



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 9, 2013

Dear Prospective Contractors and Interested Parties:

**ADDENDUM NUMBER ONE TO REQUEST FOR PROPOSALS NUMBER 12-067 FOR
TRANSITIONAL HOUSING PROGRAM-PLUS**

Addendum Number One is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all holders of the Transitional Housing Program-Plus (THP-Plus) Request for Proposals (RFP) Number 12-067. Addendum Number One amends sections of the RFP and provides answers to the questions submitted via e-mail to the June 6, 2013 deadline, and the questions asked at the June 14, 2013 Proposers' Conference.

A prospective contractor's failure to incorporate the requirements of this Addendum Number One may result in their Proposal not being considered, as determined at the sole discretion of the County.

1. RFP, INTRODUCTION, Section 6.0, Minimum Mandatory Requirements, Subsection 6.5 is deleted in its entirety as follows:

~~6.5 Proposer must demonstrate project management experience in working with transitional housing services gained during the last seven years, including experience that resulted in the successful completion of project and/or contract goals.~~

2. RFP, PART D, SAMPLE CONTRACT, Table of Contents, Exhibit D, Attachments, Attachment K is deleted in its entirety as follows:

Exhibit D: Attachments

~~Attachment K — DCFS/PROBATION THP-Plus Contract
Investigation/Monitoring/Audit Remedies and Procedures~~

3. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Table of Contents, SOW Exhibits, A-12, Furniture/Appliance Inventory Form, is deleted in its entirety and replaced with A-12, Housing Site Inspection Form (Attachment I), to read as follows:

"To Enrich Lives Through Effective and Caring Service"

SOW Exhibits

A-12 ~~Furniture/Appliance Inventory Form~~ Housing Site Inspection Form

4. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Section 6.0 CONTRACTOR's Staffing, sub-paragraphs 6.1.7 and 6.1.8 are added to read as follows:

6.1.7 CONTRACTOR's Clinical Director shall be responsible for providing clinical direction/supervision to the case management staff and the participants.

6.1.8 CONTRACTOR shall provide copies of the resumes, degrees and professional licenses of all staff and interns to the CPM.

5. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 6.1.2.2 CONTRACTOR's Case Manager(s) sub-paragraph 6.1.2.2.5 is added to read as follows:

6.1.2.2.5 CONTRACTOR shall not use a subcontractor to provide case management services.

6. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 6.1.2 Minimum Qualifications, sub-subsection 6.1.2.5 is added to read as follows:

6.1.2.5 CONTRACTOR may utilize a reputable property management company to provide the property management services. CONTRACTOR shall not utilize the building owner or manager to provide these services.

7. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Section 9.0 Housing Options, Subsection 9.7 is amended to read as follows:

9.7 CONTRACTOR shall not place more than three THP-Plus Participants in a single apartment, condominium or single-family residence. Requests to place more than three THP-Plus Participants (must be submitted in writing to the CPM for approval), and shall not exceeding six THP-Plus Participants in a single-site an individual living unit.

8. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.1.2.1 General Living Unit Requirements, sub-subsection d) is amended to read as follows:

d) CONTRACTOR shall ensure that each THP-Plus Participant has his/her own bedroom and that no more than two THP-Plus Participants share one bathroom.

THP-Plus Participants may only share bedrooms with their children (maximum of two (2) children).

9. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.1.3 Lease/Rental Agreements, sub-subsections 11.1.3.1, 11.1.3.2, and 11.1.3.3 are added to read as follows:

11.1.3.1 CONTRACTOR may collect a security deposit from the participant(s) not to exceed \$250.00. CONTRACTOR shall not deny admission to a participant(s) who does not have the funds required for the security deposit at the time of admission. CONTRACTOR shall develop a Plan with the participant(s) for payment of the security deposit or waive the fee.

11.1.3.2 CONTRACTOR shall return the security deposit to the participant(s), with the exception to subsection 11.1.7.2, upon exit from the program.

11.1.3.3 CONTRACTOR shall not deduct or retain funds from the participant's savings or the Emancipation Savings Fund for payment of the security deposit.

10. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.1.4 Maintenance and Repair, sub-subsection 11.1.4.3 is amended to read as follows:

11.1.4.3 CONTRACTOR shall ~~inventory~~ inspect each unit including the furniture and major appliances quarterly. CONTRACTOR shall complete Exhibit A-12, Housing Site Inspection Form when inspecting the unit.

11. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.1.5 Utility Costs, Sub-subsections 11.1.5.3 and 11.1.5.4 are added to read as follows:

11.1.5.3 CONTRACTOR may collect a maximum of ten (10) percent of the participant's net income or ten (10) percent of monthly utility costs (whichever is less) from each participant who is sharing the living unit. CONTRACTOR shall never collect an amount that exceeds the total monthly cost of the utilities for the living unit.

11.1.5.4 CONTRACTOR shall maintain copies of the utility bills and documentation of the utility costs collected from the participant(s) in the Participant's Record Folder.

11.1.5.5 CONTRACTOR shall not collect utility fees from participants who enter the program with no income or lose their income during their participation in the program.

12. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.1.7 Damage to Housing Units, sub-subsection 11.1.7.2 is amended to read as follows:
 - 11.1.7.2 CONTRACTOR may deduct the cost of damage to the ~~housing~~ living unit from the THP-Plus Participant's security deposit and/or Emancipation Savings Fund. CONTRACTOR shall obtain three written estimates and utilize the lowest estimate. CONTRACTOR shall maintain documentation of all estimates and payment of repairs in the THP-Plus Participant's ~~case file~~ Record Folder.
13. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.1 Referral and Admission, sub-subsection 11.2.1.12 is amended to read as follows:
 - 11.2.1.12 CONTRACTOR shall conduct a pre-placement orientation and interview with the potential THP-Plus Participant. The potential THP-Plus Participant must provide the following documents during the interview if ~~applicable~~ available: 1) birth certificate; 2) social security card; 3) alien registration; 4) high school diploma; 4) Medi-Cal card; 5) ILP certificate; and 6) current pay stub if employed.
14. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.1 Referral and Admission, sub-subsection 11.2.1.17 is amended to read as follows:
 - 11.2.1.17 CONTRACTOR shall complete for each THP-Plus Participant within ~~one~~ two business days of move-in, the following:
15. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.1 Referral and Admission, sub-subsection 11.2.1.17.2 is amended to read as follows:
 - 11.2.1.17.2 ~~Furniture/Appliance Inventory Form~~ Housing Site Inspection Form (Exhibit A-12) ~~signed by the THP-Plus Participant;~~
16. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.1 Referral and Admission, sub-subsection 11.2.1.18 is amended to read as follows:
 - 11.2.1.18 Within two business days of move-in, the CONTRACTOR shall provide the THP-Plus Participants with: (1) an orientation as described in the written orientation plan; (2) copies of the CONTRACTOR'S policies/procedures/rules; (3) THP-Plus requirements; (4) DCFS Grievance and Appeals Processes (Exhibit A-5 and A-8); (5) required supportive services/trainings; and (6) copies of the signed and dated Orientation Checklist (Exhibit A-14).

17. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.1 Referral and Admission, sub-subsection 11.2.1.19 is amended to read as follows:

11.2.1.19 CONTRACTOR shall assess each THP-Plus Participant within ten calendar days of admission, and every twelve months thereafter using the Ansell-Casey Life Skills Assessment (Exhibit A-32) or other department-approved Assessment. CONTRACTOR shall incorporate the assessment results into the THP-Plus Participant's goals and training.

18. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.2.2 Food and Necessity Stipend is amended to read as follows:

11.2.2.2 Food and Necessity Stipend

CONTRACTOR shall provide THP-Plus Participant(s) a monthly stipend to purchase foods, beverages, personal hygiene, and household cleaning items. The food/necessity stipend shall be a minimum of ~~\$175.00~~ \$150.00 for individual THP-Participants and ~~\$225.00~~ \$200.00 for parenting THP-Plus Participants. The stipend may be provided in the form of a gift card or gift certificate.

19. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.2.2 Food and Necessity Stipend, sub-subsections 11.2.2.2.1, 11.2.2.2.2, 11.2.2.2.3, 11.2.2.2.4, and 11.2.2.2.5 are amended to read as follows:

11.2.2.2.1 CONTRACTOR may provide a food/necessity stipend of at least ~~\$100.00~~ \$75.00 for individual THP-Plus Participants, and ~~\$125.00~~ \$100.00 for parenting THP-Plus Participants, during the admission month if the THP-Plus Participant(s) is admitted after the 15th of the month.

11.2.2.2.2 CONTRACTOR shall begin providing the food/necessity stipend during the month following their admission if the THP-Plus Participant received a food/necessity stipend from another THP-Plus program during their admission month. CONTRACTOR shall obtain documentation of the stipend from the other THP-Plus Provider and file in the THP-Plus Participant's Case Record Folder. CONTRACTOR shall provide a food/necessity stipend for the remaining amount if the stipend received was less than ~~\$175.00~~ \$150.00, or ~~\$225.00~~ \$200.00 for parenting THP-Plus Participants.

