language was included in Addendum Two:

The CFSC shall adhere to the following hours of operations:  
Monday through Friday from 8:00 AM to 5:00 PM and non-traditional hours Monday through Friday from 5:01 PM to 8:00 PM and Saturday or Sunday from 9:00 PM to 1:00 PM.

Contractor may request approval from the County Program Manager to modify the hours of operation as necessary to meet the needs of the community served.

87. Do FRC services have to be provided onsite during all the hours/days of operation? For example, on Saturdays, can the FRC building be closed if its services are provided off-site such as, home visits?

Answer: On site or off site services should be made available based on the needs of the families and community.

88. The hours of operation for the weekend differ on pg. pg. 410, sec 9.0 and pg. 8, sec 11.1. Is the FRC's hours of operation have to cover both schedules?

Answer: Resource Center should operate during normal business hours, Monday thru Friday, as well as 5pm – 8pm and either Saturday or Sunday from 9 am to 1pm.

89. Is it required for the FRC building to be open for walk-ins and FRC services during the hours of operation required for the individual programs (APSS, CAPIT, etc.)?

Answer: No, the resource center is only required to be open during its stated hours of operation. Resource Center should operate during normal business hours, Monday thru Friday, as well as 5pm – 8pm and either Saturday or Sunday from 9 am to 1pm.

90. Page 54, Section 3.4 - "Contractor shall operate a Community Family Resource Center located in the contracted geographic catchment area" (pg. 54) and "Proposer must have a services provider office within the SPA for which a proposal is being submitted" (pg. 6). Are there designated catchment areas or is it up to the proposer to propose an area they plan to serve?

- a. Are these designated by SPA or DCFS district office boundaries or some other criteria?
- b. Can we do interagency referrals, lets' say an Assessment and Intervention Srvs' client to the Family Resource Center for additional services, or is that considered double billing?
- c. For counseling services, is there certain language/terms we need to use? For example, billing language for notes.

Answer: a. please refer to the answer provided in question #26.  
b. Yes, interagency referrals are allowed, however, clients should not receive the same service from more than one program, that would be considered double billing.  
c. no, there is no specific billing language required. Documentation should be completed to verify all services provided to clients.

91. Directed Discretionary Funds - "45% of all Contractor Directed Discretionary Funds shall be used by the Contractor --- to fund services, activities and/or programs that satisfy one or more of the following:"

- a. Do we need to identify in the proposal the specific evidence-based practices, promising approaches, services and programs in the proposal? Will DCFS need to approve EBP?
- b. How do we identify these services in the budget?
- c. Should these services be explicitly identified in the budget narrative?

Answer: . a. Submission of specific activities for use of discretionary funds is not required at the time of submission of the proposal. Yes, the prospective proposer must include discretionary funds in their bid; otherwise they will be underbidding when they fail to include 15% of their total cost. A budget and timeline is required when requesting approval for use of discretionary funds for s specific service or activity

. b. Submission of a proposal for specific activities for use of discretionary funds is not required at the time of submission of the proposal. However, a proposer must include discretionary funds in their bid.

. c. Contractor directed discretionary funds may be used to pay

fees associated with services for client needs.

d. It is envisioned that the resource center contract would fully fund the service activities described in the SOW. The allocation and use of discretionary funds in Prevention and Aftercare Services was included to allow for innovation and opportunities to meet an unmet need. Assistance with client share of costs for services with an associated fee is one use for discretionary funds.

92. Do we need to hire an outreach worker or can outreach duties be part of the role of several or all of the Family Resource Center staff.

Answer: The contract will not require the contracted agency to hire an outreach worker. These duties can be a part of the role of several or all of the Family Resource Center staff.

93. How does the Family Resource Center get funded? Is there a separate funding pool for the Family Resource Center? What is the approximate funding for the Family Resource Center?

Answer: Funding information has been provided in Addendum two.

94. Can we bill for an intake even if deemed ineligible?

Answer: The prevention and aftercare resource center contract is a Firm-Fixed Price Contract not to exceed the Maximum Annual Contract Sum.

95. If walk-in client is not DCFS eligible, can the host agency refer walk-in to another service provided by the host agency as part of the FRC intake.

Answer: A walk in client is eligible for all services provided in the Resource Center.

96. Are services required for the Family Resource Center that are not currently provided by the host agency paid thru CAPIT?

Answer: The resource center and CAPIT are separate contracts with their own respective deliverables and payment structure.

97. Do we get supplemental funding/reimbursement to co-locate other organizations at FRC as the host agency?

Answer: Supplemental funding is not available to co-locate other organizations.

98. Are the Family Resource Center and CAPIT service rates the same for the same services?

Answer: No, they are not the same. The family resource center is a cost reimbursement contract and CAPIT is a fee for service

reimbursement contract. All county contracts are Firm-Fixed Price meaning that there's a Maximum Annual Contract Sum. If you mean that contractors will get paid 1/12 of their Maximum Annual Contract Sum on a monthly basis whether or not they serve certain numbers of individuals and/or units you want to say Firm-Fixed Price not to exceed Maximum Annual Contract Sum as agreed on the price sheet and line item budget.

99. Psychotherapy Referrals – “Contractor shall first refer Prevention and Aftercare Services clients to the CAPIT Services providers in the contracted geographic catchment area for psychotherapeutic services.” The statement does not designate a specific catchment areas. Do the catchment areas align with specific zip codes, DCFS District boundaries or SPAs or other criteria?

Answer: The catchment areas align with the DCFS office catchment areas. Please refer to Attachment BB.

100. How does the Department envision Regional Family Resource Centers that have the expertise & staffing to serve families from the API & Native American Communities considering that these populations are dispersed throughout the County & require special cultural language considerations? Is a Countywide Regional Center acceptable for these communities?

Answer: Please refer to the answer provided in question #56.

101. What is the relationship or point of Contact between, the multiagency assessment Team (MAT) process and CSAT (DMH collocated Staff Assessments) and diagram regarding continuum of care?

Answer: The point of contact for a client with MAT and CSAT would only be for those clients that come to the attention of the Department, and a child is removed from the home.

102. Community Resource CTR - MAT?

Answer: This question continuous to be under consideration and will be addressed in Addendum Three.

103. Pg. 57 5.1.2 Resource Ctr How will contractor know if the family is being serviced by another contractor? Will contractor have access to a comprehensive database? If not will County make that information available?

Answer: DCFS is in the process of developing a centralized tracking system for all SCSF contract programs. Upon completion, Contractors will have access to this tracking system. In the interim, Contractor shall inquire about client participation in any other SCSF contract programs at the time of intake. Contractors should ask clients as part of the intake process regarding services received. DCFS is in the process of developing a database that

Contractors will have access to. I Please refer to Addendum #2.

104. Can DCFS consider using a LPCC (Licensed Professional Clinical Counselor as a Clinical Supervisor? LPCC's are licensed with the Board of Behavioral Science. Requirements for licensure mirror those of other required licensed staff.

Answer: This question continuous to be under consideration and will be addressed in Addendum Three.

105. Can you ask if a sub-contractor is approved for one lead agency, they have approval across the board. Waivers also

Answer: This question continuous to be under consideration and will be addressed in Addendum Three.

106. Will the client Intake Form (Exhibit A-1) be required for walk-in and self-referred clients, or only for SCFS referrals? The amount of personal information required will \*\*\* \*\* to voluntary access to prevention services especially since as legal counsel has advised to disclose to check that this information is accessible to DCFS.

Answer: . a. Exhibit A-1 has been removed. COUNTY will translate other SCSF documents. Requests should be made to respective SCSF Program Managers. Language has been included in Addendum 2. DCFS will permit Contractors to utilize a tool of their choosing until a standardized intake form is developed conjointly between DCFS and Contractors through a workgroup.

The following language should be included somewhere in the RFP:

DCFS will convene a meeting with representatives from the various SCSF Prevention and Aftercare Services providers to develop a standardized needs assessment to be utilized in both Prevention and Aftercare Services programs. DCFS will solicit participation from awarded Contractors at a later date.

c. The requirement to use Exhibit A-1 has been removed. Instead, Contractors may use an intake form of their choosing.

107. When submitting a proposal, should the proposer describe specific activities to be performed with the Discretionary Funds? Or should these activities be determined solely by conferring with the County Program Manager following award and contracting?

Answer: . a. Submission of specific activities for use of discretionary funds is not required at the time of submission of the proposal. Yes, the prospective proposer must include discretionary funds in their bid; otherwise they will be underbidding when they fail to include 15% of their total cost. A budget and timeline is required when

requesting approval for use of discretionary funds for a specific service or activity

b. Submission of a proposal for specific activities for use of discretionary funds is not required at the time of submission of the proposal. However, a proposer must include discretionary funds in their bid.

c. Contractor directed discretionary funds may be used to pay fees associated with services for client needs.

d. It is envisioned that the resource center contract would fully fund the service activities described in the SOW. The allocation and use of discretionary funds in Prevention and Aftercare Services was included to allow for innovation and opportunities to meet an unmet need. Assistance with client share of costs for services with an associated fee is one use for discretionary funds.

108. Exhibit A-1 Please speak to and reconcile the use of a dozen page prescribed highly treatment services focused intake form that emphasizes risk factors not protective factors for utilization in the prevention, including primary prevention, program – such a instrument is \*\*\*\* with current effective practice in prevention programming and as a post script your rate "living with others" as a risk factor. We believe you need to and How do you propose to address privacy and civil rights issues compromised by running self referred & community referred participants through the CMS/CWS data base

Answer: . a. Exhibit A-1 has been removed. COUNTY will translate other SCSF documents. Requests should be made to respective SCSF Program Managers. Language has been included in Addendum 2. DCFS will permit Contractors to utilize a tool of their choosing until a standardized intake form is developed jointly between DCFS and Contractors through a workgroup.

The following language should be included somewhere in the RFP:

DCFS will convene a meeting with representatives from the various SCSF Prevention and Aftercare Services providers to develop a standardized needs assessment to be utilized in both Prevention and Aftercare Services programs. DCFS will solicit participation from awarded Contractors at a later date.

c. The requirement to use Exhibit A-1 has been removed. Instead, Contractors may use an intake form of their choosing.

109. For the 14 Resource Centers what are the expectations for language and cultural capacity?

Answer: Los Angeles County population is diverse which creates the need to be proficient in multiple languages and culturally responsive to

all groups. As a result, a uniform requirement can not be made for a specific language or culture. Contractors are expected to indicate how they will meet the diverse needs of the area for which they are requesting to serve.

110. Does the Resource Center need to be a single bldng model where all services are provided or can it be a network of partners providing services throughout the community? Pages 54-57 make it sound like a single bldng model.

Answer: Similarly to PIDP, services may be provided through the Resource Center, as well as a network of other community partners. Please note that Section 3.4 has been modified. Please refer to addendum one dated July 20, 2012.

111. It is understood that for the CRS, when you get a contract, you will have to have a CRC in the region where you get the contract. What about the other contracts that are by region? If you get those contracts in, say 3 regions, would you have to set up an office in each of those 3 regions or is that only in the CRC contract?

Answer: Yes, all SCSF contracts require that contracted agencies have a physical location in the service area for which they are awarded a contract. Resource Center and CAPIT are by Regional Office, with a few combined service areas to account for the need to combine the funding allocations to allow for minimum funding thresholds to be met. Assessment and Intervention is assigned by DCFS regional Office with two additional countywide contracts. APSS and PFF are SPA-based.

Please see addendum two for further clarification.

112. On page 68, 13.1.2, it states, "CONTRACTOR shall respond to a call within one hour and respond to a UCR within 24 hours of receipt." Is this a straight 24 hours, and will someone always be available to take the response, or is this "business hours"? There are other areas in the contract that refer to 24 hours or 72 hours and do not clarify whether it is business hours or straight hours. Please clarify. (See also 7.1.2 and 7.2.2 of 24 hours)

Answer: For clarification purposes, the language has been modified to reflect that the contracted agency is to respond within one business day. This language is modified in Addendum two.

113. Section 52.0, page 42: "Selection Process". Will evaluators for Prevention & Aftercare have specific expertise and understanding of state of the art prevention strategies and activities as opposed to more traditional treatment services?

Answer: The evaluators will utilize all solicitation documents to conduct their review including the information pertaining to Strengthening Families Protective Factors and DCFS Shared Core Practice

Model. All information will be utilized in assessing the proposals ability to meet the deliverables as described in the SOW.

114. The Technical Exhibits for Statement of Work – Exhibit A, page 71 lists Exhibit A-9 Multi-Disciplinary Team Designee (Primary), Exhibit A-10 Multi-Disciplinary Designee (Secondary) and Exhibit A-11 Examples of Evaluated Out Allegations as exhibit forms. Please indicate on what pages these forms are to be found as the last page in the Resource Center Statement of Work is Exhibit A-8 on page 92?

Answer: These exhibits were inadvertently left out. They have been included in Addendum two.

115. Contract Question pgs 407-408 and pg 538: Discretionary Funds - is 5% annually, 15% for the entire contract: If an agency does not use all or none of the Discretionary Funds for a Fiscal Year, can the agency add the remaining of the 5% to the following year, as long as they don't exceed 15% for three-years?

- a. What are allowable expenses?

Answer: Unfortunately not. Any unspent funds do not roll over for the following fiscal year. To be clear 15% of the maximum contract sum is identified for new, expanded and specialized services and supports. Of those funds, 45% (of the 15%) is for contractor directed contract funds, 45% (of the 15%) is for County directed contract funds and 10% (of the 15%) is for Emergency Basic Support Services.

a. Much like PIDP, allowable expenses are not defined in an effort to give contracted agencies flexibility to develop innovative strategies to address core issues such as social isolation, increasing economic opportunities and to build community infrastructure. All proposals will be pre-approved by the CPM.

116. Can a Community Family Resource Center agency for a specific ethnic or linguistic group?

Answer: This question continuous to be under consideration and will be addressed in Addendum Three.

County of Los Angeles – Department of Children and Family Services  
SAFE CHILDREN AND STRONG FAMILIES (SCSF) SERVICES (RFP # 11-053)  
**QUESTIONS AND ANSWERS for SCSF SERVICES**

**PREVENTION and AFTERCARE – CAPIT (Exhibit B)**  
Attachment V

1. Our current CAPIT funding is allocated by supervisorial district. It seems this will not be the case anymore – please clarify if this is indeed how things will change.

Answer: The funding will be allocated with the DCFS Regional office catchment area.

2. CAPIT – COUNSELING SERVICES: Part D, SOW for CAPIT, Exhibit B: Can MSW student interns and MFT Trainees provide counseling services for CAPIT (4.4.1.1, page 101)?

Answer: Yes, MSW student interns and MFT Trainees can provide counseling services.

3. CAPIT – EXPECTATIONS FOR COLLABORATION AND PARTNERSHIP MEETINGS: Throughout the RFP in general in the CAPIT SOW there are ongoing references to collaboration and partnership meetings. Please clarify the expectations. Example: Are agencies expected to attend 2 – 4 meetings monthly? Are these general meetings such as Partnership Meetings? If so, how do we bill for this time?

Answer: The number of meetings requiring contractor attendance will depend on the number of SCSF contracts that a contracted agency is awarded. If an agency is awarded the CAPIT contract, then they will be required to attend a quarterly SCSF meeting, as well as a minimum quarterly CAPIT meeting.

Unfortunately, you are not allowed to bill for this time, it is considered part of the agencies administrative costs and should be considered when developing the prospective contractor's proposed unit rates.

4. CAPIT – EXPECTATIONS FOR COLLABORATION AND PARTNERSHIP MEETINGS: If agencies expected to attend TDMS this has a greater impact on staff time and needs to be Included in the staffing plan. If staff are expected to attend TDMs can agencies bill for the time each staff member that attends as long as it is documented in the files?

Answer: Contracted agencies will be able to bill for TDM attendance and must document their attendance in files.

5. CAPIT – CASE MANAGEMENT; Section 4.2 Case Management and Linkage Services; page 99; Intake and Assessment of Client/family needs. What is acceptable verification of Los Angeles residency? As an example, we have a case where the 11 year old child from Mexico was sent to live with a relative. As there is no official documentation what would be acceptable in this case?

Answer: For clarification purposes, language has been included in SOW. Please refer to Addendum Number Two, Section 4.2 Case Management and Linkage Services.

6. CAPIT – CASE MANAGEMENT AND LINKAGE: Section 4.2 Case Management and Linkage Services; page 99; Bullet #4 – Follow Up: “Verify no client waits longer than 10 days prior to receiving services”.
- a. Does this mean that no client waits longer than 10 days for their initial Intake? Or to begin identified services?
  - b. From an implementation perspective how will this expectation be applied? Example: Within 10 days the client has an Intake session with the Case Manager. It is determined that the client needs Parenting Classes and individual therapy, both of which we can provide. However, the next parenting class will not start for another 5 weeks and there are no therapist openings at the time the client is available. In this case we would coordinate with the Resource Center to see if another agency can meet the client needs within the required time. What if no agency can begin services within the 10 day period? Or what if the client is unwilling to travel to another agency to receive the services sooner?
  - c. Does the 10 requirement also include the linkage agencies? What if no agency can provide the services needed within 10 days? Or if the needed services are not available – such as low-income housing?

Answer: “follow up services” are specific to cases when a client is referred to another agency for services.

a: a client should not wait longer than 10 days for their initial intake.

b: Again, “follow up services” only applies to clients who are referred to another agency for services. An agency should document their efforts to obtain needed services for all clients. If a client is unwilling to travel to another agency the agency should document the clients decision to wait for services with a contracted agency.

c: The 10 day requirement only applies to linkage services but it is possible that no agency will be able to provide the needed service within 10 days and the agency should document their efforts to obtain the service for the client.

Language has been modified for clarification purposes. Please refer to Addendum Number Two CAPIT SOW Section 4.2.

7. CAPIT – TARGET POPULATION: Section 1.0 Purpose; page 96; paragraph 2: Services will target the general population, families and children at risk of abuse and/or neglect.
- a. Our agency is currently providing services to the population described above. However, we are also serving children and adults with open DCFS cases. Does this mean we can no longer provide services to children and/or parents with open DCFS cases?

Answer: Contracted agencies will be able to provide services to children and/or parents with open DCFS cases. For clarification purposes the CAPIT SOW has been modified. Please refer to Addendum Number Two CAPIT SOW Section 3.0.

8. CAPIT – TARGET POPULATION: Section 3.1 page 98; 1<sup>st</sup> bullet: “Families referred by the Resource Center”. Our agency serves children and adults with open DCFS cases. Will these cases be referred through the Resource Center as well as directly from DCFS?

Answer: A DCFS case should ideally be referred through the Resource Center but a DCFS client can also walk in to the agency for services. For clarification purposes the CAPIT SOW has been modified. Please refer to addendum Number Two CAPIT SOW Section 3.0.

9. CAPIT – TARGET POPULATION: Section 3.0 Target Populations; Section 3.1 page 98; 2<sup>nd</sup> bullet: “General population including self referred: walk-in clients and community stakeholder referrals such as schools, hospitals and law enforcement agencies”. If self or community referred clients have an open DCFS case will our agency be able to accept the referral and serve the client/family?

Answer: Yes, the agency will be able to serve the client/family, but priority will be given to the client/family if they are referred through the resource center. For clarification purposes the CAPIT SOW has been modified. Please refer to Addendum Number Two CAPIT SOW Section 3.0.

10. CAPIT – QUALITY ASSURANCE MONITORING: Section 5.2 Quality Assurance Monitoring; Section 5.2.1.1.2 – Drug Testing. “Personnel records pertaining to current paid and volunteer staff Drug Testing records”. Our agency does not conduct standard drug testing.
- a. Is drug testing required?
- b. In theory under special circumstances we may do so. In this case the record would be in the personnel file. Does this meet the requirement?

Answer: This deliverable has been removed. Please refer to Addendum Number One dated July 20, 2012.

11. CAPIT- UNINTERRUPTED SERVICE: Section. 5.1.5., page 103 Insuring uninterrupted service. A plan can be created in case of a strike or other unexpected situation. But will an agency be penalized if it cannot meet the goals in case of a disaster such as an earthquake?

Answer: The agency is expected to have a plan and make every effort to carry out the plan. For further information, please refer to Sample Contract Part II Standard Terms and Conditions Section 23 Contractor's Work and Section 40.0 Notice of Delays.

12. CAPIT – QUALITY SERVICE REVIEW: Section 5.2.4., page 104 Quality service review. How many focus groups, grand groups, clinical case discussions, and sum-ups do the agencies have to attend per year? Is this time billable? If so what documentation is acceptable?

Answer: It is unknown how often any contracted agency will participate in the quality service review process. The quality service review process is done once per year for every office and a limited number of cases are chosen per office. A contracted agency will only participate if they provided services to one of the chosen cases. The time is not directly billable to the CAPIT contract because it is not a direct service provided to a client. Given that Unit Rates for CAPIT include all programmatic costs associated with providing the services, proposer's may choose to factor this in as they develop their proposed unit rates.

13. CAPIT – PERFORMANCE OUTCOME: County Monitoring – Methodology/Data Collection. The agencies may have access to some of this information however it is possible that this information is not available to the agency providing services.

- a. What is the mechanism for each agency receiving data and feedback from DCFS on these specific targets?
- b. Without accurate and timely data from DCFS how will agencies know if they are meeting the performance targets?

Answer: It is the intention of DCFS to maintain ongoing and timely communication with all contracted agencies in regards to their performance targets.

14. CAPIT – PRICE SHEET:

- a. Are the billable rates inserted just examples?
- b. Or are they supposed to be the actual costs of current CAPIT services? These do not match our current billable rates.
- c. Are you asking for the average number of families that we plan to serve in the new contract or are you asking for how many we are currently serving? If so based on what – only on current CAPIT contract?
- d. In Column 3 – Current Average Number of Units per Family, is it correct that you do not need the units broken out by the service categories on the first column?
- e. Are we to insert our actual current rate in this column based on our current CAPIT contract? What would an agency that does not have a current contract insert?
- f. In the total price column do you need the figures for each category (Professional total etc.)? Or do you want just one total price for the total proposal at the bottom?
- g. Who determines the price?
- h. Is the price going to affect the selection process based on the lowest bidder?
- i. If agencies are to determine the price and they are currently being paid \$70.00 professional (mental health services), then what is a reasonable proposed rate to request? \$70.00, \$75.00, \$80.00, \$100.00?
- j. What if the cost per unit costs the agency \$125.00, can we propose that \$125.00 as the rate?

Answer: See Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria and Required Form 4-B CAPIT Pricing Sheet.

15. CAPIT DEFINITIONS – “WAIT LIST”: Part H – Attachments; Attachment O; page 769. In the CAPIT program can clients be put on a wait list prioritized as defined when services are not available within the 10 day timeframe?

Answer: Yes, clients can be placed on a wait list when services are not available within the 10 day timeframe.

16. Statement of Work – CAPIT –Section C, Paragraph 4.5 “Parenting Education Services,” p. 102 - Are there any specific requirements for the following: Parenting groups? Length of treatments? BA level vs MA level facilitators? Will there be flexibility in how we offer groups re: Could we do short series i.e. 1 X a month at a food pantry; 4 week series at a homeless shelter and 10 weeks at a school?

Answer: This section has been modified to provide further clarification. Please refer to Addendum Number Two.

17. Question Based on Past Experience with CAPIT – not tied to specific paragraph in RFP - In the past, we had COS \$ that allowed us to do prevention groups in the schools and after school programs, would we be able to do that with this new program?

Answer: Yes, contracted agencies will still be able to provide groups off-site, please refer to Exhibit B, Statement of Work Prevention and Aftercare Services – CAPIT, Section 4.3 Counseling Services.

18. Part D – Statement of Work for CAPIT, Exhibit B-1, pp. 111-118 - Would we be required to use the assessment form that is in the RFP?

- a. Given the *Protective Factors* frame work of parental resilience (pg 96 and 778) would we be able to offer mental health services to parents (pg 778) who have their own trauma hx or mental illness? (adult MHS referenced on pg 772)

Answer: Exhibit B-1 has been removed. Please refer to Addendum Number One dated July 20, 2012. Yes, Contracted Agencies will be able to offer Counseling Services to parents who have their own trauma history or mental illness.

19. Part D – State of Work for CAPIT, Section 2 Contractor’s General Responsibilities, Paragraph 2.1.4, p. 97 - What are the expectations for “teaching and demonstration homemaking instruction”?

Answer: Teaching and Demonstrative Homemaking is defined “as a service provided to teach primary caregivers the skills necessary to successfully manage and maintain a home including, but not limited to, home safety, cleanliness, meal planning, and budgeting” (pg. 768). Contracted agencies are offered the option of providing in home teaching and demonstrating services. These services can be provided by a case aid or higher.

20. Statement of Work; Part D; Exhibit B-1 Client Intake; Pages 108-115 - Will the required Client Intake forms be translated in other languages?

Answer: Exhibit B-1 has been removed. Please refer to Addendum Number One dated July 20, 2012.

21. Statement of Work; Part D; Exhibit B-1 Client Intake; Pages 108-115 - Will electronic copies of the required Client Intake forms be available?

Answer: Exhibit B-1 has been removed. Please refer to Addendum Number One dated July 20, 2012.

22. Statement of Work; Part D; Exhibit B-1 Client Intake; Page 108 - Under Referral Source...Is walk-in the same as self referral?

Answer: Yes, walk in is the same as self referral. Exhibit B-1 has been removed. Please refer to Addendum Number One dated July 20, 2012. In SOW the terms are only used in the Target Population section 3.1. The term self referred has been removed in Addendum Number Two.

23. Statement of Work; Part D; Exhibit B-1 Client Intake ; Page 108 - There is reference to Walk –In on the Client Intake form, please clarify if it is expected that a client walks into an agency and receive services on the same day.

Answer: No, the expectation is not that the client walks into an agency and receives services on the same day. Walk in refers to the way in which the client comes to the attention of the agency for services.

Exhibit B-1 has been removed. Please refer to Addendum Number One dated July 20, 2012.

24. Is there a specific funding amount for CAPIT?

Answer: Funding information has been provided in Addendum Number Two.

25. What is the role of a Case Aide for CAPIT? On page 757 of Definitions, "Case Aide is defined as paid Contractor staff who provide direct client services, but who do not possess, at minimum, a Bachelor's Degree in social work, psychology, marriage and family counseling, or a closely related field." On page 101, Statement of Work, the all direct program services described require staffing at a professional or paraprofessional level.

Answer: For clarification purposes, the CAPIT SOW language has been modified. Please refer to Addendum Number Two CAPIT SOW Sections 4.2 and 4.3 -

26. Page 31: 49.6.2.6 asks for a Quality Assurance Plan as part of our response to the Proposer's Approach (Section C) for CAPIT. How does this differ from the required Section D-Quality Control Plan? What is the difference between a Quality Assurance Plan and a Quality Control Plan?

Answer: Please refer to Addendum Number One dated July 20, 2012.

27. Part D – Statement of Work for CAPIT, Section B, Paragraph 1 “Purpose,” p. 95 - Does California State Assembly Bill 1773 specify that the \$\$ spent to prevent child abuse need be spent solely for indigent or can it be spent on those whose mental health insurance does not cover specialized treatment around child abuse issues (i.e. Kaiser), so that we would be able to take referrals from the Resource Centers and DCFS?

Answer: AB 1733 does not specify that the money needs to be spent solely for indigent clients, but the contracted agencies should not bill two funding sources for services provided. In the example above, the contracted agency should either bill AB 1733 or Kaiser, but not both.

28. Part D – Statement of Work for CAPIT, Section C, Paragraph 4 “Scope of Work,” p. 98 - If cases are open by DCFS then the children would have MediCal, would they then be served in this program or another program that takes MediCal?

Answer: CAPIT funding is limited. If the child has MediCal and the agency can bill MediCal, then it would be in the best interest of the limited CAPIT funding to first bill MediCal, but if the agency is unable to bill MediCal, then they are able to bill CAPIT.

29. Questions pertaining to CAPIT - .Statement of Work; Part D; page 102 - 4.5 Parenting Education Services. What are the staffing requirements to provide Parent Education?

Answer: For clarification purposes, Statement of Work language has been modified. Please refer to Addendum Number Two CAPIT SOW Section 4.5.

30. Statement of Work; Part D; 4.2 Case Management and Linkage Services; page 99 - Verification of County of Los Angeles residency. What is acceptable verification of County of Los Angeles residency?

Answer: For clarification purposes, Statement of Work language has been modified. Please refer to Addendum Number Two CAPIT SOW Section 4.1.2.1.

31. Statement of Work; Part D; 4.3 Counseling; page 101 - In home teaching and demonstrating is included in this service. Is teaching and demonstrating required to be provided to all clients?

Answer: Please refer to Addendum Two Section 4.1 Intake and Assessment Services.

32. Is there a required CAPIT evaluation? Evaluation requirements or participation was not stated in the RFP?

Answer: No, there is no required CAPIT evaluation.

33. Part D, Statements of Work, Exhibit B – Prevention and Aftercare Services – CAPIT – page 98. 3.1 “Prevention and Aftercare Services will target the following population residing in the County of Los Angeles in the following priority.” The statement does not designate a specific target area. Do we propose the area we wish to serve?

a. Do we need to identify zip codes, DCFS District boundaries or SPAs?

b. What is the contract Sum?

Answer: Please refer to Addendum Number Two, Required Form 4-B CAPIT Pricing Sheet.

34. DRUG TESTING EMPLOYEES: Do agencies have to drug test employees? See page 103, section 5.2, subsection 5.2.1.1.2.

Answer: Please refer to Addendum Number One dated July 20, 2012.

35. QUALITY ASSURANCE PLAN AND MONITORING – CAPIT - 5.1.3 CONTRACTOR’s QAP shall include a description of how its strengthening families protective factor outcomes will be measured to ensure compliance with the CAPIT contract. Is this referring to program evaluation?

Answer: This deliverable has been removed. Please refer to Addendum Number Two.

36. SECTION C – SERVICES DESCRIPTION - 4.2 CASE MANAGEMENT AND LINKAGE SERVICES (Page 99) Contractor’s Case Management Services shall consist of: Intake and assessment of the client/family needs, Verification of County of Los Angeles residency. What type of documentation is acceptable for “Verification of County of Los Angeles residency”?

a. Can undocumented individuals access services?

Answer: Yes, undocumented individuals can access CAPIT services. Please refer to Addendum Number Two Section 4.1 Intake and Assessment Services Subsection 4.1.2.1

37. Are the rates for professional and paraprofessional services in CAPIT actually lowered by 12.48% and 6.3% respectively? Is there justification underlying this decrease?

Answer: Please refer to Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria.

38. Is CAPIT Supervisorial District-related, SPA-related or DCFS regional office-related?

Answer: The contracts will be awarded by DCFS Regional office catchment area

39. Can you describe the minimum relationship between a CAPIT provider and the provider of a Community Family Resource Center?

Answer: The minimum relationship that the CAPIT provider will have with the Community Family Resource Center will be to receive referrals for psychotherapy from the Community Family Resource Center.

40. Is CAPIT is now expected to use EBPs and a standardized assessment tool?

Answer: No, CAPIT does not have a standardized assessment tool and there is no requirement to use EBP's.

41. CAPIT - 1.0 Purpose: Services #4-In-home services, including .....crisis response and T&D, etc.pg 95. Is crisis response required that all agencies need to provide?

- a. Would agencies need to respond to crisis calls for individuals who are not clients of the agency?

Answer: For clarification purposes, Statement of Work language has been modified. Please refer to Addendum Number Two CAPIT SOW Section 4.3.

42. CAPIT – 4.5 Parenting Education Services pg 102. What is the level of staffing for this service?

- a. Where is this service to be provided?

Answer: This section has been modified to provide further clarification. Please refer to Addendum Number Two CAPIT SOW Section 4.5.

43. SCOPE OF WORK B: CAPIT - Page 99: What level of degree or licensure is required for the staff member who is conducting the intake and assessment? Note that this person needs to identify therapeutic needs and develop a case plan.

Answer: For clarification of this issue please refer to Addendum Number Two Section 4.1.

44. RATES IN THE CAPIT CONTRACT / Part E – Required Form 4-B, page 354 & 355

Professional: \$65.64  
Paraprofessional: \$42.18  
Case Aide: No current Rate

Current rates as shown on this price sheet are lower than our actual current rates of \$70 & \$45. It is noted as a required form in the CAPIT sample contract. Would we use this form and rates as they appear here or are we allowed to modify?

Answer: Please refer to Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria and Required Form 4-B CAPIT Pricing Sheet.

45. RFP Part B – section 49.6.2.3, paragraph 14, page 30: “Approach to servicing unique population in geographic catchment area to be served”. Since there is no specific language referring to a separate Deaf and Hard of Hearing CAPIT contract, does “unique population” encompass deaf and hard of hearing clients or can services for the deaf be covered under a regular contract?

Answer: Services for the deaf can be covered through a regular contract.

46. Exhibit B- CAPIT – Section 1, paragraph 4, page 95: “CAPIT programs will provide a range of child abuse and neglect prevention, intervention and treatment services to at risk families, preferably in one location. Services shall consist of: Intake & Assessment, Individual, family, and group therapy, counseling, in home services, including psychotherapy, counseling, crisis response, & teaching and demonstrating homemaking instruction, case management and linkage services, and parenting education.” How does this meet DCFS shared value number 8 (Respect for Diversity) when we know that not all client populations are clustered in one area and not all clients can access one specific site?

Answer: This language has been modified. Please refer to Addendum Number Two CAPIT SOW Section 1.0.

47. If one location for CAPIT services is a must, and since Five Acres is committed to diversity and enhancing the capacity of health and human services, then more than one location will be necessary and separate proposals will be submitted. Again, will CAPIT contracts be based on Supervisorial Districts or DCFS regions?

Answer: The contracts will be awarded by DCFS Regional office catchment area

48. Section 2.3, paragraph 12, page 97: “Contractor shall hold weekly supervision reviews with all professional staff, paraprofessional staff, interns, and all other staff that provide program services under this contract. Copies of sign-in logs, agenda and any other supervision materials shall be made available to the County Program Manager upon request. Supervision reviews may be held individually or as group. Is weekly individual supervision required with case managers even if case management services aren’t performed on a weekly basis?

Answer: Weekly supervision is required for case managers but it can be provided individually or as a group.

49. Section 2.3.1, paragraph 13, page 97: “Contractor’s personnel files shall include complete records of all professional & paraprofessional staff, case aides, interns, and volunteers of its staff and at minimum include: 2.3.1.1 Contractor’s Training Schedule shall include a training calendar, training, curriculum, trainer certifications and qualification.” Can the training information required be house with the training department or must it be housed where personnel files are kept (usually HR departments)?

Answer: Training information can be kept separate, but must be made available during technical reviews for the contracted agencies.

50. Section 4.2, paragraph 6, page 99: “Contractor’s case management services shall consist of: Intake & assessment of the client/family needs, verification of County of LA residency, development of the case plan: Identify client therapeutic needs; identify client basic needs; Client families signature on case plan.” Do Contractors design the “intake and assessment” and “case plan” forms used by case managers or will the county provide standardized forms?

- a. Will case managers be listing therapeutic needs identified by the clinicians serving the family/client or are case managers expected to the therapeutic needs of a case?
- b. If case managers are expected to develop therapeutic needs, how is this possible since case managers aren’t always therapists and it would create a scope of practice issue?
- c. Can Contractors open a case and just provide case management?

Answer: a. Depending on the needs of the client, the client may need both a general case plan which identifies the needs of the client and the overarching goals, and also a therapeutic case plan which is specific to therapy and would be completed by the clinician.  
b. see #a above  
c. Yes, contractors can open a case and just provide case management, but given the limited amount of CAPIT funding, it may be more appropriate to have a case referred to the resource center if it only requires case management.

51. Section 4.2.3.2, paragraph 3, page 100: “Consistent with the DCFS Shared Core Practice Model, Exhibit B-3 an adult, child, and/or family intake assessment shall be completed which includes the date and signature of staff conducting the intake assessment.” Since this is listed under the “case management and linkage services”, and since intake services must be completed by a paraprofessional level staff or above, does it mean that case managers must be paraprofessional level or above?

Answer: For clarification purposes this language has been modified. Please refer to Addendum Number Two 4.2 Case Management and Linkage Services.

52. Section 4.2.3.3, paragraph 4, page 100: “The intake shall include an assessment of the Strengthening Families Protective Factors Framework (Center for the Study of Social Policy’s Strengthening Families Approach), Attachment Q, in Part H or this RFP.” Attachment Q in Part H is not a form. Do Contractors design our own form for this?

Answer: For clarification purposes, Statement of Work language has been modified. Please refer to Addendum Number Two CAPIT SOW Section 4.1.

53. Section 4.3, paragraph 4, page 101: “Contractor will provide counseling services to families via face-to-face contact....” AND Section 4.4, paragraph 9, page 101: “ Psychotherapy Services: these services are provided by the contractor to families via face-to-face meetings and/or interventions by a therapist .....” Question: Are phone services when needed by the client/family not covered under counseling or psychotherapy?

- a. If not, how does this meet the County’s Protective Factors of “Parental Resilience, Knowledge of Parenting/Child Development, and Concrete Support”; OR the County’s Shared Values of “Compassion, and Responsiveness”; OR the County’s Strategic Plan Goals of “Children/ Family/Adult Wellbeing, Mental Health, and Public Safety?

Answer: The phone service would be covered if counseling or psychotherapy is being provided, but should not be considered as a regular method of providing counseling or psychotherapy.

54. Section 5.2.4, paragraph 3, page 104: “Contractor staff shall participate in their assigned DCFS office’s Quality Services Review (QSR) process.” Will DCFS notify Contractors of the dates and locations of these meetings?

- a. Are contractors expected to attend QSR meetings at each DCFS regional office they have a contract with?

Answer: DCFS would contact contractors of dates and locations of meetings for QSR.

Yes, contractors would be expected to participate in the QSR process, if selected, for any of the DCFS regional offices for which they are contracted to provide service.

It is unknown how often any contracted agency will participate in the quality service review process. The quality service review process is done once per year for every office and a limited number of cases are chosen per office. A contracted agency will only participate if they provided services to one of the chosen cases. The time is not directly billable to the CAPIT contract because it is not a direct service provided to a client. Given that Unit Rates for CAPIT include all programmatic costs associated with providing the services, proposer’s may choose to factor this in as they develop their proposed unit rates.

55. Are the rates for professional and paraprofessional services in CAPIT actually lowered by 12.48% and 6.3% respectively? Is there justification underlying this decrease? Is CAPIT Supervisorial District-related, SPA-related or DCFS regional office-related? Can you describe the minimum relationship between a CAPIT provider and the provider of a Community Family Resource Center?

Answer: Please refer to Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria and Required Form 4-B CAPIT Pricing Sheet.

The contracts will be awarded by DCFS Regional office catchment area.

The minimum relationship that the CAPIT provider will have with the Community Family Resource Center will be to receive referrals for psychotherapy from the Community Family Resource Center.

56. Is CAPIT is now expected to use EBPs and a standardized assessment tool? There is confusion around the mandates for use of assessment tools. PFF requires the FAF (EBP) while A and I remains with its own assessment tool (C-12). Why are the assessment tools not standardized? Are the multiple assessment tools redesigned to comply with the Strengthening Families' Protective Factors' Framework? Is the Family Assessment Tool to be completed within 5 days?

Answer: CAPIT does not have a standardized assessment tool.

57. Part E, Required Forms, Form 4-B, page 354, Price Sheet for CAPIT lists the Average Number of Families Currently Served and the Current Average Number of Units per Family. Is there any adjustment for these numbers based on agency knowledge of the community or are these firm numbers for developing the total price?

Answer: Please refer to Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria and Required Form 4-B CAPIT Pricing Sheet.

58. In Exhibit B, PREVENTION AND AFTERCARE SERVICES – CAPIT starting on page 94: Do you have a desired length of services for families in this track?

Answer: No, there is no minimum or maximum length of service for the CAPIT contract services.

59. Can you clarify per the price sheet on page 354 that the average number of referrals/families to be served in each service area is 30?

Answer: Please refer to Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria and Required Form 4-B CAPIT Pricing Sheet.

60. Part D: Statement of Work for CAPIT p.102 - 4.5 Parenting Education Services. These are services that support and enhance parenting skills through education and training in areas such as:
- d. Anger management;
  - e. Impulse control;
  - f. Child development
  - g. Alternative discipline

Question: Is there an expectation the Proposers will use an Evidence-Based Practice to fulfill this requirement?

Answer: This is not required, Please refer to RFP # 11-053, Part D, Exhibit B, Statement of Work for Prevention and Aftercare Services – CAPIT

61. Part D: Statement of Work for CAPIT p.98 - May Contractor use subcontractors to fulfill Scope of Work?
- a. If so, what are the requirements of subcontractors?

Answer: Yes, subcontractors can be used to fulfill this scope of work. The requirements of subcontractors are detailed in Section 52.0 of the CAPIT Sample Contract pages 511-513.

62. Will the new CAPPAY system include a progress notes component?

Answer: No, the CAPPAY system does not include a progress notes component.

63. Are there modifications to the existing FAF database?

Answer: CAPIT not use the FAF database.

64. Can domestic violence groups that are currently offered in the program continued to be offered under the new CAPIT contract?

Answer: Yes, domestic violence groups can still be offered through the CAPIT funding. For clarification purposes, SOW language has been modified. Please refer to Addendum Number Two CAPIT SOW Section 4.3.

65. "Prevention and Aftercare Services will target the following population residing in the County of Los Angeles in the following priority." The statement does not designate a specific target area. Do we propose the area we wish to serve? Do we need to identify zip codes, DCFS District boundaries or SPAs?

Answer: Please refer to Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria and Required Form 4-B CAPIT Pricing Sheet.

66. What is the service area for CAPIT? Based on price sheet the service area is identified as the DCFS Region? Please clarify

Answer: Please refer to Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria and Required Form 4-B CAPIT Pricing Sheet.

67. What is the purpose of the contracting agency making a 10% contribution to the program?

Answer: The purpose is to leverage the funds. The requirement comes from the AB1733 legislation which is the funding source for the CAPIT contract.

68. Part E, Form 4-B, pg 354: Price Sheet - What is included in Professional Current Rate of \$65.64? What is included in Paraprofessional Current Rate of \$42.18? Is this the fully burdened rate, including indirect items such as least, insurance, supplies, etc.? OR does this rate only represent the professional staff salary?

a. If these rates represent fully burdened dollars, it is very low compared with the standard DMH mental health services rates. Is there a rational for this disparity?

b. How do we fill out this form? Could we have a sample as a powerpoint during the Proposer's Conference?

Answer: Please refer to Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria and Required Form 4-B CAPIT Pricing Sheet.

69. For CAPIT do you need a physical site in each region you are applying for?

Answer: For clarification purposes, please refer to Addendum Number Two, Section 2.0 CONTRACTOR'S GENERAL RESPONSIBILITIES.

70. RFP Page 115, Exhibit B-1 - Prevention and Aftercare Services: CAPIT – Is this form to be used for EITHER the Prevention and Aftercare Services AND/OR the CAPIT services?

Answer: Exhibit B-1 has been removed. Please refer to Addendum Number One dated July 20, 2012.

71. Please explain the following and exactly what it means. It is from page 465. - "6.0 CONTRIBUTION - CONTRACTOR shall make a contribution, cash and/or in-kind from other than California Department of Social Services sources in an amount equal to, or more than ten percent (10%) of the total Contract amount. This contribution, which must be documented, shall be identified in Required Form 4-F, Line Item Budget and Forms and reported"

Answer: AB1733 legislation requires that each agency make a 10% contribution to leverage the CAPIT funding. For example, if you are awarded a \$50,000 contract, the contracted agency would have to make a contribution (cash and/or in-kind) of \$5,000.

72. For Medi-cal families in CAPIT & other programs receiving mental health services, will both DMH' Assessment & DCFS Assessment be required?

Answer: Contracted agencies should not bill both Medi-Cal and CAPIT for the same service; therefore you would not need two assessments for the same client.

County of Los Angeles – Department of Children and Family Services  
SAFE CHILDREN AND STRONG FAMILIES (SCSF) SERVICES (RFP # 11-053)  
**QUESTIONS AND ANSWERS for SCSF SERVICES**

**ASSESSMENT and INTERVENTION (Exhibit C)**  
Attachment VI

1. ASSESSMENT AND INTERVENTION - REFERRALS: Part D. Statements of Work. Exhibit C: Assessment and Intervention Services. Section C. Service Description, 6.0 Family Preservation Assessment Services. 6.1.2, pg. 128, "CONTRACTOR shall ensure that that referrals are assigned within 20 minutes of receiving the referral, to a licensed clinician or registered intern that is under the supervision of a Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT) or Licensed Psychologist to conduct an assessment. If CONTRACTOR is unable to assign an assessor within the 20-minute timeframe, CONTRACTOR must contact ERCP to have the referral reassigned to another CONTRACTOR. CONTRACTOR shall maintain a log of all fax and telephone referrals and their disposition, including receipt time, time of assignment and time of referral return to ERCP (if applicable)." *What is the definition of a registered intern?*

Answer: As reflected in Addendum Number One the assignment timeframe has been modified as follows:

6.1.2 CONTRACTOR shall ensure that referrals are assigned within ~~20 minutes~~ one-hour of receiving the referral, to a licensed clinician or registered intern that is under the supervision of a Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT) or Licensed Psychologist to conduct an assessment. If CONTRACTOR is unable to assign an assessor within the ~~20-minute~~ one-hour timeframe, CONTRACTOR must contact ERCP to have the referral reassigned to another CONTRACTOR. CONTRACTOR shall maintain a log of all fax and telephone referrals and their disposition, including receipt time, time of assignment and time of referral return to ERCP (if applicable).

