



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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August 16, 2012

Dear Prospective Contractors and Interested Parties:

**ADDENDUM NUMBER THREE TO REQUEST FOR PROPOSALS NUMBER 11- 053 FOR
SAFE CHILDREN STRONG FAMILIES SERVICES**

Addendum Number Three is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all holders of the Safe Children Strong Families (SCSF) Request for Proposals (RFP) Number 11-053. Addendum Number Three amends sections of the RFP as provided below. Changes only apply to the referenced sections and/or subsections that are amended or deleted, all other sections remain in full affect.

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

Changes made to the RFP are by section as set forth in the RFP with the following list of attachments included within this Addendum:

Attachments to Addendum Number Three	Attachment Name
Attachment I	Part E-Required Forms 4A – 4E
Attachment II	Questions and Answers for Exhibit A
Attachment III	Questions and Answers for Exhibit B
Attachment IV	Questions and Answers for Exhibit C
Attachment V	Questions and Answers for Exhibit D
Attachment VI	Questions and Answers for Exhibit E
Attachment VII	Questions and Answers Contract Related
Attachment VIII	Questions and Answers General
Attachment IX	Intentionally Left Blank
Attachment X	Exhibit E-18 Monthly Staffing and Expenditure Report - PFF
Attachment XI	Total Funding Allocations by Program
Attachment XII	Exhibit C-20 Unexcused/Excused Absence Alert Form – Assessment and Intervention
Attachment XIII	Exhibit D – Performance Outcome Summary – Resource Center
Attachment XIV	Sign In Sheets for SCSF Proposers' Conference

Attachment XV	Attachment T Monthly Client Service Log – CAPIT
Attachment XVI	Attachment U Monthly Reimbursement Invoice – CAPIT
Attachment XVII	Exhibit B-4 Budget Modification Form - CAPIT
Attachment XVIII	Exhibit A-12 Deaf and Hard of Hearing Request for Services Form – Resource Center
Attachment XIX	Exhibit A-13 Expense Claim For Services Rendered to Serve the Deaf and Hard of Hearing – Resource Center
Attachment XX	Exhibit B-5 Deaf and Hard of Hearing Request for Services Form – CAPIT
Attachment XXI	Exhibit B-6 Expense Claim For Services Rendered to Serve the Deaf and Hard of Hearing – CAPIT

Addendum Number Four will be posted on or about Wednesday, August 24, 2012 consisting of SCSF RFP Number 11-053 reconstructed to incorporate all revisions previously made in Addendums One, Two and Three.

- I. **RFP, Part B: Proposal Submission Requirements, Section 44.0 RFP Timetable as set forth in Addendum One to Request for Proposals Number 11-053 for Safe Children Strong Families Services date July 20, 2012 has been amended to read as follows:**

44.0 RFP Timetable

The following timeline represents the COUNTY’s best estimate of the following timeline represents the COUNTY’s best estimate of the schedule that shall be followed in this procurement process. COUNTY reserves the right, at its sole discretion, to adjust this schedule, as it deems necessary. Notification of any adjustment to the timeline shall be provided to all Proposers who request a copy of the RFP. Please note that all times indicated are Pacific Standard Time.

- Release RFP Tuesday, June 26, 2012
- Deadline to Submit Request for Solicitation Review July 10, 2012; 5:00 PM
- Written Questions Due July 13, 2012, 4:00 PM
- Proposer’s Conference July 16, 2012
- Questions and Answers & Addendum Two Released On or about July 27, 2012; 5:00 PM
- Deadline to Submit Additional Questions Tuesday, August 7, 2012; 9:00 AM
- 2nd Questions and Answers & Addendum Three On or about Friday, August 10, 2012
- Deadline for Proposal Submission Friday, October 26, 2012; 12:00 PM
- Notification of Disqualification On or about November 21, 2012
- Deadline to Request Disqualification Review November 30, 2012, 5 :00 PM
- Deadline to Submit Notice of Intent to Request February 1, 2013, 5:00 PM

- Review of Proposed Contractor Selection
- Deadline to Request Review of Proposed Contractor Selection February 14, 2013, 5:00 PM
- Tentative Award Recommendation On or about July 30, 2013
- Board Hearing October 22, 2013
- Anticipated Contract Start Date January 1, 2014

II. **RFP, Part B: Proposal Submission Requirements, Section 49.5 Proposer's Qualifications (Section B) is amended to read as follows:**

49.5 Proposer's Qualifications (Section B)

Demonstrate that the Proposer's organization has the experience and financial capability to perform the required services. The following sections must be included:

A. 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~~ 7.0 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.)~~

B. Proposer's Reference (Section B.2)

It is the Proposer's sole responsibility to ensure that the firm's name, and point of contact's name, title and phone number for each reference is accurate. The same references may be listed on both forms - Part E, Required Form 11 and Required Form 11-A.

County may disqualify a Proposer if:

- references fail to substantiate Proposer's description of the services provided; or
- references fail to support that Proposer has a continuing pattern of providing capable, productive and skilled personnel, or
- the Department is unable to reach the point of contact with reasonable effort. It is the Proposer's responsibility to inform the point of contact of normal working hours.

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.
3. **Prospective Contractor List of Contracts, Part E, Required Form 11.**

The listing must include all Public Entities contracts for the last three (3) years. Use additional sheets if necessary.

4. **Prospective Contractor list of Terminated Contracts, Part E, Required Form 27.**

Prospective Contractor List of Terminated Contracts, Part E, Required Form 27. Listing must include contracts terminated within the past three (3) years with a reason for termination.

C. Proposer's Pending Litigation and Judgments (Section B.3)

Identify by name, case and court jurisdiction any pending litigation in which Proposer is involved, or judgments against Proposer in the past five (5) years. Provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or principals of the Proposer.

D. Financial Capability (Section B.4)

Proposer must provide adequate documentation on the financial status of the firm to ensure that the firm will continue in business through the period of the contract and can finance the cost of adequate personnel and support requirements. This includes, but is not limited, to the following:

1. Provide copies of the Proposer's most current and prior two fiscal years (for example: 2011 and 2010) audited financial statements, which shall be in accordance with the American Institute of Certified Public Accountants listing of General Accepted Accounting Principles. Statements should include the Proposer's assets, liabilities, and net worth. At a minimum and to the extent possible, include the Balance Sheet (Statement of Financial Positions), Income Statement (Statement of Operations), and the Retained Earnings Statement. A Proposer should submit audited (or reviewed by a CPA) statements, if available, to meet this requirement. Do not submit Income Tax Returns to meet these requirements. Financial statements will be kept confidential, if so stamped on each page.

2. List of potential commitments that may impact assets, line of credit, guarantor letters, etc., and that may affect the Proposer's ability to perform the Contract.