11.2.2.2.3 CONTRACTOR shall obtain receipts for the purchases made with the monthly food/necessity stipend to ensure that no unauthorized items (tobacco products, alcoholic beverages, phone cards, gift cards, other non-consumable items) are purchased. CONTRACTOR shall also ensure that the food/necessity stipend is not exchanged for cash or lottery tickets. The receipts shall be maintained in the THP-Plus Participant's Record Folder. CONTRACTOR may purchase gift cards/certificates that prohibit these items.

11.2.2.2.4 CONTRACTOR shall decrease the food/necessity stipend by \$25.00 the following month and \$50.00 the second month if the THP-Plus Participant fails to provide receipts for items purchased and/or makes unauthorized purchases. CONTRACTOR shall inform the THP-Plus Participants at admission of the possible decrease in the food/necessity stipend and obtain their signature. CONTRACTOR shall not decrease the food/necessity stipend more than \$50.00. The stipend decrease shall continue until the THP-Plus Participant begins to provide receipts for the purchases and/or discontinues making unauthorized purchases.

11.2.2.2.5 CONTRACTOR shall encourage all THP-Plus Participants to apply for Cal Fresh benefits. CONTRACTOR may decrease the stipend to \$30.00 for non-parenting youth and \$60.00 for parenting youth to purchase personal hygiene and other necessities if the THP-Plus Participant is receiving Cal Fresh benefits that exceed the amount of the food/necessity stipend. CONTRACTOR shall provide a stipend for the balance if the Cal Fresh benefits are less than the ~~\$175.00~~ \$150.00 or ~~\$225.00~~ \$200.00 food/necessity stipend. CONTRACTOR shall maintain documentation of the approval of Cal Fresh benefits in the THP-Plus Participant's Record Folder.

20. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.2.2 Food and Necessity Stipend, sub-paragraph 11.2.2.2.10 is added to read as follows:

11.2.2.2.10 CONTRACTOR shall inform the participant(s) in writing at admission that the food/necessity stipend cannot be used to purchase tobacco products, alcoholic beverages, phone cards, gift cards, lottery tickets, other non-consumable item(s) that have not been approved as household items, and/or exchanged for cash. Participants shall also be informed of the decrease in the stipend if they purchase unauthorized items or fail to provide receipts for their purchases. CONTRACTOR shall obtain the participant's signature and maintain documentation in the Participant's Record Folder.

21. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.2.5 Emancipation Savings Fund is amended to read as follows:

11.2.2.5 Emancipation Savings Fund

CONTRACTOR shall maintain an Emancipation Savings Fund into which a minimum of \$50.00 is deposited, from CONTRACTOR monthly placement rate, for each THP-Plus Participant ~~from the placement rate, who is pursuing and/or participating in their educational and/or employment goals, meeting with their case manager as scheduled, and attending individual or group life skills sessions~~. CONTRACTOR shall deposit the funds thirty days after the THP-Plus Participant's admission, and continue each month until the THP-Plus Participant exits. The funds shall be distributed to the THP-Plus Participant at

the time of exit from the program, or earlier if approved by the CPM. If the THP-Plus Participant has an emergent discharge from the program, CONTRACTOR shall distribute the funds to the THP-Plus Participant within five business days. CONTRACTOR shall maintain documentation of all funds retained and issued to the THP-Plus Participant in the THP-Plus Participant's Record Folder.

22. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.2.5 Emancipation Savings Fund, sub-paragraph 11.2.2.5.3 is added to read as follows:

11.2.2.5.3 If the Emancipation Savings is not provided to a participant(s), CONTRACTOR shall document on the participant's ledger, and in the Participant Record Folder the reason(s) why it was not provided. CONTRACTOR shall also submit supporting documentation to the CPM with the monthly ledger.

23. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.3 Supportive Transitional Emancipation Program – Transitional Independent Living Plan (STEP-TILP) Exhibit A-17, sub-subsection 11.2.3.1 is amended to read as follows:

11.2.3.1 CONTRACTOR shall work with the COUNTY designee to assist each THP-Plus Participant with developing a STEP-TILP within ten calendar days of the THP-Plus Participant's admission. CONTRACTOR shall collaborate with COUNTY, social workers/probation officers, Transition coordinators, One-Stop Career Centers, and other agencies and programs to provide support and services to enable the THP-Plus Participants to complete the goals outlined in the STEP-TILP. The STEP-TILP must be mutually agreed upon by the THP-Plus Participant and the COUNTY designee.

24. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.5 THP-Plus Participant Savings, sub-paragraphs 11.2.5.5, 11.2.5.6, and 11.2.5.7 are added to read as follows:

11.2.5.5 CONTRACTOR shall not require participants to contribute more than 50% of their net monthly income for their rental savings and utility(ies) contribution.

11.2.5.6 CONTRACTOR may deposit each participant's savings and Emancipation Savings into one account. Each deposit must be identified separately on the participant's ledger.

11.2.5.7 CONTRACTOR shall document on the Monthly Income Log and the ledger if the participant fails to contribute to his/her savings and the reason(s) for the non-contribution.

25. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.2.6 THP-Plus Participant Training/Services, sub-paragraph 11.2.6.1.18 is added to read as follows:

11.2.6.1.18 CONTRACTOR shall provide or refer all pregnant and/or parenting youth for Cardio Pulmonary Resuscitation (CPR) and First-Aid Training and maintain documentation in the Participant's Record Folder.

26. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 11.8 Aftercare and Tracking, sub-subsection 11.8.2 is amended to read as follows:

11.8.2 CONTRACTOR shall conduct, at least quarterly, support groups and provide referrals to community resources. CONTRACTOR shall maintain documentation, including the dates and times support groups are conducted.

27. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Subsection 12.0 Reports and Record Keeping, sub-section 12.2.18 is amended to read as follows:

12.2.18 Monthly Income Log (Exhibit A-24): Contractor shall document the income received by each THP-Plus Participant on the Monthly Income Log, obtain the income verification, and file it the documentation in the THP-Plus Participant's Record Folder.

28. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Table of Contents, Part C Service Description, Section 13.0 is amended to read as follows:

13.0 ~~Quality Assurance~~ Control Plan

29. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Section 13.0, Subsections 13.1 and 13.1.2 are amended to read as follows:

13.0 ~~QUALITY ASSURANCE~~ CONTROL PLAN

13.1 CONTRACTOR shall establish and utilize a comprehensive Quality Management Program and Plan including Quality Assurance Control and Quality Improvement processes to ensure the required services are provided at a consistently high level of service throughout the term of the Contract.

13.1.2 If the CPM requests changes to the CONTRACTOR'S QUALITY ASSURANCE CONTROL PLAN, the CONTRACTOR shall make such changes, and resubmit the plan for approval within five business days of the date of the request.

30. RFP, PART E, EXHIBIT A TO SAMPLE CONTRACT (STATEMENT OF WORK), Exhibits, A-16, Youth Interview, is deleted in its entirety and replaced with A-12, Youth Interview . (Attachment II)

31. Responses to Questions from Proposers – Questions and Answers. (Attachment III)

Except as provided by Addendum Number One, all other terms and conditions of the RFP remain unchanged.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kimberly A. Foster', with a stylized flourish at the end.

Kimberly A. Foster, Section Manager
Contracts Administration Division

KAF:FC:ew

Attachments

Attachment I

Exhibit A-12 - Housing Site Inspection Form

**TRANSITIONAL HOUSING PROGRAM – PLUS
HOUSING SITE INSPECTION FORM**

ADMISSION INSPECTION **QUARTERLY INSPECTION** **EXIT INSPECTION**

Agency Name: _____ Date: _____

Participant's Name: _____

Unit Address: _____

Exterior

ITEM	CONDITION	NEEDS REPAIR/REPLACEMENT
1. Walls/Paint	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Door	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Stairs/Railing	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Lawn/Landscaping	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Lighting	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Free of Trash/Debris	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Other _____	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No

Living Room

ITEM	CONDITION		NEEDS REPAIR/REPLACEMENT	
1. Walls/Paint	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Windows/Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Carpet/Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Lighting	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Smoke Detector	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. C.O. Detector*	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Window Treatments	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Sofa	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Coffee Table	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Dining Table/Chairs	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Carbon Monoxide Detector

Kitchen

ITEM	CONDITION		NEEDS REPAIR/REPLACEMENT	
1. Walls/Paint	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Windows/Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Lighting	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Smoke Detector	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. C.O. Detector*	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Window Treatments	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Stove	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Refrigerator	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Dining Table/Chairs	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Microwave	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* Carbon Monoxide Detector

Bathroom

ITEM	CONDITION		NEEDS REPAIR/REPLACEMENT	
1. Walls/Paint	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Windows/Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Lighting	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Smoke Detector	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Window Treatments	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Bathroom Door	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Toilet	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Bathtub/Shower	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Sink/Vanity Cabinet	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Faucets	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Bedroom

ITEM	CONDITION		NEEDS REPAIR/REPLACEMENT	
1. Walls/Paint	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Windows/Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Carpet/Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Lighting	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Smoke Detector	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Window Treatments	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Bedroom Door	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Closet Door	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Bed(Headboard/Frame)	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Mattress/Box Spring	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Dresser	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Nightstand	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Agency Staff Signature _____

Attachment II

Exhibit A-16 – Youth Interview Form

LOS ANGELES COUNTY
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
TRANSITIONAL HOUSING PROGRAM - PLUS

YOUTH INTERVIEW

Date: _____ Interviewer: _____

Youth: _____

Living Situation

Where and with whom have you been living? _____
_____ How Long? _____

How was your foster care experience? _____
_____ How Long? _____

Why can't you continue to stay there?