Intern registration requirements are established and administered by the Board of Behavioral Sciences. Their requirements can be found at [http://www.bbs.ca.gov/app-reg/mft\\_presentation.shtml](http://www.bbs.ca.gov/app-reg/mft_presentation.shtml).

2. ASSESSMENT AND INTERVENTION – SUBCONTRACTING: Part D, SOW for Assessment and Intervention, Exhibit C, page 146: Please address DCFS' intent behind prohibiting the subcontracting of IHOC services. This has been a way for providers to partner and collaborate with other providers

so it would seem that prohibiting this negatively impacts the partnership that the new SFSC is trying to build up within communities.

Answer: We have amended this section to allow sub-contracting. Please refer to Addendum Number One.

3. ASSESSMENT AND INTERVENTION – MINIMUM QUALIFICATIONS: Part D, SOW for Assessment and Intervention, Exhibit C: Please describe what the minimum qualifications are for T&D Workers.

Answer: As reflected in Addendum Number One, the following T&D staff qualifications and definition of Case Aide have been added:

9.2.1 Case Aide: A Case Aide shall be defined as CONTRACTOR paid staff who provide direct client services, but who do not possess, at minimum, a Bachelor's Degree in social work, psychology, marriage and family counseling, or a closely related field. CONTRACTOR shall ensure that all case aides possesses the expertise and experience necessary to provide direct client services as required in this SOW.

9.2.8 Teaching and Demonstrating (T&D) Staff: Teaching and Demonstrating (T&D) Staff shall be one of the following: 1) a case aide or 2) an intern.

4. ASSESSMENT AND INTERVENTION – COUNSELORS: Part D, SOW for Assessment and Intervention, Exhibit C: Can MSW student interns and MFT Trainees be counselors (9.2.5, page 146)?

Answer: While Registered MFT Interns will be able to provide counseling, MSW student interns and MFT Trainees (who have not earned their masters degrees) will not be eligible to provide counseling. Under the current Family Preservation Program contract, licensure is required to provide this service. This requirement is being modified to include MFT Registered Interns, who by definition have been awarded Masters degrees.

5. ASSESSMENT AND INTERVENTION – PROGRAM SERVICES: Part D, SOW for Assessment and Intervention, Exhibit C, Page 123, 1.0: The description states that Assessment and Intervention are two separate programs – does this mean we can apply for one or the other or do we need to send in a proposal for the two combined?

Answer: CONTRACTORS must provide both Assessment and Intervention services.

6. ASSESSMENT AND INTERVENTION – REFERRALS: Part D, SOW for Assessment and Intervention, Exhibit C, Page 128, 6.1.2: Referral assignment within 20 minutes. This timeframe feels very tight especially if

we want to ensure the best assignment for a case. What does a provider do if they are at capacity and cannot fulfill the assignment within 20 minutes?

Answer: The 20 minute timeframe has been revised to 1 hour. Please refer to the response to question #1 above.

7. ASSESSMENT AND INTERVENTION – AVAILABILITY OF CSW: Part D, SOW for Assessment and Intervention, Exhibit C, Page 128, 6.1.7: Will the CSW be available around the clock also so that in the event the assessment is completed late at night on a weekend, the provider can meet this mandate? If the CSW is not available, will the provider bear fault for not meeting the mandate?

Answer: This section of the SOW is referring to services request after hours by our Emergency Response Command Post, which is staffed 24 hours a day, 7 days a week.

We will add clarifying language to this section as follows: “When the CSW is not available the CONTRACTOR shall contact the ERCP Trouble Shooter (or County Designee) at 213-639-4500 to convey the results to the appropriate supervisor and/or manager.

8. ASSESSMENT AND INTERVENTION – PARENT CAPACITY/INCAPACITY: Part D, SOW for Assessment and Intervention, Exhibit C, page 129, 6.1.9: What is meant by parent capacity/incapacity? If this means the provider has to evaluate whether a parent is fit to care for a child or not and our assessment will be the basis for such decisions to be made, this could potentially be a great liability for agencies. Additionally it does not seem appropriate for the provider to make such conclusions based on just this one assessment.

Answer: The Department understands the assessment captures family functioning at a given point in time. Given the professional expertise required of those conducting these assessments, the Department would expect an assessor to assist the Department by providing necessary information in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on the parent or caregiver’s ability to safely care for a child.

9. ASSESSMENT AND INTERVENTION – MAXIMUM BILLABLE TIME: Part D, SOW for Assessment and Intervention, Exhibit C, page 129, 6.1.10: Is the maximum billable time of three hours measured per week, per month – please clarify.

Answer: This section refers to ERCP referrals. The three hour maximum billable is per ERCP referral.

10. ASSESSMENT AND INTERVENTION – LANGUAGE ABILITY: Part D, SOW for Assessment and Intervention, Exhibit C, page 154, 9.1.2: Language

Ability – Does this mean that DCFS will only fund one agency to provide all services to the API population for the entire county?

Answer: This means that the COUNTY will fund at least one such agency.

11. A and I Section 6.1.2: Is the 20 minute time frame for ERCP UFAs realistic given the faxing method, especially at night and on weekends and holidays?

Answer: As reflected in Addendum Number One the assignment timeframe has been modified as follows:

6.1.3 CONTRACTOR shall ensure that referrals are assigned within ~~20 minutes~~ one-hour of receiving the referral, to a licensed clinician or registered intern that is under the supervision of a Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT) or Licensed Psychologist to conduct an assessment. If CONTRACTOR is unable to assign an assessor within the ~~20-minute~~ one-hour timeframe, CONTRACTOR must contact ERCP to have the referral reassigned to another CONTRACTOR. CONTRACTOR shall maintain a log of all fax and telephone referrals and their disposition, including receipt time, time of assignment and time of referral return to ERCP (*if applicable*).

Intern registration requirements are established and administered by the Board of Behavioral Sciences. Their requirements can be found at [http://www.bbs.ca.gov/app-reg/mft\\_presentation.shtml](http://www.bbs.ca.gov/app-reg/mft_presentation.shtml) .

12. A and I Section 6.1.5: Is the 1 hour arrival at a ERCP home realistic in all cases?

Answer: In keeping with the language contained in Section 6.1.5, ERCP should be contacted for approval of arrival times exceeding one hour.

13. A and I Section 6.1.7 and 6.1.8: While the 1 hour verbal summary appears realistic, a 2-hour written report realistic?

Answer: Section 6.1.8 requires the delivery of a preliminary summary (rather than a completed assessment report) within 2 hours.

14. 6.2 EMERGENCY RESPONSE REFERRALS – REGIONAL OFFICE - 6.2.8 (Page 131) CONTRACTOR shall ensure that the clinician or registered intern link the family to the appropriate services that are available within the community after it has been discussed with the assigned CSW or SCSW, as described in linkages, Attachment P. Is the CONTRACTOR allowed to link families to the same agency that conducted the assessment?

Answer: Yes.

15. 7.0 FAMILY PRESERVATION (FP) INTERVENTION SERVICES - 7.1.2 (Page 132) CONTRACTOR shall call the COUNTY designee within 24 hours of receiving the referral to confirm receipt, provide the name of the CPD and the IHOC. The CPD shall discuss case specifics and a preliminary plan with the COUNTY designee. Who is the contact for confirmation of receipt of the referral within 24 hours?

Answer: There will be a COUNTY Designee identified at each of the Department's offices and a roster of the COUNTY Designees will be distributed to all Assessment and Intervention CONTRACTORS.

16. 7.1.8 ALTERNATIVE RESPONSE SERVICES (ARS) MULTIDISCIPLINARY CASE PLANNING COMMITTEE (MCPC) SERVICE PLAN AGREEMENT - 7.1.8.3 (Page 134-135) this section requires that Contractor complete the necessary forms and/or processes to refer the family member to a COUNTY DMH provider. Who is required to attend the MCPC, and if there is no CSW assigned?

- a. With ARS cases who will notify contractors of the status of DMH needs via the CSAT - Is the CONTRACTOR going to receive information from the CSAT, and if so, by whom?
- b. ARS cases did not qualify for MH services, are you stating that we need to make referrals or provide resources for the family? Since the note under this section states: Contractor cannot bill for DMH services through ARS FP.

Answer: i. If the referral has been closed the CONTRACTOR will not receive CSAT information.  
ii. Yes, CONTRACTORS are expected to make referrals to DMH as appropriate.

17. Assessment and Intervention Services (FP) - 2.0 County Program Management (pg 123 bottom) In reference to the Contractor Program Director – is this the only program that is requiring that agencies hire a CPD? I don't see this referenced in CAPIT, Resource Center, etc.

Answer: No. For information regarding Contractor Program Director requirements for Resource Centers please refer to page 418, and for CAPIT please refer to page 480.

18. 7.2.19.3 Supplemental Services #7.Parenting Training Services/Fatherhood Program and #10.Teaching and Demonstrating. Pg 147. What level of staffing is recommended?

Answer: Parenting Training Services/Fatherhood Program shall be provided by Professional level staff.

For Teaching & Demonstrating staff requirements, please refer to the response to question #3, above.

19. A and I Section 3.5: Is there a current equivalent of a CQI meeting?

Answer: No, not within the current Family Preservation Program.

20. A and I Section 3.12: Must all training be recorded in personnel files, or are training logs with sign-in sheets sufficient?

Answer: Staff training records should be kept individually. By themselves, sign in sheets which are not indexed/ referenced in individual personnel files do not fulfill the requirements of this section.

21. A and I Section 7.1.7: Will the CSW attend the ARS MCPC?

Answer: Yes, whenever possible the CSW will attend.

22. A and I Section 7.1.8.2: Must a Children's Bill of Rights be signed at every MCPC?

Answer: Yes, a Children's Bill of Rights must be signed at every MCPC.

23. A and I Section 7.1.8.3: Why MUST the referral for mental health be to a County DMH provider?

Answer: In response to feedback regarding this requirement, we will amend this portion of section 7.1.8.3 to read as follows:

"In the event mental health issues are identified in adult family members, CONTRACTOR must complete the necessary forms and/or processes to refer the family member to a COUNTY's DMH provider or another similarly qualified, affordable mental health provider.

24. A and I Section 7.1.8.3: Must children be at each MCPC?

Answer: Yes, children over the age of 10 who are listed in the case plan should attend each MCPC.

25. A and I Section 7.1.8.6: Will it never be possible to assign an assessor for a family as the family's IHOC and counselor?

Answer: An IHOC cannot be assigned as a counselor to a family on their IHOC caseload.

26. A and I Section 7.2.5 states that DCFS reserves the right to close a case. What if the Community partner disagrees that a case should be closed, for the safety of the children?

- a. Will the contractor be held accountable for outcomes and work completed?

Answer: This section specifically refers to cases in which no contact has been made with the family by the CONTRACTOR. The intent of this language is to ensure that the Department has the ability to have cases remain open when the Department assesses that keeping the case open would be beneficial to the family.

- a. Outcomes for all CONTRACTORS will be measured by the indicators cited in section E, Outcome Measures, on page 161 of the RFP

27. A and I Section 7.2.8.1: Must all family members be present at all MCPCs?

Answer: With the exception of children under 10 years of age, all family members must be present at all MCPCs

Children over the age of 10 who are listed in the case plan should attend each MCPC.

28. A and I Section 7.2.8.3: Is the conference call for subsequent MCPCs

Answer: Yes, the conference call is for subsequent MCPCs. The intent of this language is to better ensure that all relevant parties participate in subsequent MCPC meetings.

29. A and I Section 7.2.18: If a family calls to cancel ahead of time, but not for a good reason, is it excused?

Answer: No, unless a family provides an acceptable reason for their absence the absence is not excused.

30. A and I Section 7.2.19.3: Is it policy that "counseling" cannot be provided to a member of your own family case, even if you are licensed or appropriate supervised?

Answer: An IHOC cannot be assigned as a counselor to a family on their IHOC caseload.

31. If unable to catch a child in person during a IHOC visit, is a phone call to a mandated reporter with eyes on the child, adequate for a follow-up visit?

Answer: No, a contact with a mandated reporter, while informative, does not make up for a missed face-to-face contact with a child.

32. A and I Section 8.2.7: Are we to attend all DCFS general staff meetings?

Answer: No, per 8.2.7, CONTRACTORS are to attend DCFS General Staff Meetings upon request by the COUNTY Program Manager.

33. A and I Section 8.7.1: What is the quarterly report to the CPM and how does it relate to monthly reports?

Answer: The quarterly report will include information regarding the numbers of families serviced, as well as the services delivered, and is unrelated to the current monthly report.

34. Exhibit C, p. 129, 6.1.9 (note), indicates that the report for ERCP-referred clients must be submitted to the supervising CSW *and* county designee for those referred during business hours. Page 131, 6.2.7, indicates the report for ERR-referred clients should go to the county designee (only), while the note to 6.2.7 seems to contradict this, indicating that the report for ERR-referred clients must be submitted to the Emergency Response SCSW and the county designee. (The timeframes for filing of reports, as described in the RFP, is also different for the ERCP and ERR populations.) Can you clarify what the requirements are, please? (And if they are indeed different for ERCP- and ERR-referred clients, might some consideration be given to revising to be consistent across this program component?)

Answer: Both ERCP referred assessments and assessments referred by regional offices, require that the reports are to be provided to the requesting CSW's supervisor and the County Designee in order for CONTRACTOR to submit an invoice for payment.

The reference to the supervising CSW in the body of section 6.2.7 was inadvertently omitted but included in the note at the end of the section. This inadvertent omission will be corrected.

35. Part D, Exhibit C – Assessment and Intervention, - Page 125, 4.1 – Target Populations – Do the geographic areas for this program coincide with DCFS District Offices as do the current Family Preservation Networks?

Answer: Yes, the geographic areas for Assessment and Intervention coincide with the DCFS Offices as do the current Family Preservation Networks.

36. Page 127 – 6.0 – “Licensed clinicians or registered interns will screen adult family members using COUNTY approved screening instrument to assess the Parent/Caregiver’s ability to safely care for their children.” Are contractors permitted to use additional assessment instruments to further assess families and children referred to the program?

Answer: Yes, additional tools can be used contingent upon approval by the COUNTY Program Manager.

It should be noted that the Department intends to procure a Family Assessment Form to be used as the required instrument to assess families in the A & I program. Inherent in this instrument are measures that assess protective factors. Contractors will not be required to purchase this form, and training will be provided.

37. What is the contract sum?

Answer: Please refer to the funding information contained in Addendum Number Two.

38. *Item 7.2.10, pg 140: Note Base Rate IHOC Supplemental Services shall not be performed connectively within one business day.* Q: Can IFS T and D services be performed on the same day as an IHOC visit?

Answer: No, for families receiving IFP services, IHOC and T&D services cannot be provided on the same days.

39. *Item 7.2.17, pg 143 : Excused Absence* - If you perform a Supplement IHOC visit while the children are in school, are they considered absent.

Answer: Yes, if the child is in school at the time of the supplemental IHOC visit the child is considered absent.

40. *Item 7.2.19.3, pg 145-148: Supplemental Services... 1) IHOC Sessions, pg 145:* Can Supplemental IHOC services be billed in excess of one (1) hour?

Answer: The contract will be amended to reflect: the following:

In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit for the assessment, at the hourly rate of the educational level of the staff providing the assessment, ~~which shall not exceed one hour.~~

41. *Counseling, pg 146: Counseling must be billed by the hour for the Counselors time.* Does "billed by the hour" mean the Counselor bills in hourly increments, i.e. do you bill one hour for a 45 min session?

Answer: CONTRACTORS are to submit invoices that accurately reflect actual time spent providing program services. While one hour is the standard unit of service, CONTRACTORS are able to bill in smaller increments if less than one hour of service was provided.

42. *Child Focused Activities (CFA), pg 146-147: The activities must be provided at the same time the parent/caregiver(s).* Can CFA activities be performed at a different location, or do they have to be at the same location as the parent?

a. If the parents' session is completed, can the CFA exceed that time?

b. Just to clarify, CFA activities can not be performed, unless the parent is currently receiving i.e. If you drop off a client at court and during that time you are providing services to the children can you bill for those services provided?

c. Can CFA be performed in a Group Setting for multiple families?

Answer: Yes, Child Focused Activities can be provided at a different location.

a.) Yes, Child Focused Activities can be of a longer duration than the activities in which the parent is participating.

b.) Yes, a CONTRACTOR can bill for services provided to the children while the parent is participating in case related activities.

c.) Yes, Child Focused Activities may be performed in a group setting.

43. 2.0 COUNTY PROGRAM MANAGEMENT (Page 124) - 2.5 CONTRACTOR shall attend a mandatory orientation that shall be provided by COUNTY within 30 days of the Contract Start Date. CONTRACTOR shall be notified at least two weeks in advance of the date, time and location of the orientation. Who are the individuals from the agencies that need to attend this mandatory meeting within the 30 days of the start date?

Answer: The Contractor's Executive Director and Program Director will be expected to attend the mandatory orientation.

44. 3.0 CONTRACTOR'S GENERAL RESPONSIBILITIES (Page 124) - 3.5 The CPD shall attend quarterly continuous quality improvement (CQI) meetings for the SCSF service delivery model. SCSF CQI meetings participants shall include all other SCSF Contractors, CPMs and DCFS Regional Office Representatives. Who will be organizing these meetings and where will they be conducted?

a. What is primary purpose of the meetings - compliance or quality assurance?

Answer: The Department will organize the mandatory Continuous Quality Improvement (CQI) meetings. Meeting dates, times, and locations have yet to be determined.

a.) The primary purpose of the meetings will be to share best practices, and enhance collaboration, thereby enhancing the quality of work performed and positive outcomes achieved by the families served.

45. 3.0 CONTRACTOR'S GENERAL RESPONSIBILITIES (Page 125) - 3.6 The CPD, or appropriate representative, shall attend all Assessment and Intervention meetings as determined by COUNTY. Meetings to be scheduled by COUNTY at a minimum of quarterly. What is the difference between this meeting and the ERCP meeting and Roundtable? Is this meeting replacing either of these meetings? If not, what is the purpose of an additional meeting?

Answer: This language is not meant to infer the addition of meetings that are not currently part of the Family Preservation Program however, if the COUNTY determines that additional meetings are necessary, the COUNTY will work with CONTRACTORS to determine if such additional meetings can take the place of existing standing meetings.

46. 7.1.8.6 (Page 135) - Who is the COUNTY designee?

Answer: Each regional office has a Community Based Liaison (CBL) who serves as the COUNTY designee for the area served by their office.

47. 9.3 STAFF TRAINING, RECORDS AND REPORTING (Page 156) 9.3.1 Are you requesting proof of training (40 hrs) for all staff regardless of their tenure with the agency at the start date of contract?

Answer: Yes, all staff records should have documentation of staff training indicating that 40 hours of core training was completed.

48. SUBCONTRACTING: Several A and I agencies subcontract with Starview for Upfront assessments as well as provide the service directly. Is subcontracting UFAs prohibited?

Answer: The contract does not prohibit subcontracting of assessments. Please also refer to Addendum Number One.

49. In Assessment and Intervention, has transitional services in FP cases been dropped?

a. Is it replaced by referral to CFRC or CAPIT?

Answer: Transition services are no longer available through the new A & I contract.

a) Yes, the CFRC and CAPIT are resources for families when their case closes with the Department and these services are outlined in the Prevention and Aftercare SOWs.

50. On pages 128-129, upfront assessments are required to be conducted with a pre-approved assessment tool. Are the Proposer's to select a tool of its own choosing, or will we stay with the BSAP? The RFP requires the community partner to "document parental capacity", often without observation of the dyad. Can a screening tool and brief intervention truly provide a legal basis for parental capacity or incapacity?

Answer: The Department will continue to use the Behavioral Severity Assessment Program (BSAP) tool.

The Department understands the assessment captures family functioning at a given point in time. Given the professional

expertise required of those conducting these assessments, the Department would expect an assessor to assist the Department by providing necessary information in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on the parent or caregiver's ability to safely care for a child.

51. On page 124, Section 3.5, does DCFS schedule CQI meetings?

Answer: Yes, the Department will schedule CQI meetings.

52. SCOPE OF WORK C: Assessment and intervention - How many client families are projected for this service?

Answer: Approximately 4000 families are projected to be served annually, based upon an average length of service of 5 months per family.

Please refer to the funding allocation information provided in SCSF RFP Addendum Number Two

53. ASSESSMENT AND INTERVENTION: How many open Family Preservation cases and Voluntary Family Preservation cases are there in each DCFS region?

a. Should we plan to serve the entire caseload for our region?

Answer: Please refer to the funding allocation information provided in this Addendum Number Two.

54. Assessment and Intervention section 7.1.2 it stated "the IHOC is to conduct case specifics and a preliminary plan." What are they defining as the preliminary plan? Time and date of schedule visit? Theoretical framework?

Answer: 7.1.2 pertains specifically to the provision of Alternative Response Services and states, in pertinent part, "The CPD shall discuss case specifics and a preliminary plan with the COUNTY designee."

This requires that the CPD (formerly known as the Contractor Program Manager or CPM) and the COUNTY designee discuss the family composition, as well as their specific situation and determine an initial plan as to what services will be provided to the family.

55. 6.1.3 "...FSP assessor makes one attempt to contact the assigned CSW prior to conducting the screening to gather additional information to complete the assessment": If you are unable to contact the CSW, are you still required to travel to home to conduct assessment?

Answer: Yes, the assessor must proceed to the home to conduct the assessment.

56. 6.1.12 Paragraph 1 “Contractor has up to five calendar days to purchase the approved items”. Is it 5 days from when the referral was received or 5 days from when assessment is completed”

Answer: This will be amended to read, “following discussion with and approval by the ERCP or COUNTY designee CONTRACTOR has up to five calendar days to purchase the approved items.”

57. Contractor shall attend TDM meetings if considered necessary”. What would warrant attendance at a TDM and who would determine this?

Answer: The referring office will request the CONTRACTOR’s attendance if they determine such participation by the CONTRACTOR would be in the best interest of the family.

58. What is the timeframe between when the agency receives referral and the client is seen by the agency?

Answer: This varies across service components. Assessments are to be conducted within 1 hour for those referred by ERCP and 24 hours for those referred by a regional office. ARS services are to be initiated within 2 business days of receipt of referral by CONTRACTOR; FP Intervention services are to begin within 5 days of receipt of referral by CONTRACTOR.

59. When a client is serviced for free how is that service billed or reimbursed?

Answer: Provision of Linkages is a required element of an assessment and linkage services are included in the compensation for conducting the assessment.

60. Exhibit C- Assessment and Intervention Services (Family Preservation) - Section 3.5, paragraph 11, page 124: “ The CPD shall attend quarterly continuous quality improvement (CQI) meetings for the SCSF service delivery model.”Can the County please add “or appropriate representative” to the CPD attendance requirement? This will ensure agency representation during CPD absence.

Answer: Attendance by the CPD or a CPD designee is mandatory at the CQI meetings.

61. Section 6.0 Paragraph .0 Page 127....”Linkage services”. There are maximum time limits for billing various services within the FP Assessment Services (IHOC 3 hrs, T&D 3 hrs, TDM 3 hrs, Assessment services (face to face and report writing billed by the hour), however a maximum billing time is missing for time spent on “Linkage services”. What is the maximum time allowed for billing this service?

Answer: There is no time limit for conducting an assessment. Linkages are a required part of the assessment.

Per section 6.1.9: "The report must clearly provide the clinician's or registered intern's assessment of parental capacity/incapacity, and must include recommended linkage services, as described in Attachment P to meet identified needs consistent with DCFS Core Practice Model, Exhibit C-9."

62. Section 6.0 Paragraph 0 Page 127...."Emergency Auxiliary Goods and Services". There are maximum time limits for billing various services within the FP Assessment Services (IHOC 3 hrs, T&D 3 hrs, TDM 3 hrs, Assessment services (face to face and report writing billed by the hour), however a maximum billing time is missing for time spent on "Emergency Auxiliary Goods and Services". What is the maximum time allowed for billing this service?

Answer: As in the current Family Preservation contract, there is no separate billing for time spent procuring Emergency Auxiliary Goods and Services.

63. Section 6.0 Paragraph 6.1 Page 127 "Contractor shall be available to receive referrals during ERCP hours Monday through Friday 5:00pm to 9:00 am and 24 hours Saturday, Sunday and County approved holidays. Will there be a contractual financial compensation equivalent to labors laws for working after hours and what will that compensation be?

Answer: The current rates for conducting assessments, IHOC, and T&D services are at a higher rate for ERCP. The higher rate is to compensate agencies for the hours of operation.

64. Section 6.2 Paragraph 6.2.7 Page 130 "the report must clearly provide the clinician's or registered intern's assessment of parental capacity/incapacity". Will the county be obtaining an assessment tool that assesses for parental capacity/incapacity? The current BSAP tool is not developed to measure, define or assess parental capacity.

Answer: The Department will continue to use the Behavioral Severity Assessment Program (BSAP) tool.

The Department understands the assessment captures family functioning at a given point in time. Given the professional expertise required of those conducting these assessments, the Department would expect an assessor to assist the Department by providing necessary information in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on the parent or caregiver's ability to safely care for a child.

65. Section 6.2 Paragraph 6.2.8 Page 130. "link the family to appropriate services". What billing service will be used to bill this service? And what is the maximum billing time limit?

Answer: There is no time limit for conducting an assessment. Linkages are a required part of the assessment.

Per section 6.1.9: "The report must clearly provide the clinician's or registered intern's assessment of parental capacity/incapacity, and must include recommended linkage services, as described in Attachment P to meet identified needs consistent with DCFS Core Practice Model, Exhibit C-9."

66. Section 7.1 Paragraph 7.1.2 Page 132 "The CPD shall discuss case specifics and a preliminary plan with the county designee." Please define CPD (it is not in the definitions section)?

Answer: CPD stands for Contractor's Program Director referenced on pg. 123 of the SOW.

67. Section 7.1 Paragraph 7.1.4 Page 133 "Contractor shall terminate the referral within two business days after the attempted face to face visit, if a response has not been received by the family. DCFS reserves the right to make the final decision regarding closing the referral." Can the county also set a deadline for the response time from DCFS which would allow for more efficient communication, decreasing billing disputes, and minimizing the number of days a case remains open without a final decision response?

Answer: This section will be amended to reflect, the following:

"CONTRACTOR shall terminate the referral within two business days after the attempted face to face visit, if a response has not been received by the family. DCFS reserves the right to make the final decision regarding closing the referral. If CONTRACTOR does not receive a response from DCFS within three days than the referral shall be closed."

68. Section 7.1 Paragraph 7.1.5 Page 133 "In any of these cases, the contractor may invoice for the supplemental IHOC visit that is in excess of the base rate, for the assessment, at the hourly rate of the educational level of the staff providing the assessment, which shall not exceed one hour." Please clarify if the one hour maximum for assessment beyond the mandated visit time is for assessing an individual or the entire family and what assessment tool will be provided that can be done in one hour? A comprehensive assessment for any individual and family is dependent on the presenting problems, issues, crisis, safety, etc. it is best practice to allow for billing the time required to complete the assessment for each individual family.

Answer: The initial IHOC visit is the first weekly base rate visit which shall be at least one hour in length (7.2.15.1).

The first part of 7.1.5 speaks to instances where the Department is currently considering a standard family assessment tool.

The Department is currently exploring the use of a standardized

assessment tool to assist with the assessment of family needs. Upon selection, this tool as well as any training associated with its use will be provided to the Contractor.

The contract will be amended to reflect: the following:

In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit for the assessment, at the hourly rate of the educational level of the staff providing the assessment, ~~which shall not exceed one hour.~~

69. Section 7.1 Paragraph 7.1.9 Page 136 “the IHOC conducts psychosocial assessments, develops comprehensive treatment plans”. Define the scope and parameters of service items that will require comprehensive treatment plans and what guidelines will be provided.

Answer: Psychosocial assessments and treatment plans are required components of ARS and Intervention/Family Preservation cases. The contractor can provide these services either directly, through subcontracting and/or via linkage services. As long as the need of the service(s) is clearly explained, associated with a goal developed at the MCPC, and progress toward the goal is documented, contractors will be reimbursed for those services that are listed on the Assessment and Intervention price sheet on page 356 of the RFP.

70. Section 7.1 Paragraph 7.1.9.1 Page 136 “Any additional IHOC sessions that are necessary, “What is the distinction between additional IHOC sessions versus supplemental IHOC sessions?”

Answer: Additional IHOC or Supplemental IHOC sessions refer to the same service. 7.1.9.1 describes the IHOC sessions as weekly and at least one hour in length. Supplemental IHOC is the category used for billing in excess of the base rate IHOC sessions.

71. Section 7.1 Paragraph 7.1.9.1 Page 136 “Any additional IHOC sessions that are necessary. “ Please define necessary?”

- a. How does that differ from additional supplemental mandated?
- b. How does that differ from a 5th week of additional IHOC session?

Answer: a.) Paragraph 7.1.9.1 is referring to ARS cases. ARS cases do not qualify for Intensive Family Preservation services. (IFP includes the provision of additional mandatory supplemental services.) At an MCPC meeting additional IHOC sessions can be deemed necessary.

The purpose of paragraph 7.1.9.1 is to compensate the CONTRACTOR in instances when an IHOC session exceeds one hour.

b.) This requirement is being revised to require IHOC sessions to be held four times per month, as is required under the current FP contract. In months with 5 weeks, if an additional IHOC session is completed it may be billed at the hourly rate. This is to compensate contractors for the additional work which has been performed.

72. Section 7.2, Paragraph 7.2.6 page 138 “In any of these cases, the contractor may invoice for the supplemental IHOC visit that is in excess of the base rate, for the assessment, at the hourly rate of the educational level of the staff providing the assessment, which shall not exceed one hour.” Please clarify if the one hour maximum for assessment beyond the mandated visit time is for assessing an individual or the entire family and what assessment tool will be provided that can be done in one hour? A comprehensive assessment for any individual and family is dependent on the presenting problems, issues, crisis, safety, etc. It is best practice to allow for billing the time as required to complete the assessment for each individual or family.

Answer: The contract will be amended to reflect: the following:

In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit for the assessment, at the hourly rate of the educational level of the staff providing the assessment, ~~which shall not exceed one hour.~~

73. Section 7.2, Paragraph 7.2.9, page 140 “and actively participate as a Child and Family Team Member.” How will this staff time be billed?
- Will this be in the billing system just like the TDM?
  - What is the maximum time allowed for billing this service?

Answer: a.) The Child and Family Team meeting is similar to the TDM meeting and will be billed in the same manner as a TDM.

b.) The maximum billable time is three hours.

74. Section 7.2, Paragraph 7.2.9.3 page 140 “incorporate a Safety Plan as developed in the TDM.” This references that the County will be releasing copies of the TDM Safety Plan to be incorporated into the MCPC Service Plan please clarify at what stage will this be provided?
- With all incoming referrals?
  - Only at the TDM? Etc.
  - Who will be the contact person for follow up?

Answer: a) Paragraph 7.2.9.3 is part of the description of the

DCFS/Probation Multidisciplinary Case Planning Committee (MCPC) for open cases with the Department. The case carrying CSW is to be part of this meeting and will be able to share the elements of the safety plan with the contractor and the family.

Prior to the MCPC the IHOC and the case carrying CSW are able to discuss the referral and the CSW will be able to provide information regarding a safety plan and the contractor's role in providing services to assist with the plan.

b) Currently TDM safety plans are created at the TDM meeting.

c) The contact person for follow up regarding a TDM Safety Plan is the case-carrying CSW.

75. Section 7.2 Paragraph 7.2.10, page 141 "Base Rate IHOC and Supplemental Services shall not be performed consecutively within one business day." Can the county please define the scope and parameters of determining how and why a family would not need or qualify for a supplemental service following a base service?

a. Please clarify if services are to be generated by contract restrictions or family needs and how this will promote child safety?

Answer: Section 7.2 Paragraph 7.2.10 is specific to Intensive FP. This service is identified in a TDM or Child and Family Team meeting. As stated on page 137, "Continued need for IFP Services shall be assessed throughout the life of the case and case plan may be changed as warranted."

The Intensive Family Preservation designation indicates a family would benefit from more intensive services as well as greater frequency. The purpose of having IHOC and Supplemental Services on separate days is to ensure the frequency of services being provided to the family.

76. Section 7.2 Paragraph 7.2.15.1 page 142. "The weekly IHOC sessions shall be at least one hour in length and are part of the base rate. Any additional IHOC sessions that are necessary, may be of shorter duration and billed accordingly". Please define billed accordingly and which billing service item can be used to bill this service?

a. Please clarify and differentiate further the scope and parameters for determining this service in comparison to not billing a supplemental service immediately following a base rate service (see Section 7.2 Paragraph 7.2.10 page 141) or billing additional time for assessment (see Section 7.2 Paragraph 7.2.6 page 138)?

Answer: . a.) Paragraph 7.1.9.1 is referring to ARS cases. ARS cases do not qualify for Intensive Family Preservation services. (IFP

includes the provision of additional mandatory supplemental services.) At an MCPC meeting additional IHOC sessions can be deemed necessary.

The purpose of paragraph 7.1.9.1 is to compensate the CONTRACTOR in instances when an IHOC session exceeds one hour

b.) This requirement is being revised to require IHOC sessions to be held four times per month, as is required under the current FP contract. In months with 5 weeks, if an additional IHOC session is completed it may be billed at the hourly rate. This is to compensate contractors for the additional work which has been performed.

Section 7.2 Paragraph 7.2.10 is specific to Intensive FP. This service is identified in a TDM or Child and Family Team meeting. As stated on page 137, "Continued need for IFP Services shall be assessed throughout the life of the case and case plan may be changed as warranted."

The Intensive Family Preservation designation indicates a family would benefit from more intensive services as well as greater frequency. The purpose of having IHOC and Supplemental Services on separate days is to ensure the frequency of services being provided to the family.

77. Section 7.2 Paragraph 7.2.15.1 page 142. "Contractor may bill for a fifth IHOC session for those months in which there are five weeks". Please clarify a fifth IHOC session?
- a. A fifth base rate session?
  - b. A supplemental IHOC session?
  - c. How would this be documented distinguish it from an IFP or assessment service session that would use the same billing code?
  - d. Or will there be different billing codes?

Answer: a, b and c) Please refer to answer #51

d) It is expected there will be specific billing codes for IFP.

78. Section 7.2 Paragraph 7.2.15.2 page 142. "Contractor shall not subcontract IHOC sessions". Best practice for a diversified service population would continue to benefit from subcontracting IHOC sessions for those agencies where this best meets the needs of their community please explain why this change is being recommended and what is the alternative option?

Answer: Subcontracting will be allowed. Please refer to Addendum Number One.

79. Section 7.2 Paragraph 7.2.17.1 page 143. "Contractor may approve absences for services other than IHOC sessions". Please state parameters for an approval and please specify "services other than"?

Answer: "Other than IHOC sessions" refers to Supplemental Services as outlined in 7.2.19.3. Absences do not require a specific alert to the CSW/DPO.

80. Section 7.2 Paragraph 7.2.19 page 145. "Contractor shall provide, on a case-by-case basis, directly or through a Subcontractor ....supplemental services.... except IHOC and T&D". This restriction will impact diversity and collaboration for meeting geographical needs for families will County please clarify the rationale for this change?

Answer: Subcontracting will be allowed. Please refer to Addendum Number One.

81. Section 7.2 Paragraph 7.2.19 #11 Transportation Services Page 149. "exhibit C-32" is missing in the exhibit section C. Section 8.0 Paragraph 8.1 Page 149. Contractor shall provide DCFS with a monthly service report for the previous month". What does the monthly service report look like?

- a. Can the county provide the parameters of the contents of information required for the monthly service report?

Answer: Exhibit C-32 is on page 235 of the RFP.

- a. The monthly service report will include the number of families served and the services provided.

82. Section 8.7 Paragraph 8.7.1 Page 154. "The quarterly report shall be submitted electronically." Is this a new quarterly report? Please define the scope and parameters of the quarterly report?

Answer: The quarterly report to provide numbers of families served and any other required information by the State of California for the annual PSSF report.

83. Section 8.7 Paragraph 8.7.3, Page 154. "Contractor shall document their strengthening families Protective factor outcomes in the Contractor's annual report". Please define the scope and parameters of the outcomes for the annual report?

Answer: The Contractors annual report shall include a description of services and/or deliverables rendered during the period including the use of the Protective Factors Framework, dollar amount of services rendered during the period, dollar balance remaining under the Contract, and any difficulties encountered that

could jeopardize the completion of the Project or milestones or deliverables within the schedule.

84. The fundamental principle underlying the Family Preservation “approach” and related community partnerships (FS, SOC, PFF, PIDP, etc.) since its inception has been “The County of Los seeks to collaborate with its community partners to enhance the capacity of the health and human services system to improve the lives of children and families” (page 1). The primary element of this approach has been contracting with community “lead agencies” and the lead agencies subcontracting, with full responsibility, with other community organizations that bring the full range of resources to support the culturally and linguistically diverse population of DCFS and Probation families. Throughout the RFP and the sample contracts of all programs, guidelines and requirements speak to “subcontracting” procedures and protections. However, a new policy embodied in the RFP, on pages 135, 136, 141, 142, 146, 148 for AI (Assessment and Intervention) and elsewhere, emphatically prohibits subcontracting the core services of in-home outreach counseling and teaching and demonstrating homemaker services. This new policy disrupts access to geographically-accessible and culturally and linguistically essential subcontracting relationships and denies best practice service to DCFS children and families.

Answer: Subcontracting will be allowed. Please refer to Addendum Number One.

85. Several FP Lead Agencies have provided high quality clinical supervision by sharing certain valuable resources by using long-term, experienced and proven competent clinical supervisors on independent contractor agreements. Once again, is the Department now emphatically prohibiting subcontracting clinical supervision, even through independent contractor agreements?
- a. Would an enhanced quality assurance mechanism among community organizations satisfy the policy decision to prohibit subcontracting?

Answer: Subcontracting will be allowed. Please refer to Addendum Number One.

86. The RFP requires the community partner to “document parental capacity”, often without observation of the dyad. Can a screening tool and brief intervention truly provide a legal basis for parental capacity or incapacity?

Answer: The Department understands the assessment captures family functioning at a given point in time. Given the professional expertise required of those conducting these assessments, the Department would expect an assessor to assist the Department by providing necessary information in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on the parent or caregiver’s ability to safely care for a child

87. A and I Section 6.1.7 and 6.1.8: While the 1 hour verbal summary appears realistic, a 2-hour written report realistic?

Answer: The written report is a summary. It is not the full Assessment report.

88. On page 140, is it policy that a base rate service and supplemental service cannot be provide within one business day?

Answer: Section 7.2.10 is specific to Intensive Family Preservation (IFP). There are no limitations for base rate and supplemental services being provided on the same day related to any other Intervention services.

89. Under Assessment and Intervention Services – does this include the MAT within the continuum? Is being a MAT provider an asset in applying for this type of funding?

Answer: The MAT may be included in the Assessment and Intervention Services continuum, but is not required, as MAT services are provided to children in newly detained cases on Track 1 of the CSAT protocols. MAT provider status would be deemed an asset in applying for Assessment and Intervention Services funding. However, such status is not a requirement.

90. RFP Section: Assessment and Intervention, Statement of Work, 9.0 Staffing, 9.1.2 , Page 155. The contractor shall ensure there is a sufficient number of bilingual staff to meet the language needs of the community served, including the various Asian and Pacific Islander languages, which will be served by an awarded Contractor countywide. Is it the expectation that the API Child agencies collaborate to provide assessment and intervention?

Answer: Subcontracting will be allowed. Please refer to Addendum Number One. In addition, there will be at least one countywide contract specific to the needs of the API community.

Contracts for CONTRACTORS serving the API or Native American are countywide contracts and therefore would be expected to service all areas of the county. The contractor(s) bidding to serve countywide would need to consider the availability of services to non English speaking communities in LA County.

91. To what degree, if any will improvement in family functioning as measured in the assessment tool (Exhibit C012, Page 180), be taken into consideration when evaluating Contractor performance?

Answer: The extent to which it will be taken into consideration has not yet been determined.

92. Section 7.2.16/Page 142 - Are Contractor's required to provide Therapeutic Day Treatment (TDT), or can they limit themselves to base-rate probation only?

Answer: All contractors will be expected to provide Therapeutic Day Treatment (TDT). This service may be subcontracted.

93. If Contractor's are required to provide TDT, can those services be subcontracted?

Answer: Yes, this service may be subcontracted.

94. Section 6.1.9/page 129- "The report must clearly provide the clinician's or registered intern's assessment of parental capacity/incapacity and must..." - Is it DCFS's intent that parental capacity be assessed based on a 1-2 hour face to face interview with the parent only? When looking at parental capacity, all research supports the necessity to observe parent-child interaction in order to accurately assess parental capacity.

- a. Is the intent of this provision that there be a transfer of responsibility regarding child safety from DCSF to providers?

Answer: No, the Department of Children and Family Services is responsible for evaluating child safety. Assessments are a tool to assist in the CSW's assessment of an emergency response referral. Contractors are being asked to make an assessment of the parent/caregiver at a point in time.

The Department understands the assessment captures family functioning at a given point in time. Given the professional expertise required of those conducting these assessments, the Department would expect an assessor to assist the Department by providing necessary information in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on the parent or caregiver's ability to safely care for a child

95. RFP Section: Part D Statement of Work for Assessment and Intervention (Exhibit C) – Paragraph # 9.2.3 - Page 155 - The Clinical Director shall be one of the following: 1.) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; or 2.) a License Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or 3) a Licensed Psychologist with a current license from the California Board of Psychology. " The California Board of Behavioral Science now recognizes the first national license, the Licensed Professional Clinical Counselor (LPCC). Since LPCCs are board certified and licensed with the ability to perform all of the same clinical duties that LCSWs, LMFTs, and Licensed Psychologist perform for this contract, will they be recognized, and considered Clinicians as part of this RFP?

Answer: The Department will consider this suggestion and if it is determined that the recommended change should be made, that information and any associated revisions to the RFP will be included in the next addendum.

96. RFP Section: Part D Statement of Work for Assessment and Intervention (Exhibit C) – Paragraph # 7.1.9.1 - Page 136 - “Contractor shall not subcontract IHOC sessions”. Question: Since Contractor is not allowed to subcontract IHOC sessions, can staff who provide IHOC and Teaching and Demonstration Services who receives 1099s, be allowed to provide these services if they and are insured under the Contractor’s insurance coverages?

Answer: Subcontracting will be allowed. Please refer to Addendum Number One.

Staff who receive 1099s are regarded as subcontractors and must have the required insurance to perform under this contract. Confirm with contracts.

97. On page 126, it states: (4.2) FP Intervention Services target low to very high risk families with inconclusive or substantiated referrals... *The emphasis is on families with children five years* (4.3) The target populations for voluntary FP services are: (4.3.1) Families in the DCFS/Probation systems with child(ren) who has been neglected or abused and who is at imminent risk of placement in out-of-home care. Low risk and inconclusive referrals seems to contradict with “imminent risk of placement...”? Is this wording correct? Does a family have to have a child 5 years of age or younger to qualify?

Answer: The target population for FP intervention services is (4.2): families who scored low to very high-risk on the DCFS SDM tool and the emergency response social worker conclude the allegations to be inconclusive or substantiated. These referrals can either be closed and provided ARS services or open as a case and be provided Family Preservation services. Open cases includes, voluntary or court ordered families with anticipated family reunification within 90 days, voluntary family maintenance, court involved family maintenance or youth in probation. Please note that ARS and FP services are under the umbrella of Intervention services.

The family does not have to have a child 5 years of age or younger to qualify for FP services.

98. Page 135 indicates, that ....NOTE: If an assessment was conducted for this family through the FP Assessment services...Reasons for assigning another IHOC from the CONTRACTOR need to be documented. This appears to be an error in wording. Is it really the intent to have Assessors carry caseloads as well as be immediately available to conduct assessments?

Answer: The note on page 135 refers to Alternative Response Services

(ARS) for families where an assessment was conducted. In instances where an Emergency Response Referral – Command Post (ERCP) was conducted, IHOC services may have been provided up to three hours. Contractors are being asked to assign the ARS case to the same IHOC as provided the In Home Outreach Counseling services on the ERCP referral for continuity of care. If IHOC services had been provided on an ERCP and the IHOC is not available then the reason why should be documented.

99. On page 137, the eligibility criteria for IFP services indicates:

- Child in family, age 0-5
- Any family with a child having a demonstrated mental health need
- Any family as determined and documented by the TDM meeting

Does family have to have a child 5 years of age or younger to qualify? How does a child having a mental health need justify the need for IFP if there are no safety issues? What about parent's mental health status?

- a. How does TDM determine need for services without clarity about the eligibility requirements for IFP?
- b. The current FP contract allows you to increase services if families have more intensive needs. Why can't we continue with this same plan?