III. **RFP, Part B: Proposal Submission Requirements, Proposer's Approach to Provide Required Services for Prevention and Aftercare Services – Resource Center (Section C), Section 49.6.1 subparagraphs 49.6.1.8 and 49.6.1.9 are amended read as follows:**

49.6.1.8 Demonstrate their approach to servicing unique populations within each geographic catchment area to be served, including children and families who require services for the deaf or hard of hearing.

49.6.1.9 Proposers submitting a proposal to serve the Asian and Pacific Islander and the American Indian communities should demonstrate how the needs of these populations will be met on a Countywide basis.

IV. **RFP, Part B: Proposal Submission Requirements, Proposer's Approach to Provide Required Services for Prevention and Aftercare Services – CAPIT (Section C), Section 49.6.2 subparagraph 49.6.2.3 is amended read as follows:**

49.6.2.3 Approach to servicing unique population in geographic catchment area to be served, including children and families who require services for the deaf or hard of hearing.

V. **RFP, Part B: Proposal Submission Requirements, Proposer's Approach to Provide Required Services for Assessment and Intervention Services (Section C), Section 49.6.3 is amended to add subparagraph 49.6.3.3 to read as follows:**

49.6.3.3 Proposals responding to Exhibit C, and which propose to service the population(s) of Asian Pacific Islander and/or American Indian, must address how they will service the needs of the population on a Countywide basis.

VI. **RFP, Part B: Proposal Submission Requirements, Section 49.9. – Business Proposal Required Forms (Section F) as set forth in Addendum Two to Request for Proposals Number 11-053 for Safe Children Strong Families Services date August 1, 2012 has been amended to read as follows:**

49.9 Business Proposal Required Forms (Section F)

Proposal shall include all completed, signed, and dated forms identified in Part E - Required Forms.

Required Form 1	Proposer's Organization Questionnaire/Affidavit
Required Form 1-A	Transmittal Letter
*	Table of Contents (must immediately follow the Transmittal Letter)
Required Form 2	Certification of "No Conflict of Interest"

Required Form 3	Offer to Perform and Acceptance of Terms and Conditions
Required Form 5	Attestation of Willingness to Consider GAIN/GROW Participation for Employment
Required Form 6	Familiarity of the County Lobbyist Ordinance Certification
Required Form 7	Proposer's/Offeror's EEO Certification
Required Form 8	Community Business Enterprise Form (CBE)
Required Form 9	List of Proposer's Commitments
Required Form 11	Prospective Contractor List of Contracts
Required Form 11-A	Prospective Contractor References
Required Form 12	Agency Involvement in Litigation and/or Contract Compliance Difficulties
Required Form 13	Revenue Disclosure (non-public Proposer)
Required Form 14	List of Current Members of Board of Directors/Other Agencies
Required Form 16	Certification of Ownership and Financial Interest
Required Form 17	Jury Service Program, Application for Exception and Certification
Required Form 18	List of Subcontractors
<u>Required Form 19</u>	<u>Audited Financial Statements</u>
Required Form 20	Proof of Insurability
Required Form 21	Organizational Data
Required Form 22	Secretary of State Filings – Statement of General Information
Required Form 23	Copies of all licenses, certifications, and permits
Required Form 24	Charitable Contributions Certification
Required Form 25	Certification of Compliance with the County's Defaulted Property Tax Reduction Program
Required Form 26	Transitional Job Opportunities Preference Application

- VII. **RFP, Part B: Proposal Submission Requirements, Section 50.0 – Cost Proposal Format as set forth in Addendum Two to Request for Proposals Number 11-053 for Safe Children Strong Families Services date August 1, 2012 has been amended to read as follows:**

50.0 Cost Proposal Format

The content and sequence of the proposal must be as follows:

- Cover Page identifying, at a minimum, the RFP and the Proposer's name.
- Price Sheet – Required Form 4A – 4E
- Line Item Budget – Required Form 4F
- Budget Narrative – Required Form 4G
- Certification of Independent Price Determination & Acknowledgement of RFP Restrictions – Required Form 15
- ~~Audited Financial Statement – Required Form 19~~

- VIII. **RFP, Part B: Proposal Submission Requirements, Section 51.0 – Proposal Submission as set forth in Addendum One to Request for Proposals Number 11-053 for Safe Children Strong Families Services date July 20, 2012 has been amended to read as follows:**

51.0 Proposal Submission

Business Proposal

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:

Business Proposal for *(fill in the name of the program being proposed)*

Cost Proposal

The original Cost Proposal and five (5) copies must be submitted in a sealed package, separate from the Business Proposal, plainly marked in the upper left-hand corner with the name and address of the Proposer and bear the words:

Cost Proposal for (fill in the name of the program being proposed)

The Proposal(s) shall be delivered or mailed to:

Department of Children and Family Services
Contracts Administration Division
Attention: Contracts Administrator (SCSF Services)
425 Shatto Place, Room 400
Los Angeles, CA 90020

It is the sole responsibility of the submitting Proposer to ensure that its Proposal is received before the submission deadline. Submitting Proposers shall bear all risks associated with delays in delivery by any person or entity, including the U.S. Mail. Any Proposals received after the scheduled closing date and time for receipt of Proposals, as listed in Sub-paragraph 44.0, RFP Timetable, will not be accepted and will be returned to the sender unopened. Timely hand-delivered Proposals are acceptable. No facsimile (fax) or electronic mail (e-mail) copies will be accepted.

All proposals shall be firm offers and may not be withdrawn for a period of ~~one year~~ twenty-two (22) months following the last day to submit proposals.

Until the proposal submission deadline, errors in proposals may be corrected by a request in writing to withdraw the proposal and by submission of another set of proposals with the mistakes corrected. Corrections will not be accepted once the deadline for submission of proposals has passed

- IX. **RFP, Part C: Selection and Evaluation Process, Section 52.10 – Proposal Submission as set forth in Addendum One dated July 20, 2012 and Addendum Two dated August 1, 2012 to Request for Proposals Number 11-053 for Safe Children Strong Families Services have been amended to read as follows:**

52.10 Adherence to Minimum Requirements and Proposal Format (Pass/Fail)

County shall review the Proposer's Organization Questionnaire/Affidavit – Required Form 1 of Part E, Required Forms, and determine if the Proposer meets the mandatory minimum requirements as outlined in the Introduction, Section 7.0, of this RFP. Failure of the Proposer to comply with the mandatory minimum requirements may eliminate its proposal from any further consideration.