If you do not enter our Program, where will you stay?

Do you have any relatives, friends, or resources that could help you secure a place to live?

Have you ever been in another Transitional Housing Program? Yes No

What program? What was your reason for leaving?

Education

Are you in school? Yes No Were you ever in Special Education? Yes No

When did/will you receive your diploma/GED? _____

What are your educational plans? College Trade school Vocational school

How will you enroll in school? _____

Employment

Are you employed? Yes No Perm. Temp.

Hours per week? _____ Hourly wage? \$ _____

Name of Employer: _____

Address: _____

What is your work experience? Where and how long? What was your hourly wage?

With the experience that you have, what kinds of jobs could you get? _____

How would you look for work (ads,walk-ins,internet)? _____

Are you willing to work while in our Program? Yes No

Money Management

Do you have a Checking account? Yes No Balance? \$ _____

Do you have a Savings account? Yes No Balance? \$ _____

Bank name: _____

Do you have a monthly budget? Yes No _____

What's the difference between gross and net pay? _____

How do you spend your money? _____

Do you have any credit card debt? Yes No

If yes, what accounts? _____ Balance? \$ _____
_____ \$ _____
_____ \$ _____

Auto Ownership

Do you have a driver's license? Yes No

Do you have a car? Yes No is the car registered? Yes No
Year _____ Make _____ Model _____

Monthly payment: \$ _____ Monthly insurance: \$ _____

Independent Skills

Can you do laundry? Yes No _____

Do you cook? Yes No _____

What dishes? Yes No _____

Have you shopped for groceries? Yes No

How often do you clean your room? Your house? Tell me step by step how you clean a kitchen. What cleaners and tools do you use?

Have you had a roommate? How have you dealt with disagreements? How did/do you share the work to clean your room?

Activities

What do you like to do for fun? With who? _____

Who do you talk to when you have a problem? Do you have a best friend?

Are you in a relationship? Yes No

How much time do you spend with him/her? _____

Gang Affiliation & Arrests

Have you ever been in a gang? Yes No

Are you currently part of gang? Yes No

Visible tattoos? Yes No Outstanding warrants? Yes No

Have you ever been detained or arrested? Yes No

Mental and Physical Health

What do you when you are sad? Have you ever been depressed or on medication to help with your mental health?

Have you ever been hospitalized? Yes No For how long and for what?

Do you have any health conditions that require medication? Yes No

Any illnesses? Yes No

Have you ever made your own medical or dental appointments? Yes No

Where would you go if you had a medical emergency?

Do you practice safe sex on a regular basis? Yes No

What are two methods for preventing sexually transmitted diseases?

Drug Use

Do you smoke cigarettes? Yes No Do you drink alcohol? Yes No

Have you ever smoked marijuana? Yes No

Have you used other types of drugs? Yes No

What kind? _____ How long did you use? _____

When is the last time you used? _____

Have you completed drug treatment? Yes No

Are you aware drug use is not permitted in our apartments? Yes No

Teen Mom

Child's age _____ Is the father involved in the child's life? Yes No

Has he ever hit you? Yes No

Explain _____

Explain your childcare situation _____

Are you willing to work while in THP? Yes No

Appropriateness

What do you expect to gain from our Program?

Interviewer's Comments:

Disposition/Behavior

Calm	mature	insightful	professional dress
Made eye contact	well-mannered	positive	motivated
Argumentative	agitated	nervous	uninterested
Unfocused	immature	delayed responses	unmotivated

Attachment III

Responses to Questions from Proposers

Transitional Housing Program-Plus

Questions* and Answers (*Questions are written exactly as received)

The following is an official response to the questions submitted via e-mail to the June 6, 2013 deadline and at the June 14, 2013 Proposers' Conference. Some questions were asked in both forums and have been properly noted.

1. Question: For a reason unknown to me, I am unable to view or download the pdf for the THP+ RFP. Is there any way you could email it to me as an attachment?