Answer: A family is not required to have a child 5 years of age or younger to qualify. The identification of safety issues would be made by the child-family team meeting or TDM. Additionally, the IFP criteria indicates "Any family as determined and documented by the TDM meeting." This allows for any family to be included in IFP services if determined to be necessary at a child-family meeting or TDM.

- a. The eligibility requirements allow identified children and their caregivers to receive Intensive Family Preservation (IFP).
- b. IFP is a uniform set of services to be provided in order to allow children to remain safely in their homes. For families not identified as receiving IFP, Supplemental services may be specified in the MCPC plan to meet the documented needs of the family.

100. The RFP states that Supplemental Services must be delivered within 3 days of MCPC for IFP when identified (pg. 145; 7.2.19.2). Is this wording correct, delivered or referred within three days? If an MCPC on Monday and parenting is identified and the class is held on Monday's the parent won't attend until the following Monday, this is beyond the three day "delivered" expectation. Can adjustments be made to this requirement?

Answer: The language in section 7.2.19.2 will be amended as follows:

CONTRACTOR shall ensure all Supplemental Services are delivered referred within 72 hours or less after the services have been deemed necessary by the MCPC or prior to the MCPC for IFP services. CONTRACTOR shall ensure the supplemental service is provided within 30 days of being referred for non IFP cases. CONTRACTOR must ensure supplemental IHOC and T&D are delivered within 72 hours or less after the services have been deemed necessary. CONTRACTOR must use the appropriate forms identified in the Exhibits attached to this Contract, exactly in the format they appear.

101. The Child Focused Activities (pg. 146; 7.2.19.3) states that you may serve up to a maximum of eight children to one staff member? What is the basis of this ratio? Does the age of the children factor in to this ratio?

Answer: Please refer to the following resources:

<http://www.cde.ca.gov/sp/cd/re/cagcenters.asp>

<http://www.ymcasm.org/index.php?p=ycampsdaycamp>

102. The RFP specifies that forms must be used as presented (pg 149; 8.0). Will the DCFS/SCSF Program Manager or designee have the ability to change or alter forms if necessary?

Answer: Yes, the COUNTY Program Manager will have the ability to change or alter forms as long as it is not a material change to the contract.

103. In Section 7.1.9 (pg 136), it refers to ARS cases as being Court ordered or non-Court ordered. Aren't all ARS cases non-Court ordered?

Answer: ARS cases are not involved with Dependency Court, however families may have needs related to other courts such as Criminal or Family Law Court. Agencies may provide necessary Supplemental Services or provide linkages to assist with these needs.

104. As indicated in other questions, collaboration appears to be eliminated in this program as all major services (UFA, IHOC and T and D) cannot be subcontracted out (pg. 145; 7.2.19). Can this be reconsidered? Family Preservation was built as a network of providers in the community. The implementation of this program ends that.

Answer: Subcontracting will be allowed. Please refer to Addendum Number One.

105. The Counseling services described on pg. 146, requires licensed or registered clinical staff. This appears to be psychotherapy not counseling

services. Is this the intent? This would eliminate the use of substance abuse counselors for substance abuse counseling.

Answer: Psychotherapy is not part of the service array in Assessment and Intervention Services as it is in other programs in the RFP. As it stated in the referenced section, the "counselor" refers to "1) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; or 2) a Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or 3) a licensed Psychologist with a current license from the California Board of Psychology; or a Master's/Doctoral level registered Intern under Clinical Supervision by a LCSW, LMFT, or licensed Psychologist." The above staff is to "1) help identify and assist in solving family problems; 2) identify substance abuse and refer for treatment; 3) address and treat domestic violence or anger management issues; and 4) help identify personal, vocational and educational goals."

The same section states these counselors are to "identify substance abuse and refer for treatment." This does not eliminate the use of substance abuse counselors for substance abuse counseling. In section 7.2.19.3 . 8. Substance Abuse Assessment and Treatment: Services for alcohol and other drug treatment recovery services to eligible clients during the term of the Contract. CONTRACTOR shall arrange for these services, and shall ensure that services are provided by a State of California licensed/certified substance abuse treatment center that accesses Medi-Cal and CAL-Works programs and private insurance, or a Subcontractor with a licensed (residential),certified (outpatient), or Community Assessment Services Center provider. The COUNTY funds available for these services are for indigent families only.

106. The outcome goals on page 160, appear to be miswritten. They read as exclusive goals; however I believe they were meant to read differently. For example, under Safety, outcome 4, it should have read "of those families in outcome 3.....with substantiated referrals, how many result in a case opening..." Could these performance indicators be reviewed again?

Answer: The Outcome Goals in Section D refer to Assessment Services. The outcome goal is for families involved in a subsequent substantiated referral to be less than 25% of those that resulted in an emergency response investigation. Outcome 4 is for the percentage of referrals that result in the referral being substantiated and a case opening.

The families referenced in outcome 3 with substantiated child abuse and/or neglect referral might not necessarily result in an open case. The families referred to in outcome 4 are the families with substantiated child abuse and/or neglect referrals that do result in an open case.

The Department will provide further clarification in a subsequent Addendum.

107. On the performance indicators under Well-Being (pg 162), one of the measures specifies the percentage of families with re-entries after 12 months? Will the Department be tracking this indicator, or does the contractor have to identify a mechanism to track and identify funding to follow families post discharge?

Answer: As reflected in the third column of page 162, "Data Collection and Monitoring Method", it is indicated that CWS/CMS monthly reports will be utilized to track the data.

108. In page 145 under 7.2.19.3 1 In-home Outreach Counselor sessions, it has a bold letter "Contractor shall not subcontract IHOC sessions", please clarify the use of subcontractor, it is not clear in this paragraph that how a subcontractor can or cannot be used in what service.

Answer: Subcontracting will be allowed. Please refer to Addendum Number One.

109. Can you provide any estimated number of referrals/families to be served in each service area? We don't see this information in the price sheets.

Answer: Please refer to the revised Required Form 4-C in this Addendum Number Two for funding information.

110. Part D, Exhibit C, Section B, Subsection 1.0, pg. 123: "The department of Children and Family Services (DCFS) and the Probation Department will partner with community-based contractors and the Department of Mental Health (DMH) to provide mental health services when appropriate."

- a. We are a community agency that is contracted with DMH to provide services. How will this partnership be constructed/what will the Memorandum of Understanding look like for the mental health services community partners?

Answer: The Department of Children and Family Services has a current MOU with the Department of Mental Health. The structure of this MOU is not expected to change at this time.

111. Part E, Form 4-C, p. 356: Price Sheet - What is included in Current Rate of \$1,050.00? Is this a capitated rate per month?

Answer: Yes, a current capitated base rate of \$1,050 per month includes the following services: Four In-Home Outreach Counseling visits, indirect costs, clinical direction, Multidisciplinary Case Planning Committee, and Intensive Family Preservation services.

112. Part E, Form 4-C, p. 356: Price Sheet - Why does In-Home Outreach Counseling have a current rate of \$70/hour for a licensed professional

compared to a Professional Current Rate of \$65.64 as noted on Page 354? Please explain this rationale. What is the function or type of “professional” that is referred to on page 354?

Answer: The price sheet in page 354 is related to CAPIT. Please see the definition section for “professional” staff.

113. On pages 142-143 it talks about Therapeutic Day Services. How are these paid for?

Answer: Therapeutic Day Treatment services are part of the service provision. Please see price sheet on page 356 in addition please refer to section 7.2.16. All contractors will be expected to provide Therapeutic Day Treatment (TDT). This service may be subcontracted.

114. Section 3.5, 124 - The CPD shall attend quarterly continuous quality improvement (CQI) meetings for the SCSF service delivery model. Who is responsible to schedule and coordinate the CQI meetings?

Recommendation: DCFS should be responsible for scheduling and coordinating the CQI meetings.

Answer: The Department will be responsible for scheduling CQI meetings.

115. Section 3.10, 125 - CONTRACTOR shall request approval from the CPM in writing of any change(s) in CONTRACTOR’s key personnel at least three business days before proposed change(s), including name and qualifications of new personnel. Can Section 3.10 be revised to be consistent with Section 9.3.7 which states, “the CONTRACTOR shall advise the CPM, in writing, of any change(s) in CONTRACTOR’s key personnel or Subcontractors’ personnel at least 24 hours before proposed change(s), including name and qualifications of new personnel”

Recommendation: Revise Section 3.10 to be consistent with the language contained in section 9.3.7.

Answer: The requirement to provide the CPM with 24 hours advance notice (rather than 3 days advance notice) contained in Section 9.3.7 is in error and will be amended to make the language consistent with that contained in Section 3.10, which requires 3 days advance notice of changes in a CONTRACTOR’s key personnel.

116. Section 6.1.2, 128 - CONTRACTOR shall ensure that referrals are assigned within 20 minutes of receiving the referral, to a licensed clinician or registered intern that is under the supervision of a Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT) or Licensed Psychologist to conduct an assessment. If CONTRACTOR is unable to assign an assessor within the 20-minute timeframe,

CONTRACTOR must contact ERCP to have the referral reassigned to another CONTRACTOR.

- a. Will the FP provider be allowed more than 20 minutes to assign referrals when documented reasonable logistical challenges (such as difficulty coordinating with staff after hours) arise?
- b. How will a referral be assigned if all agencies in a SPA are at capacity and unable to accept the referral?

Recommendation: The FP provider should be allowed up to one hour to assign referrals when documented reasonable logistical challenges arise.

Answer: As reflected in Addendum Number One the assignment timeframe has been modified as follows:

6.1.4 CONTRACTOR shall ensure that referrals are assigned within ~~20 minutes~~ one-hour of receiving the referral, to a licensed clinician or registered intern that is under the supervision of a Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT) or Licensed Psychologist to conduct an assessment. If CONTRACTOR is unable to assign an assessor within the ~~20-minute~~ one-hour timeframe, CONTRACTOR must contact ERCP to have the referral reassigned to another CONTRACTOR. CONTRACTOR shall maintain a log of all fax and telephone referrals and their disposition, including receipt time, time of assignment and time of referral return to ERCP (*if applicable*).

Intern registration requirements are established and administered by the Board of Behavioral Sciences. Their requirements can be found at [http://www.bbs.ca.gov/app-reg/mft\\_presentation.shtml](http://www.bbs.ca.gov/app-reg/mft_presentation.shtml).

The 20 minute timeframe has been revised to 1 hour. Please refer to the response to question #1 above.

117. Section 6.1.6, 128 - CONTRACTOR shall ensure that if the family is not present the assessor immediately contacts the COUNTY designee. The COUNTY designee is to confirm the address and contact information. If the family is not contacted within 30 minutes of the assessor's arrival at the home, the referral shall be closed unless otherwise specified by the COUNTY designee.

1) Can DCFS retain the current accepted practice of requiring the assessor to wait 15 minutes before closing the referral? [Requiring the assessor to wait 30 minutes at or near the family's home could raise potential safety concerns, particularly if the assessor visits the home in the middle of the night.]

2) Can the provider fax the Initial Attempted Contract Form to the County designee on the next business day (given that a fax machine may not be available to the assessor after hours)?

Recommendations: 1) Revise the language, as follows, "If the family is not contacted within ~~30~~ 15 minutes of the assessor's arrival at the home..." 2) Clarify that the provider may fax the Initial Attempted Contact

Answer: The language in section 6.1.6 will be amended to reflect:

6.1.6 CONTRACTOR shall ensure that if the family is not present the assessor immediately contacts the COUNTY designee. The COUNTY designee is to confirm the address and contact information. If the family is not contacted within ~~30~~ 15 minutes of the assessor's arrival at the home, the referral shall be closed unless otherwise specified by the COUNTY designee. CONTRACTOR is to contact the COUNTY designee to report an attempted contact. CONTRACTOR shall leave an Attempted Contact Letter Exhibit C-10 at the residence. CONTRACTOR is to submit an Initial Attempted Contact Form, Exhibit C-11 to the COUNTY designee by fax. Documentation of all referral activity shall be kept in the case record.

118. Section 6.1.7, 128 - CONTRACTOR shall ensure that within one-hour of completing the FP Assessment, the clinician or registered intern will communicate with the CSW and provide a verbal summary of the findings. What should the provider do if the CSW cannot be reached by telephone within the required timeframe?

Recommendation: Clarify that the provider should contact the SCSW if the CSW cannot be reached by telephone within the required timeframe and should contact the ERCP Duty Supervisor if the CSW and SCSW are unavailable.

Answer: This section of the SOW is referring to services request after hours by our Emergency Response Command Post, which is staffed 24 hours a day, 7 days a week.

We will add clarifying language to this section as follows: "When the CSW is not available the CONTRACTOR shall contact the ERCP Trouble Shooter (or County Designee) at 213-639-4500 to convey the results to the appropriate supervisor and/or manager.

119. Section 6.1.9, 129 - CONTRACTOR shall ensure that the completed, approved, and signed report be submitted to the COUNTY designee no later than 24 hours after the assessment has been completed. CONTRACTOR shall not e-mail the report due to confidentiality guidelines. The report must clearly provide the clinician's or registered intern's assessment of parental capacity/incapacity, and must include recommended linkage services, as described in Attachment P to meet identified needs consistent with DCFS Core Practice Model, Exhibit C-9. Attachment P, Linkages, describes the

linkages and their processes. The report must clearly document the assessor's arrival and departure time in the heading of the report. CONTRACTOR shall maintain documentation of submission to DCFS.

1) Will FP workers be allowed flexibility to refrain from making determinations of parental capacity in cases where they are not able to collect enough information to do so? [FP workers who complete these assessments typically have limited interaction with the parent/caregiver (generally, 2 to 3 hours on only one occasion). The information obtained through the assessment is based mostly on the self-report of the parent/caregiver, and the agency has a limited 72-hour turnaround time to complete the report and submit it to the CSW. The assessor does not observe any interaction of the parent/caregiver with the child. The Behavioral Severity Assessment Program (BSAP), was designed to assess for mental health, substance abuse, and domestic violence. However, the instrument was not designed to assess for caregiver capacity in any manner. The assessment was intended to be a screening – one of many components of the ER investigation that would deepen the CSW's understanding of the clinical needs of the parent/caregiver. The general concern is that the FP assessor who completes the assessment is not equipped to make determinations regarding parent/caregiver capacity due to the limited scope of the assessment.]

2) Where should the assessor document his/her arrival and departure time given that the heading does not include a designated space to do so?

Recommendations: 1) FP assessors should be allowed flexibility to refrain from making determinations of parent/caregiver capacity in cases where they are not able to collect enough information to do so. 2) Clarify where the assessor should document his/her arrival and departure time on the report.

Answer: 1) The Department understands the assessment captures family functioning at a given point in time. Given the professional expertise required of those conducting these assessments, the Department would expect an assessor to assist the Department by providing necessary information in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on the parent or caregiver's ability to safely care for a child.

2) The assessor should document his/her arrival and departure time on the upper right hand corner of the Assessment report.

120. Section 6.2.5, 130 - CONTRACTOR shall ensure that the clinician or registered intern arrives at the parent(s)/caregiver(s) home/location within 24 hours of the CONTRACTOR's receipt of the referral form, unless otherwise specified by the COUNTY designee, to complete the screening consistent with DCFS Core Practice Model, Exhibit C-9.

1) Can DCFS retain the current accepted practice of allowing the FP assessor more than 24 hours to arrive at the home when documented reasonable logistical challenges arise?

2) Does “24 hours” refers to one business day?

Recommendations: 1) DCFS should retain the current accepted practice of allowing the FP assessor more than 24 hours to arrive at the home when documented reasonable logistical challenges arise. 2) Clarify that “24 hours” refers to one business day.

Answer: 1) Section 6.2.5 allows the CONTRACTOR to contact the DCFS designee regarding the 24 hour time frame.

2)Yes, 24 hours is meant to indicate that the CONTRACTOR has one business day to complete the assessment.

121. Section 6.2.7, 131 - CONTRACTOR shall ensure that the completed, approved, and signed assessment report be submitted to the COUNTY designee no later than 72 hours (three business days) after the assessment has been completed. CONTRACTOR shall not e-mail the report due to confidentiality guidelines. The report must clearly provide the clinician’s or registered intern’s assessment of parental capacity/incapacity, and must include recommended services and resources to address any identified service needs consistent with DCFS Core Practice Model, Exhibit C-9. The report must clearly document assessor’s arrival and departure time in the heading of the report. CONTRACTOR shall maintain documentation of submission to DCFS.

1) Will FP workers be allowed flexibility to refrain from making determinations of parental capacity in cases where they are not able to collect enough information to do so? [FP workers who complete these assessments typically have limited interaction with the parent/caregiver (generally, 2 to 3 hours on only one occasion). The information obtained through the assessment is based mostly on the self-report of the parent/caregiver, and the agency has a limited 72-hour turnaround time to complete the report and submit it to the CSW. The assessor does not observe any interaction of the parent/caregiver with the child. The Behavioral Severity Assessment Program (BSAP), was designed to assess for mental health, substance abuse, and domestic violence. However, the instrument was not designed to assess for caregiver capacity in any manner. The assessment was intended to be a screening – one of many components of the ER investigation that would deepen the CSW’s understanding of the clinical needs of the parent/caregiver. The general concern is that the FP assessor who completes the assessment is not equipped to make determinations regarding parent/caregiver capacity due to the limited scope of the assessment.]

2) Where should the assessor document his/her arrival and departure time given that the heading does not include a designated space to do so?

Recommendations: 1) FP assessors should be allowed flexibility to refrain from making determinations of parent/caregiver capacity in cases where they are not able to collect enough information to do so. 2) Clarify where the assessor should document his/her arrival and departure time on the report.

Answer: 1) The Department understands the assessment captures family functioning at a given point in time. Given the professional expertise required of those conducting these assessments, the Department would expect an assessor to assist the Department by providing necessary information in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on the parent or caregiver's ability to safely care for a child.

2) The assessor should document his/her arrival and departure time on the upper right hand corner of the Assessment report.

122. Section 7.1.5, 133 - Within 24 hours after the IHOC initial home visit or an attempted home visit where the IHOC was unable to make contact, the CONTRACTOR shall inform the COUNTY designee if either: 1) the family refused services; 2) the IHOC believes the family is inappropriate for services; or 3) the IHOC believes the family is appropriate for services...In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit, for the assessment, at the hourly rate of the educational level of the staff providing the assessment, which shall not exceed one hour. Can DCFS retain the current accepted practice of compensating the provider at a daily pro-rata rate for supplemental services provided up to the point at which it is determined that the family will no longer receive ARS, especially given that the assessment may exceed one hour?

Recommendation: Revise the language, as follows, "In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit, for the assessment, at the hourly rate of the educational level of the staff providing the assessment, which shall not exceed one hour services provided up to the point at which it is determined that the family will no longer receive ARS."

Answer: The contract will be amended to reflect: the following:

In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit for the assessment, at the hourly rate of the educational level of the staff providing the assessment, ~~which shall not exceed one hour.~~

123. Section 7.1.8.6, 135 - If an assessment was conducted for this family through the FP Assessment services component, as indicated in Sections 6.1 - Emergency Response Referrals - Command Post, and 6.2 - Emergency Response Referrals - Regional Office, the Regional Office shall assign, for continued services, the CONTRACTOR that conducted the FP Assessment, unless otherwise clinically indicated. Who determines

whether it is clinically appropriate for the family to receive ARS from the FP provider that completed the assessment of the family?

Recommendation: Clarify that the Clinical Director is responsible for determining whether it is clinically appropriate for the FP agency to provide ARS to a family that has been assessed by the FP agency.

Answer: If after an agency has completed an assessment, the agency's Clinical Director determines that it is not clinically appropriate to provide ARS services to a referred family, the Clinical Director should inform the COUNTY Designee as soon as practically possible so that an alternate plan for the family can be formulated.

124. Section 7.1.9, 135 - In collaboration with the family and DCFS staff, the IHOC conducts psychosocial assessments, develops comprehensive treatment plans, and arranges for services and activities while monitoring the clients' progress toward a Court ordered and non-Court ordered treatment/case plan goals. Will families in ARS have Court ordered treatment/case plan goals given that ARS cases do not have court involvement?

Recommendation: Delete reference to Court ordered treatment/case plan goals.

Answer: ARS cases are not involved with Dependency Court, however families may have needs related to other courts such as Criminal or Family Law Court. Agencies may provide necessary Supplemental Services or provide linkages to assist with these needs.

125. Section 7.2.6, 138 - Within 24 hours after the IHOC initial home visit or an attempted home visit where the IHOC was unable to make contact, the CONTRACTOR shall inform the COUNTY designee if either: 1) the family refused services; 2) the IHOC believes the family is inappropriate for services; or 3) the IHOC believes the family is appropriate for services...In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit, for the assessment, at the hourly rate of the educational level of the staff providing the assessment, which shall not exceed one hour. Can DCFS retain the current accepted practice of compensating the FP provider at a daily pro-rata rate for supplemental services provided up to the point at which it is determined that the family will no longer receive ARS, especially given that the assessment may exceed one hour?

Recommendation: Revise the language, as follows, "In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit, for the assessment, at the hourly rate of the educational level of the staff providing the assessment, which shall not exceed one hour services provided up to the point at which it is determined that the family will no longer receive FP services."

Answer: The contract will be amended to reflect: the following:

In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit for the assessment, at the hourly rate of the educational level of the staff providing the assessment, ~~which shall not exceed one hour.~~

126. Section 7.2.16.1, 142 - CONTRACTOR shall provide TDT services for Probation Youth as approved by the MCPC. Are TDT services optional (which is the current accepted practice) or mandatory?

Recommendation: TDT services should be optional or providers should be allowed to subcontract TDT services.

Answer: No, TDT services are to be offered by all contractors. Contractors may also subcontract for this service.

127. Section 7.2.19.2, 145 - CONTRACTOR shall ensure all Supplemental Services are delivered within 72 hours or less after the services have been deemed necessary by the MCPC or prior to the MCPC for IFP services.

1) Will the FP provider be allowed more than 72 hours to deliver Supplemental Services when documented reasonable logistical challenges (such as the family is unavailable or the provider is at capacity) arise?

2) Does "72 hours" refers to three business days?

Recommendations: 1) The FP provider should be allowed more than 72 hours to deliver Supplemental Services when documented reasonable logistical challenges arise. 2) Clarify that "72 hours" refers to three business days.

Answer: The language in section 7.2.19.2 will be amended as follows:

CONTRACTOR shall ensure all Supplemental Services are ~~delivered~~ referred within 72 hours or less after the services have been deemed necessary by the MCPC or prior to the MCPC for IFP services. CONTRACTOR shall ensure the supplemental service is provided within 30 days of being referred for non IFP cases. CONTRACTOR must ensure supplemental IHOC and T&D are delivered within 72 hours or less after the services have been deemed necessary. CONTRACTOR must use the appropriate forms identified in the Exhibits attached to this Contract, exactly in the format they appear.

Yes, 72 hours is meant to describe three business days.

128. Section 8.4.2.1, 151 - CONTRACTOR shall ensure that the completed, approved, and signed report be submitted to the COUNTY designee no later than 24 hours after the assessment has been completed. CONTRACTOR shall not e-mail the report due to confidentiality guidelines. The report must

clearly provide the clinician's or registered intern's assessment of parental capacity/incapacity, and must include recommended linkage services, as described in Attachment P, to meet identified needs consistent with DCFS Core Practice Model, Exhibit C-9. Attachment P, Linkages, describes the linkages and their processes. The report must clearly document the assessor's arrival and departure time in the heading of the report. The report is due on the 10th day of every month. CONTRACTOR shall maintain documentation of submission to DCFS.

1) Will FP workers be allowed flexibility to refrain from making determinations of parental capacity in cases where they are not able to collect enough information to do so? [FP workers who complete these assessments typically have limited interaction with the parent/caregiver (generally, 2 to 3 hours on only one occasion). The information obtained through the assessment is based mostly on the self-report of the parent/caregiver, and the agency has a limited 72-hour turnaround time to complete the report and submit it to the CSW. The assessor does not observe any interaction of the parent/caregiver with the child. The Behavioral Severity Assessment Program (BSAP), was designed to assess for mental health, substance abuse, and domestic violence. However, the instrument was not designed to assess for caregiver capacity in any manner. The assessment was intended to be a screening – one of many components of the ER investigation that would deepen the CSW's understanding of the clinical needs of the parent/caregiver. The general concern is that the FP assessor who completes the assessment is not equipped to make determinations regarding parent/caregiver capacity due to the limited scope of the assessment.]

2) Where should the assessor document his/her arrival and departure time given that the heading of the report does not include a designated space to do so?

Recommendations: 1) FP assessors should be allowed flexibility to refrain from making determinations of parent/caregiver capacity in cases where they are not able to collect enough information to do so. 2) Clarify where the assessor should document his/her arrival and departure time on the report.

Answer: 1) The Department understands the assessment captures family functioning at a given point in time. Given the professional expertise required of those conducting these assessments, the Department would expect an assessor to assist the Department by providing necessary information in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on the parent or caregiver's ability to safely care for a child.

2) Assessor should document his/her arrival and departure time on the upper right hand corner.

129. Section 9.2.5, 156 - Counselors shall be one of the following: 1) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; or 2) a Licensed Marriage and Family

Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or 3) a licensed Psychologist with a current license from the California Board of Psychology; or 4) a Master's/Doctoral level Registered Intern under Clinical Supervision by a LCSW, LMFT, or licensed Psychologist. Can counseling be provided by MSW/MFT graduate school interns under the direct supervision of an LCSW, MFT, or LPCC?

Recommendation: Allow counseling to be provided by MSW/MFT graduate school interns under the direct supervision of an LCSW, MFT, or LPCC.

Answer: While Registered MFT Interns will be able to provide counseling, MSW student interns and MFT Trainees (who have not earned their masters degrees) will not be eligible to provide counseling. Under the current Family Preservation Program contract, licensure is required to provide this service. This requirement is being modified to include MFT Registered Interns, who by definition have been awarded Masters degrees.

130. Section 11.0, 159 - CONTRACTOR shall adhere to the measures established in Sections D and E of this SOW.

- 1) How were the outcome indicators and performance targets determined?
- 2) Will performance outcomes be reported on a system-wide or agency specific basis?
- 3) Is DCFS willing to meet with FP providers on an ongoing basis to review and discuss FP performance outcomes data and determine whether any outcome indicators or performance targets should be modified (similar to the Performance Measures Task Groups for out-of-home care providers)?

Recommendation: 1) Clarify how the outcome indicators and performance targets were determined. 2) Report performance outcomes on a system-wide basis, particularly since DCFS has not shared individual agency performance outcomes data with FP providers. 3) DCFS should meet with FP providers on an ongoing basis to review and discuss FP performance outcomes data and determine whether any outcome indicators or performance targets should be modified (similar to the Performance Measures Task Groups for out-of-home care providers).

- Answer:
- 1.) The outcome indicators and performance targets were determined based on the target populations and services to be provided.
  - 2.) The performance outcomes will be reported both on a system-wide and agency specific basis.
  - 3.) It is expected after the first year of the contract has been completed some level of feedback will be given to the agencies.

131. Target Populations – Do the geographic areas for this program coincide with DCFS District Offices as do the current Family Preservation Networks?

Answer: Assessment and Intervention Services service areas are based on the DCFS regional offices. See the Funding Allocations document included in this Addendum Number Two for the breakdown by Regional Office.

132. “Licensed clinicians or registered interns will screen adult family members using COUNTY approved screening instrument to assess the Parent/Caregiver’s ability to safely care for their children.” Are contractors permitted to use additional assessment instruments to further assess families and children referred to the program?

Answer: The Department is using a standard assessment tool to conduct screenings. Any additional assessment tools would need to be presented and agreed upon for use by the Department and all agencies.

133. What is the service area for Assessment and Intervention Services? Based on the price sheet, it appears the service area is identified as the DCFS Region. Please clarify.

Answer: Assessment and Intervention Services service areas are based on the DCFS regional offices. See the Funding Allocations document included in this Addendum Number Two for the breakdown by Regional Office.

134. Has the discretionary fund been eliminated for F.P. Assessment & Intervention Program? This is crucial for agencies to assist families with immediate emergency needs, enrichment services, recognition and holiday celebration, etc.?

Answer: No. Discretionary funds remain as 5% of annual allocation. Please refer to the Sample contract, page 538.

135. Would DCFS consider increasing an agencies authorization for emergency hotel/housing from 4 days to 2 weeks before needing DCFS Program Manager approval?

Answer: No. Emergency housing is to be on a short term basis. Pre-approval is required for stays beyond 4 days.

136. Are T and D workers going to be required to be BA level? BA level individuals will be difficult to recruit for this service.

Answer: No. They are defined as case aid, which does not require a degree.

137. Will the verbiage regarding “Parental Capacity be removed from SOW/Contract?

Answer: The Department understands the assessment captures family functioning at a given point in time. Given the professional expertise required of those conducting these assessments, the Department would expect an assessor to assist the Department by providing necessary information in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on the parent or caregiver's ability to safely care for a child.

138. Who will be responsible to conduct non-emergent UFA's? How many UFA's will agencies be required to complete per contract? How will you ensure an equal disbursement of these assessments?

Answer: All contractors are expected to conduct Assessment Referrals. Pursuant to Section 6.2 Emergency Response Referrals-Regional Office, Section 6.22 "...a licensed clinician or registered intern that is under the supervision of a LCSW or LMFT or Licensed Psychologies to conduct an assessment..."

Contractors will be requested to complete the Assessment Referrals based on the need of the DCFS office until the Contractor's maximum Assessment allocation is exhausted. There is no set number of Assessment Referrals that each contractor must complete.

The DCFS designee will keep contractors serving the same DCFS office on rotation for Assessment Referral assignment.

139. Part D, Section 9.3.1, Pg. 156: "Contractor shall train all professional and paraprofessional staff, registered interns and volunteers providing program services within 30 business days from their start date"

- a. Will cost of training be reimbursed to contractor?
- b. If yes, will this need to be a budgeted line item or will this be a one-time reimbursable expense, invoiced by contractor as a direct expense and reimbursed in arrears?

Answer: The cost of training is reimbursable. Training is to be a budgeted line item.

140. UFA pay rate? How many hours can \*\*\*\* \*\* ERCP.

*(The CONTRACTOR indicated this was his actual question: For ERCP & Regional UFA, what is the pay rate per assessment per hour? How much money can we pay the assessors, how many max hours are allowed per assessment?)*

Answer: Please refer to the revised Required Form 4-C in this Addendum Number Two for details of the rates.

Assessors may be paid at the discretion of the agency. If they are subcontractors, then they may not be paid more than the Department's contracted rate.

A maximum has not been set in the number of hours an assessment may take. In the current contract an Up Front Assessment usually takes 3 to 6 hours, including the assessment and time to complete the written report. However, the Department gives allowances for special circumstances. In these situations, the contractor may be asked to provide additional documentation or justification for the longer assessment time.

141. Exhibit C, p. 129. 6.1.10 indicates that "all services conducted for this family because of an ERCP referral, be assigned to the *same agency* for continued services by IHOC Services, and T&D staff members, unless otherwise clinically indicated or directed by the County designee. When a referral is re-assigned to another agency, it must be documented and such documentation must be provided to the county designee." However, page 145, 7.2.9, indicates that both IHOC and T&D services "must only be provided by the contractor." (1) Can you clarify the requirement? (2) If IHOC/T&D staff must assign *all* services for ERCP-referred families to the same agency, and if IHOC and T&D *must* be provided by the contractor, then the implication is that *all* services must be provided by the contractor (the same agency). Is this an accurate conclusion? Can you confirm the intent/requirement?

Answer: 1. Subcontracting will be allowed. Please refer to Addendum Number One.

Part 1 is assessment provision versus FP intervention services.

6.1.10 refers to an Assessment that was completed which assessed that an FP services were needed. The requirement under that circumstance would be that the FP services be provided by the same agency who completed the Assessment.

Section 7.2.19 applies to open FP cases. The sections of the RFP containing restrictions on subcontracting of IHOC and T&D have been amended. Subcontracting will be allowed in the Assessment and Intervention SOW.

142. Exhibit C, p. 129, 6.1.12. (1) It appears from subsequent information on page 216 that auxiliary services via DCFS check issuance refers only to rental assistance, and that all other auxiliary funds are handled via lead agency reimbursement. Is this accurate? (2) How do the line items related to transportation and emergency housing on the required budget form (page 356) relate to separate auxiliary fund requests once the program is in operation? What should be included on the budget form versus what should be requested separately via the auxiliary funds request process?

Answer: Auxiliary services via DCFS check issuance is not limited to rental assistance only. However, if the contractor submits for the rental assistance, page 216, B 2abc lists the requirements needed for this auxiliary fund to be processed and approved.

Transportation and Emergency housing is billed through the FP billing system and does not require auxiliary fund request prior to the contractor providing these services to the client.

The budget form needs to include the regularly occurring expenses and income for the family. The budget form is to be attached to the auxiliary form request.

143. Exhibit C, p. 130, 6.1.12 indicates “Contractor shall use the designated *web-based system* to invoice for reimbursement for goods and services on Exhibit C-22, Emergency Auxiliary Goods and Services.” However, Exhibit C-21, page 215, indicates that both discussion and submission of “written documentation of their agreement of the services/items to be purchased...to the CSW/DPO” is required. Can you clarify the protocols?

Answer: Emergency Response Referrals – Command Post (ERCP) has the provision of Emergency Auxiliary Goods and Services. The Emergency Auxiliary Goods and Services are limited to the families who received an assessment through an ERCP Assessment Referral.

The Auxiliary Fund Procedures in Exhibit C-21, page 215-217 refer to the Auxiliary funds available to families receiving FP Intervention: Open DCFS/Probation FP Cases. Exhibit C-23 is the form for this funding.

For both the Emergency Response Referral Command Post (ERCP) and FP Intervention: Open DCFS/Probation FP Cases the Exhibits 21 and 23 are computer generated.

144. Where neither assessment or intervention is specified, should we assume that this is for both categories and all their subcomponents? (2) Can you clarify which definition of the population for FP Intervention applies. On p. 126, the RFP states, these are “low to very high-risk families with inconclusive *or* substantiated referrals” and that the families “*may* [not must] be receiving Family Reunification Services, Family Maintenance Services, or have Juvenile Probation involvement,” and that “the *emphasis* [i.e., not a requirement] is on families with children five years of age or younger that are *referred* to DCFS [but does not specify they must have an open case].” On page 137, the RFP seems to indicate that families *must* meet at least one of the following conditions: *substantiated* referral, receiving family reunification services, receiving family maintenance services, and/or with juvenile probation involvement. [Again, however, this section does not specify that the family must *currently* have an *open case*, even though the section head refers to “FP Intervention: Open DCFS/Probation FP cases.”] There is no requirement listed on page 137 for a family in regular FP Intervention

services to have a child age 0 to 5. On page 137, only those who will receive Intensive Family Preservation services, it states, *must* have a child age 0-5. Again, can you clarify the population/s for FP Intervention and Intensive FP Intervention?

Answer: When assessment or intervention is not specified, it is referring to the Assessment and Intervention contract as a whole.

The target population for FP intervention services is (4.2): families who scored low to very high-risk on the DCFS SDM tool and the emergency response social worker conclude the allegations to be inconclusive or substantiated. These referrals can either be closed and provided ARS services or open as a case and be provided Family Preservation services. Open cases includes, voluntary or court ordered families with anticipated family reunification within 90 days, voluntary family maintenance, court involved family maintenance or youth in probation. Please note that ARS and FP services are under the umbrella of Intervention services.

Page 131, section 7: The eligibility criteria for IFP is any one of the following:

- Child in the family, age 0-5;
- Any family with a child having a demonstrated mental health need;
- Any family as determined and documented by the TDM meeting;

A family may be provided IFP services if they do not have a child age 0-5.

145. In the note to 7.2.8.3, on page 139, what does it mean when it says “The DCFS/Probation MCPC services may be provided up to six months”?

Answer: 7.2.8.3 will be amended as follows:

NOTE: The DCFS/Probation ~~MCPC~~ services may be provided up to six months. The COUNTY designee must approve continuing the services for two, three-month extensions.

146. Exhibit C, page 140, 7.2.9.3 indicates that FP Intervention adults with a mental health issue/s must be referred to a DMH provider. Page 140, 7.2.10 indicates that a mental health home visit may be substituted for one IHOC visit per week with documented case coordination. (1) These two paragraphs, taken in conjunction, indicate that the mental health home visits must be provided via referral to a DMH provider. Is this accurate? (2) Is the bottom line that any mental health to this population must be billed to DMH (so, for example, if the contractor is a DMH provider, the in-home mental health visit/any other mental health services to FP Intervention adults must be billed to DMH)? (3) How does this requirement to refer adults for mental

health services relate to the AIS budget form on page 356, and specifically, the line items for “counseling (to include substance abuse, domestic violence, teen pregnancy and anger management),” “substance abuse assessment” and “substance abuse treatment—individual counseling”?

- a. Are these line items to be used only for services for children served through this program?

Answer: Yes the assumption is accurate that the replaced IHOC visit with a mental health services would be provided by DMH.

Counseling services under the Assessment and Intervention contract as described in section 7.2.19 are not mental health services.

DMH services are separate from the AIS contract. DMH services are a linkage. The AIS budget does not need to include DMH service costs.

The Assessment and Intervention contract allows the contractor or it's subcontractor to provide non-DMH counseling/substance abuse services. These services are separate from the Intensive FP service requirements.

147. Perhaps Exhibit C, page 147, 7.2.19.3, section 8, provides an answer relating to the substance abuse portion of the question above? It states that “Contractor shall arrange for [alcohol and other drug treatment recovery services to eligible clients], and shall ensure that services are provided by a State of California licensed/certified substance abuse treatment center that assesses Medi-Cal and CAL-Works programs and private insurance, or a subcontractor with a licensed (residential), certified (outpatient) or community assessment services provider. The county funds available for these services are for indigent families only.” To clarify, then, substance abuse services are considered distinct from mental health services? Thus, the budget line items for substance abuse assessment and treatment would be used to calculate the cost of these services for *indigent* clients (regardless of age) to be served through this program?

Answer: The line items on page 356 are only for AIS families.

Substance Abuse services are not necessarily considered distinct from mental health services. However, AIS contract provides funds for these services.

The cost rate on page 356 is the rate that Department will reimburse the contractor. The contractor would need to take this into consideration when budgeting costs for the services they plan to provide the AIS clients.

County of Los Angeles – Department of Children and Family Services  
SAFE CHILDREN AND STRONG FAMILIES (SCSF) SERVICES (RFP # 11-053)  
**QUESTIONS AND ANSWERS for SCSF SERVICES**

**ADOPTION PROMOTION and SUPPORT SERVICES (Exhibit D)**  
Attachment VII

1. APSS – MEDI-CAL: Does a provider qualify to submit an application for APSS funding if the provider is not a Medi-Cal provider, but will subcontract with a Medi-Cal Provider?

Answer: Yes, a provider can also qualify if they subcontract with a Medi-Cal Provider.

2. APSS – MEDI-CAL: Are APSS and CAPIT going to be reserved for DMH/MediCal-funded organizations? Regarding APSS, page 7, section 7.8.3 conflicts with page 249, section 6.4. Do agencies applying for APSS have to be MediCal-funded EPSDT providers, or, as with the current contracts, can that portion of treatment be subcontracted?

Answer: Please refer to Addendum Number Two.

3. APSS – MEDI-CAL: Does an agency who wants to bid on the APSS or the mental health component of the contract have to have the ability to bill Medi-Cal?

Answer: A provider must either be a Medi-Cal provider or they can also qualify if they subcontract with a Medi-Cal Provider.

4. Exhibit C, page 157, 9.3.4 states that “All contractor’s shall attend a mandatory orientation...” Should this read “All contractors shall attend...” (i.e., we can delegate a representative to participate) or, if not, which/how many staff shall attend?

Answer: Contractors may designate a representative to attend the mandatory orientation.

5. Exhibit D, page 239, 2.6. CPM refers to the County Probation Manager, correct?

Answer: CPM refers to County Program Manager.

6. Exhibit D, page 244, 6.0 indicates the number of referrals per SPA. However, page 245, 6.2.1 indicates that “contractor shall accept the referral from the CPM or designee regardless of where the family resides within Los Angeles County.” (1) Thus, we should not assume the number of referrals in the SPA/s we propose to serve will have any bearing on the number of referrals we will actually receive, correct? (2) If this is true, can you provide some alternative parameters for calculating costs based on anticipated referral levels?

- Answer:
1. The past average can be used as a guideline, but is not a guarantee of the maximum or minimum number of referrals which will be received in a particular SPA. But as indicated in Section 6.2.1 of the APSS SOW, the home address of the child or family will be the first consideration for referral assignment.
  2. The past average annual number of referrals in each SPA can be used as a guideline and will likely have a bearing on the number of referrals the contracted provider receives. Therefore alternative parameters for calculating costs are not necessary.

7. Exhibit D, page 248, 6.3.4.1 indicates that the contractor will “ensure that the service providers and resources are located in the community the contractor proposes to serve.” However, page 245, 6.2.1, indicates that “contractor shall accept the referral from the CPM or designee regardless of where the family resides within Los Angeles County.” (1) These requirements seem inconsistent with the requirement that services be provided conveniently for families (6.3.4.4. “ensure that families are referred and linked to the agency best able to accommodate the family’s needs”). (2) Families may be referred from outside the area we propose to serve, but we must ensure that services provided are located inside the community we propose to serve. However, the budget form (page 359) does not include any provision for client transportation to services. Can you clarify?

Answer: Transportation is not a deliverable of the APSS contract.

8. Exhibit D, p. 249, 6.4 is a requirement to provide therapy to those who are not MediCal-eligible, billing to APSS (similar to the way in which PFF funds may be used to pay for psychotherapy for PFF families who are not MediCal eligible (p. 291, 6.2)?

Answer: Per Section 6.4 of the APSS Statement of Work, the expectation is that DMH providers will utilize Medi-Cal billing to provide therapeutic services for Medi-Cal-eligible APSS clients. There is no billing for therapy to APSS. Per Section 6.1.1, children and adults who do not qualify for Medi-Cal may receive other APSS services such as mentoring or support groups to address the client’s issues.

9. The budget form on page 359 indicates that *all* therapy services will be reimbursed through EPSDT Medi-Cal. Depending on the answer to question 28 above, does this need to be modified?

10. P. 7: Must be a certified Medi-Cal provider: Can all certified Medi-Cal providers utilize EPSDT funding?

Answer: EPSDT funding is no longer a requirement for Medi-Cal approved providers. The EPSDT requirement will be removed from the contract in Addendum Number Two.

11. Exhibit D, p. 254, APSS performance outcome summary. Should the last two columns of this form be transposed?

Answer: Please refer to Addendum Number Two.

12. Part B, para 49.6, specifically does not call for the inclusion of a Quality Assurance Plan in the scope of work section of APSS proposals. However, Exhibit D, page 252, para 6.9, outlines the need for a Quality Assurance Plan. Where should this be included?

Answer: Please refer to Addendum Number Two.

13. STAFFING: Page 7, Section 7.8.4 requires "professional therapist have 5 years' experience". Page 242, Section 5.1.11, "professional therapist must have two years of adoption experience". Please clarify.

Answer: A therapist must have five years of experience providing therapy to children and families (in the last seven years), and additionally must also have at least two years of adoption experience at some point in their professional career which may be unrelated to their therapy experience.

14. Part D: SOW for APSS 6.0 243-245 - First paragraph does not designate a specific target area. Do we need to identify zip codes, DCFS District boundaries or SPAs?

Answer: APSS proposers need to identify SPAs.

15. APSS: How do we reconcile the stmt on page 244- 3<sup>rd</sup> paragraph with statement on p. 245 APSS Referrals 6.2.1 Contractor shall accept the referral from the CPM or designee regardless of where the family resides within Los Angeles.

Answer: The future actual number of referrals received in a particular SPA could exceed or be less than the average number of referrals which have been received in the past. The past average can be used as a guideline, but is not a guarantee of the maximum or minimum number of referrals which will be received in a particular SPA. In Section 6.2.1 of the APSS SOW, the home address of the child or family will be the first consideration for referral assignment. However, the Contractor should be prepared to accept referrals

from outside their SPA.

16. Section 3.18 page 240 “Contractor shall hold weekly supervision reviews with all professional staff, paraprofessional staff, interns and all other staff that provide program services under this contract.” Can the county explain if Mentors are required to meet only monthly with their mentee why weekly supervision is necessary? Also, these positions are held by volunteers and weekly supervision appears in excess of their responsibilities.

Answer: Please refer to Addendum Number Two.

17. Section 5.1.10 and 5.1.12 page 242 Can the county clarify if the Clinical Director and Supervising Therapist can be the same staff member so long as the staff member meets all of the requirements of both positions?

Answer: A single staff member may perform both positions, but the position cannot be double billed. In terms of billing for both positions if held by the same person, there would need to be a percentage breakdown of the two positions in the monthly invoice.

18. Section 6.2.3.2 page 245 “Contractor shall make weekly telephone contact with families on the wait list and consult with APSS CPM or designee on an as-needed basis if the family requests immediate services or if the family’s situation destabilizes. “ Can the county explain how the contractor can contact a family to assess their stability prior to the family being an active case for the agency? Being on the wait list indicates the contractor has not assessed, provided an intake or completed the necessary paperwork (HIPPA) which would be appropriate prior to working with a client at any level of engagement.