~~County shall review the Proposer's Audited Financial Statements Required Form 19 of Part E, Required Forms, to determine how well the Proposer's financial statements determine the financial stability and capability of the company to deliver agreed upon services throughout the term of the contract. A Pass/Fail determination will be based on the following:~~

~~QUICK RATIO (Cash + Short Term Sec + Accts. Rec/ Current Liabilities)~~

~~CURRENT RATIO (Current Assets/Current Liabilities)~~

~~EXPENSES TO INCOME RATIO~~

~~LONG TERM FINANCIAL VIABILITY (Tangible Net Assets)~~

The County may elect to waive any informality in a proposal if the sum and substance of the proposal is present.

- X. **RFP, Part C: Selection and Evaluation Process, Section 52.12 Evaluation of Proposal** is amended to read as follows:

52.12 Evaluation of Proposal

County shall review the Proposer's Organization Questionnaire/Affidavit – Required Form 1 of Part E, Required Forms, and determine if the Proposer meets the minimum requirements as outlined in Section ~~6.0~~ 7.0 of this RFP.

Failure of the Proposer to comply with the minimum requirements may eliminate its proposal from any further consideration. The County may elect to waive any informality in a proposal if the sum and substance of the proposal is present.

- XI. **RFP, Part C: Selection and Evaluation Process, Section 52.13 Proposal Evaluation and Criteria** is amended to read as follows:

52.13 Proposal Evaluation and Criteria

Any reviews conducted during the evaluation of the proposal may result in a point reduction.

Proposer's Qualifications (30% of Total Possible Points)

1. Proposer will be evaluated on their experience and capacity as a corporation or other entity to perform the required services based on information provided in Section B.1 of the proposal.
2. Proposer will be evaluated on the verification of references provided in Section B.2 of the proposal. In addition to the references provided, a review will include the County's Contract Database and Contractor Alert Reporting Database, if applicable, reflecting past performance history on County or other contracts. This review may result in point deductions up to 100% of the total points awarded in this evaluation category. Additionally, a review of terminated contracts will be conducted which may result in point deductions.
3. A review will be conducted to determine the significance of any litigation or judgments pending against the Proposer as provided in Section B.3 of the proposal.

4. Evaluation of the proposer's financial capability is based on information provided in Section B.4 of the proposal. Evaluation may include the use of financial ratios for aiding in the determination of financial health.

XII. **RFP, Part C: Selection and Evaluation Process, Section 52.17 – Cost Proposal Evaluation Criteria (20% of Total Possible Points) as set forth in Addendum Two to Request for Proposals Number 11-053 for Safe Children Strong Families Services date August 1, 2012 has been amended and renumbered to read as follows:**

52.17 Cost Proposal Evaluation Criteria (20% of Total Possible Points))

~~52.17.1 County shall review the Proposer's Audited Financial Statements Required Form 19 of Part E, Required Forms, to determine how well the Proposer's financial statements determine the financial stability and capability of the company to deliver agreed upon services throughout the term of the contract. A Pass/Fail determination will be based on the following:~~

- ~~• QUICK RATIO (Cash + Short Term Sec +Accts. Rec/Current Liabilities)~~
- ~~• CURRENT RATIO (Current Assets/Current Liabilities)~~
- ~~• EXPENSES TO INCOME RATIO~~
- ~~• LONG TERM FINANCIAL VIABILITY (Tangible Net Assets)~~

~~52.17.2 Proposer's Audited Financial Statements receiving the County's Pass determination will move on to the Cost Proposal Evaluation process.~~

52.17.1 ~~52.17.3~~DCFS continues to utilize Informed Averaging Evaluation Policy selection for all its solicitations. This evaluation process emphasizes quality of service.

~~52.17.3.1~~ 52.17.1.1 The lowest cost proposal will be given the highest possible number of points. All other proposals will receive points in this category based on the price quoted.

~~52.17.3.1.1.1~~ 52.17.1.1.1 Lowest cost will be determined based on Part E, Required Form 4A - 4E, Price Sheet.

~~52.17.3.1.1.2~~ 52.17.1.1.2 Instructions for completing Part E, Required Form 4A – 4E, Price Sheet are as follows:

~~52.17.3.1.1.2.1~~ 52.17.1.1.2.1 One Price sheet is required to be submitted for each

Region/SPA proposed to serve.

~~52.17.3.1.1.2.2~~ 52.17.1.1.2.2 Proposed Rate/Unit Rate shall be inclusive of Direct and Indirect cost of providing service(s).

~~52.17.3.1.1.2.3~~ 52.17.1.1.2.3 Proposed Rate/Unit Rate will be based on the Average Number of Families to be served where available as provided in Part E, Required Form 4A – 4E.

~~52.17.3.1.1.2.4~~ 52.17.1.1.2.4 Current Rate/Current Average Payment Rate is provided for informational purposes only to assist Proposers in developing Payment Rate/Unit Rate where available as provided in Part E, Required Form 4A-4E.

~~52.17.3.1.1.2.5~~ 52.17.1.1.2.5 Total Cost to be listed on Part E, Required Form(s) 4A-4E shall be the Total proposed Annual Cost for one (1) year.

~~52.17.3.1.1.3~~ 52.17.1.1.3 CAPIT Only - Part E, Required Form 4B:

~~52.17.3.1.1.3.1~~ 52.17.1.1.3.1 Factor in Average Number of Units per Family (30) when calculating Proposed Unit Rate for Average Number of Families to Serve (also 30).

~~52.17.3.1.1.3.2~~ 52.17.1.1.3.2 Insert Cash and/or In-Kind Match percentage and dollar amount equal to or more than ten percent (10%) of total proposed cost.

~~52.17.3.1.1.3.3~~ 52.17.1.1.3.3 Proposer is responsible for developing approach of what staffing level to use for each service category and amount of hours each staffing level will provide for each service category. Total Proposed Cost shall be per staffing level.

~~52.17.3.1.1.3.4~~ 52.17.1.1.3.4 Total Annual Cost shall be the sum of the Total Proposed

Annual Cost (sum of all staffing levels).

~~52.17.3.2~~ 52.17.1.2 Proposals will be scored on their demonstration of how the cost will fulfill the requirements of the contract.

~~52.17.3.3~~ 52.17.1.3 The line item budgets will be evaluated for reasonableness.

~~52.17.4~~ 52.17.2 **CAPIT PROGRAM COST PROPOSALS ONLY**
Proposer's Line Item Budget and Budget Narrative will be evaluated and points awarded accordingly to those explanations/descriptions of how proposals shall make a contribution, cash and/or in-kind in an amount equal to or more than ten percent (10%) of the total proposed cost. Contributions in excess of 10% will receive the highest points.

~~52.17.5~~ 52.17.3 Points for all criteria evaluated will be combined to determine the overall score of a Cost Proposal.