Answer: You may obtain a copy of the RFP on CD at the Department of Children and Family Services, 425 Shatto Place, Room 400, Los Angeles, CA 90020, between the hours of 9 a.m. and 4 p.m., Monday through Friday.

2. Question: Where can we find the County's Child Support Compliance Policy?

Answer: Please see Part F, Attachment E (pages 288 – 289) or you can go to <http://bos.co.la.ca.us/BoardMeeting/BoardAgendas.aspx>.

3. Question: Is there priority given to awarding contracts to service areas where there is a greater need for beds, or is each service area rated equally?

Answer: No. All proposals will be rated equally.

4. Question: Are new agencies allowed to participate in the RFP? The staff has been doing this type of work for well over 20 years but the agency is new. How will that effect a new agency applying to the program?

Answer: Yes. New agencies are allowed to participate in the RFP.

5. Question: The County of LA (DCFS) (THP PLUS office) suitable and acceptable as a reference to substantiate description of services provided?

Answer: No. Proposers are not allowed to use their contracts with DCFS as a reference for this solicitation.

6. Question: How many references are required to obtain this contract?

Answer: Proposer must provide five references where the same or similar scope of services was provided. For details, please refer to Section 46.5B, page 27 of the RFP.

7. Question: If we are applying for more than 1 spa, do we need to submit a proposal for each spa?

Answer: Yes. You must submit a proposal for each SPA you are applying for.

8. Question: If our agency is already certified as a THP-Plus provider, do we have to submit a proposal or can we just request to increase our capacity?

Answer: Yes. You must submit a proposal whether or not your agency has already been certified as a THP-Plus provider.

9. Question: Introduction 6.2 (page 3) Will our County approved THP+FC Provider Plan be accepted for this requirement?

Answer: No. The approved THP+ FC Provider Plan will not be accepted for this requirement.

10. Question: Are applicants expected to adhere to each and every requirement stated within the RFP and sample contract, or is there room for negotiation? Can you please provide which are negotiable and which are mandatory?

Are all provided forms and templates required or are some for example only? Please advise which forms/templates/exhibits are DCFS required and which are negotiable. For example, can we submit our own program agreements, assessments, tools for review to utilize in place of DCFS documents?

Answer: Yes. Applicants are expected to adhere to each and every requirement in the RFP and sample contract. The forms and templates are required. Contractors may also utilize the own forms in addition to the forms in the contract.

11. Question: Attachment K references CCL and that DCFS is responsible for monitoring and investigating licensed facilities. However, THP+ does not fall under CCL jurisdiction as it is not a CCL licensed program. Why is CCL included in this process?

Answer: Attachment K has been deleted. Please refer to Addendum Number One.

12. Question: Who are the current THP+ providers? Which SPAs are they in and how many youth do they serve?

Answer:

Agency Name	SPA No.	No. of Beds
David and Margaret	SPA 3	7 Beds
D & R Turning Point	SPA 3	7 Beds
Five Acres	SPA 3	7 Beds
LeRoy Haynes	SPA 3	7 Beds
Rosemary Children’s Srvs.	SPA 3	2 Beds
San Gabriel Children’s	SPA 3	6 Beds
St. Anne’s	SPA 4	12 Beds
C.H.A.I.N Reaction	SPA 6	7 Beds
HOME	SPA’s 6 and 8	7 Beds
Renaissance	SPA 8	7 Beds
Richstone	SPA 8	7 Beds
United Friends	SPA 8	6 Beds

13. Question: RFP – What does “project management experience” mean? Is this only open to providers with current THP Plus experience?

Answer: Please refer to Addendum Number One. No. Proposers do not have to have current THP-Plus experience to apply.

14. Question: Section 46.7 (page 29) – Proposer’s Quality Control Plan. Can you please be specific on what this should cover (program activities? Date? Fiscal? Etc)? As well is this synonymous with the Plan as listed in Part E 13.0 Quality Assurance Plan? If not then please explain the differences.

Answer: Please refer to the RFP, Part B, Section 46.7.

Yes. This is synonymous with the Plan as listed in Part E, Section 13.0, Quality Assurance Plan. Please refer to Addendum Number One.

15. Question: Is there any way to project whether we can fund our two remaining beds? We are currently funded for seven of our nine and are doing all we can to raise funds for those remaining two.

Answer: No. We are unable to determine at this time. The number of beds awarded will be determined based on the need of the County and the THP-Plus Participant's need, and are subject to change without notice.

16. Question: Will we be eligible to contract for a second site with as many beds as our exiting site?

Answer: You are welcome to submit a proposal. The number of referrals will be determined based on the need of the County and the THP-Plus Participant's need, and the availability of funding.