Answer: The weekly telephone contact is a check-in with the family to provide monitoring so that the family has access to social welfare professionals in case of a higher level of need. If the family brings up anything needing immediate attention, bring that to the attention of the CPM.

19. Section 6.3.1 page 247 “(4) a weekly plan of activities to be accomplished with the client.” Can the county explain how a weekly plan is to be written for clients that do not participate in weekly activities, such as receiving mentoring services, monthly or bi-weekly support group or case management services?

Answer: Please refer to Addendum Number Two.

20. Section 6.5.6.5 page 251 “Present a monthly promotion, in coordination with the CPM, in the community, such as dissemination of information and presentations at community agencies, religious institutions and other organizations with whom the mentor is involved.” Can the county define “in coordination”?

Answer: Please refer to Addendum Number Two.

21. Section 6.6 page 251 Contractor shall provide Support Groups in both English and Spanish for: (1) prospective and adoptive parents (including kin-adopt parents); (2) birthparents; and (3) children (including children who have an alternate permanent plan of adoption) to discuss concerns, issues, frustrations, experiences, and successes related to adoption as well as everyday family life and child rearing."Can the county explain how including birth parents into the support groups supports the objective of "Encourage, expedite and maintain children in care through Los Angeles County DCFS in safe, loving adoptive homes"?

Answer: Children often have emotional issues related to their birth family. Resolving a child's issues with their birth family can help a child to accept adoption and may help to stabilize a child already in an adoptive home.

22. Section D-Performance Outcome Summary page 254 #19 "Of the families that have received and/or completed APSS services, the percentage of children who were stabilized or made progress toward the goal of a permanent adoptive home...Shall meet a minimum of 70%. Can the county explain how they will rule out other factors such as court issues which are outside of APSS control (ie appeals) that impact stabilization and progress toward permanency? Also, APSS in a program that cannot be mandated therefore, families can opt out prior to services being completed which would impact progress.

Answer: Although there are a number of issues which are outside the control of the APSS providers, the expectation is that APSS providers will engage children and families early and by providing adoption-related services. The expectation is that the CONTRACTOR will achieve the 70% goal to either stabilize or make progress to permanency with the families the CONTRACTOR serves.

23. Page 250, Section 6.5.2 required Mentors have access to the professional therapists for consultation. How will these services be paid for?

Answer: This is part of the contract and the funding for APSS would include mentors consulting with therapists on an as-needed basis.

24. Page 242, states that (5.1.12) APSS Supervising Therapist shall be currently licensed...a minimum of five (5) years adoption experience. Given the difficulty in finding licensed staff, this new requirement will create even further difficulty in recruitment. Will DCFS reconsider this requirement or provide for waivers if positions go unfilled?

Answer: The requirement of five years of adoption experience is the current requirement. We have no plans to change this requirement.

25. On page 251, 6.6 Support Groups, it states that: CONTRACTOR SHALL PROVIDE Support Groups in both English and Spanish. What if Spanish is not the primary language need in that community?

Answer: Please refer to Addendum Number Two.

26. The Outcome Performance Measures for APSS on page 254 are, for the most part, distinctly different from the outcome measures for the other programs. They are primarily process measure versus outcome indicators. Can they be reviewed and revised to be consistent with the other program measures? The questions listed here have to do with contractual compliance vs. family outcomes. APSS should have similar goals in the three core areas of safety, well-being and permanency.

Answer: APSS is primarily focused on the goal of permanency. These outcome performance measures have been reviewed and approved and will not be revised.

27. On page 291, 6.2 it talks about medi-cal eligible clients and on page 7 says for APSS services a Contractor must be a Medi-Cal certified provider. Form 4-D says that monies will be reimbursed through Medi-Cal. Will a Provider's Medi-Cal contract be increased or does this money have to come out of that contract?

Answer: The requirement is that the provider be able to bill for Medi-Cal or have a subcontractor who can bill for Medi-Cal. Any increase to Medi-Cal contracts is not part of the APSS contract.

County of Los Angeles – Department of Children and Family Services  
SAFE CHILDREN AND STRONG FAMILIES (SCSF) SERVICES (RFP # 11-053)  
**QUESTIONS AND ANSWERS for SCSF SERVICES**

**PARTNERSHIPS for FAMILIES (Exhibit E)**  
Attachment VIII

1. PFF – TARGET POPULATION: Section 2.2, Target Population, page 285: “DCFS referred families with closed referrals, regardless of risk level or referral disposition, that include pregnant women who have risk factors for child maltreatment.” Does this mean that these referrals are *not* required to be either “high or very risk” or “inconclusive closed referrals”? For example, would an open case on a pregnant teen be considered eligible for a PFF referral even if the SDM risk factor is low or medium?

Answer: The PFF target population currently includes DCFS referred high to very high risk families with inconclusive, closed referrals.

Part D: Section 2.2 has been modified as follows:

Partnerships for Families (PFF) target the following demographic:

2.1 DCFS referred high to very high risk families with inconclusive, closed referrals.

2.2 Community referred pregnant women who have risk factors for child maltreatment. These risk factors include:

2.2.1 Young Maternal Age (i.e., teen mothers)

2.2.2 Domestic violence related issues

2.2.3 Maternal substance abuse related issues

2.2.4 Maternal mental health related issues

2. PFF – CONTRACT TERM versus OPEN CASES: Section 3.0 Scope of Work, page 286, subsection 3.4.1: “Partnership for Families services are provided for a maximum of six (6) months...”
- a. Will there be a mechanism to request an extension if there is a documented reason to continue services to meet stated Family Strengthening goals?
- b. Will DCFS consider a slightly different timeframe for at-risk pregnant women? That is, having the case remain open *until the baby is 6 months old* to assure that the baby was safe from maltreatment. This is the current PFF timeline for the at-risk pregnant women.

Answer: a. The following language has been added to Section 3.0: COUNTY Program Manager has the discretion to extend PFF services beyond six months under extraordinary circumstances

and on a case by case basis. CONTRACTOR shall not extend PFF services beyond six months without written approval from COUNTY Program Manager.

b. This is possible with the inclusion of the language above.

3. PFF – CASE MANAGEMENT: Section 5.0, Case Management Services, page 289, subsection 5.7.2: “Contractor shall, at the time of initial contact begin completing the Family Functioning Assessment Tool, Exhibit F-9...” DCFS has said that it is considering the Family Assessment Form™ software instead of the current paper-based forms for Family Preservation. Will DCFS be considering the FAF™ software for PFF as well as for Family Preservation?

Answer: DCFS intends to procure a Family Assessment Form to be used as the required instrument to assess Families in the PFF program. Contractors will not be required to purchase this form, and training will be provided.

Please note that section 5.7.2 has been modified as follows:

CONTRACTOR shall, at the time of initial contact with the family, begin completing a needs assessment, to be updated as necessary throughout the life of the case.

CONTRACTOR shall utilize the needs assessment tool of their choice until a standardized assessment tool is implemented by DCFS for use in specific SCSF programs.

Timelines for completion of the assessment shall be consistent with the intended use of the tool.

CONTRACTOR shall incur no cost for use of the standardized tool selected by DCFS and shall be provided with training on the use of tool at the time of implementation.

4. PFF- CASE MANAGEMENT: Section 5.0, Case Management Services, page 289, subsection 5.7.4: “Contractor shall ensure completion of the PFF service plan Exhibit F-10, within 5 days of the initial face-to-face contact with the family.” Based on the Strengthening Families and Protective Factors foundation, it is important to involve the family in setting their goals, vs. prescribing a plan for the family. Using the FAF™ software and directly involving the family, it was found that 30 calendar days is a good standard for completing the Service Plan. Could this approach to Family Strengthening be discussed at implementation?

Answer: Yes, this approach can be discussed at implementation of PFF. DCFS intends to procure a Family Assessment Form to be used as the required instrument to assess Families in the PFF program. Contractors will not be required to purchase this form, and training will be provided.

Please note that section 5.7.2 has been modified as follows:

CONTRACTOR shall, at the time of initial contact with the family, begin completing a needs assessment, to be updated as necessary throughout the life of the case.

CONTRACTOR shall utilize the needs assessment tool of their choice until a standardized assessment tool is implemented by DCFS for use in specific SCSF programs.

Timelines for completion of the assessment shall be consistent with the intended use of the tool.

CONTRACTOR shall incur no cost for use of the standardized tool selected by DCFS and shall be provided with training on the use of tool at the time of implementation.

5. PFF – CASE MANAGEMENT: Section 5.0, Case Management, p. 291, subsection 5.9.5: “Concrete support shall not exceed \$500 per family, per Contract year.” Is there a process to request additional funds under extraordinary circumstances?

Answer: The following language has been added to Section 5.0: COUNTY Program Manager has the discretion to approve Concrete Support in excess of \$500 per family, per contract year under extraordinary circumstances and on a case by case basis. CONTRACTOR shall not provide Concrete Support in excess of \$500 per family, per contract year without written approval from COUNTY Program Manager.

6. PFF – PSYCHOTHERAPY SERVICES: Page 292, subsection 6.11: “Contractor shall document therapy on Therapy Notes, Exhibit F-13, including the client’s progress towards PFF service plan goals.” The *California Welfare & Institutions Code 5328.04* addresses the confidentiality of mental health information of minors, and mental health professionals have strict rules as to release of confidential information, particularly therapy notes. Has DCFS had County Counsel address this issue? There would need to be a very specific, separate signed release of information to share psychotherapy notes with DCFS. A “treatment contact log” with dates and duration of psychotherapy sessions might be less onerous for ease of communication regarding psychotherapy services rendered.

Answer: Regarding Section 6.11: This deliverable has been removed due to a possible conflict with confidentiality requirements. Similar information has been documented in the case record, as Section 5.7 Case Management: PFF Service Planning calls for reporting on a family’s overall progress toward achieving service plan goals.

7. PFF – EARLY CARE AND EDUCATION: Page 294, subsection 10.2: “Contractor shall ensure that families have access to safe, affordable and high quality early care and education...” Due to the latest California State Budget cuts to early care and education, it will be unlikely that contractors can “ensure” that families are able to access such services. Would it be acceptable to report on attempts, referrals, follow-up and waitlist status of such services?

Answer: Section 10.2 has been modified as follows: CONTRACTOR shall link families to safe, affordable and high quality care and education through direct provision of and/or partnerships with ECE providers to meet the needs of the most vulnerable of the PFF population.

The following deliverable has been added: CONTRACTOR shall document in the case record all efforts to link families to safe, affordable and high quality early care and education.

8. PFF – PERFORMANCE OUTCOME SUMMARY: Percentage of families identified as the subject of subsequent child abuse and/or neglect referrals to the Child Protection Hotline (CPHL); shall not exceed 30%.” Research at large and PFF Final Report data found on the First 5 LA website ([http://www.first5la.org/files/PFF\\_USC\\_F5FinalReport\\_11302011.pdf](http://www.first5la.org/files/PFF_USC_F5FinalReport_11302011.pdf)) has found that home visiting programs may result in more referrals than other types of programs. It is respectfully suggested that DCFS would not want to suppress mandated reporters from making reports, but rather stress the outcomes of those reports, such as the rest of the Outcome Indicators (2-5) would indicate.

Answer: The purpose of measuring these outcomes is to establish baseline data which we will review, analyze, and evaluate in order to determine appropriate, meaningful, standardized performance measures. The Department plans to create a team of providers and Department staff to perform this analysis.

9. PFF – PRICE SHEET: “Average number of families to be serviced per SPA” shows that exactly the same number of families for all SPAs. The current PFF allocations by First 5 LA were proportional allocations based on the number of families in a DCFS data analysis: number of cases with high or very high risk SDM assessments where the disposition was to close the case. Will the total of 74 families for all 8 SPAs in the RFP be the final allocation methodology?

- a. Can SPAs work with their local DCFS office to determine a different number?

Answer: This question continuous to be under consideration and will be addressed in Addendum Three.

10. PFF – PRICE SHEET: “Services” and “Average Number of Families to be serviced:” Could you please clarify if the total number of families in Case

Management is 74, what do the numbers of families under the next three categories represent? That is, from a service perspective, any of the 74 families in Case Management may receive one or more of the other 3 services, but not necessarily all of the services.

Answer: The final allocation may or may not be for 74 families depending on the needs of each SPA. This question continuous to be under consideration and will be addressed in Addendum Three.

11. PFF – PRICE SHEET: Proposed Rate” and “Total Cost:” What if a family is getting more than one service? Is there a “base rate” for Case Management, and then additional “case rates” for the other services?

Answer: All families must receive case management services, but may or may not receive one or more of the other 3 services. The numbers in the next three categories represent an average number of families that would use that service. There is no base rate for PFF case management services.

12. PFF – PRICE SHEET: Are direct services only 55% of the budget? That is, if 15% is Capacity Building and 20% Concrete Services, that only leaves 55% for the other services. As a point of reference, the current First 5 LA budget has 80% in direct services and concrete services are 20% of the 80%. The current PFF also has 15% in Capacity Building activities, and 5% in Evaluation. If the \$500 limit/family for Concrete Support does not equal 20% of the total, can the dollars be used for Direct Services?

Answer: Direct services, including psychotherapy services are a total of 65% of the budget. PFF, as written allows for up to 15% of the total award to be used for capacity building activities.

Section 5.20 Capacity Building has been modified as follows:

CONTRACTOR shall utilize a maximum of fifteen percent (15%) of the total contract award for Capacity Building. Fifty percent (50%) of the total Capacity Building allocation shall be used for internal capacity building and fifty percent (50%) shall be used for external capacity building. Unused funds shall be utilized for the provision of direct services.

Section 5.21 Concrete Support Services has been modified as follows:

CONTRACTOR shall utilize up to twenty percent (20%) of the total direct services allocation for Concrete Support Services. CONTRACTOR shall only be reimbursed for allowable concrete services.

13. PFF: TITLE IV-E WAIVER FUNDING: Is there any indication of when DCFS may hear about the success of the Waiver request? What is the total dollars

for the Waiver at this time? Is it anticipated that the dollar amount will stay the same?

Answer: DCFS' continued participation in the Title IV-E Waiver is unknown at this time. The process is as follows:

The Final Waiver Evaluation is due from the State to ACF by December 31, 2012. Once ACF receives the evaluation, they will review the overall State evaluation and any other documentation provide by the State and Waiver Counties. Los Angeles is writing an independent evaluation of its Waiver and will submit it to the State to be included in the final evaluation. Since we have a one year bridge period, we are hoping to have the extension approved by June 30, 2013. If at the end of the bridge period ACF is still evaluating whether to grant the State an extension, they will continue to grant bridge periods until the final disposition of the Waiver extension.

14. SCOPE OF WORK E: Partnerships for Families - What makes a case "high to very high risk with inconclusive closed case?"
- a. Does the mother have to be pregnant?
  - b. What happens once the child is born?
  - c. Can a case be extended beyond the 6 months; if so what is the protocol? If not, what is the protocol if agency feels additional services are required?
  - d. CSW and contractor do not agree regarding appropriateness, what is chain of command after ARA?
  - e. Target population - does each case have to meet all risk factors?
  - f. On what form does the ongoing reviews and family progress get recorded?
  - g. How can we provide concrete support services ie: medical care if we are not a clinic and cannot subcontract concrete support services?
  - h. How much funding is available for this scope of work in each SPA?

Answer: DCFS emergency response referrals that may become PFF cases are determined to be high to very high risk based on the Structured Decision Making (SDM) tool. Inconclusive is a disposition of DCFS emergency response that is utilized when allegations of child abuse or neglect can not be confirmed or refuted.

- a. Families eligible for PFF services must (1.) include a community

referred pregnant women who is determined to be at high risk for child maltreatment OR (2.) have a closed DCFS referral determined to be inconclusive AND be at high to very high risk as determined by the SDM tool.

b. If the child is born during the time in which the family is receiving services the child will also be eligible for PFF services as well.

c. The following language has been added:

COUNTY Program Manager has the discretion to extend PFF services beyond six months under extraordinary circumstances and on a case by case basis. CONTRACTOR shall not extend PFF services beyond six months without written approval from COUNTY Program Manager.

d. When Contractor and CSW do not agree Contractor may consult with the Regional Administrator of the DCFS office, the County PFF Program Manager and above.

e. Part D: Section 2.2 has been modified as follows:

Partnerships for Families (PFF) target the following demographic:

2.1 DCFS referred high to very high risk families with inconclusive, closed referrals.

2.2 Community referred pregnant women who have risk factors for child maltreatment. These risk factors include:

2.2.1 Young Maternal Age (i.e., teen mothers)

2.2.2 Domestic violence related issues

2.2.3 Maternal substance abuse related issues

2.2.4 Maternal mental health related issues

Clients may have one or many number of risk factors identified.

f. As noted in Section 12.2.2 client reviews and progress can be documented on the Service Plan/Monthly Progress Report, Exhibit F-10.

g. Concrete support includes assistance with items such as beds, refrigerators or paying utility bills. Concrete support with medical care is not typically provided; however, the County Program Manager has the discretion to approve atypical forms of concrete support.

d. The PFF allocation has not been determined yet, as the program implementation is contingent upon funding.

15. How many people per service area is PFF program intended to serve?

- a. On the page 361, Required Form 4-E (Price Sheet), it makes reference to 74 families receiving case management services.
- b. Is that the expected amount to be served per SPA for each contract year?

Answer: Yes. The estimate is 74 families. Please note that the allocation has not been determined.

16. On page 291, in Section 5.9.9, it states that Contractor shall submit all completed Concrete Support Request Forms with a copy of receipts. Who is it submitted to?

Answer: This is submitted to the County Program Manager. Section 5.9.9 has be modified as follows:

CONTRACTOR shall, on a monthly basis, submit all completed Concrete Support Request Forms Exhibit F-16, for items purchased with a copy of all receipts attached

17. On page 291, Section 5.9.10- It states that direct distribution of PFF monies to familes by Contractor is prohibited. So does that mean that the County will send the check directly to the client or will it send it to the Contractor who will provide to the client?

Answer: The statement of work prohibits the provision of PFF monies to clients. Tangible goods should be purchased by the Contractor. Where possible, vouchers or gift cards should be provided to the client. As noted in 5.9.2, Contractor will be reimbursed for allowable concrete support services.

18. On page 292, 6.10 states that we will bill psychotherapy per family not family member. It makes reference to invoicing. Who are we to submit invoices to?

Answer: Invoices will be submitted to DCFS. Exact details will be provided upon notification of award.

19. On page 294, 10.2 it states that we are to provide either through direct services or partnership with ECE providers. What is considered Early Care education providers?

- a. What types of services does this consist of?
- b. What is needed in terms of documentation to represent a partnership?

Answer: Early care and education providers are head start, pre-school, and day care facilities and programs. These programs facilitate, stimulate and promote healthy educational, social and emotional skills in infants and toddlers.

Letters of intent to partner should be included with your proposal to demonstrate partnerships.

20. What is the difference between collaborations and partnerships?
- a. If we establish partnerships, then what is the requirement for establishing partnerships according to the PFF SOW?

Answer: For the purposes of this RFP, the terms collaborative and partnership are used interchangeably.

21. There are no minimum requirements identified for PFF starting on page 5, under Section 7.0 for PFF. Is this accurate? If they are missing, what is the minimum requirements for PFF?

Answer: The minimum requirements were inadvertently left out of the RFP. The minimum requirements are as follows: Proposer must have a minimum of three (3) years experience during the last five (5) years in providing social services to families, or coordinating social services among other community providers equivalent or similar to the services listed in the Partnerships For Families Statement of Work.

22. On page 34, under 49.6.5.8, it states to provide a quality assurance plan that describes how requirements of the Prevention and Aftercare resource center service delivery plan will be met. Is this written in error?
- a. And if it is incorrect, what should it say? And if it is correctly written, then what does this have to do with PFF??
- b. Also, if this question is to describe the quality assurance plan, does it have to be included in Section C or can it be solely addressed in Section D?
- c. Or must it be included in both?

Answer: There is an error with Proposal Submission Requirements, Section

49.6.5.8. This section has been modified as follows:

Provide a Quality Assurance Plan that describes how requirements of the PFF service delivery plan will be met, measured, and how any compliance issues will be addressed and managed.

23. For PFF, Do we have to do a line item budget (Required form 4-F, page 363) per SPA? So if we are servicing 2 SPA's, would we have 2 price sheets and 2 line item budgets?

Answer: Yes, the proposer must submit a line item budget and a price sheet for each one of the SPAs the proposer is bidding for.

24. PFF - A. Questions pertaining to PFF - 1. Sections throughout RFP; pages throughout RFP

a. Is there a required PFF evaluation? Evaluation requirements or participation was not stated in the RFP?

Answer: There will be an evaluation of the collective Safe Children and Strong Families program. The following language was inadvertently left out of the Statement of Work and has been added:

#### Evaluation

CONTRACTOR shall actively participate in annual performance reviews to assess achievement of performance measures. CONTRACTOR shall

collect and share client identifying information such as name, date of birth, and any assigned agency identification numbers.

Safe Children and Strong Families performance based contracts shall be evaluated subsequent to year two of contract implementation to assess programmatic effectiveness in achieving desired outcomes, as well as to inform continuous quality improvement efforts. Safe Children and Strong Families evaluations shall be COUNTY directed.

CONTRACTOR shall actively participate in Safe and Children and Strong Families evaluation activities. Said evaluation activities include, but are not limited to, collection and sharing of data on:

Program implementation;  
Participant characteristics;  
Participant Outcomes

25. Statement of Work; Section B; 2.0 Target Population; page 285. "1.1 DCFS referred high to very high risk families with inconclusive, closed referrals." What is the definition or criteria for DCFS referred high to very high risk families?

Answer: DCFS emergency response referrals that may become PFF cases are determined to be high to very high risk based on the Structured Decision Making (SDM) tool. Inconclusive is a disposition of DCFS emergency response that is utilized when allegations of child abuse or neglect cannot be confirmed or refuted.

26. Statement of Work; Section B; 4.0 Referrals; page 287. "4.4 Contactor shall ensure that the Case Manager makes contact with the family within two

business days following the receipt of the referral. This includes a minimum of three telephone attempts and at least one face to face home visit attempt."

Answer: The question, as stated, is unclear.

27. Does the face to face home visit attempt mean an unannounced visit to the family's home?

Answer: No. Unannounced visits are not required.

28. Statement of Work; Section 4.0 Referrals; page 287. "4.6 Within 24 hours after the initial home visit, Contractor shall inform the County designee if: 1) the family refused services; and/or 2) the IHOC believes the family is inappropriate for services." *On page 762 of the Definitions.* "The definition of an IHOC states shall be defined as a Licensed clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT) or a licensed Clinical Psychologist with a current license from the California Board of Behavioral Sciences. But on page 288 of 5.0 Case Management Services...5.2 Contractor's professional level staff shall provide case management services. The definition according to page 766 is "shall be defined as paid contractor staff that provide direct client services and possess, at minimum, a Master's Degree in social work, psychology, marriage and family counseling or a closely related field. "" These two references are different definitions for required staff qualifications for case management. Please clarify if the case management is required to be provided by Master's level staff or a licensed clinician.

Answer: The acronym IHOC should not be used with PFF and has been replaced with the term Case Manager. IHOC was also stricken from Exhibit E-7 as well.

29. Statement of Work; 5.0 Case Management Services; page 289. "5.7.8 Contractor shall ensure that each individual and family record includes all of the following: - Verification of County of Los Angeles residency; what is acceptable verification of County residency?"

Answer: Verification of residency may include any documentation, such as a bill, identification card, etc, that includes the family's printed address.

30. Statement of Work; Section 11.0 Capacity Building; page 294. "11.1 All capacity building activities shall be preapproved by CPM prior to engagement and/or implementation of said activity. Approval of capacity building activities shall be documented on the Capacity Building Activities Request Form." When submitting the RFP, do the specific capacity building activities have to be described? Should detail such as timeline and budget be included?

Answer: Prospective contractors may choose to discuss specific capacity building activities and strategies at the time of submission of this

proposal; however, there is not an approval process built in to the RFP.

31. Statement of Work; Section 16.0 Staffing; page 298 - "16.1.2 Language Ability: Contractor's personnel, as well as all Subcontractor staff who are performing services under this Contract, shall be able to read, write, speak, and understand English in order to conduct business with the County or DCFS. In addition to having competency in English, the contractor shall ensure there is a sufficient number of bilingual staff to meet the language needs of the community served, including the various Asian and Pacific Islander languages; which will be services by an awarded Contractor countywide." Please clarify is it required that an agency have API language capacity or will a PFF contract be awarded to an agency that can serve the API community countywide.

Answer: This question continuous to be under consideration and will be addressed in Addendum Three.

32. Statement of Work; Section 16.0 Staffing; page 298-299 - "16.2.1 Paraprofessional Staff: There are no minimum degree requirements for paraprofessional staff; however, Contractor shall ensure that all paraprofessional staff possesses the expertise and experience necessary to provide direct client services as required in this SOW." "16.2.2 Professional Staff: Professional staff shall have, at minimum, a Bachelor's Degree in Social work, Psychology, Marriage and Family Counseling or a closely related field." *On page 288 of 5.0 Case Management Services...*"5.2 Contractor's professional level staff shall provide case management services. The definition according to page 766 is "shall be defined as paid contractor staff that provide direct client services and possess, at minimum, a Master's Degree in social work, psychology, marriage and family counseling or a closely related field. Page 764 of definitions. Paraprofessional is defined as paid contractor staff that provide direct client services, and possess, at a minimum, a Bachelor's Degree in social work, psychology, marriage and family counseling, or a closed related field." There is inconsistent definition of professional and paraprofessional staff. Please clarify the required staffing for PFF.

Answer: 16.2. has been modified as follows:

Case Aid: Case aids shall be paid employees with no degree requirement.

Paraprofessional Staff: Professional staff shall have, at minimum, a Bachelor's Degree in Social work, Psychology, Marriage and Family Counseling or a closely related field.

Professional Staff: Professional staff shall possess, at minimum, a Master's Degree in Social work, Psychology, Marriage and Family Counseling

33. Part E- Required Form 4-D; Page 359 - Price Sheet. Is there a specific funding amount for Partnership for Families?
- a. Does the Average Number of families to be serviced per Regional Office include families from the general population?
  - b. Is the Average Number of families to be serviced per Regional Office include DCFS referred families only?

Answer: Currently, there is no allocation for PFF, as program implementation is contingent upon funding.

- a. Yes.
- b. No. The PFF target population has been modified to include community referrals in addition to DCFS referred families.

34. Exhibit E, p. 287, 4.3. What is the CPD? Is it the same as the IHOC (4.6). Contracting Project Director

Answer: The CPD is the Contractor Project Director. All references to IHOC in the PFF Statement of Work and accompanying exhibits have removed, as this position does not exist in PFF.

35. Exhibit E, p. 290, 5.7.8. indicates and adult, child *and/or* Family Functioning Assessment shall be updated.... How does this relate to the requirements set form in para 5.7.2. regarding the FFA and the requirement to update the *Family* Assessment Form, specifically? The various program-specific sections of the RFP cite *differing* requirements regarding what should be included, and regarding tracking, reporting, timing of service, etc. Is it an accurate assumption that points will not be *lost for* failure to include something that is included in a separate exhibit of the RFP (i.e. a statement of work for a separate program component) but *not* included in the exhibit/statement of work for the program in question?

Answer: Section 5.7.8, bullet two has been stricken for clarity.

Section 5.7.8, bullet three has been stricken because the Protective Factors framework is a guiding philosophy.

DCFS intends to procure a Family Assessment Form to be used as the required instrument to assess Families in the PFF program. Contractors will not be required to purchase this form, and training will be provided.

All references to the Family Functioning Assessment, including Exhibit E-9 have been stricken.

Section 5.7.2 has been modified as follows:

CONTRACTOR shall, at the time of initial contact with the family, begin completing a needs assessment, to be updated as necessary throughout the life of the case.

CONTRACTOR shall utilize the needs assessment tool of their choice until a standardized assessment tool is implemented by DCFS for use in specific SCSF programs.

Timelines for completion of the assessment shall be consistent with the intended use of the tool.

CONTRACTOR shall incur no cost for use of the standardized tool selected by DCFS and shall be provided with training on the use of tool at the time of implementation.

Although all Safe Children and Strong Families contract programs were released together in one RFP, each program will be evaluated individually. Deliverables and exhibits for each program will apply to the respective program only.

36. 3.4.1 (Page 286) Partnerships for Families services are provided for a maximum of six (6) months and include the following components: Is the maximum 6 months or is it possible to request an extension especially with the pregnant population (i.e. stay until after the birth of child, assess for post partum depression, etc.)?

- a. Does the family need to be in the program for the total 6 months to successfully complete or can services terminate earlier or be extended beyond that point (especially if service plan goals have not been reached)?

Answer: Yes. PFF services may be extended beyond six months. The following language will be added:

- . The following language has been added: COUNTY Program Manager has the discretion to extend PFF services beyond six months under extraordinary circumstances and on a case by case basis. CONTRACTOR shall not extend PFF services beyond six months without written approval from COUNTY Program Manager.

Yes. Family may successfully terminate PFF services at any point. The success of services is to be determined by the PFF case manager and the family and is not dictated by DCFS.

37. 4.0 Referrals - 4.3 (Page 287) CONTRACTOR shall call the COUNTY designee within 24 hours of receiving the referral to confirm receipt, provide the name of the CPD and the Case Manager. The CPD shall discuss case specifics and a preliminary plan with COUNTY designee. Who is the CPD?

Answer: The CPD is the Contractor Project Director.

38. 4.5 (Page 287) CONTRACTOR shall terminate the PFF referral within two business days after the attempted face to face visit, is a response has not been received by the family. DCFS reserves the right to make the final decision regarding closing the referral. If the PFF agency follows protocol for making contact with the family and the family does not respond, in what instances will DCFS advice the agency not to close the referral? Please provide examples.

Answer: An example: DCFS may advise a Contractor to keep a case open because a family is in critical need of services.

39. 4.6 (Page 287) Within 24 hours after the initial home visit, CONTRACTOR shall inform the COUNTY designee if: 1) the family refused services; and/or 2)the IHOC believes the family is inappropriate for services. Is PFF a voluntary program or can DCFS mandate families to participate?

a. How does the DCFS define inappropriate?

b. What are the specific criteria?

Answer: Please note that IHOC was stricken and replaced with Case Manager.

An inappropriate referral may include an observation of child safety issues by the PFF Case Manager during initial contact with the family.

DCFS cannot mandate a family to participate in voluntary services.

40. 4.7 (Page 287) CONTRACTOR shall ensure that the caregiver signs the Consent to Release and Exchange Information, Exhibit F-2; and any other necessary DCFS designated forms. CONTRACTOR must use the appropriate forms identified in the Exhibits attached to this Contract, exactly in the format they appear. What type of consent to release and exchange information will DCFS provide to ensure agencies are protected if DCFS mandates the agency to provide service related information about the referred family at any time during the case?

Answer: DCFS will submit a signed Consent to Release and Exchange Information to Contractor at the time of the referral. The signed consent for will allow DCFS to release information regarding the family to Contractor for the PFF referral.

In most cases DCFS will have no involvement with the family after the PFF referral has been made and the family is receiving services.

41. 4.9 (Page 287-288) CONTRACTOR shall terminate any referral in which all family members have more than two consecutive or three total unexcused absences from case management sessions. To what extent is DCFS involved with a closed referral? Would the CSW continue visiting the family at all or contact the agency for updates.

Answer: DCFS has no involvement with a family after the referral is closed. There are no continued family contacts after a referral is closed.

42. 5.0 Case Management Services - 5.1 (Page 288) CONTRACTOR shall provide home based case management services. Case management services are not permitted to be subcontracted. Will CONTRACTOR be expected to implement an evidence based home visitation model to provide PFF services?

Answer: No. There is no requirement to implement an evidence based home visitation model.

43. 5.7 Case Management: PFF Service Planning - 5.7.4 (Page 289) CONTRACTOR shall ensure completion of the PFF service plan Exhibit F-10, within five (5) days of the initial face-to-face contact with the family. Will the PFF Service Plan be generated separately from the FAF?

- a. PFF case managers are to use the FAF tool to assess the family, the service plan will populate based on the assessment.
- b. Thus is there an expectation of completing two service plan?
- c. Why does the service plan need to be completed in 5 days if an initial assessment in the FAF is typically a 30 day process?
- d. Are we to assume the CSW will be providing service plan requirements in the referral?

Answer: DCFS intends to procure a Family Assessment Form to be used as the required instrument to assess Families in the PFF program. Contractors will not be required to purchase this form, and training will be provided.

All references to the Family Functioning Assessment, including Exhibit E-9 have been stricken.

Section 5.7.2 has been modified as follows:

CONTRACTOR shall, at the time of initial contact with the family, begin completing a needs assessment, to be updated as necessary throughout the life of the case.

CONTRACTOR shall utilize the needs assessment tool of their choice until a standardized assessment tool is implemented by DCFS for use in specific SCSF programs.

Timelines for completion of the assessment shall be consistent with the intended use of the tool.

CONTRACTOR shall incur no cost for use of the standardized tool selected by DCFS and shall be provided with training on the use of tool at the time of implementation.

Information provided in the DCFS referral should also be included in any needs assessment of the family.

Contractors are not expected to complete two service plans.

44. 5.7.8 (Page 289-290) CONTRACTOR shall ensure that each individual and family case record includes all the following: Verification of County of Los Angeles residency - Consistent with DCFS Core Practice Model, an adult, child, and/or Family Functioning Assessment shall be updated, which includes the date and signature of staff conducting the assessment; The Family Assessment Form shall include an assessment of the Strengthening Families A Protective Factors Framework, Attachment Q (*Source material: Center for the Study of Social Policy (CSSP) at: [www.strengtheningfamilies.net](http://www.strengtheningfamilies.net) or [www.cssp.org](http://www.cssp.org)*) Is the Protective Factors Framework a separate assessment from the FAF that PFF providers are expected to conduct?

- a. What is the purpose considering the comprehensive nature of the FAF?

Answer: Section 5.7.8 has been stricken.

DCFS intends to procure a Family Assessment Form, which assess protective factors, to be used as the required instrument to assess Families in the PFF program.

All references to the Family Functioning Assessment, including Exhibit E-9 have been stricken.

Section 5.7.2 has been modified as follows:

CONTRACTOR shall, at the time of initial contact with the family, begin completing a needs assessment, to be updated as necessary throughout the life of the case.

CONTRACTOR shall utilize the needs assessment tool of their choice until a standardized assessment tool is implemented by DCFS for use in specific SCSF programs.

Timelines for completion of the assessment shall be consistent with the intended use of the tool.

CONTRACTOR shall incur no cost for use of the standardized tool

selected by DCFS and shall be provided with training on the use of tool at the time of implementation.

Although all Safe Children and Strong Families contract programs were released together in one RFP, each program will be evaluated individually. Deliverables and exhibits for each program will apply to the respective program only.

45. 6.0 Psychotherapy - 6.2 (Page 291) CONTRACTOR shall fund psychotherapy services with PFF monies for clients who are medical ineligible. Would psychotherapy services within PFF only be available to clients who are Med-Cal ineligible?

- a. What about adults with Medi-Cal who cannot access services or do not meet medical necessity but still are in need of therapy (i.e. relational issues not covered by Medi-Cal)?

Answer: As to avoid limiting the availability of PFF services, Section 6.2 has been modified as follows:

CONTRACTOR shall fund psychotherapy services with PFF monies for clients.

46. 6.10 (Page 292) CONTRACTOR shall invoice per family for all family members participating in therapy at the same time. If it is a conjoint family or group therapy session, the CONTRACTOR shall bill per family, not per family member. Please describe billing for all PFF services. Currently PFF is cost reimbursement. Please explain invoicing for services under new contract.

Answer: The response to this question remains under consideration and will be addressed in Addendum Three.

47. 7.0 Health, Parenting, and/or other education programs or resources. 7.1 (Page 282-283) CONTRACTOR shall ensure the provision of health, parenting, and/or other education programs or resources through direct provision, subcontracting and/or linkage services. These services are provided by a professional level staff members or above to assist families in attaining and maintaining optimal functioning and family health at a minimum of once weekly. Are health, parenting, education services expected in conjunction with home visits if they are required a minimum of once weekly?

- a. Are professional level staff the only providers of these services?
- b. What about peer based support groups or groups facilitated by paraprofessional?
- c. Are DCFS PFF referred families the only eligible participants for health, parenting, education programs?
- d. What about community members or participants referred from other sources?

- e. Can they participate in the group as well?
- f. Will DCFS allocate provisions for child care and refreshments to enable families to attend education programs and engage them?

Answer: Health, parenting and other educational programs shall not be substituted for case management visits.

- a. Section 7.1 has been modified as follows:

CONTRACTOR shall ensure the provision of health, parenting and/or other education programs or resources through direct provision, subcontracting and/or linkage services. These services are provided by a paraprofessional level staff or higher to assist families in attaining and maintaining optimal functioning and family health at a minimum of once weekly.

CONTRACTOR may request approval for certain health and/or educational programs to be facilitated by staff at the case aid level.

- b. The question, as stated is unclear.
- c. Non PFF families may participate in these activities.
- d. Non DCFS referred families may receive PFF services.
- e. Non PFF families may participate in groups as well.
- f. No, DCFS will not allocate funds for childcare or refreshments.

48. 8.0 Structured Parent-Child and/or Family-centered Activities - 8.1 (Page 293) CONTRACTOR shall ensure the provision of structured parent-child and/or family centered activities through direct provision, subcontracting and/or linkage services. Can non-PFF families participate in family structured activities?

- a. Will DCFS allocate provisions for child care and refreshments to enable families to attend family structured events and engage them?

Answer: Section 8.2 has been modified to include the following:

These services are provided by ~~paraprofessional~~ case aid level staff or higher to improve parent-child and/or family relationships. These activities may include recreational and social activities such as field trips, and holiday gatherings and:

Yes, non PFF families may participate in structure activities.

49. 9.0 Intensive Services for Special Family Needs: Domestic Violence, Mental Health and Substance Abuse - 9.2 (Page 293-294) CONTRACTOR shall, at a minimum, collaborate with and include resources from the following types of agencies: Community Assessment Service Centers (CASC) for alcohol and substance abuse assessment/treatment; Mental health providers (especially those certified to bill Short-Doyle Medi-Cal); Child and family therapists; and Domestic violence providers and shelters. Under this section, does collaboration refer to MOU agreements or can the PFF subcontract services?

Answer: Collaboration can include partnerships, MOU agreements and/or subcontracting these services.

50. 10.0 Early Care and Education - 10.6 (Page 294) CONTRACTOR shall collaborate with early care and education programs that can:
- Facilitate friendships and mutual supports
  - Strengthen parenting
  - Respond to family crisis
  - Link families to services and opportunities
  - Value and support parents
  - Facilitates children's social and emotional development
  - Observe and respond to early warning signs of child abuse and neglect

a. Why is the CONTRACTOR expected to collaborate with early care and education programs specifically?

b. Is PFF intended to focus on 0-5 population?

Answer: Contractor is expected to partner with early care and education because the population targeted by these services are among the most vulnerable for child maltreatment.

51. 12.0 Reports and Record Keeping - 12.2.3 (Page 296) CONTRACTOR shall maintain and make available to CPM upon request all program and client records as follows: Linkages to contracted and non contracted community providers; PFF Service Plan; and Supervision logs, agendas, and any other supervision materials. If the PFF agency is to use the FAF, then all client contacts, service plans, and documentation will be stored in this system. What is the purpose of monthly progress reports if data can be extracted directly from the FAF?

a. Who will monitor data collected from the FAF and /or evaluate?

Answer: DCFS intends to procure a Family Assessment Form to be used as the required instrument to assess Families in the PFF program. Contractors will not be required to purchase this form, and training will be provided.

Both DCFS and Contractor will have the capability to monitor data

from the FAF and use for evaluation purposes.

Section 5.7.2 has been modified as follows:

CONTRACTOR shall, at the time of initial contact with the family, begin completing a needs assessment, to be updated as necessary throughout the life of the case.

CONTRACTOR shall utilize the needs assessment tool of their choice until a standardized assessment tool is implemented by DCFS for use in specific SCSF programs.

Timelines for completion of the assessment shall be consistent with the intended use of the tool.

CONTRACTOR shall incur no cost for use of the standardized tool selected by DCFS and shall be provided with training on the use of tool at the time of implementation.

52. SECTION E- Performance Outcome Measures (Page 303) - How will DCFS ensure appropriate referrals for PFF so that CONTRACTOR can meet their performance targets?

a. Who will track this?

Answer: DCFS Regional Administrators will ensure appropriate referrals to PFF. In the event that Contractor finds a referral to be inappropriate, the DCFS Regional Administrator and the County Program Manager should be contacted.

53. Price Sheet (Page 362) - Given this form indicates the selection of one region only for the 8 SPAs. Will there only be one PFF agency per SPA?

Answer: Yes.

54. What is the regional office breakdown for PFF?

Answer: PFF contracts will be awarded by SPA.

55. Statement of Work; Section C; 4.0 Referrals p287: 4.5 Contractor shall terminate the PFF referral within 2 business days after the attempted face to face visit, if a response has not been received by the family. DCFS reserves the right to make the final decision regarding closing the referral. Who at the DCFS makes this decision? Caseworker? Caseworker's supervisor? Community Based Liaison?

Answer: This decision may be made by Regional management or the County Program Manager.

56. Statement of Work; Section C; 4.0 Referrals p287: 4.9 Contractor shall terminate any referral in which all family members have more than two consecutive or three total unexcused absences from case management sessions. An absence is considered unexcused when the CONTRACTOR had a scheduled visit with the family and one or more of the family members were not present at that scheduled meeting. Is there such a thing as an excused absence? Example: Family member missing schedule case management session due to employment? School?

Answer: An excused absence is the cancelation of a previously scheduled appointment in advance of the appointment. In your example, a caregiver calling the PFF Case Manager on Monday to advise that one child would not be present at the visit scheduled for Tuesday due to school is an excused absence.

57. Part D, Exhibit E – Partnerships for Families - Page 285, 2.1 Target Populations – What geographic area is to be served: SPAs, DCFS District Offices, designated zip codes or other?

Answer: PFF contracts will be awarded by SPA.

58. 2.0 Target Populations - 2.2 (Page 285) DCFS referred families with closed referrals, regardless of risk level or referral disposition, that include pregnant women who have risk factors for child maltreatment. Are these services for DCFS closed referrals only or can open referrals be accepted? Are these services for families with a 0-5 child in the home only?

Answer: The target population for PFF services has been modified as follows:

Partnerships for Families (PFF) target the following demographic:

2.1 DCFS referred high to very high risk families with inconclusive, closed referrals.

2.2 Community referred pregnant women who have risk factors for child maltreatment. These risk factors include:

2.2.1 Young Maternal Age (i.e., teen mothers)

2.2.2 Domestic violence related issues

2.2.3 Maternal substance abuse related issues

2.2.4 Maternal mental health related issues

Generally, PFF referrals will be made at the disposition phase of a referral. There will be no age requirement with PFF services.

59. 3.0 Scope of Work - 3.1 (Page 286) PFF services are short-term, family centered interventions designed to diminish factors known to be associated with child abuse and neglect. Collaboration with community partners, including stakeholders and other community based organizations, is a critical component of PFF that facilitates service provision that effectively meets the

needs of children and families in Los Angeles County. To what extent can we collaborate with other for PFF services?

- a. Can the agency subcontract In Home Services?
- b. Please specify in what way PFF agencies may not collaborate with other partners, stakeholders, CBOs.

Answer: DCFS continues to encourage collaboration among contracted and non contracted service providers.

a. Case management services or the management of concrete support funds may not be subcontracted. Subcontracting of all other PFF services is permissible.

b. Collaboration and subcontracting requirements and regulation are defined in the terms and conditions of the RFP.

60. Can one agency apply to be the PFF CONTRACTOR in more than one SPA?

Answer: Yes

61. Is PFF to be served by SPA or DCFS regional office?

Answer: PFF contracts will be SPA based.

62. Can there be multiple PFF agencies in any one geographic area?

Answer: There will only be one PFF agency per SPA; however, Contractors may be awarded PFF contracts in multiple SPAs.

63. There is confusion around the mandates for use of assessment tools. PFF requires the FAF (EBP) while A and I remains with its own assessment tool (C-12). Why are the assessment tools not standardized?

- a. Are the multiple assessment tools redesigned to comply with the Strengthening Families' Protective Factors' Framework? Pleas
- b. Is the Family Assessment Tool to be completed within 5 days?

Answer: DCFS intends to procure a Family Assessment Form, which assesses protective factors, to be used as the required instrument to assess Families in the PFF program. Contractors will not be required to purchase this form, and training will be provided. The requirement to complete an assessment within 5 days has been removed.

Section 5.7.2 has been modified as follows:

CONTRACTOR shall, at the time of initial contact with the family, begin completing a needs assessment, to be updated as necessary throughout the life of the case.

CONTRACTOR shall utilize the needs assessment tool of their choice until a standardized assessment tool is implemented by DCFS for use in specific SCSF programs.

Timelines for completion of the assessment shall be consistent with the intended use of the tool.