~~52.17.6~~ 52.17.4 However, should one or more of the Proposers request and be granted the Local Small Business Enterprise (SBE) Preference and/or Transitional Job Opportunities Preference, the cost component points will be determined as follows:

~~52.17.7~~ 52.17.5 Intentionally Left Blank

~~52.17.8~~ 52.17.6 Transitional Job Opportunities Preference: 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.

XIII. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 1.0 Purpose, has been amended to read as follows:**

1.0 Purpose

The Program's objectives are to provide a comprehensive, integrated continuum of strength-based, family-centered and community-oriented resources directed to vulnerable children and families in Los Angeles County.

The delivery of Prevention and Aftercare Services will be designed to strengthen family resilience and nurture the development of healthy behaviors. The objectives of these services includes: 1) Prevention of maltreatment before it occurs; 2) Prevention of child abuse/neglect among families at risk through the provision of supportive family services; and 3) Increased child safety within the home and preservation of families in which children have been maltreated, when the family's problems can be effectively addressed.

The Five Protective Factors are the foundation of the Strengthening Families approach. Extensive research support the common-sense notion that when these Protective Factors are present and robust in a family, the likelihood of child abuse and neglect diminishes. Please see Strengthening Families Protective Factors Framework, Attachment Q (Center for the Study of Social Policy's Strengthening Families™ Approach).

- Parental resilience: Parents who are emotionally healthy are able to maintain a positive attitude, creatively solve problems and effectively rise to the challenges that emerge in every family's life.
- Social connections: Everyone benefits from a strong network of extended family, friends, neighbors and others who provide healthy relationships, support and problem solving.
- Knowledge of parenting and child development: Parents who understand the usual course of child development are more likely to be able to nurture their children's healthy development and less likely to be abusive or harmful to their children.
- Concrete support in times of need: Families need to have basic needs (shelter, food, clothing, health care) met to ensure a child's healthy development.
- Social and Emotional Competence of Children: A child's emerging ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults and peers.

Levels of Prevention

Prevention and Aftercare Services aim to stop child maltreatment before it occurs, mitigate risk factors associated with child abuse and/or neglect, reduce the negative consequences of maltreatment, and prevent re-maltreatment and/or re-entry into the public child welfare system. Approaches to prevention can be classified into three levels:

Primary Prevention - Services and supports intended to assist families within the general population to prevent child maltreatment before it ever occurs.

Secondary Prevention – Services and supports intended to address the needs of at risk families known to the public child welfare system in effort to prevent child maltreatment.

Tertiary Prevention – Services and supports intended to address the needs of at risk families in which child maltreatment has already occurred in effort to treat its negative impact and prevent further abuse or neglect.

- XIV. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 2.0 Target Population, as set forth in Addendum Two to Request for Proposals Number 11-053 for Safe Children Strong Families Services dated August 1, 2012 has been deleted in its entirety and replaced to read as follows:**

2.0 Target Population

2.1 Through varied levels of prevention, Safe Children and Strong Families Prevention Services target the following population residing in Los Angeles County:

2.1.1 At risk children and families, self referred or referred by community Stakeholders such as schools, hospitals and law enforcement agencies, who are in need of services to prevent future child maltreatment and/or DCFS involvement.

2.1.2 DCFS referred children and families with unfounded, closed child abuse referrals in need of services to prevent future child maltreatment and/or DCFS involvement.

2.1.3 DCFS referred clients, who are receiving Family Reunification services.

2.1.4 For the County-Wide Asian and Pacific Islander Contract Only: Any child or family who need services in an API language.

2.1.5 For the County-Wide American Indian/Alaska Native Contract Only: Any American Indian/Alaska Native children and families.

2.2 With a focus on tertiary prevention strategies, Aftercare Services target the following population residing in Los Angeles County:

2.2.1 DCFS referred children and families, who have exited the public child welfare system through reunification or legal guardianship, and are in need of services to prevent subsequent child maltreatment and/or DCFS involvement.

XV. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 3.0 Scope of Work, Subsections 3.1 has been deleted in its entirety and replaced to read as follows:**

3.0 Scope of Work

3.1 Safe Children and Strong Families Prevention and Aftercare Services build upon lessons learned from Los Angeles County initiatives designed to address factors considered to be the root causes of harm to families and communities; which ultimately play key roles in the occurrence of child maltreatment. These risk factors include, but are not limited to, poverty, unemployment, access to quality education, inadequate access to safe and affordable housing, inadequate access to health and dental care, and social isolation.

3.1.1 In effort to address and diminish risk factors that may lead to child abuse and/or neglect, Prevention and Aftercare Services-Resource Center strives to facilitate the following outcomes:

3.1.1.1.1 Reduced Social Isolation through the Development of Healthy Communities and Social/Interpersonal Connectedness

3.1.1.1.2 Increased economic opportunities and development

3.1.1.1.3 Increased access to and utilization of beneficial services, activities, resources and supports

3.1.2 These outcomes can only be achieved through the development of meaningful partnerships between families, community based organizations, including faith based, community stakeholders, DCFS, and other County agencies.

3.1.3 As a result, Prevention and Aftercare Services – Resource Center Contractors shall be required to collaborate both formally and informally with community based organizations, County agencies and other community stakeholders to fulfill the requirements described in the Scope of Work.

3.1.4 CONTRACTOR shall be required to subcontract a minimum of thirty five percent (35%) of Prevention and Aftercare Services – Resource Center funding through written subcontracts with an array of community partners whose subcontracted services, resources and/or activities are directly related to the achievement of the goals and objectives and to the successful implementation of program activities.

3.1.5 The core of Prevention and Aftercare Services shall be based within and/or connected to existing community based collaborative and partnerships.

XVI. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center,** Section 3.0 Scope of Work, Subsections 3.8 as set forth in Addendum One to Request for Proposals Number 11-053 for Safe Children Strong Families Services dated July 20, 2012 has been deleted in its entirety and replaced to read as follows:

3.8 CONTRACTOR shall provide the following Prevention and Aftercare Services as they are described in the Scope of Work:

3.8.1 Administrative Costs (10%)

3.8.2 Case Navigation, including linkage services (up to 25% of total contract amount)

3.8.3 Community Outreach and Capacity Building (up to 7½% of the total contract amount)

3.8.4 Management of Discretionary Funds New, Expanded and Specialized Services and Supports

3.8.4.1.1 Contractor Directed Discretionary Funds (a minimum of 45% of total contract amount)

3.8.4.2 County Directed Discretionary Funds (up to 10% of the total contract amount)

3.8.4.3 Emergency Basic Support Services (up to 2 ½% of the total contract award)

XVII. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services- Resource Center, Section 4.0 Differential Response Path 1, has been amended and renumbered to read as follows:**

4.0 Differential Response Path 1

4.1 Differential Response Path 1 implementation is contingent upon funding. Prevention and Aftercare Resource Center contractors shall provide DR Path 1 services if the program is implemented.