17. Question: 6.1.2.3 (page 118) – Clinical Director. What is the expected role of this position?

Answer: The Clinical Director will provide clinical direction/supervision to the case management staff and participants.

18. Question: Can this be a contract/consultation position?

Answer: Yes. The Clinical Director position can be a contract/consultation position.

19. Question: Does this position remain a requirement even if mental health services are not provided in-house?

Answer: Yes. The position remains a requirement even if mental health services are not provided in-house.

20. Question: Page 118, Section 6.1.2.4: Contractors Property Manager shall possess the following minimum qualifications prior to employment:

- Two years experience managing housing
- Knowledge of federal, state and fair housing laws

If our agency does not own the property and leases apartments, assuming there is a property manager employed by an outside landlord/corporation, will this satisfy the above requirements?

Answer: Yes. Contractor may utilize a reputable property management firm to provide the property management services. Contractor may not utilize the building owner to provide services.

21. Question: Can property manager be contracted?

Answer: Yes. The property management services may be contracted with a reputable property management firm that meets the requirements in

Section 6.1.24 of the Statement of Work. Contractor may not use the building owner or manager to provide the services.

22. Question: 11.1.1 (page 122) - Will our County approval letter of our THP+FC program be accepted for this requirement?

Answer: No. The THP+ FC approval letter will not be accepted for this requirement.

23. Question: 11.1.2 (page 122) - Will the county provide the expected compliance/certification of a unit form/template or the expectations for the certificate?

Answer: Yes. Please see Exhibit A-26. The County will also inspect and approve each housing unit.

24. Question: Page 123, Section 11.1.2 .1 d) Living Unit Requirements: CONTRACTOR shall ensure that each THP-Plus participant has his/her own bedroom and that no more than two THP-Plus participants share one Bathroom. THP-Plus participants may only share bedrooms with their children. Is there a limit on number of children per bedroom per participant?

Answer: Yes. Participants may share the bedroom with a maximum of two (2) children.

25. Question: Is there an age limit for those children?

Answer: No. There is no age limit for those children.

26. Question: Is there compensation given to the agency for the children?

Answer: No.

27. Question: 11.1.4.3 (page 124) - This discusses the need to inventory each apartment once per quarter. Why is this a requirement?

Answer: To ensure that the apartment and furnishings remain in habitable condition.

28. Question: Participants must submit birth certificate – if participants do not have documents can this be waived and have THP + CM help participant obtain? Can language to SOW be changed? 11.2.1.12 (pg. 126)

Answer: Yes. Participants can still be admitted if they don't have their birth certificate. Please refer to Addendum Number One.

29. Question: Move in agreements (other docs) need to be completed within 1 day – is this 1 business day? Yet 11.2.1.18 in SOW indicates that other move in docs need to be completed within 2 days? 11.2.1.17 (pg. 127)

Answer: It is two business days. Please refer to Addendum Number One.

30. Question: 11.2.2.1-11.2.2.4 (pages 128/29) - Is there room for negotiation on these costs (food, utilities, necessities)? Are we able to adhere to our own program model requirements around these items? If we pay for their rent, food, necessities, utilities, and savings how are we then able to prepare them for reality and true self-sufficiency?

Answer: No, these items cannot be negotiated.

31. Question: Orientation documents must be reviewed within 2 days of move in – is this 2 business days? Can there be clarification on RFP verbiage? 11.2.1.18 (pg. 127)

Answer: Yes, It is two business days. Please refer to Addendum Number One.

32. Question: SOW wants receipts to be obtained by contractor to monitor unauthorized purchases – what do we do if unauthorized purchases are made? Only non-compliance to turning in receipts are addressed in SOW. 11.2.2.2.4 – (pg. 129)

Answer: Please refer to Addendum Number One.

33. Question: 11.2.2.5 and 11.2.5 (page 131 and 134) - What are the differences between these savings plans? Why are two separate savings accounts required? Are we allowed to combine these efforts? Also, if youth are unengaged (not working, attending school, paying rent, meeting with staff, etc) are we still required to save on their behalf?

Answer: The Emancipation Savings is paid by the contractor and the Participant Savings is from the participant's income.

Yes. The accounts can be combined. Please refer to the Addendum.

34. Question: Page 134, Section 11.2.5.1 - THP-Plus participants shall save at least 30% of the net monthly income as their rental contribution. Contractor may request that the THP-Plus participants save a maximum of 50% of their net income.

Can we collect (30%) directly for rental income or does this go into a savings account for the participants to be returned to them upon discharge?