CONTRACTOR shall incur no cost for use of the standardized tool selected by DCFS and shall be provided with training on the use of tool at the time of implementation.

- b. The Strengthening Families framework is used as a guiding philosophy and specific tools are not required.
- c. Again, please note that inherit in the FAF are measures which assess protective factors

64. PFF - 5.0 Case Management Services: 5.2 Professional level staff shall provide case management services. Pg 288. The description listed for services under 5.5 (general counseling services, service planning, ongoing assessment of family strengths and needs, etc...) is similar to the IHOC. Could this be reconsidered as being a waived position as referenced in FP #9.2.6 pg 156? In the previous PFF contract, paraprofessional staff were able to provide Case Management Services.

Answer: Yes. The following language has been included in 5.2:

Contractor may request approval for Case Management services to be provided by a paraprofessional level staff member.

65. Pages 6-7 list additional minimum requirements to qualify for Prevention and Aftercare, CAPIT, Assessment and Intervention, and APSS. Are there any additional minimum requirements to qualify for Partnerships for Families?

Answer: The minimum requirements for PFF were inadvertently left out of the RFP. The minimum requirements are as follows:  
Proposer must have a minimum of three (3) years experience during the last five (5) years in providing social services to families, or coordinating social services among other community providers equivalent or similar to the services listed in the Partnerships For Families Statement of Work.

66. On page 287, under 4.3 it refers to the Contractor's responsibility to contact the County designee and to provide the name of the CPD and the case manager. What is a CPD?

Answer: CPD Is Contractor Project Director.

67. On page 285, under 2.2, there is a reference to the target population demographic, but it does not mention an age range. What is the age range for the population that will be served under PFF?

Answer: There will be no age requirement with PFF services.

68. On page 290, the 4th bullet point under 5.7.8 states that documentation for all services provided to the family through other SCSF programs should be included, including dates, time spent, type of contact, description of what occurred during the contact and signature of the person providing the service. Is this referring to the information that is included in the Service Plan?

- a. Does the service plan suffice to cover this requirement or is there another form or documentation required aside from the service plan to meet this requirement?

Answer: This bullet is referring to all services that a family or family member may be receiving. There may be mention of client involvement and/or progress with other services elsewhere as it pertains to the PFF service plan, but no other additional documents are required.

69. On page 296, 12.1.3, it states to include copies of a Corrective Action Plan in the monthly report, if there were any. Is there a specific form for that?

Answer: There is no specific format required.

70. On page 289, 5.7.7, it states that the contractor should at 4 week intervals to conduct ongoing reviews and documentation of the family's progress. Does this review have to be face to face, given that in section 5.4 on page 288 it states that the case managers I to provide case management sessions bi-monthly?

Answer: This review does not have to take place via a specific face-to-face contact. Instead, this update should be a cumulative report of the family's overall progress.

71. On page 299, 16.2.4 makes reference to a staff person titled Project Director. However, on page 296, 13.1 it states that the contractors Program Manager shall attend quarterly continuous quality improvement. Who is the Program Manager?

- a. Is this person the same as the Project Director. Are these two people the same person or are they a different person with different responsibilities?

Answer: The terms Project Director and Program Manager have been inadvertently been used interchangeably. Changes have been

made for consistency.

72. Can an agency be a subcontractor in one program and a lead agency in another? For example, can my agency be the lead for a PFF for a specific area and a subcontractor for a PFF in another area? What if you are a subcontractor in one area and also want to apply for a lead in the same area for a specific targeted population such as an API group? Will that be allowed?

Answer: Yes. One agency can be a lead agency in one area and subcontractor in another area. Prospective contractors may apply for any number of programs in any combination.

73. Under PFF, what is the age group? Will it now be allowed to cover children above 5 years in age?

Answer: There will be no age requirements in PFF.

74. RFP Section: Partnerships for Families, Statement of Work, 16.0 Staffing, 16.1.2 Language Ability, Page 298. the Contractor shall ensure that There is a sufficient number of bilingual staff to meet the language needs of the community served, including the various Asian and Pacific Islander languages, which will be serviced by an awarded Contractor countywide. Is it the expectation that the API Child agencies collaborate to provide partnerships for families?

Answer: Yes. Collaboration is expected in all matters that involve meeting the needs of families in any community served.

75. How many PFF programs will be funded in SPA 1 and in SPA 2?

Answer: There will be one PFF agency per SPA.

76. How many referrals are estimated to be made to PFF programs in SPA 1 and SPA2?

Answer: We estimate approximately 74 families receiving case management services per year..

77. How much funding is available for each PFF program?

Answer: Funding has not been identified for PFF. As a result, PFF implementation is contingent upon funding.

78. Do PFF programs need to operate between 5pm-8pm and Saturdays?

Answer: The hours of operation for PFF are:

Monday through Friday from 8:00 AM to 5:00 PM and non-traditional hours Monday through Friday from 5:01 PM to 8:00 PM and Saturday or Sunday from 9:00 PM to 1:00 PM.

Please note that, Contractor may request approval from the County Program Manager to modify the hours of operation as necessary to meet the needs of the community served.

79. Does the program director of the PFF have to be a licensed clinical professional?

Answer: No.

80. In the PFF program can Walden refer out to another organization for therapy and psychiatric services?

Answer: Yes, subcontracting and linkage among community agencies is permissible.

81. Page 294, Section 11.1 indicated that all capacity building activities must be preapproved by DCFS. Can't these activities be written into an SOW and approved as a whole instead of individual approval for each? This seems like an unnecessary and time consuming process.

Answer: Requests for approval of capacity building activities is not required at the time of submission of proposals for this RFP, as an approval process was not built into the RFP. Contractors may submit the same information after contracts have been awarded.

82. On page 33, (49.6.5.2), it states that PFF applicants must have experience providing psychotherapy services. This has never been a requirement of PFF. Are you requiring PFF providers to also be DMH providers?

Answer: Section 49.6.5.2 has been removed.

83. Why are there no outcome indicators for "Well-Being" or "Permanency" (pg 303)?

Answer: DCFS plans to utilize the FAF tool, which assesses indicators for well being. Outcomes for permanency are not included because PFF families are intact and no children are placed in out of home care.

84. Page 294 section 10.0 EARLY CARE AND EDUCATION (ECE) – would the county favor applicants who are already ECE providers?

Answer: Additional points will not be awarded based on current provision of ECE services.

85. RFP Page 6 lists the minimum requirements to qualify to provide each service except for Partnerships for Families. Are there no minimum requirements for this category?

Answer: The minimum requirements for PFF were inadvertently left out of the RFP. The minimum requirements are as follows:

Proposer must have a minimum of three (3) years experience during the last five (5) years in providing social services to families, or coordinating social services among other community providers equivalent or similar to the services listed in the Partnerships For Families Statement of Work.

86. The Partnership for Families program funding is contingent upon the continuance of the Title 4E Waiver. When will we know whether the waiver will be continued or not?

Answer: DCFS' continued participation in the Title IV-E waiver is unknown at this time. The process is as follows:

The Final Waiver Evaluation is due from the State to ACF by December 31, 2012. Once ACF receives the evaluation, they will review the overall State evaluation and any other documentation provide by the State and Waiver Counties. Los Angeles is writing an independent evaluation of its Waiver and will submit it to the State to be included in the final evaluation. Since we have a one year bridge period, we are hoping to have the extension approved by June 30, 2013. If at the end of the bridge period ACF is still evaluating whether to grant the State an extension, they will continue to grant bridge periods until the final disposition of the Waiver extension.

87. Part D, §6.2, pg. 291: "Contractor shall fund psychotherapy services with PFF monies for clients who are Medi-Cal ineligible". Is it DCFS' expectation that Medi-Cal eligible clients will receive psychotherapy services under PFF utilizing Medi-Cal dollars?

- a. If so, our agency only provides Medi-Cal services to children.
- b. What if the adults need this service? Must we refer them elsewhere?

Answer: This section has been modified as follows:

CONTRACTOR shall fund psychotherapy services with PFF monies for clients.

88. Are sub-contractors allowed for PFF?

Answer: Subcontracting of case management and handling funds associated with concrete support is not allowed. Subcontracting of all other services in the Scope of Work is permissible.

89. If we currently participate in capacity building activities through collaboration with other PFF funded agencies and CBO's, will there be an opportunity to continue these external capacity building activities? Can we collaborate with another agency(s) to work together (describe in proposal) to sustain a current child abuse collaborative council?

Answer: Yes. Collaboration among agencies is encouraged.

90. Are the progress notes going to be available via Word or Excel?

Answer: The progress notes template may be converted to Microsoft Word or Excel.

91. Would the contract pay for additional transportation costs (in a line item) such as taxi vouchers?

Answer: Yes, as this service may be considered concrete support.

92. Would the contract pay for childcare (child-focused activities) services for children whose parents are receiving services onsite at the agency?

Answer: Funding of daycare is not permissible. Child focused activities are not daycare services. Child focused activities are aimed to assist in the development of healthy social, emotional and intellectual development in children.

93. Page 288, Section 5.4 - It states that case management services can “take place primarily in the home, but may take place at the agency or any other location agreed upon by the Case Manager and family.” – this sounds loosely defined. Would there be a limit as to how many services can be provided onsite? (We have many domestic violence cases with safety concerns).

Answer: There are no limits on how many services are provided on site. Services may be provided at any location agreed upon by the Case Manager and family.

94. Are agencies encouraged to sub-contract with other PFF agencies (especially if a sub-Contract already existed)?

Answer: Subcontracting of case management and handling funds associated with concrete support is not allowed. Subcontracting of all other services in the Scope of Work is permissible.

95. Page 299, Section 16.2.2 - There is different language and definitions about professional and para-professional staff. Some programs (CAPIT) states that professional staff means master-level yet other programs (PFF) state that professional staff can have a bachelor's degree – can this be uniform across all five programs?

Answer: Staffing definitions apply specifically to each program. The staffing language for PFF are as follows:

Case Aid: Case aids shall be paid employees with no degree requirement.

Paraprofessional Staff: Professional staff shall have, at minimum,

a Bachelor's Degree in Social work, Psychology, Marriage and Family Counseling or a closely related field.

Professional Staff: Professional staff shall possess, at minimum, a Master's Degree in Social work, Psychology, Marriage and Family Counseling

96. Price Sheet - What is the service area for PFF? Based on the price sheet it appears service area is identified as the DCFS Region? Can you please clarify?

Answer: PFF contracts will be awarded by SPA.

97. Page 288, Section 5.5 - Are there modifications to the existing FAF database?

Answer: DCFS intends to procure a Family Assessment Form, which assesses protective factors, to be used as the required instrument to assess Families in the PFF program. Contractors will not be required to purchase this form, and training will be provided.

Section 5.7.2 has been modified as follows:

CONTRACTOR shall, at the time of initial contact with the family, begin completing a needs assessment, to be updated as necessary throughout the life of the case.

CONTRACTOR shall utilize the needs assessment tool of their choice until a standardized assessment tool is implemented by DCFS for use in specific SCSF programs.

Timelines for completion of the assessment shall be consistent with the intended use of the tool.

CONTRACTOR shall incur no cost for use of the standardized tool selected by DCFS and shall be provided with training on the use of tool at the time of implementation.

98. The First 5 Commissioners voted in May to give DCFS \$225,000 for transitional planning for PFF into DCFS's scope of work during this current fiscal year. How is DCFS planning to spend that money now that a program proposal has already been sent out and the Title IVE Waiver that will fund this component have yet to be voted on?

Answer: This question continuous to be under consideration and will be addressed in Addendum Three.

99. PFF is also a prevention model receiving many of its clients from the community – primarily pregnant women – in the current design PFF is unable to accept community walk-ins, but only DCFS referrals (Pg. 285, 2.1). Will DCFS consider opening up these services to the community?

Answer: The PFF target population has been modified as follows:

The PFF target population currently includes DCFS referred high to very high risk families with inconclusive, closed referrals.

Part D: Section 2.2 has been modified as follows:

Partnerships for Families (PFF) target the following demographic:

2.1 DCFS referred high to very high risk families with inconclusive, closed referrals.

2.2 Community referred pregnant women who have risk factors for child maltreatment. These risk factors include:

2.2.1 Young Maternal Age (i.e., teen mothers)

2.2.2 Domestic violence related issues

2.2.3 Maternal substance abuse related issues

2.2.4 Maternal mental health related issues

When can we expect to know whether there is a continuance of the Title IV E Waiver?

Answer: DCFS' continued participation in the Title IV-E waiver is unknown at this time. The process is as follows:

The Final Waiver Evaluation is due from the State to ACF by December 31, 2012. Once ACF receives the evaluation, they will review the overall State evaluation and any other documentation provide by the State and Waiver Counties. Los Angeles is writing an independent evaluation of its Waiver and will submit it to the State to be included in the final evaluation. Since we have a one year bridge period, we are hoping to have the extension approved by June 30, 2013. If at the end of the bridge period ACF is still evaluating whether to grant the State an extension, they will continue to grant bridge periods until the final disposition of the Waiver extension.

100. Please clarify the target population for PFF services?

- a. Will PFF serve open DCFS cases?
- b. To what extent will DCFS maintain involvement with PFF referred families who do not have open cases?

Answer:

- a. See above. DCFS will have no involvement with PFF referred families who don't have open cases. Should PFF agency also be encouraged to apply for Family Support since funding is not guaranteed?
- b. Contractors may apply for any number of contracts in any

number of areas.

101. On page 296, 12.1.1, it states that the Service Plan/progress report (Exhibit F-12) and shall be transmitted by email and mail. Isn't that a violation of HIPAA to submit client records via email?

a. Does it have to be emailed or can it be mailed?

Answer: The requirement for submission of psychotherapy notes has been removed due to a potential violation of HIPAA requirements. Case notes are more general and are not in violation of HIPAA regulations. In the event that Contractor has concerns regarding the type of information included in case notes, these concerns should be brought to the attention of the County program manager.

a. The same question applies for 12.1.2 on the same page where it states that the contractor shall include progress notes with the monthly report. Is that a HIPAA violation? See above.

102. On page 291, under 5.9.2 it talks about housing assistance being limited to a maximum of two months, yet in 5.9.5 it says it shall not exceed \$500 per family. Are those two statements accurate so that over two months, the max is \$500?

Answer: Both statements are accurate. Section 5.9.2 refers to housing assistance that may be in the form of a hotel voucher. This section also allows for approval of assistance in excess of \$500.00 per family for extraordinary situations.

County of Los Angeles – Department of Children and Family Services  
SAFE CHILDREN AND STRONG FAMILIES (SCSF) SERVICES (RFP # 11-053)  
**QUESTIONS AND ANSWERS for SCSF SERVICES**

**CONTRACTS RELATED QUESTIONS**  
Attachment IX

❖ **FORMATTING PROPOSAL**

1. There appears to be no guidance regarding the formatting of the business proposal, such as: Is there a page limit? Font size? Margins? Line spacing? Please let us know if there are any restrictions in this regard.
2. What are the guidelines we should use in terms of the formatting for the proposals – margin spaces, font size, number of pages allowed, etc?
3. What are the page limits per section? Are there any formatting requirements (i.e., font, font size, margins, etc.)? Can additional sections or documentation be included beyond the required sections?
4. Bound copies: Does this mean that we should have a printing/copy shop do spiral-binding of the Business and Cost Proposals?
5. Proposal Submission Requirements, Paragraph 49 “Business Proposal Format,” p. 25. Will a fillable pdf version or Word version of the RFP be made available to applicants? Are there any font requirements? Page limits?
6. All forms on pages 347 to 388. Can you provide fillable copies of these forms?
7. Are there any page limits for the proposal?
8. PART B - PROPOSAL SUBMISSION REQUIREMENTS - 49.0 Business Proposal Format - P. 25 – Is there a page, font, margin, line spacing limitation to any required section in the proposal?
9. Are there any page limits on the narrative sections?
10. 48.0, paragraph number 1, page number 25, “All Proposals must be bound and submitted in the prescribed format. Any Proposal that deviates from this format may be rejected without review at the County’s sole discretion.” Are 3-ring binders an acceptable format? If not, what type of binding is preferred?
11. pp44-46. What are the total points possible and are there no page limits and other formatting requirement such as spacing, fonts, margins?

12. The RFP does not limit the number of pages in a proposal and also does not require proposers to follow particular formats for line spacing and font size. Are these left to the discretion of proposers?
13. Is it correct that there are NO page limitations for any proposal submitted? Could not find any limits indicated in any section.
14. Are there any page limits for any of the narrative sections?
15. In the RFP Introduction, Paragraph 7.3, page 6, it states that the “Proposer must comply with the RFP format and requirements set forth in the Proposal Submission Requirements, Part B, of the RFP when submitting its proposal.” We have looked throughout Part B and have not found any instructions regarding the required style or location of page numbering on each page of the proposal. Please indicate if there are requirements related to the style or location of numbering on each page of the proposal.
16. In the RFP Introduction, Paragraph 7.3, page 6, it states that the “Proposer must comply with the RFP format and requirements set forth in the Proposal Submission Requirements, Part B, of the RFP when submitting its proposal.” We have looked throughout Part B and have not found any instructions regarding font size, typeface, margins, page limits, etc. Please indicate if there are requirements related to font size, typeface, margins, page limits, etc.
17. PREPARATION OF THE PROPOSAL (PAGE 25) - two (2) separate proposals must be submitted – a Business Proposal and a Cost Proposal. All Proposals must be bound and submitted in the prescribed format. Any Proposal that deviates from this format may be rejected without review at the County’s sole discretion. Is a three ring binder considered bound?

Answer: Please refer to Addendum #1 for formatting instructions.

❖ **FUNDING**

18. Please clarify what figures we should use for the cost proposal without having an idea of how much funding is going to be available.
19. The RFP does not include any funding guidelines. Is there a minimum or maximum amount for individual proposals?
20. In the past, \$ allocations have been provided. There is no \$ allocation information provided in the RFP. How best should proposers determine their proposed allocation?
21. In the RFP, there is no mention of overall or individual component dollar amounts. How much is the total available funding for SCSF Service Delivery Continuum?
22. How much is the total funding available for the Resource Center component?

23. How much funding is available for each Region for the Resource Center component?
24. How much is the total funding available for the CAPIT component?
25. How much funding is available for each Region for the CAPIT component?
26. How much is the total funding available for the Assessment and Intervention component?
27. How much funding is available for each Region for the Assessment and Intervention component?
28. How much funding is available for the Partnership for Families component?
29. How much funding is available for each SPA for the Partnership for Families component?
30. How much money is available in each of the categories and how is the amount divided amongst the regional offices?
31. Our firm represents several organizations that may be interested in submitting a proposal regarding this RFP. Are there any figures concerning available funding levels?
32. What funds are secured per program per catchment area? It is difficult to craft a proposal around a completely unknown amount of money. We could base A&I, CAPIT, & APSS on our current FP/UFA, CAPIT, & APSS funding. Would that be reasonable?
33. The total RFP is for \$50 million. How will that be divided up amongst the 5 programs and among the different regional district offices?
34. What is the funding available for each program component and for various geographic areas of the County?
35. How much funding is allocated for CAPIT?
36. Is the Community Resource Center simply going to be the current FSS funding? We understand that Title IV-E waiver monies are currently uncertain, but it would be helpful to have at least a ballpark figure or a range for each program per catchment area.
37. There does not appear to be any indication of the amount of funding available per Region/SPA for any program in the RFP. Is this accurate?
38. In the past, 1733 funding was done by supervisorial districts. Will this remain the same? For agencies that have offices in several supervisorial districts, how will the agency apply for funding? Is it possible that the agency might be funded for one district and not the others that the agency is located in?

39. There are no dollar allocations for any of the five programs. Do you expect agencies to project reasonable funding maximums through extrapolation of current funding levels?
- a. If so, would you share the current funding levels for each office, for each program? More like the procurement process for Public Works projects (asphalt, steel beams, cement) than a human services program, is it the County's intent to seek the lowest bids in cost proposals without consideration of its impact on the lives of children, youth, families and communities?
  - b. If so, how will the proposal scoring deal with low price bids for, let us say, a dozen service elements mixed in with existing rates of dozens of other service elements?
40. Is the County looking for a bidding war among organizations for low rates and less than highest quality performance?
41. With no dollar allocations for any of the five programs, does the County expect agencies to project reasonable funding maximums through extrapolation of current funding levels? If so, would you share the current funding levels for each office, for each program?
42. Are there no dollar allocations for each of the 5 programs in their respective geographic boundaries?
43. Is DCFS looking for the lowest rates proposed in providing price sheets with no fixed amount?
44. Part F: Appendix D, Sample Contract for APSS - What is the contract sum?
45. Please provide an explanation for absence of fundry availability information; County Counsel has never prohibited this previously; that has not been historically implemented and it would be close to impossible to prepare a proper bid about fundry availability information.
46. When will we know what legal is going to do with respect to releasing contract values/amts. Hard to present a program & budget ≠ this information.
47. What's a good way to determine or research what would be considered a reasonable bid amount for the contract?
48. Funding level for each program? Max per contract? (CAPIT)
49. You have stated there is only enough money for 14 sites, yet you don't tell us how much is available. Please clarify this contradiction. (Note: DMH regularly gives an amount available to bidders). (Prevention and Aftercare: Resource Center)

Answer: Please refer to Addendum #2 for the number of contracts to be awarded and funding allocations per program.

The Evaluation process utilizes Informed Averaging. The final selection(s) made from the evaluations will take into account both the Cost and Business Proposals, which is in accordance with Section 44.7 of the Los Angeles County Charter and the Los Angeles County Codes Section 2.121.250. This evaluation process emphasizes quality of service while taking into account how the cost will fulfill the requirements of the contract.



#### **HOURS OF OPERATION**

50. Part A. General Information and Requirements. 11.0 Days of Operation. 11.1. pg. 8, "Monday through Friday from 8:00 AM to 5:00 PM and non-traditional hours Monday through Friday from 5:01 PM to 8:00 PM and Saturday or Sunday from 9:00 PM to 1:00 PM." Can you clarify if the weeknight hours 5:01pm – 8pm need to be every night?
51. Section 11.0; page 8; Days of Operation. The RFP says we must provide services during from 8 am to 8 pm and on Saturday or Sunday from 9 am to 1 pm.
52. Our agency's current open hours during the week are Mon – Thursday from 9 am – 9 pm and Friday from 9 am – 6 pm. We do make arrangements to provide services at 8:00 am if a client needs that time. Does that mean that the agency must be open during these hours whether or not there are client services scheduled? Or does it mean we must provide services during these hours? Please clarify.
53. Our agency has tried various strategies over the years to develop Friday afternoon services. With the exception of our After School Program, this has not been successful. The RFP states that we must provide services on Friday until 8:00 pm. Please clarify DCFS expectations if services are available but families do not want to come on Friday evenings or afternoons.
54. Introduction Section, page 8: Are the hours of operation listed on page 8 the required hours for all 5 contracted services?
55. Item 11.0, pg.8 – Days of Operation – 11.1 Traditional M-F from 8:00 am -5:00 pm and Non-Traditional 5:01 pm-8:00 pm and Saturday or Sunday 9:00 am - 1:00 pm. For the non-traditional hours does the office have to be staffed, if so, what type of staff do we need on duty, or does staff need to be available during these hours (on-call)?
56. DAY OF OPERATION (PAGE 8) - CONTRACTOR shall be required to provide services: Monday through Friday from 8:00 A.M. to 5:00 P.M. and non-traditional hours Monday through Friday from 5:00 PM to 8:00 PM and Saturday or Sunday from 9:00 PM to 1:00 PM. Are agencies expected to have open office hours from 8:00 AM to 8:00 PM or can services be made available by appointment for non-traditional hours?

57. Was there a typo in the RFP and the hours actually required on Saturday or Sunday are 9:00 AM to 1:00 PM?
- a. If no typo - can an agency choose to provide services on either a Saturday or Sunday for a total of 16 hours (9:00 PM-1:00 PM - night time and morning hours)?
58. On page 8, 11.1, it states, "Monday through Friday from 8:00 AM to 5:00 PM and non-traditional - hours Monday through Friday from 5:01 PM to 8:00 PM and Saturday or Sunday from 9:00 PM to 1:00 PM." Is the 9:00 p.m. to 1:00 p.m. accurate? If not, what should it be?
59. Part A, §11.1, pg. 8: Days of Operation: "Saturday or Sunday from 9:00 PM to 1:00 PM". Could you clarify the Saturday OR Sunday requirement? As stated, it does not make sense.
60. Is it intentional that the hours of operation vary across Programs, especially as regards to the time of operations on Saturday and/or Sunday?

Answer: Yes, it is intentional that the hours of operation vary across Programs, in order to meet the specific needs of each program:

**PREVENTION AND AFTERCARE – RESOURCE CENTER** **EXHIBIT A**  
Monday thru Friday, as well as 5 PM – 8 PM and either Saturday or Sunday from 9 AM to 1 PM

**PREVENTION AND AFTERCARE - CAPIT** **EXHIBIT B**  
Monday thru Friday, 9 AM to 5 PM (no weekends)

**ASSESSMENT AND INTERVENTION** **EXHIBIT C**  
FP Services are available twenty four (24) hours per day, seven (7) days per week. Various staff must be available, ranging from the traditional 8:00 AM to 5:00 PM, Mondays through Fridays for the Contractor's Project Director (A&I SOW, Section 3.2, page 124) to weeknights from 5:00 p.m. to 9:00 a.m., and 24 hours Saturdays and Sundays and County holidays for A&I Assessment staff availability to the Emergency Response Command Post. (A&I SOW, Section 6.1, p. 127). Staff work schedules must also be submitted to the County periodically. See A&I SOW, Section 9.3.6, page 157. There is a similar requirement for PFF (PFF SOW, Section 17.8, p. 300).

**ADOPTION PROMOTION AND SUPPORT SERVICES** **EXHIBIT D**  
Monday thru Friday, 8 AM to 5 PM and from 5:01 PM – 8 PM; Saturday and Sunday: 9 AM to 1 PM.

**PARTNERSHIPS FOR FAMILIES** **EXHIBIT E**  
Monday through Friday from 8:00 AM to 5:00 PM and non-traditional hours Monday through Friday from 5:01 PM to 8:00 PM and Saturday or Sunday from 9:00 PM to 1:00 PM



## REQUIRED FORMS

61. Part B, first paragraph, page 26, 5<sup>th</sup> bullet: “Required Forms (Section G).” Can you clarify which forms are required for this section?

Answer: “Section G – Required Forms” inadvertently duplicated portions of “Section F – Business Proposal Required Forms” and will be eliminated. “Section G – Required Forms” has essentially been replaced following the Last Page of the Proposal with an expanded Cost Proposal Section requiring price and budget forms now fully listed in the revised Part B, Section 50.0 Cost Proposal Format of Addendum Number One. As revised, Section 50.0 requires submission of the following forms: (1) Cover Page, (2) Price Sheet (the appropriate form among Forms 4-A through 4-E), (3) Line-Item Budget (Form 4-F), (4) Budget Narrative, and (5) Form 15 – Certification of Independent Price Determination and Acknowledgment of RFP Restrictions. There is more information on the revised Section 50.0 in Addendum Number One.

62. Can we replicate forms in our own systems, such as the Board of Directors List (Form 14) so that we can create one word document rather than printing and filling out multiple copies of the provided form?

Answer: Yes, replication of a form is permitted as long as the replication is an exact or nearly exact copy of the form and includes ALL of the information on the RFP form. The Proposer is responsible for making sure that forms contain all requested information.

63. Required Forms section: Please clarify if we should use the rates listed on the price sheet on page 354 for CAPIT. Are the rates listed on page 356 and 357 the figures we should use for FP Assessment and Intervention?

Answer: Required Form 4-B (pages 354-355), which is to be used for CAPIT, contains “Current Rates” (CURRENT AVERAGE HOURLY RATES) for Professional and Paraprofessional, and no rate for Case Aide (See Column 4). Required Form 4-C (pages 356-358), which is the Price Sheet for FP Assessment and Intervention Services, contains the current rates used in this program in the “Current Rates” column (Column 2). In both cases, these rates are advisory only. Proposers are encouraged to establish competitive rates in the “Proposed Rate” column for these programs.

64. Part E – Required Forms, Required Form 9 “List of Proposer’s Commitments,” p. 369 - Could you please explain what you mean by commitments? Are you talking about financial or program partner commitments?

Answer: A commitment is usually defined as a pledge to do something or a legal obligation that takes up someone’s time and limits one’s freedom of action. For the purposes of this form, it means the other

contractual and legal obligations that a Proposer has in place already, which show what the Proposer is doing with its time and the other legal obligations and contracts that it has. In the four titled columns, the form asks respectively for the funding agency (name of firm), amount of the contract, the contract term, and the type of work the Proposer is performing for the funding.

65. Part E; Required From 4-B; Price Sheet page 2 of 2.; page 355. This form is labeled For Use With SOW for Prevention and Aftercare Services – Resource Only. Where is the page 2 of 2 for Prevention and Aftercare Services CAPIT?

Answer: The form was inadvertently mislabeled. The label or title should have read “For Use with SOW for Prevention and Aftercare Services – CAPIT.” Form 4-B, Page 1 of 2 and Page 2 of 2 for CAPIT are on pages 354 and 355, respectively, and should be used together as the Price Sheet for CAPIT.

66. Part E; Required Form 9; page 369. Please clarify what you are asking for in this form? Are you asking for all contractual commitments that the agency currently has as well as any potential contractual commitments that are pending?

Answer: A Commitment is usually defined as a pledge to do something or a legal obligation that takes up someone’s time and limits one’s freedom of action. For the purposes of this form, it means the contractual and legal obligations of the Proposer that are currently in place. It requests information on current commitments, NOT **potential** commitments or commitments that are pending. Current commitments may extend backwards for several years as well as include the present time.

67. Part E – Required Forms, Required Form 20 “Proof of Insurability,” p. 381. What do you consider Proof of Insurability?

Answer: Proof of Insurability may include documentation such as:

1. Existing insurance programs that may be demonstrated by providing an ACORD form (Certificate of Liability Insurance) showing the insurance programs and levels of coverage on current commitments that are similar to requirements under the Sample Contract(s) for the program(s) being proposed; -or-
2. A written document showing a self-insurance program and documentation of the assets necessary for covering the self-insurance (subject to review and approval by the County’s Risk Managers); -or-
3. A signed letter from an insurance broker indicating the broker’s willingness to sell programs of insurance to the Proposer necessary to meet the requirements under the Sample Contract(s) for the program(s) proposed by the Proposer; -or-

4. A combination of the above or any other documentation, subject to review and approval by the County's Risk Managers, that substantiates the Proposer's ability to acquire the required insurance; -or-
5. Any other documentation that indicates that the Proposer has insurance or is insurable, subject to review and acceptance by the County's Risk Managers.

68. Part E – Required Form 13 “Revenue Disclosure,” p. 374 - Could you be more specific about the revenue sources? What time frame are we talking about?

Answer: This form is similar to Form 9 – List of Proposer's Commitments, but it specifically requests information on all of the revenue sources received by the Proposer to conduct the Proposer's business. Contracts may bring in revenue, but the Proposer may have other means of obtaining revenue, such as through fundraising, donations, endowments, financial awards not related to performance, or other kinds of payments that the Proposer uses to fund the Proposer's activities. The Proposer should list ALL sources of revenue. As required by Form 13 under the four (4) columns for each revenue source, the Proposer must provide (1) the source/agency of the revenue received, (2) the amount, (3) the time period it is for, and (4) the services provided or to be provided, or other performance required by the revenue. Some proposers may have complete discretion over use of some forms of revenue received.

NOTE: This form is required from ALL private for-profit and private and public nonprofit organizations. Some Public Proposers, such as large cities, school districts, governmental agencies, etc. can not reasonably describe every revenue source, but should disclose the revenue sources relevant to the program(s) being proposed.

The time frame for describing all revenue sources should cover at least the number of years of experience required in the Minimum Mandatory Requirements of this RFP, and should include all present revenue sources and those extending back the required number of years.

69. Part E – Required Forms, Required Form 21: Organizational Data, p. 382. What do you mean by Organizational Data? What data should be submitted for this exhibit?

Answer: “Organizational Data” refers to information about the organization and how it will implement its proposed program through its employees and/or subcontractors. At a minimum, the Proposer should develop a Form 21 and attachments which include the following organizational data elements:

1. An overall organization chart and description of management and employee positions, and hierarchical/reporting relationships of the

Proposer;

2. If the overall organization is too large to be detailed about every manager and employee, an additional organization chart or additional charts for the proposed program, including a description of the organizational unit that will handle the proposed program, the specific managers and non-managerial employees, their specific position titles and duties, and the hierarchical/reporting relationships both within the organizational unit and to higher organizational units within the overall organization;
  3. The resumes of the specific managers and non-managerial staff to be involved in the program, including their job duties, work experience, educational qualifications, and other pertinent information;
  4. If any of the positions are not yet filled, a position description in lieu of a resume for each position not filled, with specific and detailed job duties for each such position in sufficient detail to understand the work to be performed, and the work experience and educational qualifications to be required; and
  5. If any of the work is to be subcontracted, resumes as described in Item No. 3 above regarding specific subcontractor staff, if the subcontractor is already known, or a specific discussion of the numbers of jobs, specific positions and duties to be subcontracted, the work experience and educational qualifications for each position to be required from the subcontractor, and estimated costs of the subcontract(s), including personnel and other necessary costs.
70. Part E – Required Forms; Form 21; page 383 - What is the Organizational Data required?
71. Section Number Part E, paragraph number 1, page number 382, “ORGANIZATIONAL DATA”. What data is needed in this section?
72. What information is required to be submitted for “Required Form 21 – Organizational Data”?
73. Part E Required Form 21 “Organizational Data” p. 382 - What information should we provide here?
74. Required Form 21 Organizational Data. Is there any guidance regarding which data to include?
75. With regard to required Form 21, Organizational Data, what organizational Data are you looking for?

76. Part E – Required Forms; Form 21; page 382 - What is the Organizational Data required?
77. What information should be included for Required Form 21?
- Answer: There is no paragraph number 1 on page 382. There is a blank form. The data needed for this form is described in Item 58 above.
78. Required Form 21- Organizational Data/Page 37 - Can you clarify what the Organization Data Form is?
- Answer: Part E – Required Form 21, page 382, is for Organizational Data, which refers to information about the organization and how it will implement its proposed program through its employees and/or subcontractors. The required items are listed in Item 58 above.
79. Part E, required form 21, page 383. What should be included on this form (organizational data) and how should it relate/differ from the information provided in Section B.1 of the narrative (proposer's qualifications) as outlined on page 28 and page 44 of the RFP.
- Answer: The required Organizational Data elements are listed in Item 58 above. Section B.1 on page 28 and the information requested on Form 1 – Proposer's Organization Questionnaire/Affidavit mentioned on page 44 requires only information sufficient to show the Proposer meets the Minimum Mandatory Requirements set out in Part A, Section 6.0 on pages 5-7 of the RFP. The information in Form 21 is more detailed about the organizational structure and how the Proposer's specific work units, managers and employees, and subcontractors, if any, will implement the program. Form 21 will affect the Proposer's score under the Proposal Evaluation Process described beginning on 44 of the RFP, while the information in Form 1 and on pages 28 and 44 of the RFP will result only in a pass-fail assessment regarding the minimum mandatory requirements.
80. Part B, Paragraph 49.9, page 37, lists Organizational Data as Required Form 21. The form Organizational Data is found in Part E, Required Form 21, page 382. However, there are no instructions for listing Organizational Data. What is the information/documentation required for the Organizational Data Form 21?
- Answer: The required information/documentation for the Organizational Data Form (Required Form 21) is listed in Item 58 above.
81. Part E Required Form 4-B "Price Sheet" p. 354 - Regarding the "Proposed Rate" column. Do Proposers propose their own rate?

Answer: Part E Required Form 4-B on pages 354 and 355 is for CAPIT only. Yes, Proposers propose their own rates for Professional, Paraprofessional, and/or Case Aide, as their approach may determine. CURRENT AVERAGE HOURLY RATES are provided in the Second Column for consideration by Proposers in proposing their

own rates. There is no CURRENT AVERAGE HOURLY RATE for Case Aide. Proposer may provide their own rates and are cautioned that a competitive rate is the best approach to maximize points during the proposal evaluation process.

82. With regard to required form 19, Audited Financial Statement, what are the number and years of audited financial statements you are requiring (for the last 3 years, etc.)?

Answer: Proposers should submit one annual Audited Financial Statement for the most recent year available, which in most cases will be either Fiscal Year 2010-11 or Calendar Year 2011. A fiscal year may begin on July 1, 2010 and continue through June 30, 2011 (County Fiscal Year 2010-2011) or begin on October 1, 2010 and continue through September 30, 2011 (Federal Fiscal Year 2011-2011). Some agencies may operate on Calendar Years or have annual auditing or financial periods with other variations in durations (beginning on a date specific to the agency).

Proposers without any Audited Financial Statement (resulting from various reasons, such as the relatively small size of the organization's expenditures) must submit their "unaudited financial statement" or balance sheets for their most recent year, which must contain the financial elements described in the revised Section 52.17 of Part C - Cost Proposal Evaluation Criteria of the RFP contained in Addendum Number One; otherwise, the required information can not be calculated as described in Addendum Number One. Proposers without the required financial information may not pass the pass-fail assessment in Section 52.17 as set out in Addendum Number One. Please see page 9 of Addendum Number 1 for more information.

83. With regard to required form 19, audited financial statement, most agencies will not have audited financial statements ready for the fiscal year just ended June 30, 2012. May we submit an audited financial statement for the year early June 30, 2012?

Answer: Proposers may submit an Audited Financial Statement for the year ending June 30, 2011 (County Fiscal Year 2010-2011) or the year ending December 31, 2011 (Calendar Year 2011) or their most recent year ending on another date. Please refer to the answer in Item 71 above and Addendum Number One for more discussion on financial statements and the financial elements required that will be assessed on a pass-fail basis per the revised Section 52.17 of Part C - Cost Proposal Evaluation Criteria of the RFP, as contained in Addendum Number One (page 9).

84. With regard to required form 1-A, the Transmittal Letter, what are the instructions for addressing the transmittal letter (name, title, address) and what is supposed to be the content of the letter?

Answer: The instructions for completing "Form 1-A – Transmittal Letter" will

be placed in Addendum Number Two as follows:

The Transmittal Letter is essentially a short summary of the proposal that the Proposer is submitting. Each Transmittal Letter should be unique or specific to each Proposal submitted by the Proposer. Proposers submitting multiple Proposals must prepare a Transmittal Letter for each Proposal. The Transmittal Letter must include the following six elements/requirements:

1. The letter must be on the organization's letterhead and originally signed (except for the 5 copies of the Proposal, which can contain copies of the original letter).
2. The title of the letter should include the following phrases:

**Transmittal/Submission of a Proposal for \_\_\_\_\_ \***

**Area: \_\_\_\_\_ \*\***

**By: \_\_\_\_\_ \*\*\***

\* Include the name of one of the five program categories in the RFP.  
\*\*Include SPA number/Regional Office/other catchment area.  
\*\*\*Include the Legal Name of your organization as found in the Secretary of State's records and on your Annual Corporate Statement.

3. In a paragraph, provide a brief Program Description and name for your program, funding amount requested, competitive rates where appropriate, names of any subcontractors to be used, and anticipated program outcomes (total clients served, services provided, etc.).
4. In a paragraph, provide a brief description of the agency's experience in the program category chosen and the qualifications of its program staff and what makes the organization attractive and competitive as a competitor for the program funds in the RFP.
5. List the attachments to the Transmittal Letter that are part of the agency's proposal, including Sections A through F, Cost Proposal, and Proposal Attachments.
6. Include a signature block with the authorized signatory's signature, and Printed Name and Title as given on the Last Page of the Proposal.

85. Part E – Required Forms; Page 345 - Business Proposal Required Forms. Will the required form be available in a word document? The forms are in the RFP are a pdf format.

Answer: Word documents will not be provided. As indicated in Item 51 above, replication of any form is permitted as long as the replication is an

exact or nearly exact copy of the form and includes ALL of the information on the RFP form. The Proposer is responsible for making sure that forms contain all requested information.

86. Part E; Required Forms 4-B, Page 354 Price Sheet: Are there instructions for completing the Price Sheet?

Answer: Forms 4-A through 4-E are for the Prevention and Aftercare Services – Resource Center Proposals, Prevention and Aftercare Services - CAPIT Proposals, Assessment and Intervention Services Proposals, Adoption Promotion and Support Services Proposals, and Partnerships for Families Proposals, respectively. Each form has slightly different information contained in it and is generally clear as to intent and the information requested. The following guidance will be included in Addendum Number Two:

1. Form 4-A for Prevention and Aftercare Services – Resource Center Only, Page 1 of 2, will require an additional column which provides the number of hours or other measurement for the first 6 service activities, so that each row in the table can be multiplied across to obtain the Total Price. The last two items in Column 3 are not “Proposed Rates,” but are both actually a percentage of the Total Price of the first 6 items in the Total Price Column, Column 4. In these two instances, the Total Price for the first 6 items is multiplied by 7.5% (.075) and 15% (.15), respectively, to get figures for the last two items in the Total Price (Column 4) Column. The Total Price Column is then added up to get a figure for Total Cost at the bottom of the form on Page 1 of 2 in Column 4.

The table currently provides columns only for Average Number of families to be served per Regional Office (numbers are already given), Proposed Rate and Total Price for each item. Cost per family is too crude of a cost or performance measurement, and requires a further breakdown, such as number of hours. With the addition of the column “Number of Hours (or other measurement[s]),” placed between the Proposed Rate and Total Price columns, the calculation for each of the four service activities can be made as follows:

# Families Served X Proposed Hourly Rate X Number of Hours = Total Price

On Form 4-A, Page 2 of 2, everything is clear except the “Proposed Cost” Column (Column 2) of the single-row, 2-column table. The Proposed Cost is the Total Cost taken from the bottom of the form in Column 4 on Page 1 of 1 (Form 4-A).

PLEASE NOTE: In order for this form to correspond with the Line/Item Budget, it is important to recognize that the Proposer’s proposed hourly rates must be LOADED RATES, meaning that they must include all costs of the program in the rates. Therefore, the

Total Cost on Form 4-A, Page 1 of 2, which is also transmitted to the single-row, 2-column table on Form 4-A, Page 2 of 2, must also match the total cost of the Line/Item Budget provided later in the Cost Proposal.

- On Form 4-B for CAPIT Proposals, Page 1 of 2, the form indicates that 30 families are being served and there is a current average of 30 hours of service per family “Shared across five (5) service categories.” (See Column 3.) There are also current AVERAGE hourly rates in Column 4 for Professionals and Paraprofessionals, but no average hourly rate (no rate at all) for Case Aides. It would appear that Case Aides can provide Intake at the most cost-effective rates, while Paraprofessionals as defined can do the Case Management Services at the most cost-effective rates, but Professionals are needed for the Psychotherapy Services, Counseling Services and Parenting Education, which usually require Masters degrees and/or Professional licenses/certificates (example: Licensed Marriage and Family Therapist). Therefore, the Proposer must allocate the 30 hours for each of the 30 families (or how many hours are proposed above or below the current average hours per family) among the three Personnel Cost rates (Professional, Paraprofessional, and Case Aide). In Column 5 Proposed Rate, the Proposer must propose hourly rates for Professional, Paraprofessional, and Case Aide after considering the average hourly rates in Column 4 Current Rate. The Proposer then multiplies the rates by the hours allocated to each of the three Personnel Rates to obtain three figures in Column 6 Total Price. Then the three figures in Column 6 are added up to achieve the Total Cost figure at the bottom of the table (bottom of Column 6). As with the previous form, the Total Cost is transmitted to the single-row, 2-column table on Page 2 of 2 to become the “Proposed Cost.”