4.2 Differential Response Target Population: DCFS referred children and families with evaluated out child abuse and/or neglect referrals, who are in need of services to prevent future child maltreatment and/or DCFS involvement.

4.1 4.3 Differential Response (DR) Path 1 services are indicated when allegations of child maltreatment reported to the Child Protection Hotline (CPH) do not meet the legal criteria of child abuse or neglect, include no known child safety factors and are evaluated out; however, the family is in need of services to build protective factors and prevent future child maltreatment and/or DCFS involvement. See Exhibit A-11 for examples of allegations, that in and of themselves, do not constitute appropriate child abuse referrals, but would be appropriate for DR Path 1 services. In these instances, although an in person response from DCFS is not warranted, families may benefit from the services of a community based agency. Through Differential Response Path 1, COUNTY Child Protection Hotline (CPH) will refer families with evaluated out referrals directly to Prevention and Aftercare Services Contractors to receive these services.

~~4.2~~ 4.4 Multidisciplinary Team

~~4.2.1~~4.4.1 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 formation 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 of child abuse and neglect. This information may be shared amongst the MDT members during a telephonic or electronic MDT conference. The Differential Response Path 1 MDT shall be comprised of two (2) COUNTY designees and at least (1) CONTRACTOR designee.

~~4.3~~ 4.5 CONTRACTOR shall participate in MDT conferences and designate, at minimum, a primary and secondary (back up) participant for the DR Path 1 MDT.

~~4.4~~ 4.6 CONTRACTOR's MDT designee shall participate in monthly Safe Children and Strong Families DR Path 1 Meetings, as scheduled by COUNTY.

~~4.5~~ 4.7 CONTRACTOR's MDT designees shall be at the paraprofessional level or higher.

~~4.6~~ 4.8 CONTRACTOR's MDT designees shall be trained by CONTRACTOR on the California Child Abuse and Neglect Reporting Act; specifically, (1) mandated reporting, (2) confidentiality and (3) identification and reasonable suspicion of child abuse and neglect.

~~4.7~~ 4.9 CONTRACTOR shall maintain completed Differential Response Path 1 Multidisciplinary Team Designee Forms for all MTD designees. The Differential Response Path 1 Multidisciplinary Team Designee Forms shall be kept on file and made available to COUNTY Program Manager upon request.

~~4.8~~ 4.10 Differential Response Path 1 Referral Process

~~4.8.1~~ 4.10.1 CONTRACTOR shall accept MDT conference requests from COUNTY Child Protection Hotline telephonically, electronic and/or via fax.

~~4.8.2~~ 4.10.2 CONTRACTOR shall participate in telephonic and/or electronic MDT conferences within one (1) business day of receiving the MDT conference request, or as designated by COUNTY Child Protection Hotline.

~~4.8.3~~ 4.10.3 CONTRACTOR shall accept the DCFS approved DR Path 1 referral form from the designated DCFS Child Protection Hotline representative.

~~4.8.4~~ 4.10.4 CONTRACTOR shall maintain a log of all DR Path 1 MDT conferences to include the date of the conference request, date conference held, type of conference, i.e., telephonic or electronic, date of

initial contact attempt and type of contact attempt, i.e., telephonic and/or face-to-face. This log shall be kept on file and made available to County Program Manager upon request.

~~4.8.5 4.10.5~~ ~~CONTRACTOR shall make contact with the referred family within two (2) business days of receipt of the DR Path 1 referral. Initial contact attempt shall be telephonic and/or face to face.~~

4.10.5 CONTRACTOR shall make **face-to-face** contact with the referred family within two (2) business days of receipt of the DR Path 1 referral. **CONTRACTOR shall document all efforts to make face to face contact with the family.**

The initial face to face contact with family shall be made by staff at the paraprofessional level or higher. Subcontracting of DR Path 1 services is permissible.

~~4.8.6 4.10.6~~ ~~CONTRACTOR shall provide all Prevention services and supports delineated in the Scope of Work to DR Path 1 clients as necessary.~~

XVIII. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 5.0 Case Navigation, Subsections 5.1.3 and 5.1.4 have been amended to read as follows:**

5.0 Case Navigation

5.1.3 For Geographic Catchment Specific Resource Centers Only: CONTRACTOR shall assess all children and families for Asian Pacific Islander language needs and for American Indian/Alaska Native identification. If the family has an Asian Pacific Islander language need that the CONTRACTOR cannot provide, the CONTRACTOR may refer the family to the county-wide Asian Pacific Islander Resource Center or any other appropriate agency. If the family identifies as American Indian/Alaska Native the CONTRACTOR will offer to refer the family to the county-wide American Indian/Alaska Native Resource Center, or any other appropriate agency, and refer at the request of the family.

5.1.4 For County-Wide American Indian/Alaska Native Contract and Asian Pacific Islander Contracts only: CONTRACTOR shall accept and give priority to referrals from other SCSF Resource Center(s).

XIX. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 6.0 Core Supportive and Preventative Services, as set forth in Addendum One to Request for Proposals Number 11-053 for Safe Children Strong Families Services dated July 20, 2012 has been deleted in its entirety:**

6.0 Core Supportive and Preventative Services

~~Core Supportive and Preventative Services, shall facilitate the development and strengthening of parental protective factors; consistent with the Strengthening Families:~~

~~Protective Factors Framework.~~

~~6.1 Counseling Services~~

~~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. CONTRACTOR provides counseling services, which include face to face interventions to:~~

~~6.1.1.1 Help identify and assist in solving family problems;~~

~~6.1.1.2 Identify substance abuse issues and refer for treatment;~~

~~6.1.1.3 Identify and refer to treatment for domestic violence and/or anger management related issues; and~~

~~6.1.1.4 Help identify personal, vocational and educational goals.~~

~~6.1.2 Health, Parenting, and/or Other Education Programs or Resources~~

~~6.1.2.1 CONTRACTOR shall provide health, parenting and/or other educational programs 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. These programs include, but not limited to:~~

~~6.1.2.2 Parenting skills;~~

~~6.1.2.3 Problem solving and communication skills;~~

~~6.1.2.4 Coping with stress;~~

~~6.1.2.5 Family literacy;~~

~~6.1.2.6 Household management and budgeting; and~~

~~6.1.3 Structured Parent-Child and/or Family-Centered Activities~~

~~6.1.3.1 CONTRACTOR provides structured parent-child and/or family centered activities to improve~~

~~parent-child and/or family relationships. These services shall be provided by professional or paraprofessional level staff. These activities may include recreational and social activities such as field trips, and holiday gatherings.~~