Answer: The rental income is deposited into a savings account and returned to the participant upon exit. Please refer to Section 11.2.5.2 of the Statement of Work.

35. Question: Or, if they have qualified as a SILP participant under AB12 guidelines can we collect the basic rate of \$776.00 from each participant?

Answer: AB12 youth are not eligible for THP-Plus service. Please refer to the Target Population in Section 7.1 of the Statement of Work.

36. Question: 11.2.6 (page 135) - Can these trainings be offered one-on-one and in group settings?

Answer: Yes. Please see Section 11.2.6.1.17 of the Statement of Work.

37. Question: 11.2.6.1.13 (page 139) –Are we allowed to refer participants out for these services?

Answer: Yes. The youth can be referred for mental health and substance abuse services.

38. Question: 11.8.1 (page 142) – Are we allowed to use our own Follow Up form? As well, it states that aftercare must be provided to ALL who complete the program. What if the youth moves out of state/is unreachable/refuses service?

Answer: The forms in the contract are mandatory, but you may use your forms in addition to the contract forms. If the youth move out of State or refuse services your efforts must be documented.

39. Question: 11.8.2 (page 143) – How often do aftercare groups need to occur?

Answer: The aftercare groups should occur at least quarterly.

40. Question: 16.0 (page 149) – Performance Outcome Goals. Are these open for negotiation or the expected goals of all THP+ providers.? As well, some performance targets appear arbitrary and may end up penalizing high performers. For example, for the first goal of residential stability it states 10% increase over the previous year's goal but what if the provider hits 92% the previous year?

Answer: No. The outcomes are not up for negotiation and are expected of all THP+ providers. All providers are expected to meet the target outcome or have a 10% increase from the previous year.

41. Question: PART F

Exhibit B-3. Page 252. Base rate is listed as *eligible federal cost at \$2200. The last row asks for full program costs *add maintenance, admin and additional amount above the base rate? What does the last row mean? Can we ask for additional dollars that the County will cover? The base rate states 'federal' costs yet THP+ funding is state not federal money. Is this a typo? How is this to be covered? What is the total amount per participant that we can request (Base + additional costs). Is the county open to renegotiating the flat set fee of \$2200 to more closely reflect the set rate of THP+FC? Especially most of the associated costs that are spelled out are the same under both programs?

Answer: The total amount is \$2200. The rate is not negotiated at this time.

Yes. The reference to "federal costs" is a typo.

42. Question: Part E, Exhibit A, page 115, clauses 5.16 and 5.17: What is the definition of "reasonable efforts" to initiate "green" practices for environmental and energy conservation benefits? (For instance, energy efficient light bulbs? Recycling?)

Answer: Per Part B, Section 46.6, page 29, the RFP requires that the Proposer "present a description of proposed plan...Describe your company's current environmental policies and practices and those proposed to be implemented."

43. Question: Please clarify if proposer needs to be THP + certified prior to proposal submission, or if application for THP + certification can be submitted at the same time as the RFP application.

Answer: No. Proposers are not required to be certified prior to proposal submission. The THP-Plus Certification Provider Plan must be submitted at the same time as the RFP Proposal. Please refer to Section 6.2 of the RFP, page 3.

44. Question: Section 9.7 – "but not exceeding six THP-Plus participants in a single site..." Does single site mean an apartment or a housing site of multi-units?

Answer: This means an individual housing unit such as an apartment or a single family residence that is large enough to accommodate six participants.

45. Question: SOW - How were the performance targets determined? Were the % targets based on past THP-Plus providers' performance in LA County or statewide outcomes for the program?

Answer: The residential stability targets are based on past performance in LA County, and the other targets are based on statewide data.

46. Question: SOW -Would the County consider changing the performance outcome goals to more individualized goals for youth? So rather than aggregate program measures, can the performance outcomes be changed to measure how young people progress in meeting their specific individualized goals around employment, education, housing, and relationships?

Answer: No. We will not change the outcomes to individualized goals.

47. Question: SOW -The youth interview seems to capture a lot of information that is related to case planning goals and services before a youth is even admitted into the program. So rather than have such a front-loaded assessment that could potentially lead to youth being screened out of program entry, can the youth interview be changed to capture program eligibility and address safety (i.e., will this youth pose safety issues to him/herself, other youth, and/or program staff if admitted to the program?)

Answer: The Youth Interview form has been revised. Please refer to Addendum Number One.

48. Question: Form 17, page 335: Are applicants required to submit copies of staff members' licenses, degrees, and certificates? Or is it acceptable for these qualifications to be listed on the resumes?

Answer: Yes. Applicants are required to submit copies of documents.