Here are two examples of how a Proposer can propose 30 and 40 hours per family and allocate the hours among the three Personnel Rates:

**EXAMPLE 1**

| <u>Col. 1</u><br><u>Service</u> | <u>Col. 2</u><br><u>Avg # Fam</u><br><u>Served</u> | <u>Col. 3</u><br><u>Avg # hrs./fam</u> | <u>Col. 4</u><br><u>Current Rate</u> | <u>Col. 5</u><br><u>Proposed</u><br><u>Hourly Rate</u> | <u>Col. 6</u><br><u>Total</u><br><u>Price</u> |
|---------------------------------|--|--|--------------------------------------|--|---|
| Intake & Assess.                | 30   | 6                                      | Case Aide                            | \$10/hr  | \$1,800                                       |
| Case Mgmt                       | 30   | 9                                      | Paraprofess.                         | \$45/hr  | \$12,150                                      |

|                      |    |   |              |            |          |
|----------------------|----|---|--------------|------------|----------|
| Psycho-<br>Therapy   | 30 | 15  | Professional | \$66/hr    | \$29,700 |
| Counsel.<br>Services |    |   |              |            |          |
| Parent<br>Educ.      |    |   |              |            |          |
|                      |    | ↑<br>30 hr. spread<br>Across all categories |              | TOTAL COST | \$43,650 |

CALCULATIONS FOR COLUMN 6 ABOVE:

30 Families X 6 hrs/family X \$10/hr. = \$1,800  
 30 Families X 9 hrs/family X \$45/hr.= \$12,250  
 30 Families X 15hrs./family X \$66/hr.=\$29,700

**EXAMPLE 2**

| Col. 1<br><u>Service</u> | Col. 2<br><u>Avg # Fam<br/>Served</u> | Col. 3<br><u>Avg # hrs./fam</u>             | Col. 4<br><u>Current Rate</u> | Col. 5<br><u>Proposed<br/>Hourly Rate</u> | Col. 6<br><u>Total<br/>Price</u> |
|--------------------------|---------------------------------------|---|-------------------------------|---|----------------------------------|
| Intake &<br>Assess.      | 30                                    | 5   | Case Aide                     | \$15/hr                                   | \$2,250                          |
| Case<br>Mgmt             | 30                                    | 10  | Paraprofess.                  | \$43/hr                                   | \$12,900                         |
| Psycho-<br>Therapy       | 30                                    | 10  | Professional                  | \$67/hr                                   | \$20,100                         |
| Counsel.<br>Services     | 30                                    | 10  | Professional                  | \$67/hr                                   | \$20,100                         |
| Parent<br>Educ.          | 30                                    | 5   | Professional                  | \$67/hr                                   | \$10,050                         |
|                          |                                       | ↑<br>40 hr. spread<br>Across all categories |                               | TOTAL COST                                | \$65,400                         |

CALCULATIONS FOR COLUMN 6 ABOVE:

30 Families X 5 hrs/family X \$15/hr. = \$2,250  
 30 Families X 10 hrs/family X \$43/hr.= \$12,900

30 Families X 10hrs./family X \$67/hr.=\$20,100

30 Families X 10hrs./family X \$67/hr.=\$20,100

30 Families X 5hrs./family X \$67/hr.=\$10,050

PLEASE NOTE: In order for this form to correspond with the Line/Item Budget, it is important to recognize that the Proposer's proposed hourly rates must be LOADED RATES, meaning that they must include all costs of the program in the rates. Therefore, the Total Cost on Form 4-B, Page 1 of 2, which is also transmitted to the single-row, 2-column table on Form 4-B, Page 2 of 2, must also match the total cost of the Line/Item Budget provided later in the Cost Proposal.

3. Form 4-C for Assessment and Intervention Services, Page 1 of 3 and Page 2 of 3 will require an additional column which provides the number of months, hours, nights, families, or 50-minute or 90-minute increments of time, as the case may be, for each service activity, so that each row in the table can be multiplied across to obtain the Total Price. The table currently provides columns only for Number of families to be served, Proposed Rate and Total Price for each item. With the addition of the column "Number of Units," placed between the Proposed Unit Rate and Total Price columns, the calculation for each service will be as follows:

# Families Served X Proposed Unit Rate X Number of Units = Total Price

As with Form 4-A and 4-B, the Total Cost on Page 2 of 3 will be the total of all items in the Total Price Columns on Page 1 of 3 and 2 of 3 and will be transmitted to the single-row, 2-column table in the "Proposed Cost" column (second column) on Page 3 of 3, Form 4-C.

The Proposer should consider the Current Unit Rate for each service activity prior to setting Proposer's Proposed Unit Rate. The Number of Units column will correspond to whether the Current Unit Rate and Proposed Unit Rate are per hour, per month, per night, per family, or per 50-minute or 90-minute increments of time, as appropriate. Proposer must document in their Business Proposal why the particular number of families, number of units and Proposed Unit Rate were chosen for each activity in the table.

PLEASE NOTE: In order for this form also to correspond with its Line/Item Budget, like Forms 4-A and 4-B, it is important to recognize that the Proposer's Proposed Unit Rates must be LOADED RATES, meaning that they must include all costs of the program in the rates. Therefore, the Total Cost on Form 4-C, Page 2 of 3, which is also transmitted to the second column of the single-row, 2-column table on Form 4-C, Page 3 of 3, must also match the total cost of the Line/Item

Budget provided later in the Cost Proposal.

4. Form 4-D for Adoption Promotion and Support Services, Page 1 of 2, will also require an additional column which provides the number of hours or other measurement for each service activity, so that each row in the table can be multiplied across to obtain the Total Price. The table currently provides columns only for Number of families to be served, Proposed Rate and Total Price for each item. Cost per family is too crude of a cost measurement, and requires a further breakdown, such as number of hours. With the addition of the column "Number of Hours (or other measurement[s])," placed between the Proposed Rate and Total Price columns, the calculation for each service can be made as follows:

# Families Served X Proposed Hourly/Other Rate X # of Hours/Other  
= Total Price

As with Forms 4-A and 4-B and 4-C, the Total Cost at the bottom of the table on Page 1 of 2 will be the total of all items in the Total Price Column on Page 1 of 2 and will be transmitted to the single-row, 2-column table in the "Proposed Cost" column (second column) on Page 2 of 2 of Form 4-D.

There are no Current Rates provided for each service activity on the Form 4-D table, Page 1 of 2. Proposer will need to justify the setting of Proposer's Proposed Rates. Proposer must document in their Business Proposal why the particular number of families, Proposed Rate per hour, and number of hours or other measurement(s) was/were chosen for each of the four activities in the table.

PLEASE NOTE: In order for this form also to correspond with its Line/Item Budget, like Forms 4-A, 4-B, and 4-C, it is important to recognize that the Proposer's Proposed Rates must be LOADED RATES, meaning that they must include all costs of the program in the rates. Therefore, the Total Cost on Form 4-D, Page 1 of 2, which is also transmitted to second column, Proposed Cost, of the single-row, 2-column table on Form 4-D, Page 2 of 2, must also match the total cost of the Line/Item Budget provided later in the Cost Proposal.

5. Form 4-E for Partnerships for Families, Page 1 of 2, will also require an additional column which provides the number of hours or other measurement for the first 4 service activities, so that each row in the table can be multiplied across to obtain the Total Price. The last two items in the two bottom rows in Column 3 are not "Proposed Rates," but are both actually a percentage of the total of the first 4 items in the Total Price Column, Column 4. In these two instances, the Total Price for the first 4 items is multiplied by 15% (.15) and 20% (.20), respectively, to get figures for the last two items in the Total Price (Column 4) Column. The Total Price Column is then

added up to get a figure for Total Cost at the bottom of the form in Column 4.

The table currently provides columns only for Average Number of families to be served in the SPA service area (numbers are already given), Proposed Rate and Total Price for each item. Cost per family is too crude of a cost or performance measurement, and requires a further breakdown, such as number of hours. With the addition of the column "Number of Hours (or other measurement[s])," placed between the Proposed Rate and Total Price columns, the calculation for each of the four service activities can be made as follows:

# Families Served X Proposed Hourly/Other Rate X # of Hours/Other  
= Total Price

As with Forms 4-A, 4-B, 4-C and 4-D, the Total Cost at the bottom of the table on Page 1 of 2 will be the total of all items in the Total Price Column on Page 1 of 2 and will be transmitted to the single-row, 2-column table in the "Proposed Cost" column (second column) on Page 2 of 2 of Form 4-D.

There are no Current Rates provided for each service activity on the Form 4-D table, Page 1 of 2. Proposer will need to justify the establishment of Proposer's Proposed Rates in the Proposer's Business Proposal. Proposer must document why the particular number of families was changed (if the average is not accepted), and why the Proposed Rates per hour, and number of hours or other measurement(s) was/were chosen for each of the four activities in the table.

PLEASE NOTE: In order for this form also to correspond with its Line/Item Budget, like Forms 4-A, 4-B, 4-C, and 4-D, it is important to recognize that the Proposer's Proposed Rates must be LOADED RATES, meaning that they must include all costs of the program in the rates. Therefore, the Total Cost on Form 4-E, Page 1 of 2, which is also transmitted to the second column, "Proposed Cost," of the single-row, 2-column table on Form 4-E, Page 2 of 2, must also match the Total Cost of the Line/Item Budget provided later in the Cost Proposal.

87. Business Proposal Required Forms - Will the required forms be available in a word document? The forms in the RFP are a pdf format.

Answer: Word documents will not be provided. As indicated in Item 51 above, replication of any form is permitted as long as the replication is an exact or nearly exact copy of the form and includes ALL of the information on the RFP form. The Proposer is responsible for making sure that forms contain all requested information.

88. Page 26 and page 36 of the RFP indicate that required forms should be included as Section G of the Business Proposal, including the budget forms (Required

Form 4-A/B/C/D/E — Price Sheets and Form 4-F — overall budget)? If all budget information must be in the Business Proposal, what is required in the Cost Proposal? If the exhibit relating to the statement of work for the program in question also includes a budget narrative form (i.e., Exhibit C-28, page 230, should this be included, and — if so — where

Answer: As clarified in the response to Item 50 above, “Section G – Required Forms” inadvertently duplicated portions of “Section F – Business Proposal Required Forms” and will be eliminated. “Section G – Required Forms” has essentially been replaced following the Last Page of the Proposal with an expanded Cost Proposal Section requiring price and budget forms now fully listed in the revised Part B, Section 50.0 Cost Proposal Format of Addendum Number One. As revised, Section 50.0 requires submission of the following forms: (1) Cover Page, (2) Price Sheet (the appropriate form among Forms 4-A through 4-E), (3) Line-Item Budget (Form 4-F), (4) Budget Narrative, and (5) Form 15 – Certification of Independent Price Determination and Acknowledgment of RFP Restrictions. The revised Section 50.0 is fully set out in Addendum Number One, pages 6-7.

The Line/Item Budget for all Proposals can be found on Page 363 of the RFP as Part E – Required Form 4-F. The Proposer has flexibility in creating the Budget Narrative, as long as all cost items are reasonably included and explained fully, including any calculations.

The Line/Item Budget and Budget Narrative referred to in the Assessment and Intervention Statement of Work as Exhibit C-28 on page 230 is still a required part of Statement of Work for all successful Assessment and Intervention Program Proposers, who will have to fill out the budget form and budget narrative as part of their contract with the County. The forms are not required to be filled out as part of the proposals being submitted.

89. Part E, required form 9, page 369. What is required? What information should be included on this form?

Answer: As explained in the response to Item 53 above, this form has to do with commitments. A commitment is usually defined as a pledge to do something or a legal obligation that takes up someone’s time and limits one’s freedom of action. For the purposes of this form, it means the other contractual and legal obligations that a Proposer has in place already, which show what the Proposer is doing with its time and the other legal obligations and contracts that it has. In the four titled columns, the form asks respectively for the funding agency (name of firm), amount of the contract, the contract term, and the type of work the Proposer is performing for the funding.

90. On required form 10, page 370, should the words “(click here and enter name of contract program) services” be revised to read “Safe Children and Strong Families”? Or should the name of the individual program component in question be included (for example, Partnerships for Families)?

Answer: On Part E – Required Form 10, Board of Directors Resolution, page 370, Proposers may replace the words “(click here and enter name of contract program) services” on the form with “Safe Children and Strong Families.” It is not necessary to develop individual Resolutions that mention all 5 programmatic parts of the Safe Children and Strong Families Program.

91. Required form 13, page 374, asks for revenue sources, amount, time period and services provided. Over what time period?

Answer: As indicated in the response to Item 57 above, Part E - Form 13, Revenue Disclosure, specifically requests information on all of the revenue sources used to conduct the Proposer's business. Contracts may bring in revenue, but the Proposer may have other means of obtaining revenue, such as through fundraising, donations, endowments, financial awards not related to performance, or other kinds of payments that the Proposer uses to fund the Proposer's activities. The Proposer should list ALL sources of revenue. As required by Form 13 under the four (4) columns for each revenue source, the Proposer must provide (1) the source/agency of the revenue received, (2) the amount, (3) the time period it is for, and (4) the services provided or to be provided, or other performance required by the revenue. Some Proposers may have complete discretion over use of some forms of revenue received.

NOTE: This form is required from ALL private for-profit and private and public nonprofit organizations. Some Public Proposers, such as large cities, school districts, governmental agencies, etc. can not reasonably describe every revenue source, but should disclose the revenue sources relevant to the program(s) being proposed.

**TIME PERIOD:** Proposers should list all revenue sources extending from the present all the way back at least to the number of years of experience required in the Minimum Mandatory Requirements of this RFP. It is important that the revenue disclosure be as detailed and complete as possible. Normally, the time period for a contract is a set number of months or years, which may be subject to exercises of options to utilize the entire time period. Exercised Options should be disclosed under time period.

92. Section Required Forms; Part E; page 362 Required Form 4-F: Is there a specific allowable indirect cost rate?

Answer: No, there is no single specific allowable indirect cost rate. Every agency has a different rate. Proposers should consult with their fiscal managers for guidance on their indirect cost rate. Federal regulations may establish limits on indirect cost rates.

93. Part E; Required Forms 4-B; Page 354 Price Sheet - Is there a specific formula to calculate the unit cost?

Answer: The response to Item 75 above provides guidance on how to calculate the Total Cost on Form 4-B for a CAPIT Proposal, and provides two examples of how to allocate the current average of 30 hours per family and 40 hours per family, respectively, which are "Shared across [the] Five (5) Service Categories."

Within the third service category, which includes Psychotherapy Services, Counseling Services, Parenting Education, the total number of relative hours devoted to these three program components as single category can be shared across the three components in a manner most cost-effective to the Proposer. If, for example, 15 of the 30 total hours for each family is devoted to the three components together, then the total number of hours for all three components together is 450 (30 families X 15 hours/family for these components = 450 hours) and the 450 hours can be allocated across the three categories as desired by the Proposer. CAPIT Examples 1 and 2 in the response to Item 75 assume equal numbers of families allocated to each of Psychotherapy Services, Counseling Services, and Parenting Education, but this does not have to be the case, as this paragraph suggests.

94. RFP pages 36 and 37 list the Required Forms as "Section F." Do we submit all the forms in this section or do we attach only those that have not been mentioned earlier in the RFP. For example, do we include Required Forms 11 and 11-A (asked for under Section B, page 29 of the RFP) in Section B or Section F?

Answer: The most important objective for Proposers is to ensure they have included all required documentation. If documentation has been included earlier that is required for Section F, include a page and reference where that information (as an example, Form 11) may be found in the Proposer's Proposal. In this instance, because all Proposals must be paginated, the page number can be referenced on a blank page that serves as the placeholder for Form 11 in Section F but which was already placed in Section B (on page number \_\_\_\_).

95. RFP Page 36 states that Required Form 1-A Transmittal Letter is part of the business Proposal. Page 349, has the Form 1-A the Transmittal Letter which appears to be a blank page. What information do you want on a Transmittal Letter form?

Answer: The response to Item 73 above contains the requested information for Part E – Required Form 1-A, Transmittal Letter.

96. Part E, Form 1, pg. 348: "(List each minimum requirement stated in the introduction, Section 6.0)" - Should this have actually said "Section 7.0"? The intro, section 6.0 refers to the definitions – in Part H, Attachment O.

Answer: Yes, the fourth line on Page 2 of 2 of Part E – Required Form 1, Proposer's Organization Questionnaire/Affidavit, on page 348 should have referred to Section 7.0 MINIMUM MANDATORY

REQUIREMENTS on page 5 of the Introduction to the RFP, instead of Section 6.0.

97. RFP Page 29, it states, "The Proposer must complete and include the following Required Forms: 1. Prospective Contractor References, Part E, Required Form 11-A. 2. Proposer must provide five (5) references where the same or similar scope of services was provided." #1 and #2 both refer to Required Form 11-A, correct?

Answer: Yes, the first two requirements on page 29 both refer to Form 11-A.

98. Will any portions of the RFP and/or forms be available in Word or some easier, fillable format?

Answer: Word documents will not be provided. Replication of any form is permitted as long as the replication is an exact or nearly exact copy of the form and includes ALL of the information on the RFP form. The Proposer is responsible for making sure that forms contain all requested information.

99. What is Required Form 9 for? Is this money we may owe?

Answer: Part E – Required Form 9 List of Proposer's Commitments is discussed in the responses to Items 53, 55, and 78 above. This form is not about money owed by the Proposer. As explained in the response to Item 53 above, this form has to do with commitments. A commitment is usually defined as a pledge to do something or a legal obligation that takes up someone's time and limits one's freedom of action. For the purposes of this form, it means the other contractual and legal obligations that a Proposer has in place already, which show what the Proposer is doing with its time and the other legal obligations and contracts that it has. In the four titled columns, the form asks respectively for the funding agency (name of firm), amount of the contract, the contract term, and the type of work the Proposer is performing for the funding.

100. What is Required Form 11a for? Are "references" our various funders?

Answer: References should be those who received your agency's services.

101. Required Form – 9 List of Proposer's Commitments: What do you mean by commitments?

Answer: As explained in the response to Item 53 above, commitments are usually defined pledges to do something or legal obligations that take up someone's time and limits one's freedom of action. For the purposes of this form, commitments are the other contractual and legal obligations that a Proposer has in place already, which show what the Proposer is doing with its time and the other legal obligations and contracts that it has. For more information on commitments, see the responses to Items 53, 55, and 78.

102. Section 49.0, Page 26: "Required Forms (Section G)" - Forms designated as Section G are not available in the RFP. There is one list of Business Proposal Required Forms (Section F) on page 36. The same list appears on page 346 as "List of Required Forms". Can you clarify if there is a difference between the Section F and Section G forms? And if there is a difference can you provide the Section G forms?

Answer: As clarified by the responses to Items 50 and 77 above, "Section G – Required Forms" inadvertently duplicated portions of "Section F – Business Proposal Required Forms" and will be eliminated. "Section G – Required Forms" has essentially been replaced following the Last Page of the Proposal with an expanded Cost Proposal Section requiring price and budget forms now fully listed in the revised Part B, Section 50.0 Cost Proposal Format of Addendum Number One. As rewritten/revised, Section 50.0 requires submission of the following forms: (1) Cover Page, (2) Price Sheet (the appropriate form among Forms 4-A through 4-E), (3) Line-Item Budget (Form 4-F), (4) Budget Narrative, and (5) Form 15 – Certification of Independent Price Determination and Acknowledgment of RFP Restrictions. There is more information in the revised Section 50.0, Addendum Number One.

The Line/Item Budget for all Proposals can be found on Page 363 of the RFP as Part E – Required Form 4-F. The Proposer has flexibility in creating the Budget Narrative, as long as all cost items are reasonably included and explained fully, including any calculations.

103. Part B, Paragraph 49.9, page 36, lists Proposal Sheet as Required Form 4, Line Item Budget as Required Form 4-A and Certification of Independent Price Determination and Acknowledgment of RFP Restrictions as Required Form 15. The instructions on Page 36 (number 49.9), indicate that Form 4 and Form 15 are to be in the Business Proposal. In the RFP Introduction, Part B, Section F, page 37 (number 50.0) Cost Proposal Format, the content for the Cost Proposal indicates that Required Form 4 and Required Form 15 are to be included in the Cost Proposal. Are Form 4 and Form 15 to be submitted with both the Business Proposal and the Cost Proposal? Is Form 4-A supposed to also be submitted with the Cost Proposal?

Answer: Section 50.0, Cost Proposal Format, page 37, has been revised in Addendum Number One. (See pages 6-7.) Form 4 Proposal Sheet is no longer to be included in the Cost Proposal, although Form 4-F, Line/Item Budget, is to be included. As revised in Addendum Number One, Section 50.0 will now require submission of the following Cost Proposal forms: (1) Cover Page, (2) Price Sheet (the appropriate form among Forms 4-A through 4-E), (3) Line-Item Budget (Form 4-F), (4) Budget Narrative, and (5) Form 15 – Certification of Independent Price Determination and Acknowledgment of RFP Restrictions. The revised Section 50.0 is fully set out in Addendum Number One, pages 6-7. Addendum Number Two will eliminate Form 4 Proposal Sheet from the required forms listed in Part B – Proposal

Submission Requirements, Section 49.9 of the RFP, page 36.

The Line/Item Budget for all Proposals can be found on Page 363 of the RFP as Part E – Required Form 4-F. The Proposer has flexibility in creating the Budget Narrative, as long as all cost items are reasonably included and explained fully, including any calculations.

See also the Section 50.0 revision and Items 50, 77, and 91 in Addendum Number One “Section G – Required Forms” inadvertently duplicated portions of “Section F – Business Proposal Required Forms” and will be eliminated. “Section G – Required Forms” has essentially been replaced following the Last Page of the Proposal with an expanded Cost Proposal Section requiring price and budget forms now fully listed in the revised Part B, Section 50.0 Cost Proposal Format of Addendum Number One. As rewritten/revised, Section 50.0 requires submission of the following forms: (1) Cover Page, (2) Price Sheet (the appropriate form among Forms 4-A through 4-E), (3) Line-Item Budget (Form 4-F), (4) Budget Narrative, and (5) Form 15 – Certification of Independent Price Determination and Acknowledgment of RFP Restrictions. The revised Section 50.0 is fully set out in Addendum Number One, pages 6-7.

104. Part B, Paragraph 49.9, page 37, lists Proof of Insurability as Required Form 20. The form Proof of Insurability is found in Part E, Required Form 20, page 381. However, there are no instructions as to what documentation serves as proof of insurability. Do you want current copies of proposer insurance if proposer is a current contractor with DCFS? Do you want a letter from the proposer insurance broker confirming that proposer will comply with insurance requirements?

Answer: As indicated in the response to Item 56 above, Proof of Insurability may include documentation such as:

1. Existing insurance programs that may be demonstrated by providing an ACORD form (Certificate of Liability Insurance) showing the insurance programs and levels of coverage on current commitments that are similar to requirements under the Sample Contract(s) for the program(s) being proposed; -or-
2. A written document showing a self-insurance program and documentation of the assets necessary for covering the self-insurance (subject to review and approval by the County’s Risk Managers); -or-
3. A signed letter from an insurance broker indicating the broker’s willingness to sell programs of insurance to the Proposer necessary to meet the requirements under the Sample Contract(s) for the program(s) proposed by the Proposer; -or-
4. A combination of the above or any other documentation, subject to review and approval by the County’s Risk Managers, that substantiates the Proposer’s ability to acquire the required

insurance.

The two suggestions in this item, including the copies of Proposer insurance and a letter from the Proposer's insurance broker indicating the Proposer will comply with insurance requirements, are good suggestions for Proof of Insurability, assuming a review and approval by the County's Risk Managers.

105. Part B, Paragraph 49.9, page 37, lists the Audited Financial Statement as a Required Form 19. The form Audited Financial Statement is found in Part E, Required Form 19, page 380. However, there are no instructions for the number and years of the audited financial statements. Please be aware that the most recently completed fiscal year for most organizations ended June 30, 2012 and that agencies will not have an audited financial statement for a fiscal year ending June 30, 2012 by the proposal submission date of August 23. Do you want agencies to submit an unaudited financial statement for the period July 1, 2011 through June 30, 2012?

Answer: As indicated in the response to Item 72 above, Proposers may submit an Audited Financial Statement for the year ending June 30, 2011 (County Fiscal Year 2010-2011) or the year ending December 31, 2011 (Calendar Year 2011) or other most recent year ending on another date. Please refer to the answer in Item 71 above for more discussion on financial statements and the financial elements required that will be assessed on a pass-fail basis per the revised Section 52.17 of Part C - Cost Proposal Evaluation Criteria of the RFP, as explained in Addendum Number One. See page 9.

See also the response to Item 71 for more information.

106. Part B, Paragraph 49.9, page 37, lists the Audited Financial Statement as a Required Form 19. The form Audited Financial Statement is found in Part E, Required Form 19, page 380. However, there are no instructions for the number and years of the audited financial statements. What are the instructions for submitting Audited Financial Statements such as the years to be submitted and number of years?

Answer: See the responses to Items 71 and 72 above for the years to be submitted and the number of years required. Briefly, an Audited Financial Statement, or balance sheet, if there is no audited statement, is required for the most recent fiscal year of agency operations. See also Addendum Number One, page 9.

107. Section Number Part E—Required Form 23, paragraph number 1, page number 384 , "COPIES OF LICENSES, CERTIFICATION, AND PERMITS REQUIRED FOR PROVISION OF (ENTER TYPE OF SERVICE) SERVICES. Proposer must submit copies of all licenses and permits necessary for the provision of the specified services." What type of documents are required here?

a. Would this include individual clinicians' licenses, etc?

Answer: Required Form 23 COPIES OF LICENSES . . . requires that “The Proposer must submit copies of all licenses and permits necessary for the provision of the specified services.” This may include individual clinicians’ licenses, and the certificates/degrees required for Family counseling, provision of psychological services, etc.

108. Are proposers expected to utilize the rates included on Page 354 – 357 (Required Forms 4-B and 4-C)?

Answer: Proposers are NOT required to use the “Current Rate” data in Forms 4-B and 4-C. These are advisory only as CURRENT AVERAGE HOURLY and CURRENT HOURLY (not averaged) rates, respectively. Proposers can establish what they believe to be their best competitive rate to maximize their chances of being funded.

See the response to Item 75 for more information on Current Rates and Proposed Rates.

109. Proposer’s Reference: Proposer must complete \*\*\*\*; Form 11-A and provide 5 references \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* services were provide – if this form is filled out do we still need \*\*\*\* letter of \*\*\*\*.

Answer: This handwritten question was difficult to decipher. What can be stated, however, is that filling out Part E – Form 11-A, Prospective Contractor References, does not substitute for any other required part of the RFP.

110. Transmittal letter – what is it supposed to be?

Answer: The response to Item 73 above provides detailed instructions for Part E – Transmittal Letter.

111. Can we list DCFS as a reference on Form 11-A?

Answer: Yes. A Program Manager from DCFS can be a reference on Part E – Form 11-A.

112. Is Required Form 1 placed both as page 1 AND in Section F?

Answer: As also indicated in the response to Item 83, in cases where a Required Form requires placement in the Proposal outside of the Section in which it appears, a blank sheet in the originating Section should note where the form can be found, including page number. This is true of forms such as Form 1 - A , Transmittal Letter, and Form 11-A, Prospective Contractor References, and may be true for other forms.

113. You list a “Required Forms Section G”, but forms are fully in Section F. Do we \*\*\*\* Section G?

Answer: “Section G – Required Forms” inadvertently duplicated portions of

“Section F – Business Proposal Required Forms” and will be eliminated. “Section G – Required Forms” has essentially been replaced following the Last Page of the Proposal with an expanded Cost Proposal Section requiring price and budget forms now fully listed in the revised Part B, Section 50.0 Cost Proposal Format of Addendum Number One. As rewritten/revised, Section 50.0 requires submission of the following forms: (1) Cover Page, (2) Price Sheet (the appropriate form among Forms 4-A through 4-E), (3) Line-Item Budget (Form 4-F), (4) Budget Narrative, and (5) Form 15 – Certification of Independent Price Determination and Acknowledgment of RFP Restrictions. There is more information in the revised Section 50.0, Addendum Number One.

See also the responses to Items 50, 77, and 91 for more information on Section G and the revision to Part B, Section 50.0 in Addendum Number One, pages 6-7.

114. Is the Statement of Information attached to both Required Forms 1 and as Required Form 22?

Answer: As indicated in the responses to Items 83 and 101, in cases where a Required Form requires placement in the Proposal outside of the Section in which it appears, a blank sheet in the originating Section should note where the form can be found, including page number. This is true of Form 22, Secretary of State Filing – Statement of General Information, which is required by Part B, Section 49 Business Proposal Format, to be part of the first section of the Proposal while also a part of Section F – Required Forms, and is also true for the other forms cited in the response to Item 101 above.

115. Form 10 – Can we use our Board Resolution form, or must we use only Form 10?

Answer: Yes, a Proposer can use its own Board Resolution form as long as it contains ALL of the information contained in Part E – Form 10 Board of Director’s Resolution (non-Public Proposer). As indicated in the responses to Items 51, 74, 76, and 87 above, replication of any form is permitted as long as the replication is an exact or nearly exact copy of the form and includes ALL of the information on the RFP form. The Proposer is responsible for making sure that forms contain all requested information.

116. Form 25 – If we’re not Transitional Job Opportunity, do we leave the form out of our submission or sign & check no boxes?

Answer: If the Proposer is not applying for the Transitional Jobs Opportunities Preference, Part E – Required Form 26 Transitional Job Opportunities Preference Application should be included but left blank and unsigned, with a designation “NOT APPLICABLE TO THIS PROPOSER” typed and displayed prominently under the title to this form.

117. Does the 12 page requirement, under the Proposers Question Section, include the required forms listed under that section?

Answer: There is no 12-page requirement in the RFP under Part B – Section 46.0 Proposer’s Questions. In general, limitations on size do not include the required forms which must be submitted.

118. Required form 13, pg 374 asks for Revenue Sources, amount, time period & services provided. Over what time period?

Answer: As indicated in the responses to Items 57 and 80 above, Proposers should list all revenue sources extending from the present all the way back at least to the number of years of experience required in the Minimum Mandatory Requirements of this RFP. It is important that the revenue disclosure be as detailed and complete as possible. Normally, the time period for a contract is a set number of months or years, which may be subject to exercises of options to utilize the entire time period. Exercised options should be disclosed in the time period column.

The responses to Items 5 and 80 above provide additional details on Part E – Required Form 13, Revenue Disclosure, page 374 of the RFP.

119. In Part E, Required Forms, Form 10, page 370, Board of Directors Resolution, the form requests the name, title and signature of the principal owner, an officer, or manager responsible for submission of the bid or proposal to the County. If the people responsible for submission are the top two managers such as the Executive Director and Director of Finance of the organization, and both are listed on the agency’s Statement of Information, does the agency submit the internal Board resolution with the Board secretary signature as back-up to Required Form 10?

Answer: Yes. Part E, Required Forms, Form 10, Board of Directors Resolution, page 370 requires the Board Secretary’s signature. As indicated in the responses to Items 51, 74, 76, 87, and 104 above, replication of form is permitted only to the extent that the replication is an exact or nearly exact copy of the form and includes ALL of the information on the RFP form. The Proposer is responsible for making sure that forms contain all requested information.

❖ **EVALUATION PROCESS**

120. Part C. Selection Process and Evaluation Process. 52.17 Cost Proposal Evaluation Criteria (20% of Total Possible Points). 1<sup>st</sup> paragraph, pg. 46, ‘The maximum number of possible points will be awarded to the lowest cost proposal. All other proposals will be compared to the lowest cost and points awarded accordingly.’ Please clarify. Does this mean only one proposal will receive the maximum number of possible points?

Answer: No. If multiple proposals bid the same lowest price, all will receive the maximum number of points for this portion of the evaluation.

121. On page 44, 52.13, it states, "52.13 Proposal Evaluation and Criteria. Any reviews conducted during the evaluation of the proposal may result in a point reduction." Please explain what this means.

Answer: Please see Addendum Two, this statement is being deleted.

122. How are you evaluating the lowest cost proposal, is it by unit of cost?

Answer: Please see Addendum One, RFP Part C Selection and Evaluation Process, Section 52.17 Cost Proposal evaluation.

123. According to the RFP, Cost Proposal Evaluation Criteria (pg. 46; 52.17): "the maximum number of possible points will be awarded to the lowest cost proposal. All other proposals will be compared to the lowest cost and points awarded accordingly." As worded, a cost proposal that is extremely underbid and not consistent with the actual cost of services could be given the maximum points. This could lead to the possibility of giving a contract to a provider who will be providing low quality services. Shouldn't there be an evaluation of the appropriateness of the cost proposal submitted as part of the scoring?

Answer: Please see RFP Part C Selection Process and Evaluation Process. Points will be awarded or deducted for the following evaluation criteria:

RFP Part C, Selection and Evaluation Process, 52.0 Selection Process –

52.13 Qualifications 30 %  
(includes possible Contractor Alert Reporting Database deductions)

52.14 Approach 40 %

52.15 Quality Assurance Plan 10 %

52.16 Exceptions to the Sample Possible point deduction  
Contract Terms and Conditions

52.17 Cost Proposal Evaluation 20 %  
CAPIT 23 %

124. Section 52.17/Paragraph 1/ Page 46- "The maximum number of possible points will be awarded to the lowest cost proposal". As described, the highest number of potential points (20) will be assigned to the lowest bidder. Since the cost proposal is being submitted separately (Section 51.3/page 39), is it the intent of the department to have the cost proposals reviewed and scored entirely independent of the quality of services described in the business proposal?

Answer: Please see RFP Part C Selection Process and Evaluation Process. Points will be awarded or deducted for the following evaluation criteria:

RFP Part C, Selection and Evaluation Process, 52.0 Selection Process –

52.13 Qualifications 30 %  
(includes possible Contractor Alert Reporting Database deductions)

52.14 Approach 40 %

52.15 Quality Assurance Plan 10 %

52.17 Exceptions to the Sample Possible point deduction  
Contract Terms and Conditions

52.17 Cost Proposal Evaluation 20 %  
CAPIT 23 %

Please see Subsection 52.5 The scores of Proposals completing all three phases shall be calculated and ranked in numerical sequence in descending order.

125. Section 52.0, paragraph 52.13, page 44: “30% of total possible points”. How much of the 30% is allocated to: background and experience (Section B.1), Proposer’s Reference (Section B.2), and Proposer’s Pending Litigation and Judgments (Section B.3)?

Answer: Please see Addendum Number Two. The Review of Proposers Litigation is a part of the Pass/Fail review.

126. Section 52.0, paragraph 52.14, page 45: “40% of the total possible points”. How is the 40% divided between the methodologies listed for each program under Section 49.6?

Answer: Please see RFP Part C Selection Process and Evaluation Process. Points will be awarded or deducted for the following evaluation criteria:

RFP Part C, Selection and Evaluation Process, 52.0 Selection Process –

52.13 Qualifications 30 %  
(includes possible Contractor Alert Reporting Database deductions)

52.14 Approach 40 %

52.15 Quality Assurance Plan 10 %

52.18 Exceptions to the Sample Possible point deduction

Contract Terms and Conditions

|                                |      |
|--------------------------------|------|
| 52.17 Cost Proposal Evaluation | 20 % |
| CAPIT                          | 23 % |

Each proposal submittal for each program component will be evaluated for its approach. The forty percent eligible for this section will be not be divided among the different programs.

127. Are there additional points given to agencies that collaborate?

Answer: No.

128. How will evaluators determine the level of cultural and linguistic competencies in the proposer's workforce?

Answer: Please see RFP Part C Selection Process and Evaluation Process. Points will be awarded or deducted for the following evaluation criteria:

RFP Part C, Selection and Evaluation Process, 52.0 Selection Process –

|  |      |
|--|------|
| 52.13 Qualifications   | 30 % |
| (includes possible Contractor Alert Reporting Database deductions) |      |

|                |      |
|----------------|------|
| 52.14 Approach | 40 % |
|----------------|------|

|                              |      |
|------------------------------|------|
| 52.15 Quality Assurance Plan | 10 % |
|------------------------------|------|

|                                |                          |
|--------------------------------|--------------------------|
| 52.19 Exceptions to the Sample | Possible point deduction |
| Contract Terms and Conditions  |                          |

|                                |      |
|--------------------------------|------|
| 52.17 Cost Proposal Evaluation | 20 % |
| CAPIT                          | 23 % |

Please see Subsection 52.5 The scores of Proposals completing all three phases shall be calculated and ranked in numerical sequence in descending order.

129. Will one reviewer review all proposals submitted by a particular agency or will it be dispersed amongst various reviewers?

Answer: Proposals will be reviewed by an evaluation team assigned for each proposal submittal catchment area.

130. How will DCFS make comparisons amongst various models submitted by potential CONTRACTORS?

Answer: Please see RFP Part C Selection Process and Evaluation Process. Points will be awarded or deducted for the following evaluation

criteria:

RFP Part C, Selection and Evaluation Process, 52.0 Selection Process –

52.13 Qualifications 30 %  
(includes possible Contractor Alert Reporting Database deductions)

52.14 Approach 40 %

52.15 Quality Assurance Plan 10 %

52.20 Exceptions to the Sample Possible point deduction  
Contract Terms and Conditions

52.17 Cost Proposal Evaluation 20 %  
CAPIT 23 %

Please see Subsection 52.5 The scores of Proposals completing all three phases shall be calculated and ranked in numerical sequence in descending order.

131. More like the procurement process for Public Works projects (asphalt, steel beams, cement) than a human services program, is it the County's intent to seek the lowest bids in cost proposals without consideration of its impact on the lives of children, youth, families and communities? If so, how will the proposal scoring deal with low price bids for, let us say, a dozen service elements mixed in with existing rates of dozens of other service elements?

Answer: Please see RFP Part C Selection Process and Evaluation Process. Points will be awarded or deducted for the following evaluation criteria:

RFP Part C, Selection and Evaluation Process, 52.0 Selection Process –

52.13 Qualifications 30 %  
(includes possible Contractor Alert Reporting Database deductions)

52.14 Approach 40 %

52.15 Quality Assurance Plan 10 %

52.21 Exceptions to the Sample Possible point deduction  
Contract Terms and Conditions

52.17 Cost Proposal Evaluation 20 %  
CAPIT 23 %

Please see Subsection 52.5 The scores of Proposals completing all three phases shall be calculated and ranked in numerical sequence in

descending order.

132. 13.2 Evaluation; page 69 - "13.2.2 Safe Children and Strong Families performance based contracts shall be evaluated subsequent to year two contract implementation to assess programmatic effectiveness in achieving desired outcomes, as well as to inform continuous quality improvement efforts. Safe Children and Strong Families evaluations shall be County directed." What is the County evaluation criteria?

Answer: Please see Addendum Number Two, that clarifies this is participation in the Annual Program Performance Reviews, and not apart of the solicitation evaluation process.

133. Can evaluation be a line item in the CFRC budget?

Answer: Please see Addendum Number Two. For participation in the Annual Program Performance Review, yes a line item can be included in the Proposer's budget.

134. The RFP gives preference points to an SBE non-profits do not qualify for SBE certification however, if a non-profit adheres to the standards at a SBE can a non-profit be considered for preference points (Section 36.0).

Answer: Please see Addendum Number Two.

135. Follow on: How do you propose to evaluate cost proposals separately from program description proposals when cost effectiveness can only be determined when the two are considered together.

Answer: Please see RFP Part C Selection Process and Evaluation Process. Points will be awarded or deducted for the following evaluation criteria:

RFP Part C, Selection and Evaluation Process, 52.0 Selection Process –

52.13 Qualifications 30 %  
(includes possible Contractor Alert Reporting Database deductions)

52.14 Approach 40 %

52.15 Quality Assurance Plan 10 %

52.22 Exceptions to the Sample Possible point deduction  
Contract Terms and Conditions

52.17 Cost Proposal Evaluation 20 %  
CAPIT 23 %

Please see Subsection 52.5 The scores of Proposals completing all three phases shall be calculated and ranked in numerical sequence in

descending order.

❖ **CATCHMENT AREAS AND SPAS**

136. 8.0 Preparation of the Proposal pg 25 - If a Proposer would like to offer countywide services, do they need to submit a proposal for each geographic catchment or SPA?

Answer: Yes. Proposal (business and cost) must be submitted for each area (catchment or SPA) which the proposer is proposing to serve.

137. RFP Page 23 says, "Proposers may apply for one or all contract service categories and/or service areas. A separate and complete proposal (Business and Cost) must be submitted for each geographic catchment area or Service Planning Area where the Proposer plans to provide SCSF services." Please clarify – does this mean we can write a proposal for just one of the 14 service area (offices) OR to serve a whole SPA OR either one?

Answer: Please see RFP Part C Selection Process and Evaluation Process. Points will be awarded or deducted for the following evaluation criteria:

RFP Part C, Selection and Evaluation Process, 52.0 Selection Process –

52.13 Qualifications 30 %  
(includes possible Contractor Alert Reporting Database deductions)

52.14 Approach 40 %

52.15 Quality Assurance Plan 10 %

52.23 Exceptions to the Sample Contract Terms and Conditions Possible point deduction

52.17 Cost Proposal Evaluation 20 %  
CAPIT 23 %

Please see Subsection 52.5 The scores of Proposals completing all three phases shall be calculated and ranked in numerical sequence in descending order.

138. Can we limit a proposal to only some of the zip codes in an office/catchment area or do we need to include all the zip codes in that area?

Answer: No. Service must be provided to zip codes within the catchment area.

139. If you have two zip codes that cross two different office catchment areas but are within the same SPA, can it be done with one proposal?

Answer: If the program requires a proposal to be submitted per SPA, a proposal needs to be submitted for each SPA the proposer intends to propose. If the program requires a proposal to be submitted per catchment area (DCFS office or combined DCFS offices), a proposal needs to be submitted per each catchment area the proposer intends to propose.

140. How many winning bids will you have per office catchment area in each programmatic area? Per SPA?

Answer: Please refer to Addendum #2 for information on funding allocations and the number of contracts to be awarded to SPA and Regional Office.

141. If we want to propose to cover all DCFS offices/catchment areas in a SPA, can we submit one proposal or are separate proposals needed for each office/catchment area?

Answer: Separate proposal for each catchment area or SPA depending on the program the proposer is proposing to provide services.

142. The SCSF RFP does not state how many contracts will be awarded for each of the four programs in each geographic catchment area or Service Planning Area where DCSF proposes to provide SCSF services.

- a. Where can that information be found, otherwise, please provide it.
- b. What will be the range of the award amounts (\$) for successful proposals for each of the four programs and for each geographic catchment area or Service Planning Area?
- c. What are the minimum grant awards for each program by geographic catchment area or SPA?
- d. What are the maximum awards for each program by region or spa?

Answer: No. Service must be provided to zip codes within the catchment area. Please refer to Addendum #2 for information on funding allocations and the number of contracts to be awarded to SPA and Regional Office.

143. In page 155 under 9.1.2 "Language ability", it indicates that there the award of a countywide contract under FP. However, the RFP did not have the option for applying countywide contract. How can we apply for country wide contract? Does the agency need to apply for each region?

Answer: On page 23, paragraph two, it states that Proposers must submit a complete proposal for each geographic catchment or Service Planning Area (SPA) where the Proposer plans to provide SCSF services. Subsection 9.1.2 on page 155 means all multiple languages will be provided countywide by various contractors.

144. How many awards will be given per program per catchment area?

Answer: Please refer to Addendum #2 for information on funding allocations and the number of contracts to be awarded to SPA and Regional Office.

145. How will the boundaries of the catchment area of a Community Family Resource Center be determined – by district office, supervisorial district, SPA, etc??

Answer: Catchment Area is based on DCFS Regional Offices. Some catchment areas consist of combined DCFS Regional Offices.

146. RFP Part B - second paragraph, page 23: “A separate and complete proposal (Business and Cost) must be submitted for each geographic catchment area or Service Planning Area where the Proposer plans to provide SCSF services.” Does “geographic catchment area” refer to Supervisorial District area or DCFS Region area?

a. How will we know whether and which contracts will be based on SPA, Supervisorial Districts or DCFS regional office?

Answer: On page 23, paragraph two, it states that Proposers must submit a complete proposal for each geographic catchment or Service Planning Area (SPA) where the Proposer plans to provide SCSF services. Subsection 9.1.2 on page 155 means all multiple languages will be provided countywide by various contractors. Required Forms 4 A-E states whether it is Region or SPA.

147. What is the difference between a geographic catchment area and a SPA?

Answer: Catchment area is a designated area defined by DCFS and are based on DCFS Regional Office areas.. SPA is eight geographic regions in which the COUNTY of Los Angeles has been divided for purposes of managing the delivery of COUNTY services.

148. For both Business Proposal and Cost Proposal forms, if need geographic region, can we submit one each only for Countywide versus all 14 geographic offices or all 8 SPAs.

Answer: On page 23, paragraph two, it states that Proposers must submit a complete proposal for each geographic catchment or Service Planning Area (SPA) where the Proposer plans to provide SCSF services. Proposers electing to propose for all catchment areas or all SPAs must submit a proposal for each catchment area and/or SPA if the proposer is interested in providing services countywide.

149. Do the letters of reference need to specify program & geographic areas?

Answer: No. Letters of Reference are not required in the RFP.



## SUBMISSION REQUIREMENTS

150. Part B: Proposal Submission Requirements/page 28/Proposer's Background and Experience (Section B.1)/Provide a summary of relevant background information to demonstrate that the Proposer meets the minimum requirement(s) stated in Section 6.0 of this RFP and has the capability to perform the required services as a corporation or other entity. (Any minimum requirements listed in Section 6.0 may also be listed in this paragraph.) Is this section different for each area? Will there be separate background information demonstrating proposer meets minimum requirements for each area, if proposer is writing RFP for each area?

Answer: On page 23, paragraph two, it states that Proposers must submit a complete proposal for each geographic catchment or Service Planning Area (SPA) where the Proposer plans to provide SCSF services. Proposers are required to submit Section B.1 as it relates to the Proposer's background and its ability to meet the minimum requirements listed in 7.0 for each catchment area and/or SPA.

151. Which of the Exhibits does not require a Business Proposal or Cost Proposal?

Answer: Exhibits in the RFP are references for review. Required Forms are to be submitted in either the Business Proposal or Cost Proposal. Refer to Addendum One, Item VII and Item VIII.

152. Regarding proposal submission requirements, outlined in para 51, pages 37 through 41, please could you clarify whether you prefer the cost proposal in a separate envelope sealed *within* the business proposal container, or whether both the cost and business proposals should be sealed separately within another outer container, or whether they should be packaged and submitted *completely* separately.

Answer: Please refer to Addendum One, Items VII, VIII and IX.