~~6.1.3.2 Teach families to spend quality time together;~~

~~6.1.3.3 Facilitate positive parent-child and family interaction;~~

~~6.1.3.4 Increase parenting knowledge through information and experience sharing; and,~~

~~6.1.3.5 Facilitate positive interaction with the community.~~

XX. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services- Resource Center, Section 8.0 Peer Based Support Groups, as set forth in Addendum One to Request for Proposals Number 11-053 for Safe Children Strong Families Services dated July 20, 2012 has been deleted in its entirety:**

8.0 Peer-Based Support Groups

~~CONTRACTOR shall ensure that Peer Based Support Groups, as identified below, are available to families referred for Prevention or Aftercare Services.~~

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

~~8.2 CONTRACTOR shall hold peer-based support groups at a minimum of once monthly.~~

~~8.3 CONTRACTOR shall facilitate peer-based support groups for adults to assist in the development of protective factors. CONTRACTOR shall utilize the Prevention and Aftercare Services Intake/Exit form to evaluate the groups' effectiveness in:~~

~~8.3.1 Reducing social isolation~~

~~8.3.2 Encouraging community engagement~~

~~8.3.3 Supporting the development of informal social support systems;~~

~~and~~

~~8.3.4 Increasing parenting knowledge through information and experience sharing.~~

~~8.4 CONTRACTOR shall facilitate peer based support groups/clubs for teens to:~~

~~8.4.1 Reduce social isolation~~

~~8.4.2 Support the development of adaptive social skills~~

~~8.4.3 Reduce juvenile delinquency~~

~~8.4.4 Foster positive relationships with adults; and~~

~~8.4.5 Promote engagement in healthy and meaningful community based activities.~~

XXI. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 9.0 Community Outreach and Capacity Building, Subsection 9.1 has been amended to read as follows:**

9.0 Community Outreach and Capacity Building

9.1 Community Outreach. CONTRACTOR shall utilize up to seven and one half percent (7½%) of the total contract amount for outreach and capacity building activities. Subcontracting of Community Outreach and Capacity Building activities is permissible.

XXII. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 10.0 New, Expanded and Specialized Services and Support, Subsection 10.1 has been deleted in its entirety and replaced to read as follows:**

10.1 New, expanded and specialized services and supports shall be implemented and funded through the use of discretionary funds, as necessary to achieve program goals and outcomes. CONTRACTOR may work to achieve programmatic goals and objectives through direct service provision, subcontracting or linkage services. COUNTY Program Manager has discretion to terminate approved use of discretionary funds.

XXIII. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 10.0 New, Expanded and Specialized Services and Support, subparagraph 10.2.2 has been amended to read as follows:**

10.2.2 County Directed Discretionary Funds, to be utilized at the Regional level to fund activities, services and/or programs to address an unmet need for the target population as identified by DCFS. S. ~~CONTRACTOR shall implement these activities, services and/or programs in conjunction with DCFS and community partners.~~

XXIV. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center**, Section 10.0 New, Expanded and Specialized Services and Support, subparagraphs 10.3.1, 10.3.7, 10.3.8, 10.3.9 and 10.3.10 have been deleted in their entirety and replaced to read as follows:

10.3.1 A minimum of forty five percent (45%) of the total contract amount shall be utilized for Contractor Directed Discretionary Funds to fund services, activities and/or programs that satisfy one or more of the following criteria:

10.3.7 Through the use of Contractor Directed Discretionary funds, CONTRACTOR shall create comprehensive, strengths-based, child abuse and neglect prevention programs that are inclusive of existing formal and informal partnerships with community agencies and stakeholders and designed to achieve the following programmatic goals and outcomes:

10.3.7.1 Reduced Social Isolation through the Development of Healthy Communities and Social/Interpersonal Connectedness. Social isolation is a risk factor for child abuse and neglect. Increases in social and community “connectedness” reduces social isolation and can lead to the development of emotional and concrete support for families; which is associated with diminished risk of child maltreatment.

10.3.7.1.1 CONTRACTOR shall provide at least one (1) activity from the following categories:

- Networking and Collaborative Activities. These neighborhood based activities offer a range of opportunities for participation and build infrastructure within the community. Example: Monthly Community Family Nights/Resource Fair.
- Family and Resident Activities. These activities welcome and support families. Parent/adult activities may be concurrent with child and youth focused activities. Community and/or family leadership forums include youth input into decision-making. Example: Faith based peer support group.
- Family Support Activities. These activities support the development of protective factors and include community based parent classes, groups, meetings, activities, that focus on social connections, knowledge of parenting and child development, and community-resources/services. Example: Fatherhood oriented parenting education.

- Neighborhood Pride and Engagement Activities. These activities and/or projects focus on healthy socialization and instilling pride in community residents. Example: Community Gardening Club.
- Relationship, Empowerment and Community Organizing Activities. These activities foster community engagement and networking through community projects that focus on strengthening bonds between families, neighbors, local government, school systems, and other community stakeholders. Example: *Joint Resident and Law Enforcement Community Action Group.*

10.3.7.2 Increased Economic Opportunities and Development. Inadequate access to basic needs of life is a risk factor for child abuse and neglect. Improvement in family economic conditions, including the ability to access services and goods to meet basic needs, reduces stress and deprivation and is associated with reduced occurrences of child maltreatment.

10.3.7.2.1 CONTRACTOR shall provide at least one (1) activity from the following categories:

- Economic Development and Support Activities. These activities assist families with the provision of concrete support in times of need, as well as opportunities for economic development, programs, projects, groups, activities, job training and resources. Example: *Free tax preparation services, particularly to families eligible for the Earned Income Tax Credit.*
- Financial Literacy Activities. These activities facilitate the development of a set of skills and knowledge that allows an individual to make informed and effective decisions through their understanding of finances. Example: *Household budgeting workshop.*
- Employment Training and Placement Activities. These activities facilitate job training and job placement in fields which have a direct connection to living wage jobs. Example: *Census job training.*

10.3.7.3 Increased Access to and Utilization of Beneficial Services, Activities, Resources and Supports. Families benefit from easily accessible, self-chosen activities, resources, services and supports. When these services develop and/or strengthen parental/caregiver protective factors, child safety and well being is increased.

10.3.7.3.1 CONTRACTOR shall provide at least one (1) activity from the following categories:

- Institutional Transformation Activities. These activities allow for the development and expansion of community networks comprised of agencies that support early childhood education programs and youth development programs. *Example: Joint learning collaborative of early care, education and youth development providers*
- Early Care and Education Activities. These activities include partnerships with agencies that provide services to facilitate the development of social and emotional competence in children through school readiness services and supports. *Example: Development of art program that allows preschool age children to non verbally express themselves.*
- Family Support Activities These activities strengthen (1) the development of parental/caregiver knowledge of parenting and child development, (2) parental/caregiver knowledge of how to access concrete support in times of need, (3) parental/caregiver resilience, and (4) the overall development of healthy social connections. *Example: Teen/young adult parent support group.*
- Youth Development Activities. These activities help to ensure that school age children are safe, healthy and ready to do well in school every day. Additionally, these activities are designed to ensure that youth (1) have safe and positive afterschool activities in which to engage, (2) caring adults to serve as guides, (3) are valued in their community, and, (4) are comfortable with people from different backgrounds. *Example: Community teen club.*
- Activities Supporting the Available Services and Resources. These activities focus on ensuring the availability of a range of various activities, services and supports for all family members. These activities, services and supports should facilitate (1) increases in healthy family functioning, (2) improvement in mental/emotional well-being, (3) decreases in substance abuse, (4) decreases in youth maladaptive behavior, and (5) improvement in overall safety, health and learning for families. *Example: Community based resources warm line.*

10.3.8 CONTRACTOR shall describe, in detail, specific tasks, activities and strategies proposed to accomplish the programmatic goals and outcomes delineated in the Scope of Work.

10.3.9 Prevention and Aftercare services shall respond to the desires expressed by families, including connections to economic networks, social networks of kin and neighbors, and high-quality services that show respect for families.

10.3.10 Activities shall respond to a broad array of family desires and concerns in specific neighborhoods, rather than being aligned with silos of existing service systems or limited to matching family problems with specific service programs.

XXV. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 10.0 New, Expanded and Specialized Services and Support, subparagraphs 10.3.11, 10.3.12, 10.3.13, 10.3.14 and 10.3.15 have been added to read as follows:**

10.3.11 Specific, detailed tasks, tactics, and strategies Programmatic goals and outcomes may be achieved through direct service provision, subcontracting or linkage services.

10.3.12 Use of Contractor Directed Discretionary Funds for the implementation of new (subsequent to submissions made as part of this RFP) Prevention and Aftercare Services programs, services and/activities designed to achieve programmatic goals and outcomes identified in the Scope of Work requires pre-approval by the COUNTY Program Manager.

10.3.13 CONTRACTOR shall complete and submit the Prevention and Aftercare Services Request Form to the COUNTY Program Manager for approval of new implementation of programs, services and activities.

10.3.14 Contractor shall document on Exhibit A-3, Discretionary Funds Request Form the:

- Type of activity, service and/or program;
- Purpose of and need addressed by the activity, service and/or program;
- Cost of activity, service and/or program
- Number of clients served by the activity, service and/or program projected line item budget;
- Description of outcome goals to be achieved through the proposed service, activity and/or program;

- Evaluation component of the proposed service, activity and/or program, including evaluation method and instruments; and
- Monthly progress reports as detailed in Exhibit A-7, Prevention Services Monthly Summary Report

10.3.15 County Program Manager shall approve or deny the implementation request in writing within two weeks of receipt of the Prevention and Aftercare Services Request Form from CONTRACTOR.

XXVI. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 10.0 New, Expanded and Specialized Services and Support, subparagraph 10.4.1 has been deleted in its entirety and replaced to read as follows:**

10.4.1 Up to ten percent (10%) of the total contract amount shall be utilized 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. COUNTY Directed programs, services and/or activities shall satisfy one or more of the following criteria:

XXVII. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services-Resource Center, Section 10.0 New, Expanded and Specialized Services and Support, Subsection 10.5 subparagraphs 10.5.1 and 10.6.4 have been amended to read as follows:**

10.5 Emergency Basis Support Services (EBSS)

10.5.1 CONTRACTOR shall utilize up to two and one half percent (2 ½%) of the total contract amount for Emergency Basic Support Services as identified on the EBSS Request Form, Exhibit A-2, CONTRACTOR shall be reimbursed for allowable Emergency Basic Support Services. Allowable EBSS may include:

- Clothing, utilities, food, furniture, household items, or school items;
- Transportation services, i.e., bus tokens/bus passes
- Housing assistance;
- Minor home, car, appliance repair and gasoline.

10.6.4 CONTRACTOR shall document in the case record and on the Emergency Basic Support Services Request Form, Exhibit A-2.

- ~~All Core Supportive and Preventative Services~~ services that the family is receiving;
- The type of EBSS provided;
- The reason for providing the EBSS; and

- A copy of the receipt with dollar amount and date of services or items purchased.

XXVIII. **RFP, Part D – Statements of Work, Exhibit B: Prevention and Aftercare Services- CAPIT, Section B Project Foundation, 1.0 Purpose as set forth in Addendum Two to Request for Proposals Number 11-053 for Safe Children Strong Families Services date August 1, 2012 has been amended to read as follows:**

1.0 Purpose

Child Abuse and Neglect Prevention, Intervention and Treatment (CAPIT) program Services are mandated by California State Assembly Bill 1733 aimed at preventing and treating child abuse and neglect. CAPIT programs will provide range of child abuse and neglect prevention, intervention and treatment services to at risk families. Services shall consist of:

1. Intake and Assessment,
2. Individual, family and group psychotherapy,
3. Counseling,
4. In-home services, including psychotherapy, counseling, crisis response and teaching and demonstrating homemaking instruction;
5. Case management and linkage services, and
6. Parenting education

All contracted services need to culturally and linguistically matched to the target population receiving services, including children and families that require services for the deaf or hard of hearing.

Services will target the general population, families and children at risk of abuse and/or neglect.

This array of services is designed to strengthen family resilience and nurture the development of healthy behaviors, while assisting client families in the development of their own Five Protective Factors:

The Five Protective Factors are the foundation of the Strengthening Families approach. Extensive research supports the common-sense notion that when these Protective Factors are present and robust in a family, the likelihood of child abuse and neglect diminishes. Please see Strengthening Families Protective Factors Framework, Attachment Q (Center for the Study of Social Policy's Strengthening Families™ Approach).

- Parental resilience: Parents who are emotionally healthy are able to maintain a positive attitude, creatively solve problems and effectively rise to the challenges that emerge in every family's life.

- Social connections: Everyone benefits from a strong network of extended family, friends, neighbors and others who provide healthy relationships, support and problem solving.
- Knowledge of parenting and child development: Parents who understand the usual course of child development are more likely to be able to nurture their children's healthy development and less likely to be abusive or harmful to their children.
- Concrete support in times of need: Families need to have basic needs (shelter, food, clothing, health care) met to ensure a child's healthy development.
- Social and Emotional Competence of Children: A child's emerging ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults and peers.