153. Part B – Proposal Submission Requirements, Paragraph 49.7 “Proposer's Quality Control Plan,” p. 34 - Are we required to submit samples of forms to be used in monitoring the Quality Control Plan?

Answer: Yes.

154. P.28 – Table of Contents - List all material included in the Proposal. Include a clear definition of the material, identified by sequential page numbers and by section reference numbers. Which “reference numbers”? The ones in the RFP, or numbers created by the proponent?

Answer: Proposers shall submit proposal that adheres to the required format prescribed in the RFP. Refer to Addendum One, Items VI, VII and VIII. Table of Contents (TOC) must list all documents in the proposal. Proposal documents must clearly be numbered in sequential order and referenced in the TOC.

155. Can we include a TITLE PAGE in the proposal submission?

Answer: Please refer to format requirements in Addendum One, Items VI, VII and VIII.

156. Are separate proposals needed for Prevention and Aftercare Services – Resource Center and CAPIT or are we supposed to apply for both within one proposal?

Answer: On page 23, paragraph two, it states that Proposers must submit a complete proposal for each geographic catchment or Service Planning Area (SPA) where the Proposer plans to provide SCSF services. Proposals are to be submitted for each program and its catchment area or SPA.

157. RFP Page 37 at bottom, it states that "The Proposal(s) shall be delivered or mailed to: Contracts Administrator..." Is there a person we can/should address the Transmittal Letter to?

Answer: Since there are five service categories (program) in this RFP, Transmittal Letter should be addressed to the Contracts Administrator.

158. The RFP asks proposers to describe the methodology that will be used to meet contract work requirements (pg. 29; 49.6). As the RFP spells out step by step what is to be done in each program, is it correct that you want this repeated back to you in the proposals, or were you looking more for the design of our services?

Answer: Proposers are to submit their approach/plan (design of your services) to providing services listed in the applicable Statement of Work. Approach/plan however must include issues listed in subsection 49.6.

159. Required Form 4-F/ Line Item Budget/ Page 363 - Do we submit the line item budget form for just the first year, or depending on the answer to the above, submit a budget for the extended contract term (potentially 2 additional one-year periods).

Answer: Required Form 4-F is a "Sample" Line Item Budget. Proposed Cost and Line Item Budget is for one year that will be considered firm fixed price for the initial period, and each additional one-year optional extension periods.

160. Is a budget narrative required to accompany Required Form 4-F.

Answer: Refer to Addendum One, Item IX. Required Form 4-F is required for each Price Sheet (Required Form 4 (A-E) submitted along with a budget narrative.

161. Section 51.0, paragraph 51.2, page 38: "The original Cost Proposal and five (5) copies must be submitted". Please clarify if your intention is that the Business

Proposal and its 5 copies be submitted in one envelope and the Cost Proposal with its 5 copies be submitted in a separate envelope of its own?

Answer: For purpose of facilitating the review process of all proposals, Proposers are requested to submit its Business and Cost Proposals separately. Refer Addendum One, Item IX.

162. Part B, pages 26-27, 49.1. Can you clarify who should sign? All contractors/joint ventures/partners/sucontractors/other parties who will *receive funds* through the program? Or?

Answer: Persons signing on this page should be those granted authority by their Board of Directors.

163. For the five references, do they have to be five different references for each individual proposal? Do the references have to be funders or can they be lead agencies as well?

Answer: References could differ between the five service categories (program). See Required Form 11-A for instruction. References should be those who received your agency's services.

164. In Part B, Proposal Submission Requirements, the Transmittal Letter is listed as a required document in Paragraph 49.0, page 25 and Paragraph 49.9, page 36. The form Transmittal Letter is found in Part E, Required Form 1-A on page 349. However, there are no instructions for addressing the transmittal letter such as name, title, address, etc., or what the content of the transmittal letter is supposed to be. What are the instructions for addressing the transmittal letter (name, title and address) and what is supposed to be the content of the transmittal letter?

Answer: The proposal must contain a transmittal letter that is single-sided, and typed/printed in Arial, 12 points that includes the following in the order listed:

- Title of RFP and date;
- The exact legal business name and legal business status (i.e., partnership, corporation, etc.) of the proposer, as indicated in Required Form 1, Proposer's Organization Questionnaire/Affidavit of the RFP;
- A brief introduction of the proposer and its organization;
- Proposer's address, telephone, email address and facsimile numbers and the number of years proposer has been in business under the present business name, as well as prior business names;
- The name, address, email, fax and telephone number of the person authorized to act on behalf of the proposer in connection with this RFP; and
- Must bear the signature of the individual(s) authorized to sign on behalf of the proposer (name, title and signature) which binds the applicant in a Contract. The person signing this form shall be recognized as the proposer's contact person for any

communication between the County and the proposer.

Please refer to Addendum #1 for additional formatting instructions.

165. Section 51.0 paragraph 1 & 2, page 37 - "The original Business proposal and five (5) copies shall be enclosed in a sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the Proposer and bear the words:" This instruction does not appear in any of the subsequent sections – only Cost Proposals are referenced specifically for each program. Should originals and 5 copies of both the Business Proposals and Cost Proposals be marked and submitted as noted?

Answer: Section 51.0 first paragraph applies to all five programs. An original Business Proposal and five (5) copies of the Business Proposals must be provided for each catchment area or SPA Proposer is interested in providing services. Refer to Addendum One, Item IX.

166. On page 33, it states that the proposer shall address the follow items (49.6.5.1, 49.6.5.2, 49.6.5.3, and 49.6.5.4, which makes reference to proposers experience in various areas. Can these areas be included in Section B under the Proposer's qualifications, or does it need to specifically be in Section C of the proposal?

Answer: Subsection 49.6.5 requires these areas to be addressed whereas including these issues is the discretion of the Proposer to whether or not include it in Section B, Proposer's Qualification.

167. Are there any requirements for the content of the Transmittal Letter (Form 1-A)?

Answer: Persons signing on this page should be those granted authority by their Board of Directors.

168. Should the Transmittal Letter be included with the Business Proposal only or should a copy of the same letter also be included with the Cost Proposal? It seems it should be included *after* the narrative, at the start of the required forms section?

Answer: Transmittal Letter is required only for the Business Proposal. Refer to Addendum One, Item VII.

169. Exhibit C, describing the statement of work for AIS, has budget forms included (in addition to the AIS-specific budget forms and the consolidated line-item budget form included in Part E, required forms, commencing on page 346). When such forms are included in the statement of work section/exhibit, should they be included in the Business Proposal, in addition to any budget information included in the Cost Proposal?

Answer: Refer to Addendum One, Item VII and Item VIII for required forms for each type of proposal. Proposals should only include the required forms listed for each type of proposal (business or cost). Exhibits in SOWs are references to the SOW and are not to be included as a required form.

170. Budget forms, p 352. It seems we will need to complete Form 4-A/B/C/D/E for each region/SPA (depending on program component) that we propose to serve. (1) In cases where there is more than one region in the SPA, must we propose to serve *all* regions in the SPA? (2) If we are not proposing to serve all regions in the SPA, should we still complete the forms for all regions, including \$0 or n/a on the forms for regions we are not proposing to serve? Or do you prefer us to submit forms *only* for those regions we're proposing to serve? (3) Where information is required by SPA rather than by region, should we complete the form for all SPAs, and simply write \$0 or n/a on the forms for SPAs we are not proposing to serve? Or do you prefer us to submit forms *only* for those SPAs we're proposing to serve?

Answer: Required Form 4/A/B/C/D/E specifically states whether the pricing sheet is to be submitted for a region/regional office or SPA which the proposer proposes to serve.

171. Part B, page 28, 49.5A. "Any minimum requirements listed in Section 6.0 may also be listed in this paragraph." Does this mean that section B1 of the proposal should be no more than one paragraph in length?

Answer: Please refer to Addendum One, Item VII. Proposer's Qualification response shall not exceed 12 pages.

172. RFP QUESTION – TRANSMITTAL LETTER: Part B, third section, page 25, 2<sup>nd</sup> bullet under "49.0 Business Proposal Format" asks for a "Transmittal Letter." The Transmittal letter is also asked for on Part B, page 36, under "49.9 Business Proposal Required Forms (Section F)." Do we submit an original transmittal letter for section 49.0 and put a copy in section 49.9?

Answer: Please refer to Addendum One, Item VII. Proposer's Qualification response shall not exceed 12 pages.

173. RFP QUESTION - ATTACHMENTS: Part H Attachments, p. 710: Are Attachments A-N to be submitted with the proposal? If yes, in what section of the proposal should they be included with?

Answer: Part H, ATTACHMENTS are the attachments (Attachments to the Sample Contract) of the RFP and are not required to be submitted in your proposal. These attachments will be required from winning proposers at the time of contract execution.

174. To confirm, if we are applying for three models (not PFF) an one Region, we only need to submit one Business and one Cost Proposal for these three models?

Answer: Proposer needs to an original Business Proposal and five copies of the Business Proposal and an original Cost Proposal and five copies of the Cost Proposal for each model the Proposer is proposing to service based on either geographic catchment area or SPA.

175. It appears that the contract for Prevention and Aftercare Services – Resource Only and Assessment and Intervention Services Only are by region, and not SPA. Can you only apply for one region? If you can apply for more than one region, do you have to submit a separate proposal for each? Do you have to have an office in each region you apply for? Will you verify which of the five contracts are by SPA and which are by region?

Answer: Proposals are to be submitted for each region/SPA which the proposer proposes to serve. Unless stated in Section 7.0 Minimum Requirements, a requirement for an office in each region a proposer is submitting for is not required.

176. Do we submit a budget & narrative for 1 year only or the potential full term of funding – in some cases three years.

Answer: Proposed Cost and Line Item Budget is for one year that will be considered firm fixed price for the initial period, and each additional one-year optional extension periods.

177. Our parent organization recently changed its name. The board of directors doesn't meet until September – Are we able to submit board resolutions/designating authorized signer under our prior name.

Answer: Please refer to Addendum One, Item XXXIV. Required Form 10 has been deleted.

178. p. 26/49.0 Business Proposal Format Section F and Section G refer to the exact same forms all listed on p 346. Do you really want each form in both sections?

Answer: Please refer to Addendum One, Item XXXIV. Required Form 10 has been deleted.

179. Are there any instructions about the Budget Narrative: Format? Length? Specifics?

Answer: Please refer to Addendum One, Item VIII. There are no specific restrictions or formatting instructions to the Budget Narrative.

180. Is it correct that we have to submit a proposal for each of the five areas that we want to seek a contract in? So if we want to do all five in one SPA, that would be five proposals? If we want to do all five in two SPAs, that would be 10 proposals?

Answer: Yes.

181. In the RFP, there is no mention of whether Letters of Agreement or Memoranda of Understanding between our organization and subcontractors will be required. Are Letters of Agreement or Memoranda of Understanding between our organization and subcontractors required as part of the proposal submission?

Answer: Letters of support, Memoranda of Understanding (MOUs), and/or

other documentation are not requested, since these forms are for determination of eligibility only.

The most appropriate placement of a discussion and documentation on collaborations or partnerships would appear to be under the relevant program's "Proposer's Approach to Provide Required Services for \_\_\_\_\_, as part of Section C of the Proposer's Business Proposal, i.e., any one or more of the following depending upon the program(s) for which the Proposer is applying:

1. Proposer's Approach to Provide Required Services for Prevention and Aftercare Services – Resource Center, Section 49.6.1, page 29 (especially Subsection 49.6.1.2, page 30);
2. Proposer's Approach to Provide Required Services for Prevention and Aftercare Services – CAPIT, Section 49.6.2, (especially Subsection 49.6.2.2, page 30);
3. Proposer's Approach to Provide Required Services for Assessment and Intervention Services, Section 49.6.3, (especially Subsection 49.6.3.2.3, page 31);
4. Proposer's Approach to Provide Required Services for Adoption Promotion and Support Services (APSS), Section 49.6.4, (especially Subsections 49.6.4.6.6 and 49.6.4.6.9, page 33); and
5. Proposer's Approach to Provide Required Services for Partnerships for Families (PFF), Section 49.6.5, (especially Subsection 49.6.5.3, page 34).

Proposers are cautioned about limitations on size of the Business Proposal, as explained in the revised Part B – Proposal Submission Requirements, Section 49.0 Business Proposal Format, Addendum Number One (see page 6).

❖ **NUMBER OF PROGRAMS**

182. Part B, Page 25, 48.0: Page 25 states four programs but there are five programs listed throughout the RFP. Which programs have been combined to make four or is one of the programs not included in this RFP?
183. RFP QUESTIONS (pages 1-49) - Item 4.0, pg 2: This section states in the second paragraph there are five contract programs, and in the RFP Part D, pg 49 Statements of Work there are five (5) available programs to apply for:
- Exhibit A: Preventive and Aftercare Services - Resource Center
  - Exhibit B: Preventive and Aftercare Services - CAPIT
  - Exhibit C: Assessment and Intervention Services
  - Exhibit D: Adoption Promotion and Support Services (APSS)

Exhibit E: Partnership for Families (PFF)

But, in section 7.0 (pg. 5) Minimum Mandatory Requirements It states “Interested and qualified Proposers that can demonstrate their ability to successfully provide the required services outline in Part D (Exhibits A, B, C, D, Statement of Work”) are invited to submit proposal(s)”. It does not state that Partnership for Families (PFF), Exhibit E is available, nor does the section include the Minimum Mandatory Requirement for PFF”. Q: Can proposers apply for Exhibit E: Partnership for Families (PFF)?

184. Part B: Proposal Submission Requirements/page 25/48.0 Preparation of the Proposal/ Two (2) separate proposals must be submitted - a Business Proposal and a Cost Proposal. All Proposals must be bound and submitted in the prescribed format. Any Proposal that deviates from this format may be rejected without review at the County’s sole discretion. A Business Proposal and Cost Proposal are required for each of the four programs and for each geographic catchment area or Service Planning Area where the Proposer plans to provide SCSF services. Please clarify why the highlighted areas states that a Business Proposal and Cost Proposal are required for each of the “Four Programs” (Are there four programs or five?)
185. Section number 48.0, paragraph number 2, page number 25, “A Business Proposal and Cost Proposal are required for each of the four programs and for each geographic catchment area or Service Planning Area where the Proposer plans to provide SCSF services.” Aren’t there 5 programs, not 4? (Prevention and Aftercare Services–Resource Center; Prevention and Aftercare Services – CAPIT; Assessment and Intervention Services; Adoption Promotion and Support Services (APSS); Partnerships for Families (PFF)
186. P. 25 under “48.0 preparation of the proposal” states that a separate proposal is required for each of the **four** programs. Please clarify which of the four programs, since there are **five** programs.
187. 48.0, page 25, second paragraph “A Business Proposal & Cost Proposal are required for each of the four” Don’t you mean FIVE. 1) Resource Center, 2) CAPIT, 3) A&I SOW, 4) APSS, 5) PFF.

Answer: There are five programs in the SCSF Service Delivery Continuum:

1. Prevention and Aftercare – Resource Center
2. Prevention and Aftercare – CAPIT
3. Assessment and Intervention Services
4. Adoption Promotion and Support Services (APSS)
5. Partnerships for Families (PFF)



**CONTRACT TERM**

188. Please provide clarification on the options for extending the contracts beyond the first year. Various sections of the contract indicate six months, month-to-month for six months, two one-year periods, not to exceed December 2017... We are unclear regarding the actual steps that would be taken by the department after

year one should the department decide to extend the contracts. In addition, why are the contracts only going to be 1 year, and what is the likelihood that an extension or some series of extensions will occur after year 1?

189. What is the renewal process after 1 year?
190. The RFP indicates the contract term is one year with the possibility of one month extensions for a maximum of six months (pg. 9; 9.1, 9.2). Are these contracts and the entire system of care going to be disrupted again after one year by putting services out to bid again?
191. Section 9.1 and 9.2/Page 8- "Contingent upon available funding, the term of the contract may also be extended beyond the stated expiration date on a month-to-month basis for a period of time not to exceed six months". The contract term on page 8 indicates a one year term with a month to month extension not to exceed six months. This differs from the sample contracts below, all of which indicate a one year term with the option to extend the contract term for 2 additional one-year periods. Please clarify.

Prevention and Aftercare Sample Contract- Section 2.2/ Page 460  
Assessment and Intervention Sample Contract-Section 2.2/Page 528  
Partnership for Families Sample Contract- Section 2.2/ Page 651

192. This RFP is only for one year. Is it reasonable to assume that agencies will be renewed? If so, how soon in the FY of the first year will that be known? It is a hardship for agencies to hire and retain staff on the basis of a one year contract.
193. RFP Part A - Section 9.1- second paragraph, page 8: "The term of this contract is projected to commence January 1, 2012 or the date of execution by the County's Board of Supervisor's, whichever is later, though December 31, 2014 or one year from the date of execution by the ..." Is the county's fiscal start month changing from July to January?
194. The RFP page 8 and sample contracts present different timeframes for the initial contract – one year and month-to-month for 6 additional months versus one year and two additional years. Which is the accurate timeframes?
195. Re Allocation – One time a year – more?
196. Is the proposed contracts for a year only?
197. \*\*\*\* after 1 year be another RFP released?

Answer: Please refer to Part III, Section 9.0 of Addendum Number One/Two for updated Contract Term information which applies to ALL programs.

**❖ PRICE SHEET / COST PROPOSAL**

198. Required Forms – Part E; Required Form 4-B; Price Sheet page 1 of 2; page 354. May we have written instructions of how to complete this form?

Answer: See Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria

199. Page 361 does not indicate any rates for Partnership For Families – is there a rate structure somewhere that we can have access to?

Answer: There is no current rate structure for Partnership for Families.

200. In the Price Sheet Section (Part E – Required Form 4-A) starting on page 352, are the price sheets for the Prevention and Aftercare Services, both Resource Center and CAPIT, the same? Pages 353 and 355 both say Resource Center Only on top.

Answer: Price Sheets for each SCSF Program are different. Please see Addendum Number Two for the revised Required Form 4-B Prevention and Aftercare Services CAPIT Price Sheet.

201. Part E, Form 4-B, pg. 354: This form has cost for units of service filled in, under “intake” and “average number of families currently served” it states “30”. Are these simply examples of rates and numbers that need to be filled in, or are we free to give projections of how many clients we hope to serve within the year?

Answer: See Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria

202. Part E- Required Form 4-A through 4-E Price Sheet/ Pages 352-363 - Can you clarify the information provided on the price sheets- as some include an average number of families to be served while others do not. For those that do indicate the average number of families served- does this refer to the regional office?

Answer: See Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria

203. Budget forms, pages 352 – 363. Some of the Price Sheets include an indication of the average number of families currently served. Others do not include any indication of the number of families served.

(1) For those that include an average number of families, some indicate it is the average to be served per regional office and others simply indicate “average number of families currently served.” Unless otherwise indicated, is the average number of families served the average number *per regional office*?

Answer: See Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria

(2) (3) If the actual number of families referred is higher than the average on which our cost estimate is based, are we still limited to the funds indicated in

the total cost proposed, or will allowance be made for an increased number of families, based on the average cost per family? (On page 8 of the RFP, it states, "The contractor's rates shall remain firm and fixed for the term of the contract," but "rates" here may be read as per service rather than referring to the entire budget?)

Answer: Completion of Pricing Sheet is for submittal of proposed cost. Upon contract award, cost of actual number of families served must not exceed the contracted Maximum Annual Contract Sum.

(4) For programs for which there is no indication of the average number of families, are you able to provide any additional guidance regarding how to reach an overall cost?

Answer: See Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria

204. Part E, Required Forms, Form 4-C, page 356 and 357, Price Sheet for Assessment and Intervention Services, only lists the Average Number of Families to be serviced. Is the number of families to be calculated based on an annual total?

Answer: See Addendum Two – Required Form, Form 4-C (Pages 4 – 6) Assessment and Intervention Services - Historical Data Information per DCFS Office

205. Price sheet CAPIT: What is included in "average" Professional Current Rate and Professional Rate? Is this a Burdened Payroll Rate only or does it include indirect costs also?

Answer: See Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria

206. Cost proposal forms = is the budget fee – for service or cost reimbursement? And if the former, is there a guaranteed # of referrals to allow for sufficient revenue so staff the programs?

Answer: Please review the Sample Contract for each individual SCSF Program regarding the Contract Sum details as well as Addendum Number Two – 52.17 Cost Proposal Evaluation Criteria

207. Is the Proposal Sheet (Pricing Sheet) placed in both the Business Proposal AND Cost Proposal?

Answer: See Addendum Number Two - 49.9 Business Proposal Required Forms and Section 50.0 Cost Proposal Format.

208. Is the line item budget placed in both the Business Proposal AND Cost Proposal?

Answer: See Addendum Number Two - 49.9 Business Proposal Required

Forms and Section 50.0 Cost Proposal Format.

209. P. 26 & P. 36 of the RFP indicate that required forms should be included as Section G of the Business Proposal, including the budget forms (Required form 4-A/B/C/D/E – Price Sheets and Form 4-F overall budget? If all budget information must be in the Business Proposal, what is required in the Cost Proposal?

Answer: See Addendum Number Two - 49.9 Business Proposal Required Forms and Section 50.0 Cost Proposal Format.

210. Is a budget narrative only required where a form is included in the Exhibit for the program in question?

Answer: See Addendum Number Two - 49.9 Business Proposal Required Forms and Section 50.0 Cost Proposal Format.

211. Statement of Work; Part E Required Forms; Price Sheet; Pages 354 and 355 - Is there a Page 2 of Required Form 4-B? The page 2 of 2 on page 354 is for a Resource Only?

Answer: Please see Addendum Number Two for the revised Required Form 4-B Prevention and Aftercare Services CAPIT Price Sheet.

212. Part E; Required forms 4-B; Page 354 Price Sheet - Are estimated numbers of service units for each service required to be stated on the Price Sheet? On Exhibit B-4 page 120, Part D, this form requests specific units for each service. What is requested on the Price Sheet conflicts with required submitted reports.

Answer: Please see Addendum Number Two for the revised Required Form 4-B Prevention and Aftercare Services CAPIT Price Sheet. Exhibit B-4 page 120 of the RFP, Part D is to be utilized during the term of the contract only and not for proposal submissions.

213. Part E; Required Forms 4-B; Page 354 Price Sheet - Is the unit cost based on per family or service units?

Answer: Please see Addendum Number Two for the revised Required Form 4-B Prevention and Aftercare Services CAPIT Price Sheet.

214. Part E; Required Forms 4-B, Page 354 Price Sheet - Are the numbers under columns Average Number of Families Currently Served and Current Average Number of Units of per Family the minimum number required to be served? Are they stated as information only?

Answer: Please see Addendum Number Two for the revised Required Form 4-B Prevention and Aftercare Services CAPIT Price Sheet.

215. Part E, Form 4-B, pg 354: Price Sheet - What is included in Professional Current Rate of \$65.64? What is included in Paraprofessional Current Rate of \$42.18? Is this the fully burdened rate, including indirect items such as least, insurance, supplies, etc.? OR does this rate only represent the professional staff salary?
- If these rates represent fully burdened dollars, it is very low compared with the standard DMH mental health services rates. Is there a rational for this disparity?
  - How do we fill out this form? Could we have a sample as a powerpoint during the Proposer's Conference?

Answer: Please see Addendum Number Two for the revised Required Form 4-B Prevention and Aftercare Services CAPIT Price Sheet.

216. Price Sheet, Part E, Required Form 4-B, page 354. Current rates are listed in the 4<sup>th</sup> column of the chart. Is the proposed rate to be determined by the contractor since there is no rate listed?

Answer: Please see Addendum Number Two for the revised Required Form 4-B Prevention and Aftercare Services CAPIT Price Sheet.

#### ❖ **QUALITY ASSURANCE**

217. Part B, §49.7, pg. 34: Quality Control Plan: "Present a comprehensive Quality Control Plan to be utilized by the Proposer as a self-monitoring tool to ensure the required services are provided as specified in Exhibits A, B, C, and D. Statement s of Work (as applicable), Statements of Work and Section D, Performance Outcome measures, of each Statement of Work." Please clarify, this is confusing as to what is required. How is this different from the Quality Assurance Plan that is required within each Exhibit?

Answer: Please see Addendum Number Two.

218. RFP page 30, Section 49.6.1.7, states, "Provide a Quality Assurance Plan that describes how requirements of the Prevention and Aftercare – Resource Center service delivery plan will be met, measured, and how any compliance issues will be addressed and managed." How is this different from the information we are asked to include in Section D Quality Control Plan (RFP pages 34-35)?

Answer: Please see Addendum Numbers One and Two.

219. P. 31: 49.6.3.2.4 asks for a Quality Assurance Plan as part of our response to the Proposer's Approach (Section C) for Assessment and Intervention Services. How does this differ from the required Section D-Quality Control Plan? What is the difference between a Quality Assurance Plan and a Quality Control Plan?

Answer: Please see Addendum Number One.

220. P. 34: 49.6.5.8 asks for a Quality Assurance Plan as part of our response to the Proposer's Approach (Section C) for Partnership for Families. However, these instructions ask for our response in terms of the Prevention and Aftercare-Resource Center. Please clarify; are you expecting the Partnership for Families contract to be the same contract as the Resource Center?

Answer: Please see Addendum Numbers One and Two.

221. Page 30: 49.6.1.7 asks for a Quality Assurance Plan as part of our response to the Proposer's Approach (Section C) for Prevention and Aftercare-Resource Center. How does this differ from the required Section D-Quality Control Plan?

Answer: Please see Addendum Numbers One and Two.

222. What is the difference between a Quality Assurance Plan and a Quality Control Plan?

Answer: Please see Addendum Numbers One and Two.

223. RFP – EXAMPLE OF QAP: Can you send me an example of an actual Quality Assurance Plan?

Answer: The Quality Assurance Plan will be an evaluated component of each Proposal submission and sample and example documents will not be provided.

224. Part B, page 30 ff, para 49.6 indicates that we must include a Quality Assurance Plan in the Section C of the proposal, except in the case of the AIS, which requires only a "draft" of the plan and in the case of APSS, which does not require the plan in this section. Part B, page 34 , para 49.7, outlines the requirements for a *separate* section of the proposal, providing "a comprehensive Quality Control Plan." Given the substantial information to be provided in the Quality Assurance Plan (as described in the Statement of Work section of the RFP beginning on page 50), can you advise re how Section D is envisioned to differ from the Quality Assurance Plan section of Section C of the proposal?

Answer: Please see Addendum Numbers One and Two.

225. Part B, para 49.6, indicates that a "draft" Quality Assurance Plan is required for AIS proposals. However, Exhibit C, page 157 ff, indicates that a Quality Assurance Plan is required. Can you clarify?

Answer: Please see Addendum Numbers One and Two.

226. Part B p. 30 – para 49.6 indicates we must include Quality Assurance Plan in Section C of proposal, except in case of the AIS, which requires only a "draft" of the plan and in the case of APSS which does not require the plan in this section.

Answer: Please see Addendum Numbers One and Two.



## MISCELLANEOUS

227. Please reconcile the length of time between the due date for proposals (August 23, 2012) and the date for award recommendations (July 8, 2013).

228. Why is the deadline so early if the grant isn't anticipated to be executed until January 2014 at the earliest?

Answer: The solicitation process is lengthy because it involves large numbers of contractors, legally required processes, and legally mandated time periods. DCFS has made every effort to shorten time frames where it is possible to do so.

229. Please provide the rationale for choosing to hold the mandatory bidders conference on a Monday night quite outside of regular business hours?

Answer: The County of Los Angeles is required by Federal, State, and local laws, regulations, and ordinances to provide access to a Proposers Conference at a site able to accommodate the anticipated number of Proposers so that all Proposers will have access to the same information. To achieve this, the County had to find a facility large enough to accommodate the anticipated number of Proposers within the time frame specified in the RFP.

230. INCENTIVE FOR APPLYING FOR ALL 5 PROGRAMS: Is there an incentive for applicants that apply for all 5 programs (i.e., will such applicants receive additional points)?

Answer: While Proposers are encouraged to apply for all of the programs for which they are eligible, there are no incentives in the RFP for applying for all five programs in the RFP. Applying for all five programs will not result in additional points in a Proposer's score. Each program category will be rated separately by subject matter experts from that program category. Although there are some aspects common to all programs, each program is an individual activity area with specific requirements as set out in the RFP.

231. RFP - REFERENCES: In addition to completing the required References form, should applicants attach Letters of Support or MOUs? If not, what is an appropriate mechanism for agencies to illustrate current partnerships/collaborations?

Answer: Letters of support, Memoranda of Understanding (MOUs), and/or other documentation are not requested, since these forms are for determination of eligibility only.

The most appropriate placement of a discussion and documentation on collaborations or partnerships would appear to be under the relevant program's "Proposer's Approach to Provide Required Services for \_\_\_\_\_, as part of Section C of the Proposer's

Business Proposal, i.e., any one or more of the following depending upon the program(s) for which the Proposer is applying:

1. Proposer's Approach to Provide Required Services for Prevention and Aftercare Services – Resource Center, Section 49.6.1, page 29 (especially Subsection 49.6.1.2, page 30);
2. Proposer's Approach to Provide Required Services for Prevention and Aftercare Services – CAPIT, Section 49.6.2, (especially Subsection 49.6.2.2, page 30);
3. Proposer's Approach to Provide Required Services for Assessment and Intervention Services, Section 49.6.3, (especially Subsection 49.6.3.2.3, page 31);
4. Proposer's Approach to Provide Required Services for Adoption Promotion and Support Services (APSS), Section 49.6.4, (especially Subsections 49.6.4.6.6 and 49.6.4.6.9, page 33); and
5. Proposer's Approach to Provide Required Services for Partnerships for Families (PFF), Section 49.6.5, (especially Subsection 49.6.5.3, page 34).

Proposers are cautioned about limitations on size of the Business Proposal, as explained in the revised Part B – Proposal Submission Requirements, Section 49.0 Business Proposal Format, Addendum Number One (see page 6).

232. RFP – SAMPLE CONTRACT: Part F: Appendix A, Sample Contract/page 418/ Prevention and Aftercare Services – Resource Center/PART II: STANDARD TERMS AND CONDITIONS - 1.0 ADMINISTRATION OF CONTRACT – CONTRACTOR 1.1 CONTRACTOR's Program Director – Is the Program Director the Program Manager or Clinical Director?
233. Sect. 1.0 – Admin of Contract Contractor: In the Sample Contract under Staff states we would need a Clinical direct and Program Manager but later it states that the program director listed in Attachment J to take care of day to day operations is related to contract – is that an additional staff requirement for Resource Center – CD, PM and PI).

Answer: A review of Part D – Exhibit A - Statement of Work, Prevention and Aftercare Services – Resource Center, pages 50-92 of the RFP and Part F – SAMPLE CONTRACTS, Appendix A, Sample Contract, Prevention and Aftercare Services, pages 390-451, indicates that the Contractor Program Director is the Contractor Program Manager, but that the Clinical Director is a separate position.

The Contractor Program Manager or Director is an administrative position and the Clinical Director is a professionally licensed position. There is nothing to preclude a Clinical Director from becoming a

Program Manager or Director if the Clinical Director were to gain two years' experience managing an entire social service agency (both administrative and treatment activities), but the Program Manager or Director with a minimum of a Bachelor's degree would have to earn a higher degree and license in order to meet the qualifications of a Clinical Director. As given in the contract, the two positions are separate.

234. On page 27, 49.2, it states, "Required Support Documents: Corporations or Limited Liability Company (LLC): The Proposer must submit the following documentation with the Proposal: A. A copy of a "Certificate of Good Standing" with the state of incorporation/organization. B. A conformed copy of the most recent "Statement of Information" as filed with the California Secretary of State listing corporate officers or members and managers." We assume that all corporations have to include copies of these two documents, is that correct? It is a copy and not an original, correct?

Answer: Per Part B – PROPOSAL SUBMISSION REQUIREMENTS, Section 49.0 Proposer's Organization Questionnaire/Affidavit and Required Support Documentation, Subsection 49.2, Proposers which are corporations must submit a copy of a "Certificate of Good Standing" with the state where Proposer is incorporated or organized or a conformed copy of the recent Corporate Statement of Information filed with the California Secretary of State. Proposers which are Limited Liability Companies (LLCs) must provide a conformed copy of the Certificate of Limited Partnership (LLC) or Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State, and any amendments. As defined in legal terms, conformed copies may not include all signatures and a seal, which means the County will accept COPIES and PHOTOCOPIES of these documents during the proposal submission process. Such documents will be subject to verification. No entity will ultimately receive a contract under this RFP unless and until the County receives a certified ORIGINAL document of the requested information, so Proposers are encouraged to apply as soon as possible to California or other states for the originals of these documents that will be needed for final contracts, if the Proposers do not already have the originals available upon request.

NOTE: The Proposer's Organizational Questionnaire/Affidavit and Part E - Required Form 22 call for placement of the Corporate Statement of Information (or LLC documentation) in the Business Proposal. Proposers may place this documentation only once in their proposal where it is called for first (Proposer's Organization Questionnaire/Affidavit), and simply give the page number where the information may be found for the second occurrence in Part E – Required Form 22.

235. It also states, "Limited Partnership: The Proposer must submit a conformed copy ... "This is only for Limited Partnerships, correct? We don't have to form a limited partnership, correct

Answer: No, Proposers do not have to form LLCs. If the Proposer is a corporation, the Proposer needs to submit only a "Certificate of Good Standing" with state where the Proposer is incorporated or organized or a conformed copy (photocopy) of the most recent California Statement of Information. If the Proposer is an LLC, the documentation must be a conformed copy (photocopy) of the Certificate of Limited Partnership (LLC) or Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State, and any amendments.

236. Part F, Appendix F (E), Section 3.7, Pg. 592: "Contractor shall utilize a maximum of ten percent (10%) of their Maximum Annual Contract Sum for administrative/indirect costs.

Answer: This question appears to be asking for clarification on what administrative/indirect costs are and why there is a limit on administrative/indirect costs.

The Auditor Controller's Contract Accounting and Administration Handbook, Attachment F of all sample contracts and shown in Part H – ATTACHMENTS (see pages 717 through 742 of the RFP) defines indirect costs as "those costs that have been incurred for common or joint purposes and can not be readily identified with a particular final cost objective. Examples of indirect costs include salaries, employee benefits, supplies, and other costs related to general administration of the organization, depreciation and use allowances, and the salaries and expenses of executive officers, personnel administration, and accounting." (page 736)

All of the sample contracts in Part F – SAMPLE CONTRACTS, pages 389-704, except for the CAPIT contract, contain Part I, UNIQUE TERMS AND CONDITIONS, Section 3.0 CONTRACT SUM, Subsection 3.7, which reads as follows:

3.7 CONTRACTOR shall utilize a maximum of ten percent (10%) of their Maximum Annual Contract Sum for administrative/indirect costs. Unless, the agency has a federally approved indirect cost rate letter of over 10%.

The CAPIT sample contract includes the first sentence but not the second sentence of Section 3.7. This is because CAPIT is funded by the State, rather than the Federal government, through AB1733/AB2994 funding. Federal regulations limit administrative/indirect costs to 10% of the total (annual) contract award for the other programs unless the contractor can substantiate via a federally approved indirect cost rate letter that the contractor's indirect cost rate is justified and historically higher than 10%.

See the next item (Item 241) for a general definition of administrative costs.

237. What is included as an administrative cost? Would this include administrative support provided for the delivery of program services? Or would this only include costs identified as general and administrative?
238. What Administrative expenses are allowed in the contracts?

Answer: This answer can not be definitive because the answer depends on a question that is general in nature. Each Proposer should consult with their organization's fiscal staff for specific answers to specific questions. However, some generalizations can be made.

An administrative cost, as opposed to a program cost, is generally a cost that is for an organization's overall function and management rather than for specific program activities. Administrative costs can be direct or indirect costs, depending on whether they can be allocated easily to specific programs. Administrative costs would include such costs as the personnel salaries and employee benefits of the chief executive officer (CEO) and the CEO's staff, except where such staff is engaged in direct supervision of programs and program activities. Other administrative costs include general liability insurance, general legal services, personnel functions, payroll, accounting, auditing, payment of interest on notes, rent, utilities, and building maintenance.

If administrative support is provided for the delivery of specific program services, the administrative costs associated with this program related function could be directly allocated to program services as direct costs. Generally, administrative costs that are limited to the 10% in Item 240 above are identified as general expenses of an organization bearing very little relationship to specific programs of the organization.

239. What counts as indirect costs and administrative costs? What is the difference between the two?

Answer: The response to Item 240 provides a definition of "indirect costs" from the Auditor Controller Contract and Administration Handbook. The response to Item 241 provides a definition of "administrative costs."

The differences between the two types of costs should be clear. Indirect costs can be both administrative and non-administrative (program) costs. Administrative costs may be classified and tracked as direct program costs when they can be reasonably allocated to one or more programs. Such costs are classified as indirect when it is not practical to allocate the costs among programs. Administrative costs can be both indirect costs and direct costs. Administrative costs can be direct if they can be reasonably allocated and tracked as belonging to particular program activities. They are classified as indirect when there is no reasonable or easy way to allocate them among programs.

240. Part F, Appendix A, Section 5.2, Pg 405: "Contractor, without prior approval of County may reallocate up to a maximum of five percent of the Maximum Contract Sum between categories of Contractor's approved budget"

Answer: It appears that this question is seeking verification that a successful contractor, after the contract is in place, can reallocate funds between approved budget categories up to an amount that is five percent (5%) of the (Annual) Maximum Contract Sum (all budget amounts are approved on a yearly basis). This is true. Part F – SAMPLE CONTRACTS - Appendix A, Prevention and Aftercare Services, Section 5.0, INVOICES AND PAYMENTS, Subsection 5.2, page 405, provides "Contractor, without prior approval of COUNTY, may reallocate up to a maximum of five (5) percent of the Maximum Contract Sum between categories (i.e., personnel, employee benefits, supplies and expenses, equipment, travel and indirect costs) of CONTRACTOR's approved Budget."

This means the contractor does not have to have County Program Manager approval for this particular one-time budget modification. If for example, the Annual Maximum Contract Budget is \$100,000, the contractor can "move" funds up to \$5,000 ( $\$100,000 \times .05 = \$5,000$ ) among the approved categories listed in Subsection 5.2. For all other budget modifications and for any previously unapproved budget categories, the contractor must seek the approval of the County Program Manager. The shifting of funds must not result in an increase in the Maximum Contract Sum. Subsection 5.2 further provides that "CONTRACTOR shall request COUNTY's approval in writing for line item budget reallocations above the five (5) percent maximum," and "Such requests to COUNTY shall be addressed to the COUNTY Program Manager."

241. How often during the contract term can contractor reallocate between categories? Is there any limitation with regard to the change in the percentage of a category within the total contract as the result of a reallocation?

Answer: Per Subsection 5.2, the contractor does not need approval to reallocate up to 5% of the Annual Maximum Contract Sum, regardless of the effect on or percentage change for any budget category(ies). For additional budget modifications contemplated in this subsection, the County Program Manager may assess the effect of such additional Budget modifications on budget categories as part of the approval or disapproval of additional requested Budget modifications.

242. Part A, §14.0, pg. 9: WebVen registration: "Prior to a contract award, all potential Contractors must register in the County's WebVen." When exactly must this be done? Prior to submission of the Proposal? After submission? If after submission? When?

Answer: The answer is found in the question, more specifically, the quotation provided above. Part A – GENERAL INFORMATION AND REQUIREMENTS - Section 14.0, Mandatory Requirement to Register

on County's WebVen, page 9 requires "potential contractors" to register on the County's WebVen "prior to a contract award." Per Section 14.0, any time prior to the contract award would qualify as an acceptable time frame. Access to the County's WebVen is available through the internet, which provides flexibility as to when a potential contractor may register.

243. Section 52.0, Paragraph 52.4, page 42: "... points will be deducted for CARD, inability ..." What is CARD?
244. Section 52.4/Page 42- "Proposals evaluated in Phase Two will then be progressed to Phase Three where points will be deducted for CARD.. " What is CARD?
245. Part C, page 42, 52.4. What is CARD?

Answer: Contractor Alert Reporting Database (CARD) is a countywide database that the County maintains to track/monitor contractor performance history. Information entered into such databases may be used for a variety of purposes, including determining whether the County will exercise a contract term extension option.

246. Section 44.0 RFP Timetable, Page 23: "Deadline to Request Review of Proposed Contractor Selection" is January 25, 2013; however, no date is listed for announcement of proposed contractor selection; what is the date for announcement of proposed contractor selection?

Answer: Per Part B – PROPOSAL SUBMISSION REQUIREMENTS – Section 44.0 RFP Timetable, page 23, the category for announcement of proposed contractor selection is the "Tentative Award Recommendation" category, which gives July 8, 2013 as the date for announcement of proposed contractor selections. However, this date has been revised to "**On or about July 30, 2013**" in Addendum Number One (See IV., page 4), and may be further revised by future addenda.

247. Section 49.0, paragraph 49.5. A, page 28: "A. Proposer's Background and Experience (Section B.1)". If agency experience is described in this section, why is it required again under Section 49.6, 49.6.1 Proposer's Approach to Provide Required Services for Prevention Aftercare Services – Resource Center (Section C): paragraphs 49.6.1.1, 49.6.1.2, and 49.6.1.3? Similarly, why is it required under paragraphs 49.6.2.1 and 49.6.2.2?

Answer: The two parts of the Business Proposal ask for different information. Part B – PROPOSAL SUBMISSION REQUIREMENTS – Section 49.0 Business Proposal Format, Subsection 49.5 Proposer's Background and Experience, page 28 requests "a summary of relevant background information to demonstrate that the Proposer meets the minimum requirements." [emphases added]

By contrast, the later sections noted above are in Section 49.6,

Proposer's Approach to Provide Required Services, and request more in-depth discussions of the Proposer's experience and its relationship to the Proposer's approach to providing services.

248. Page 28 under "49.5 A: Background and Experience" states that minimum requirements are stated in Section 6.0 of the RFP. However, 6.0 is titled "Definitions" (page 5). Please clarify.

Answer: At least two references to Section 7.0, Minimum Mandatory Requirements, were inadvertently mislabeled as Section 6.0, including the reference in this question (Section 49.5, page 28) and Part E – Required Form 1, Page 2 of 2, p. 348 (4 references to parts of Section 6.0—6.1, 6.2, 6.3, and 6.4).

In Part C – SELECTION PROCESS AND EVALUATION PROCESS – Section 52.0, Selection Process, Subsection 52.1.1, there is an incorrect reference to Section 8.0 as Proposer's Minimum Requirements.

249. Item 49.5, pg 28 – A) Proposers Background and Experience "Proposer meets the minimum requirements stated in Section 6.0 of this RFP... Q: Should this read Section 7.0

Answer: Yes. Some references to Section 7.0, Minimum Mandatory Requirements, were inadvertently mislabeled in some areas of the RFP as Section 6.0. See the response to Item 253 immediately above.

250. Item 21.0, pg11-12: Background and Security Investigations - Questions: Our form does not have the option of receiving subsequent arrest notification(s). Does current staff need to be Re-Live Scanned?

Answer: Each of the sample contracts has the section "Background and Security Investigations" in Title I, UNIQUE TERMS AND CONDITIONS as follows:

|                        |              |                    |
|------------------------|--------------|--------------------|
| Resource Center        | Section 10.0 | page 411           |
| CAPIT                  | Section 12.0 | page 472 (not 471) |
| Assessment & Interven. | Section 12.0 | page 540           |
| APSS                   | Section 6.0  | page 599           |
| PFF                    | Section 10.0 | page 664           |

Requiring contractors to have all of their affected staff (who come in contact with children) to pass a background check satisfactory to the County "as a condition of beginning and continuing to work under this contract" in the first paragraph of all sections above suggests that current staff in current programs will also need to be Re-Live Scanned

at the start of the new contracts. Current contractors who are awarded new contracts may want to check with their assigned Program Manager or monitor to determine whether a background check of continuing staff within the most recent 12 months of the contract start date may be sufficient to satisfy auditing and monitoring requirements.

251. It is very confusing to determine how the application will be judged – by SPA, district office, supervisorial district, etc. Is there a ranking in terms of preference? If you are an agency that has multiple offices, what does one use for supportive data?

Answer: It is important to emphasize that Proposals will be scored only on the basis of the Proposal Evaluation and Criteria set out in Part C – SELECTION PROCESS AND EVALUATION PROCESS, Section 52.0, Selection Process, Subsections 52.13 through 52.17, pages 44-46, as amended thus far by Addendum Number One, pages 8-10. The major evaluation categories include:

Proposer's Qualifications (30%)  
Proposer's Approach to Providing Required Services (40%)  
Quality Control Assurance Plan (10%)  
Cost Proposal Evaluation Criteria (20%; 23% for CAPIT)

The only ranking that will be important in terms of preference, therefore, is the highest possible score to compete for a SPA, regional office, catchment area, etc. and to compete for all areas for which a Proposer is eligible in order to maximize the Proposer's chances for funding.

A Proposer with multiple offices should determine what areas the Proposer can and should serve, and then develop supportive data for those area(s) in terms of the particular areas defining each program, whether SPA, regional office, catchment area, or other area, within the requirements of the program components set out in the RFP.

252. Can DCFS and the email system become HIPPA compliant so as to address the complexity and time delays of faxing for response on weekends?

Answer: This question is outside the scope of RFP requirements and should be taken up in another venue.

253. How many contracts will be awarded in the Santa Clarita Valley?

- a. What is the funding amount County is offering per program?
- b. Is Santa Clarita Valley a regional office or is it still a part of the WSFV Regional Office?

Answer: Please refer to Addendum #2 for information on the funding allocations per program.

Santa Clarita is served by the DCFS Santa Clarita Regional office, housed in Santa Clarita, and through an outstation of Santa Clarita staff housed at the San Fernando Valley office.

254. Section 4.2.3.1, paragraph one, page 100, “verification of County of Los Angeles residency. ” Can the County please define acceptable forms of Los Angeles residency?

Answer: Acceptable forms of residency verification include utility (gas and electric) bills, current California ID Card or Drivers License, rental agreement or lease, and similar forms of documentation that are tied to specific locations. The homeless technically have no home address and therefore are considered to be residents of wherever they are situated.

255. 6.1 Paragraph 2 “Contractor shall be available to receive referrals on COUNTY approved holidays” Question: What holidays are approved by the county?

Answer: The COUNTY observes and closes all of its offices for the following eleven (11) holidays: (1) New Years; (2) Martin Luther King’s Birthday; (3) President’s Day; (4) Memorial Day (5) Independence Day; (6) Labor Day; (7) Columbus Day; (8) Veterans Day; (9) Thanksgiving; (10) Friday After Thanksgiving; and (11) Christmas.

256. 52.17 Cost Proposal Evaluation Criteria P.46 - What is the TOTAL % ceiling for “County Directed Discretionary Funds” in each of the Service Categories?

Answer: County Directed Discretionary Funds are not weighed, in respect to a % ceiling on County directed discretionary funding for each service categories for this RFP, the funds are to be allocated in equal percentile to the designed service categories that the funds are slated for.

257. 24.3 Determination of Proposer Responsibility pg 13 - Can you give examples of what would identify a Proposer as ‘not responsible’?

Answer: Per Part B – GENERAL INFORMATION AND REQUIREMENTS – Section 24.0, Determination of Proposer Responsibility, Subsection 24.2, page 12 reads as follows:

Some common offenses committed by non-responsible contractors include failure to perform according to the contract, failure to pay payroll and IRS taxes, labor law violations, dishonest business practices or advertising, submission of false claims for payment, and other dishonest and unethical practices.

258. RFP – REQUEST FOR ELECTRONIC VERSION OF FORMS: Can DCFS provide the forms and the attachments electronically -in Word rather than in PFD, to facilitate their completion?

259. Part H – Attachments; Page 710 - Will the required attachments be available in a word document? The forms in the RFP are a PDF format.

Answer: No, Word documents will not be provided. Replication of any form is permitted as long as the replication is an exact or nearly exact copy of the form and includes ALL of the information on the RFP form. The Proposer is responsible for making sure that forms contain all requested information.

260. The format for the line item budget required under Exhibit C-28, p. 229, is different from the budget format indicated in Form 4-F on page 363. The form at Exhibit C-28 indicates that the form is “to be created by the vendor.” Can you provide additional clarification/guidance?

Answer: It is important to recognize that Part D – STATEMENTS OF WORK – Exhibit C, Assessment and Intervention Services Statement of Work, Exhibit C-28, Budget, p. 229, will be part of the contract for successful Proposers and does not have to be filled out at this time. The first page is the Budget (Line Item Budget) and is marked “EXAMPLE OF FORMAT ONLY.” The final forms may change. Page 2 of 2 has been inadvertently mislabeled as “Line Item Budget” when it is actually the “Budget Narrative.” Page 2 of 2 is marked “TO BE CREATED BY VENDOR” because every budget narrative and its calculations are different. Successful Proposers will be asked to complete a Line Item Budget and Budget Narrative at a later time and will be provided instructions when contracts are being developed.

Part E – REQUIRED FORMS – Required Form 4-F, SAMPLE LINE ITEM BUDGET SHEET, page 363, is the Line Item Budget that must be filled out as part of each Cost Proposal, per Part B – PROPOSAL SUBMISSION REQUIREMENTS – Section 50.0, Cost Proposal Form, page 37, as revised in Addendum Number One, pages 6-7. A free-form Budget Narrative must also be completed, as well as a Cover Page, Price Sheet (appropriate form from Required Forms 4-A through 4-E), and Required Form 15, Certification of Independent Price Determination and Acknowledgement of RFP Restrictions, page 376.

Form 4-F is basically a budget with budget categories, for which Proposers fill in the amounts and explain, calculate, and justify the amounts in the flexible Budget Narrative.

261. LIST OF TECHNICAL EXHIBITS for STATEMENT OF WORK – EXHIBIT A (Page 71) - Exhibit A-9, A-10 and A-11 were missing

Answer: Please refer to Addendum #2.

262. Section 12.0 Contractor’s Staff Identification; page 413 - 12.1 Contractor shall provide, at Contractor’s expense, all staff providing services under this contract with a photo identification badge. What is the purpose of the photo identification badge?

Answer: The County has made Photo Identification Badges a requirement of the contract. Badges provide enhanced security for an agency and also make it possible to identify persons as agency employees for payroll, County auditing, and other purposes.

263. Is a budget narrative only required where a form is included in the Exhibit for the program in question?

Answer: No. It is a standard County practice to require a budget narrative to accompany a budget, in order to fully understand how the budget was developed and calculated. In the RFP, Part E – REQUIRED FORMS, Form 4-F, page 363 is the Sample Line Item Budget Sheet. In Part B – PROPOSAL SUBMISSION REQUIREMENTS – Section 50.0, Cost Proposal Form, page 37, as revised in Addendum Number One, pages 6-7, the Cost Proposal requires Form 4-F, as well as a free-form Budget Narrative that must accompany the Budget. The required forms for each Cost Proposal, in order of appearance, are:

- Cover Page;
- Price Sheet (appropriate form from Part E -Required Forms 4-A through 4-E);
- the Line Item Budget;
- Budget Narrative; and
- Part E - Required Form 15, Certification of Independent Price Determination and Acknowledgement of RFP Restrictions, page 376.

264. Section 5.17 Cost of Living Adjustments (COLAs) - intentionally left blank: Is a COLA an allowable expense for the PFF contract? This information would be helpful when preparing the PFF Price Sheet.

Answer: No, the County Contract for the Partnerships for Families (PFF) component does not allow inclusion of COLAs. COLAs are not included in any of the five sample contracts.

265. As described the highest # of potential points (2) will be assigned to the lowest bidder. Since the cost proposal is being submitted separately is it the intent of the dept to have the cost proposals reviewed and scored entirely independent of the quality of services described in the business proposal.

Answer: Please see Addendum Numbers One and Two.

266. Funding level for each program? Max per contract? (CAPIT)

Answer: Please refer to Addendum #2 for information about funding allocations per program.

267. You have stated there is only enough money for 14 sites, yet you don't tell us how much is available. Please clarify this contradiction. (Note: DMH regularly gives an amount available to bidders). (Prevention and Aftercare: Resource Center)

Answer: Please refer to Addendum #2 for information about funding allocations per program.

268. Cost proposal is important of what is costing, because one agency can meet all the minimum e.g. BA level or under staff. But the quality is not the same. I suggest to \*\*\*\* the reasonable quality of the program and the cost.

Answer: The Cost Proposal for each program and area is indeed important, because Proposers are responsible for providing competitive rates while also ensuring the quality of their services. This is why the RFP includes an evaluation of experience, program approach, and quality assurance as well as cost. Cost is currently rated at 20 percent (20%; 23% for CAPIT) while the other factors are rated for a total of about 70%. The RFP's evaluation criteria in Part C, SELECTION PROCESS AND EVALUATION PROCESS – Section 52.0, Section Process, Subsections 52.13 through 52.17 ensure that the major aspects of a Proposer's program as well as cost are evaluated in detail to develop a composite score that reflects both cost and other factors.

269. Given all the questions and the addendums that have to be made, can the submission date be pushed back? We have only 5 weeks to write proposals and we are just now receiving clarification on major issues and waiting for others to still be clarified.

Answer: Addendum Number One, page 4, provides a revised timetable for this RFP. It includes a new submission date of Friday, October 12, 2012 at 12:00 p.m. (noon), which allows approximately two additional months to submit proposals. DCFS may consider additional revisions to the Addendum Number One timetable in future addenda.

270. Will DCFS make non PDF or Writeable PDF forms available to complete? The RFP is all PDF but there are some fill in forms we need to complete.

271. Will DCFS make available electronic versions of Required Forms in Word or Excel format?

Answer: No, Word documents will not be provided. As indicated in Item 51 above, replication of any form is permitted as long as the replication is an exact or nearly exact copy of the form and includes ALL of the information on the RFP form. The Proposer is responsible for making sure that forms contain all requested information.

272. Is the required experience \*\*\*\* be from LA. Or other counties are allowed?

Answer: Part A – INTRODUCTION, Section 7.0, Minimum Mandatory Requirements, pages 5-7, does not require that program experience be in Los Angeles County. Subsections 7.5 through 7.8 on additional minimum requirements require experience “equivalent or similar to the services” [emphasis added] in the Statements of Work in Part D. Therefore, program experience in other counties or regions of the country is also acceptable. Please note, however, that Subsection 7.8.2 provides that an APSS Proposer “must have a service provider office within the [Los Angeles County] SPA for which a proposal is being submitted,” which would appear to require that the Proposer have at least some program experience in Los Angeles County.

273. What is included in “average” Professional Current Rate and Professional Rate?

Answer: There is no citation as to the part of the RFP being questioned, but it appears that the applicable form containing current or average Professional and **Para**professional rates is Part E – Required Form 4-B, Price Sheet for CAPIT, pages 354-355.

In order for these forms (Required Form 4-A through Form 4-E, pages 352-362) to correctly correspond with the Line/Item Budget in Required Form 4-F, page 363, it is important to recognize that the Proposer’s proposed hourly rates must be LOADED RATES, meaning that they must include all costs of the program in the rates, not merely the professional staff’s or paraprofessional staff’s hourly cost. The Total Cost calculated for the bottom, right-most column on page 1 of each of these forms, which must also be transmitted to the second column of the single-row, 2-column table on page 2 of each form (page 3 for Form 4-C), **MUST ALSO MATCH THE TOTAL COST OF THE LINE ITEM BUDGET** in Required Form 4-F, page 363. In brief, all three of these totals must match for each Proposal.

274. When are we going to get a written copy of all your responses to our questions?

Answer: These Questions and Answers will be provided upon their release in Addendum Number Two of the RFP.

275. You have person’s who already have these contracts: are you making any special entry provisions for new contractors – who have never had DCFS contracts before.

Answer: No, this is a new RFP, which is an open and competitive process for all who are interested in competing.

276. TRANSITIONAL JOB OPPORTUNITIES PREFERENCE: In Part C, Paragraph 52.17, page 46, it states that “five percent (5%) of the lowest cost proposed will be calculated and that amount will be deducted from the Cost submitted by all Proposers who requested and were granted the Transitional Job Opportunities Preference.” Our organization is currently providing Work Experience (WEX) to a GAIN participant under contract with the Job Training & Development Department of the City of Hawthorne on behalf of the South Bay Workforce

Investment Board. We would like to request the Transitional Job Opportunities Preference. Would our participation in the above described program qualify for the Transitional Job Opportunities Preference under this RFP?

Answer: Proposers are always welcome to apply for the Transitional Job Opportunities Preference by filling out Part E – Required Form 26, Transitional Job Opportunities Preference Application, page 387 and submitting it with appropriate Proposals, as long as the Proposer believes the objective of their Work Experience or other program is a transitional job opportunity to prepare the homeless, or persons who have been long-term unemployed (such as, but not limited to, persons with addictions or at-risk youth) for a return to unsubsidized employment and can show how the transitional job and supportive services are enhancing the persons' job prospects and outlook. If the Proposer's application and program are judged by DCFS as convincing, appropriate to this preference, and meet all requirements set out in Part A – GENERAL INFORMATION AND REQUIREMENTS – Section 39.0, Transitional Job Opportunities Preference, page 20 of the RFP, the Proposer will be certified for the Transitional Job Opportunities Preference and will receive the preference(s), as defined, during the selection process.

277. Part E, Form 26, pg. 387: "Transitional Job Opportunities Preference" - What does this mean? And require?

Answer: The Los Angeles County Transitional Job Opportunities Preference is a program approved by the Board of Supervisors in Chapter 2.205 of the County Code to give contracting preference to nonprofit organizations who provide the homeless and/or other long-term unemployed persons (such as, but not limited to, persons with addictions or at-risk youth) with short-term, wage-paying subsidized employment and the supportive services necessary to assist these individuals to eventually acquire unsubsidized employment. For this solicitation, where the highest scored Proposers will be selected, the preference for agencies certified by a County Department amounts to up to eight percent (8%) of the cost/price component of the evaluation, determined by instructions issued by the Internal Services Department.

As explained in Part A – GENERAL INFORMATION AND REQUIREMENTS, Section 39.0, Transitional Job Opportunities Preference Program, page 20 of the RFP, an organizations must file an application to DCFS along with their Proposal to request the Transitional Job Opportunities Preference found in Part E – Required Form 26, page 387. The organization must:

1. demonstrate that the organization is a nonprofit organization as defined in Section 501(c)(3) of the Internal Revenue Service (IRS) Code by attaching the IRS 501(c)(3) Determination Letter;
2. attach the organization's three most recent tax returns to show

that the organization has been a nonprofit for at least 3 years;

3. have a Transitional Job Opportunities program in place for at least one year; and
4. provide a description of the organization's program, including program participants, program components, number of past program participants, and any additional information requested by DCFS.

If the applicant meets all requirements, DCFS will approve and certify the Proposer as a Transitional Employer and apply the preference as appropriate.

278. Bonus points for Transitional Job Opportunity 5% or rose to 8%?

Answer: The RFP, Part C – SELECTION PROCESS AND EVALUATION PROCESS – Section 52.0, Selection Process, Subsection 52.17, Cost Proposal Evaluation Criteria..., page 46 and as revised by Addendum Number One, which separates the Transitional Job Opportunities page into a separate Sub-subsection, 52.17.8, page 10, has inadvertently used an incorrect percentage (5% instead of 8%) and an incorrect standard for applying the preference. The County Code, Chapter 2.205.060, reads as follows:

**2.205.060 Responsibilities and standards.**

A. In order to facilitate the participation of transitional employers in county purchases of goods and services, departments shall provide for transitional employer preferences in their purchase of goods and services where responsibility and quality are equal.

B. In solicitations where an award is to be made to the lowest responsible bidder meeting specifications, the preference to the transitional employer shall be eight percent (8%) of the lowest responsible bidder meeting specifications, determined according to the instructions issued by the Internal Services Department.

C. In solicitations where an award is to be made to the highest scored proposer based on evaluation factors in addition to cost/price, the preference to the transitional employer shall be eight percent (8%) of the cost/price component of the evaluation, determined according to the instructions issued by the Internal Services Department.

D. In order for a transitional employer to be eligible to claim the preference, the entity must request the preference in the solicitation response.

E. When an applicable statute limits the preference to the transitional employer at five percent (5%) or some other amount less than eight percent (8%), the applicable statute shall determine the preference amount. (Ord. 2012-0025 § 2, 2012: Ord. 2007-0013 § 1 (part), 2007.)

It appears that 2.205.060 (B) generally applies to Invitation for Bids solicitation documents, while 2.205.060 (C) refers to RFP solicitation

documents such as this RFP, where **“an award is to be made to the highest scored proposer based on evaluation factors in addition to cost/price.”** [emphasis added] Therefore, Section 52.17.8 must be revised to apply the standard in 2.205.060 (C) rather than the standard in 2.205.060 (B), and will now read as follows:

52.17.8 Transitional Job Opportunities Preference: Certified and approved Transitional Employers who have fully and accurately completed an application for the Transitional Job Opportunities Preference for this RFP, meet all requirements for the Transitional Job Opportunities Preference in the County Code, Chapter 2.205, and have been certified and approved as Transitional Employers by DCFS, shall have their final composite score for each Proposal raised by an amount equal to eight percent (8%) of their Cost Proposal score for each respective Proposal.

279. Are signatures to be made in blue and/or black ink?

280. For signatures, Blue or Black ink?

Answer: Black ink is preferred because it photocopies more clearly, but blue ink is acceptable. Proposers are reminded that they must submit their original Business Proposal with 5 photocopies of same and their Cost Proposal for each Proposal with five copies of same, with the Business Proposal and copies and Cost Proposal and copies to be packaged/submitted separately, per the revised Part B – PROPOSAL SUBMISSION REQUIREMENTS, Section 51.0, Proposal Submission, in Addendum Number One, pages 7-8.

281. Section 52.17, Cost Proposal Evaluation Criteria (pg 46) – To which County agency does a proposer apply to be granted the Transitional Job Opportunities Preference? Is there sufficient time before the proposal due date to receive the certification.

Answer: The answer to the question is provided in the County Code, Chapter 2.205. In its various sections, the Code provides as follows:

The Definitions Section, 2.205.030 (B), defines department as:

B. “Department” shall mean the county department, entity, or organization responsible for the solicitation.

The Certification Section, 2.205.050, provides that:

Each department is responsible for certifying that a contractor is a transitional employer.

The Responsibilities and Standards Section, 2.205.060 (D), defines department as:

D. In order for a transitional employer to be eligible to claim the preference, the

entity must request the preference in the solicitation response. 060 (D)

These provisions and others make it clear that Proposers desiring the Transitional Job Opportunities Preference must apply to the specific department and under the specific solicitation to be approved and certified. This means that DCFS is responsible for approving and certifying Transitional Employers under this solicitation. Applying the actual preference as part of the score, however, must be “determined according to the instructions issued by the Internal Services Department.” [2.205.060(C)] Chapter 2.205.050 further provides that “Each department shall certify transitional employers and maintain records of such certified businesses and their participation in county purchasing and contracting.” (2.205.050)

282. Again with a question asked and areas of concern that DCFS must review with \*\*\*\* state. Can the time frame for the RFP time be extra?
283. Will the due date for Proposals be backed up to the degree that Questions & Answers are delayed? – if applicable.

Answer: Addendum Number One, page 4, provides a revised timetable for this RFP. It includes a new submission date of Friday, October 12, 2012 at 12:00 p.m. (noon), which allows approximately two additional months to submit proposals. DCFS may consider, but will not guarantee, additional revisions to the Addendum Number One timetable in future addenda if Questions and Answers are delayed or there are other unforeseen delays as suggested by this question.

284. How many contracts will be awarded per Regional Office:

- 1 – Assessment and Intervention
- 2 – Prevention and Aftercare
- 3 – PFF
- 4 – CAPIT
- 5 – APSS

Answer: Please refer to Addendum #2 for information on the number of contracts to be awarded by Regional Office.

285. Can a lead agency apply for all API languages countywide instead of by one language?

Answer: There is nothing in the RFP to preclude a Proposer from applying for as many languages or program components as desired. However, because the basic design of the RFP is by program component, it would appear advisable to not to apply for a composite area above the usual divisions of SPA, Regional Office area, etc. This may also be true for the API languages Proposal.

286. Can an agency be a subcontractor in one program and a lead agency in another?

287. Can an agency be a subcontractor in one area and also apply as a lead in the same area for another specific targeted population? Is that allowed?

Answer: There is nothing in the RFP to preclude a Proposer from serving as a subcontractor in one geographical area or program and also applying as a contractor in the same geographical area or program.

288. Part B, pages 26-27, 49.1. Can you confirm that only one federal tax ID number is required — for the lead contractor? (There is space for only one federal tax ID number on the form.)

Answer: Yes, one (and only one) federal tax ID number is required for the lead Contractor, who will be responsible for filing monthly invoices and reports and will receive contract payments from the County on the contract. The lead contractor will pay any subcontractor(s).

County of Los Angeles – Department of Children and Family Services  
SAFE CHILDREN AND STRONG FAMILIES (SCSF) SERVICES (RFP # 11-053)  
**QUESTIONS AND ANSWERS for SCSF SERVICES**

**GENERAL QUESTIONS (Programs)**  
Attachment X

1. SERVICE DELIVERY CONTINUUM: Section 7.0 - Minimum Mandatory Requirements. Page 6, Section 7.5 - Additional Minimum Requirements to Qualify for Prevention and Aftercare Services, Section 7.6 – Additional Minimum Requirements to Qualify for CAPIT Services: In the Continuum diagram on page 4 these are labeled as Prevention & Aftercare/CAPIT Contract. How are these different? I think the first is Resource Center but it is not clearly stated.

Answer: Section 7.5 pertains to the Resource Center contract and 7.6 pertains to the CAPIT contract.

2. Section 13.0 Subcontracting; page 414 - 13.2 Contractor shall only be permitted to subcontract new and already existing evidence based practice and promising approaches programs as stated within. Is there flexibility on subcontracting only with evidence based practices? What if there isn't an accessible evidence based practice program in the community?

Answer: Please refer to Addendum #1 for information on subcontracting.

3. GENERAL QUESTION – SUBCONTRACTING: Is the Department now unilaterally and emphatically prohibiting subcontracting the core services of in-home outreach counseling and teaching and demonstrating homemaker services?

Answer: Please refer to Addendum #1 for information on subcontracting.

4. What is the DCFS policy on subcontracting?

Answer: Please refer to Addendum #1 for information on subcontracting.

5. How many families are expected to be served for each of the five (5) programs by SPA and/or DCFS Regional Office?

Answer: General information can be found in each of the contracts Price Sheets, however, there is no projection available for the total number of families to be served.

6. What is the total amount of funding available for each of the five (5) programs by SPA and/or DCFS Regional Office?

Answer: Please refer to Addendum #2 for information on funding allocations.

7. The RFP requires that proposers be a certified Medi-Cal provider (Page 7, 7.8.3). Will additional EPSDT funds be available for these proposals?

Answer: EPSDT funding is no longer a requirement for Medi-Cal approved providers for APSS. Please refer to Addendum #1 for additional information.

8. If additional EPSDT funds will be made available for this RFP, what will the amount be for each of the five (5) programs?

Answer: EPSDT funding is no longer a requirement for Medi-Cal approved providers for APSS. Please refer to Addendum #1 for additional information.

9. How many proposals will be funded for each SPA and/or DCFS Regional Office for each of the five (5) programs?

Answer: Please refer to Addendum #2 for information on funding and the number of contracts to be awarded by SPA and Regional Office.

10. Please clarify statement under Region – Select one region only for the 14 regions identified below (Part E-required Form 4-A; Page 362 - Price Sheet). Can an agency apply to service more than one region? If yes, does the resource center have to be in the region area?

Answer: Yes, an agency can submit applications for more than one region. Yes, the resource center needs to be located within the service area.

11. 14.0 PERFORMANCE OUTCOME MEASURES (Page 69) - CONTRACTOR shall adhere to the measures established in Section D of this Statement of Work. 6.0 PERFORMANCE OUTCOME MEASURES (Page 104) - CONTRACTOR shall adhere to the measures established in Section D of this Statement of Work. How often will the COUNTY be sharing data with CONTRACTOR to ensure desired outcomes are met?

Answer: The expectation is that the County will provide information on a quarterly basis with the Contractors.

12. Part A – General Info and Requirements, Section 11 “Days of Operation,” paragraph 11.1, p. 8 - Would we be required to provide services on Sat and/or Sun?

Answer: The Resource Center contract shall adhere to the following hours of operations: Monday through Friday from 8:00 AM to 5:00 PM and non-traditional hours Monday through Friday from 5:01 PM to 8:00 PM and Saturday or Sunday from 9:00 AM to 1:00 PM.

Please refer to Addendum #2 for additional information regarding hours of operation.

13. GENERAL QUESTIONS: SCSF Services RFP Section 4.0 - How many contracts will be awarded in the Santa Clarita Valley?

- a. What is the funding amount County is offering per program?
- b. Is Santa Clarita Valley a regional office or is it still a part of the WSFV Regional Office?

Answer: a. Please refer to Addendum #2 for funding allocations.

- b. Santa Clarita is served by the DCFS Santa Clarita Regional office, housed in Santa Clarita, and through an outstation of Santa Clarita staff housed at the San Fernando Valley office.

14. DEFINITIONS – “INTAKE”: Part H – Attachments; Attachment O; page 762; Intake. Please clarify the definition as the current definition contains a question in it.

Answer: The last two sentences from the definition will be stricken and it will read as, “shall be defined as the initial information gathering phase of the referral process.”

15. DEFINITIONS – “UNIT OF SERVICE”: Part H – Attachments; Attachment O; page 769. Is the time that staff spends providing all required documentation (that required by the grant as well as the state/agency requirements billable as long as it is documented in the file?

Answer: No, only the time spent documenting direct services provided is billable for CAPIT.

16. CASE MANAGEMENT – BILLIABLE HOURS: page 757; Case Management.

- a. When there are internal meetings to coordinate a case within our agency and several staff members are involved can each of the involved staff bill for the time involved as long as each staff member documents the meeting in their case files?
- b. Does this also apply to Clinical Supervisors who are supervising the work of the staff involved but do not directly provide services?
- c. If so, how would the Clinical Supervisor acceptably document their time for billing purposes?

Answer: For CAPIT:

- a. This time would not be considered a billable service.
- b. Supervision is not billable under CAPIT.

c. N/A

For Assessment and Intervention:

a. Base Rate Services include In-Home Outreach Counseling visits, Clinical Direction, and Multi-disciplinary Case Planning Committee. There is not a separate billable for internal agency staff meetings.

b. Clinical Supervision is part of the Base Rate Services for Assessment and Intervention.

c. Clinical Supervisors are responsible for maintaining clinical supervision notes/logs. This documentation is part of the supporting documentation for Base Rate Services under the Assessment and Intervention SOW

17. Will El Monte and Pomona be considered separate offices or will they constitute one regional office?

Answer: Some DCFS Regional Offices are grouped for the purposes of ensuring that there is sufficient funding to provide all services identified. This not intended to indicate that the DCFS Regional Offices will be merged or combined at this time.

18. SUBCONTRACTING: The fundamental principle underlying the Family Preservation “approach” and related community partnerships (FS, SOC, PFF, PIDP, etc.) since its inception has been “The County of Los Angeles seeks to collaborate with its community partners to enhance the capacity of the health and human services system to improve the lives of children and families” (page 1). The primary element of this approach has been contracting with community “lead agencies” and the lead agencies subcontracting, with full responsibility, with other community organizations that bring the full range of resources to support the culturally and linguistically diverse population of DCFS and Probation families. Throughout the RFP and the sample contracts of all programs, guidelines and requirements speak to “subcontracting” procedures and protections. However, a new policy embodied in the RFP, on pages 135, 136, 141, 142, 146, 148 for AI (Assessment and Intervention) and elsewhere, emphatically prohibits subcontracting the core services of in-home outreach counseling and teaching and demonstrating homemaker services. This new policy disrupts access to geographically-accessible and culturally and linguistically essential subcontracting relationships and denies best practice service to DCFS children and families. Is the Department now unilaterally and emphatically prohibiting subcontracting the core services of in-home outreach counseling and teaching and demonstrating homemaker services?

Answer: Please refer to Addendum #1 for information on subcontracting.

19. SUBCONTRACTING: Several FP Lead Agencies have provided high quality clinical supervision by sharing certain valuable resources by using long-term, experienced and proven competent clinical supervisors on independent contractor agreements. Once again, is the Department now emphatically

prohibiting subcontracting clinical supervision, even through independent contractor agreements?

Answer: Please refer to Addendum #1 for information on subcontracting.

20. SUBCONTRACTING: Would an enhanced quality assurance mechanism among community organizations satisfy the policy decision to prohibit subcontracting?

Answer: Please refer to Addendum #1 for information on subcontracting.

21. Does DCFS consider the regional offices to be an integral component or partner in each of their communities?

Answer: Yes, this is the direction the Department is moving towards and was intended to be embodied in the statements of work.

22. Is it intentional that the hours of operation vary across Programs, especially as regards to the time of operations on Saturday and/or Sunday?

Answer: Yes, each program should specify its own requirements as to the hours of operation. Please refer to Addendum #2 for additional information regarding hours of operation.

23. Can DCFS and the email system become HIPPA compliant so as to address the complexity and time delays of faxing for response on weekends?

Answer: This question is outside the scope of RFP requirements and should be taken up in another venue.

24. The Pricing Sheets present an array of DCFS offices that combine Vermont Corridor and West Los Angeles and El Monte with Pomona. Can this be clarified for each program?

25. The Pricing Sheets present an array of DCFS offices that combine Vermont Corridor and West Los Angeles and El Monte with Pomona. Can this be clarified for each program?

Answer: The combining of DCFS Regional offices, was only intended for the Prevention and Aftercare Resource Center and CAPIT contracts. Assessment and Intervention contracts will be aligned with each of the DCFS Regional Offices respective catchment areas. APSS and Partnerships for Families (which is contingent on funding) will be SPA-based.

26. Our experience with the FamilySource Center has taught us a significant lesson about cultrual competency. How can a "one-stop" CFRC be geographically and culturally accessible to the diverse populations of Chinese, Pilipino, Korean, Central American, Chicano and families living on the streets of downtown Los Angeles?

Answer: The CFRC will be providing linkages, both within and outside of their community networks, to ensure that the specific language/geographic/cultural needs of all clients can be met. Reference to a “one stop shop” has been removed in Addendum #1.

27. How can the Vermont Corridor and the West Los Angeles regional offices be merging, and if so, are they doing so for all programs of this RFP?

Answer: Some DCFS Regional Offices are grouped for the purposes of ensuring that there is sufficient funding to provide all services identified. This not intended to indicate that the DCFS Regional Offices will be merged or combined at this time. In addition, these two Regional Office catchment areas were combined based on the funding allocations and the fact that their catchment areas are contiguous.

28. 11.0 Days of Operations pg 8 - Do all services need to be offered during non-traditional hours M-F 5:01pm-8:00pm and Sat or Sun 9:00pm-1:00 pm Or, can selected services be offered during these times?

a. Are the hours on Sat or Sun 9pm-1pm correct?

Answer: Yes, selected services could be provided.

- For the Resource Center contract, this is correct.
- For APSS: Regarding the non-traditional hours of M-F 5:01pm- 8pm and weekends, 9:00 am to 1pm:
- Yes, selected services can be offered by the APSS Providers. Additionally, based upon the preference of the family/child, these selected services can be provided in the home, but if the family or client needs services in the office then the office will need to be open to meet the needs of the client.

29. Can you clarify the interface between CRCs and APSS as depicted on the Flow Diagram?

Answer: The Resource Center and APSS agencies will both be able to make referrals, as appropriate, to the other program for unmet service needs.

30. Section 11.0.1 paragraph 1, page 8 “CONTRACTOR shall be required to provide services: Monday through Friday from 5:01PM to 8:00PM and Saturday or Sunday from 9:00AM to 1:00PM” (RFP actually says 9:00PM not 9:00AM – typo) Are agencies expected to have a physical site open during these hours or just have staff available to provide services as needed?

Answer: Please refer to Addendum #2 for additional information regarding hours of operation.

31. Section 49.6.1.5 paragraph 1, page 30 - "Demonstrate how disproportionality will be incorporated in the service delivery plan. What does this mean specifically?"

a. Can you define the scope and parameters?

Answer The following link is provided to you and shares information regarding the issue of disproportionality in Child Welfare."

[http://www.childwelfare.gov/pubs/issue\\_briefs/racial\\_disproportionality/](http://www.childwelfare.gov/pubs/issue_briefs/racial_disproportionality/)"

32. Numerous outreach efforts are carried out to ensure customer orientation, integrity of services, respect for diversity, responsiveness to consumer needs, and generation of proper referral resources. However, outreach is not listed as a form of service. Will outreach no longer be billable under the new contracts?

Answer: For CAPIT, outreach will not be a billable category in the new model.

33. The second year evaluation of the Prevention Initiative Demonstration Project found that social connections strategies, parent economic empowerment strategies, faith-based visitation centers, etc. were all promising and effective strategies in reducing child abuse and neglect. In what component section(s) are strategies such as these included and in what component section(s) are the strategies identified as promising and effective by the PIDP evaluation?

Answer: Economic empowerment: It is envisioned that this can be provided through the Resource Center as a direct counseling service as well as a linkage service.

Social connection strategies: Peer-based support, within the Resource Center contract, is intended to employ this service strategy.

Promising strategies to reduce child maltreatment: This is a major element of the Resource Center's Specialized Services and Supports and is directly within the agency's control in what and how they propose to utilize their Agency Discretionary funding.

34. The second year evaluation of the Prevention Initiative Demonstration Project found that social connections strategies, parent economic empowerment strategies, faith-based visitation centers, etc. were all promising and effective strategies in reducing child abuse and neglect. Will there be a place for Neighborhood Action Councils (NACs) to be supported in any component section of the RFP (for example, within Peer Support Group services)?

Answer: Yes, within the Peer-based support service category.

35. In Part E, Required Forms, Form 10, page 370, Board of Directors Resolution, the form requests the name, title and signature of the principal owner, an officer, or manager responsible for submission of the bid or proposal to the County. If the people responsible for submission are the top two managers such as the Executive Director and Director of Finance of the organization, and both are listed on the agency's Statement of Information, does the agency submit the internal Board resolution with the Board secretary signature as back-up to Required Form 10?

Answer: Form 10 has been deleted in Addendum One, and replaced with a sample Board Resolution format. The Board resolution must be on the organization's letterhead. The individuals who are authorized by the Board cannot also sign the Resolution. Please refer to Addendum #1 for additional information.

36. In Part A, Paragraph 11.1, Page 8, it states that "CONTRACTOR shall be required to provide services Monday through Friday from 8:00 AM to 5:00 PM and non-traditional hours Monday through Friday from 5:01 PM to 8:00 PM and Saturday or Sunday from 9:00 PM to 1:00 PM." Does this mean that the contractor organization's office must be physically open during those hours, including on Saturday or Sunday?

Answer: Please refer to Addendum #2 for additional information regarding hours of operation.

37. SUBCONTRACTING: Throughout the RFP, there are prohibitions for subcontracting a number of services that are currently collaboratively provided in the SPA 6 community in DCFS contracted programs. Given that the intent of this RFP was to provide a collaborative system of services, these restrictions appear to work against that concept. We will not be able to collaboratively apply for the majority of programs, placing partners in the position of competing with each other instead of maximizing resources and leveraging services as we are currently doing. Is this truly your intent?

Answer: Please refer to Addendum #1 for information on subcontracting.

38. SUBCONTRACTING: In multiple components (e.g. pg 136; 7.1.8.5), it is indicated that clinical supervision cannot be subcontracted, given the limited number of licensed staff that are available for hire, is this a feasible plan? If unable to find someone in this capacity, would DCFS be willing to consider a waiver for this requirement?

Answer: Please refer to Addendum #1 for information on subcontracting.

39. In several program components it appears that you have combined the Vermont Corridor Office and the West LA Office together as if they are one region. Given their geographic and community differences, how do you justify this plan? How could any one provider service both areas effectively?

Answer: Some DCFS Regional Offices are grouped for the purposes of ensuring that there is sufficient funding to provide all services

identified. This not intended to indicate that the DCFS Regional Offices will be merged or combined at this time. In addition, these two Regional Office catchment areas were combined based on the funding allocations and the fact that their catchment areas are contiguous.

40. Throughout the RFP, it indicates the integration of the Strengthening Families Framework and the Core Practice Model which is reflective of a strength based approach. However, the manner in which the services are dictated, prescriptive and controlling is in direct contradiction of this approach. How do you justify this?

Answer: The Department values the strength-based approach ascribed throughout the SCSF redesign. In this regard, DCFS will look into the possibility of increasing the discretionary funding allotment within the Prevention and Aftercare Resource Center contract. This funding offers the flexibility and room for innovation that resulted in much of the gains garnered from PIDP.

In addition, some significant changes, such as allowing sub-contracting of key Assessment and Intervention services, have already been made and can be reviewed within Addendums #1 and #2.

41. Although the RFP indicates a desire for consistency in outcome indicators, throughout the different programs, a variety of different assessment tools are identified to be used. This will cause extreme difficulty in comparing data across programs. Can you consider utilizing consistent tools across the various programs?

Answer: Yes, the Department is in the process of evaluating the assessment tools and will consider this.

42. DISPROPORTIONALITY: On page 117 of SCSF RFP, "Value: Cultural Competency" and in a number of sections of the RFP, it refers to "racial disproportionality". I could not find definition or description of "disproportionality" in Attachment O, "Definitions" or elsewhere in the RFP.

- a. Please define "disproportionality" as it is being used by DCFS and for the purposes of this RFP.
- b. Please identify the specific characteristics, problems and/or issues that characterize "disproportionality" which DCSF is requiring Proposers to address?
- c. Particularly with respect to the 14 DCFS Office regions, please provide the related ethnic and/or other demographic data for each Office region so Proposers can determine and present how they will address these characteristics.

Answer a. When a group is represented in the child welfare system in

- :
- a. greater numbers than their proportion within the overall County population.
  - b. Each proposer will be evaluated on their ability to operationalize all elements of this solicitation, therefore specific guidance on this area is not proscribed.
  - c. DCFS is unable to provide demographic data. The Department encourages proposers to utilize available public resources for information that may assist in completing this portion of their proposal. The following link is provided to you and shares information regarding the issue of disproportionality in Child Welfare.”

[http://www.childwelfare.gov/pubs/issue\\_briefs/racial\\_disproportionality/](http://www.childwelfare.gov/pubs/issue_briefs/racial_disproportionality/)”

43. How the API population access to the service at the family resource center? Are they expected to equip to provide service to ethnic and language minority from the front to back end?

Answer: The CFRC will be providing linkages, both within and outside of their community networks, to ensure that the specific language/geographic/cultural needs of all clients can be met.

44. Is there any flexibility in terms of seeing client from another region? For example can region 1 contracted agency see a client who live in region two, but want to go to a particular region 1 agency due to language capacity, can the service be reimbursable?

Answer: Language capacity issues can be addressed through linkages, however, it is expected that each agency intends to provide language appropriate services to meet the needs of their community. In those cases where an appropriate referral is made outside of the region, agencies will be able to bill for services to those families.

45. How would mental health contracts expand, both EPSDT and MHSA/PEI, to support implementation of SCFS?

Answer: At this time, DCFS is not aware of any intention to expand services at the Department of Mental Health.

46. How many referrals are expected for the various service categories in SCFS?

Answer: General information can be found in each of the contracts Price Sheets, however, there is no projection available for the total number of families to be served.

47. Are there funds available for startup costs? For non-fee-for-service activities?

Answer: Unfortunately there are no funds available for start-up costs or non fee-for-service activities.

48. How many total dollars are available for the 14 contracts to be awarded?

Answer: Please refer to Addendum #2 for information on funding allocations.

49. In the notes section on the Service delivery continuum flow chart on page 4, it states that services are limited to ninety days. To which services does this apply?

Answer: Alternative Response Services (ARS)

50. Is there a contract minimum or maximum amount? Or are Proposers able to construct programs based on needs within the community?

Answer: Please refer to Addendum #2 for information on funding allocations.

51. It is clear that the intent of this RFP/DCFS is to fund psychotherapy for indigent clients. How will clients with benefits such as Medi-Cal or Healthy Families, who need psychotherapy, being funded?

Answer: If an agency is able to provide services through another funding source, it does not need to be served through CAPIT, however, this is at the discretion of the agency. Please note DCFS will not allow double-billing for clients receiving services.

52. Will this RFP/DCFS provide additional funds to the Department of Mental Health (DMH) to provide additional services for the Medi-Cal eligible children that this program seeks to serve? OR Is it the expectation that DMH providers will utilize existing funds to provide services under these programs?

Answer: Assessment and Intervention: The Memorandum of Understanding (MOU) between DCFS and DMH allocates funds for this purpose, including funds specifically dedicated to providing services to the indigent population.

53. The RFP budget items do not seem to allow for medication support and monitoring. If this is needed, who would pay for this service?

Answer: Medical support is not intended to be provided through this RFP. Psychotropic medication monitoring may be billed, under CAPIT, at the Professional rate.

54. Are you looking for specific benchmarks regarding the cultural capacity to serve diverse communities?

Answer: DCFS will assess agencies ability to address the specific cultural needs of their respective communities, but do not have specific benchmarks at this time.

55. Do you need to have a physical office location in the service area where you provide services for all contract programs?

Answer: Agencies must be able to provide services from a physical location within the community that they are contracted to serve. Agencies do not need to have a physical location at the time they submit a proposal, but once a proposer is awarded a contract they must work to secure a physical location in the service area, within a reasonable amount of time.

56. Is there a minimum of clients you would like to have served for each individual contract program?

Answer: General information can be found in each of the contract's Price Sheets, however, there is no projection available for the total number of families to be served. Please refer to Addendum #2 for additional information on funding allocations.

57. GENERAL: Intro, page 4 chart. What sections of the form do the footnotes refer to?

Answer: The notes included on the chart on page 4 refer to the following boxes: 1.) Assessment Screening conducted; 2.) Core Services; 3.) APSS; 4.) Alternative Response Services and 5.) More than 90 Days from Reunification

58. GENERAL: Intro, page 4 chart. Do the dashed lines between boxes represent something different than the solid lines? If so, what?

Answer: Yes, the dashed lines indicate that the referral is to be based on the needs of the family and not required for every family that reaches that point in the workflow.

59. On Page 8 of the RFP, section 11, do the dates and hours of operation apply to *all* 5 program components? [do any of the components require 24/7 staffing?]

Answer: Please refer to Addendum #2 for additional information regarding hours of operation.

60. In the past, DCFS has made awards to organizations that served communities or groups with specialized needs, such as the linguistically isolated and the deaf. The SCSF RFP states that the successful Proposer will address, for example, the bilingual needs of a geographic catchment area(s) or SPA(s). Under SCSF, will DCFS continue to make awards to agencies that propose to target only one or more such specialized need, in a geographic catchment area or SPA specifically, again such as a specific linguistically isolated group (by language) or the deaf?

Answer: The issue of being able to provide ongoing services for the deaf community will be explored further. More information on how this

service need can be met through these contracts will be provided in addendum #3.

61. Why was El Monte grouped Pomona us. Glendora? What's the connection of the Vermont Office to West L.A.

Answer: Some DCFS Regional Offices are grouped for the purposes of ensuring that there is sufficient funding to provide all services identified. This not intended to indicate that the DCFS Regional Offices will be merged or combined at this time.

62. Is DCFS working with electronic records providers to allow for client record, to be electronic?

Answer: The question as stated is unclear, please provide more information so this question can be addressed.

63. Are these programs all requiring 3 full years of agency experience offering the exactly identical, specific type of services as described in each section of the RFP, or is the experience requirements more general in terms of \*\*\*\* DCFS families, youth, children?

Answer: The question as stated is unclear, please provide more information so this question can be addressed.

64. If there's one API FP contract is that mean agency can just apply that specifically without identify a specific Regional Office?

Answer: Yes, a proposer interested in either of the Assessment and Intervention countywide contracts may submit an application specifically for that contract, unrelated to a specific Regional Office.

65. Will you share working papers on "Disproportionality" as you did Strengthening Families Framework and DCFS/Cross Agency Core Practice Model?

Answer The Department is working to obtain some information on disproportionality that may be shared with proposers in the near future.

The following link is provided to you and shares information regarding the issue of disproportionality in Child Welfare."

[http://www.childwelfare.gov/pubs/issue\\_briefs/racial\\_disproportionality/](http://www.childwelfare.gov/pubs/issue_briefs/racial_disproportionality/)

## RESPONSES TO RECOMMENDATIONS

66. **Assessment of parent/caregiver capacity** – FP assessors should be allowed flexibility to refrain from making determinations of parent/caregiver capacity in cases where they are not able to collect enough information to do so.

Response: The Department understands the assessment captures family functioning at a given point in time. Given the professional expertise required of those conducting these assessments, the Department would expect an assessor to be able to assist in evaluating strengths and challenges with an assessment of environmental factors that may impact a parent/caregiver's ability to safely care for a child.

67. **Limited time provided to agencies to assign referrals** – The FP provider should be allowed additional time to assign referrals when documented reasonable logistical challenges arise, particularly for after hours referrals from the ERCP.

Response: We agree; As reflected in Addendum #1, the timeframe for assignment of ERCP referrals has been reconsidered and will be lengthened from 20 minutes to 1 hour.

68. **Limited time provided to assessors to arrive at family's home** – The FP assessor should be allowed additional time to arrive at the family's home, particularly when documented reasonable logistical challenges arise.

Response: In circumstances where it is not logistically possible to meet the one hour timeframe, contractors can contact the ERCP or County Designee to discuss the circumstances preventing a response within the established 1 hour timeframe and reach agreement as to a realistic alternate timeframe for arrival at the home.

69. **Number of mandated visits to families receiving Intensive Family Preservation services** – The Child and Family Team should be able to adjust the number of mandated visits to the family after the first week of services. [This recommendation was previously agreed upon by DCFS.]

Response: We agree; As reflected in Addendum #1, a note will be added to section 7.2 in order to clarify that once IFP services have been established, the length of time that the family will continue to receive IFP services shall be at the discretion of the Child-Family Team. When Child-Family team members reach consensus that IFP services are no longer warranted, the family's service plan will be amended and the family will be provided with the traditional FP services.