Development of each client family's Five Protective Factors should achieve the following objectives:

- Prevention of maltreatment;
- Prevention of child abuse and neglect in families at risk by providing supportive family services;
- Increased child safety within the family home; and
- Preservation of families who have successfully exited the Child Welfare System, with supportive services

XXIX. **RFP, Part D – Statements of Work, Exhibit B: Prevention and Aftercare Services- CAPIT, Section 4.2 Case Management and Linkage Services as set forth in Addendum Two to Request for Proposals Number 11-053 for Safe Children Strong Families Services date August 1, 2012 is amended and renumbered to read as follows:**

4.2 CASE MANAGEMENT AND LINKAGE SERVICES

Contractor's Case Management Services shall consist of:

- Referrals and linkages for services identified in the case plan using Linkage Form, Exhibit B-2;
 - Follow-up to ensure client is receiving needed service;
 - Verify no client waits longer than 10 days prior to receiving services;
- Evaluation of case plan progress;
- Document continuous improvement of families circumstances;

- 4.2.1 CONTRACTOR shall ensure that follow-up, evaluation and reporting of the findings and resolution is included in its case file documentation.
- 4.2.2 All Case Management Services shall be documented in the client case records.
- 4.2.3 CONTRACTOR shall, at three month intervals, conduct ongoing reviews and documentation of the family's progress toward achieving their goals as identified in their written case plan.
- 4.2.4 Case Management services can be provided by a case aid level staff or above.
- 4.2.5 **FAMILY CASE RECORDS:**
CONTRACTOR shall ensure that each individual and family case record includes all of the following:
 - 4.2.5.1 Verification of County of Los Angeles residency.
 - 4.2.5.2 Consistent with the Shared Core Practice Model, Exhibit B-4 an adult, child, and/or family intake assessment shall be completed which includes the date and signature of staff conducting the intake assessment.
 - 4.2.5.3 The case plan shall address the protective factor(s) which were assessed to need strengthening.
 - 4.2.5.4 Documentation of all services provided to the person through CAPIT including dates, time spent, type of contact, description of what occurred during the contact, and signature of the person providing the service.

4.2.4 4.2.6 Referrals

CONTRACTOR shall coordinate and collaborate with other SCSF Contractors, as necessary, to facilitate successful client navigation across the service delivery continuum.

CONTRACTOR shall, when a DCFS family moves out of the area served by the CONTRACTOR, refer the family to another CAPIT CONTRACTOR.

- ~~4.2.4.1~~ 4.2.6.1 CONTRACTOR shall accept community referrals as well as referrals from the Resource Center. ~~CONTRACTOR shall give priority to all families who are referred by the Resource Center.~~
- ~~4.2.4.2~~ 4.2.6.2 If the family's needs are beyond the scope of what CONTRACTOR can provide, CONTRACTOR shall within 10 days

coordinate and collaborate with other County CONTRACTORs or community based organizations in the area, thereby, tailoring continuing services to the family's needs, reducing duplication of services, and ensuring continuity of care.

~~4.2.4.3~~ 4.2.6.3 CONTRACTOR shall first attempt to coordinate services with the COUNTY-contracted Resource Center(s) in the area.

XXX. **RFP, Part D – Statements of Work, Exhibit B: Prevention and Aftercare Services-CAPIT, Section 4.3 COUNSELING SERVICES as set forth in Addendum Two to Request for Proposals Number 11-053 for Safe Children Strong Families Services date August 1, 2012 has been amended to read as follows:**

4.3 COUNSELING SERVICES

These services are provided by the CONTRACTOR to families via face-to-face meetings and/or interventions by a counselor with an individual, couple, family, or group.

In home teaching and demonstrating services may be provided by a case aide staff.

CONTRACTOR will be required to provide crisis response to current clients, but not required to respond to crisis calls for individuals who are not agency clients.

Up to one unit of service may be claimed for travel time for counseling services provided in the home.

XXXI. **RFP, Part D – Statement of Work, Exhibit B: Prevention and Aftercare Services-CAPIT, Section 4.4 PSYCHOTHERAPY SERVICES is amended to read as follows:**

4.4 PSYCHOTHERAPY SERVICES

These services are provided by the CONTRACTOR to families via face-to-face meetings and/or interventions by a therapist with an individual, couple, family, or group to:

- Address Mental Health Issues
- Help raise self-awareness and understanding
- Help to solve problems
- Assist in the development of insight;

4.4.1 Psychotherapy services must be provided by CONTRACTOR's professional-level staff, trained to practice psychotherapy, such as a psychiatrist, psychologist, licensed or a registered social worker/marriage

and family therapist under the supervision of a licensed clinician or a paraprofessional-level staff, currently enrolled in an MSW or MFT program under the supervision of a licensed clinician.

4.4.1.1 Psychotherapeutic services may be provided in the office, off-site, or in the home.

4.4.1.1.1 Up to one unit of service may be claimed for travel time for psychotherapy services provided in the home.

4.4.1.2 ~~CONTRACTOR shall give priority for psychotherapeutic services to those families referred by the Resource Center.~~

XXXII. RFP, Part D – Statements of Work, Exhibit C: Assessment and Intervention, Section 6.0 – FAMILY PRESERVATION (FP) ASSESSMENT SERVICES, Subsections and subparagraphs 6.1, 6.1.6, 6.1.8 and 6.1.10, are amended to read as follows:

6.1 EMERGENCY RESPONSE REFERRALS – COMMAND POST (ERCP)

Command Post is the section of DCFS that performs Emergency Response In-Person Investigations on referrals that are received after normal business hours and which require an immediate response.

Proposers should indicate within their proposals whether or not they intend to accept ERCP Assessment referrals, as acceptance of these referrals is not mandatory. If proposers do intend to accept ERCP referrals for Assessments, they should indicate within which geographic area(s) they intend to provide such services. (PLEASE NOTE: Acceptance of Assessment referrals from Regional offices is mandatory.)

CONTRACTOR shall be available to receive referrals during the Department of Children and Family Services (DCFS) Emergency Response - Command Post (ERCP) hours, which are currently Monday through Friday 5:00 pm – 9:00 am; and 24 hours on Saturday, Sunday and COUNTY approved holidays.

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 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.~~ After the CONTRACTOR has provided ERCP with telephonic notification of an attempted contact, the CONTRACTOR shall fax the completed Initial Attempted Contact form (Exhibit C-11) to the COUNTY designee before 12 noon the following day. Documentation of all referral activity shall be kept in the case record.

- 6.1.8 Upon completion of the screening interview, the preliminary summary must be provided to the COUNTY designee within two hours. If the CONTRACTOR has provided the required summary of preliminary findings verbally by telephone, the provider shall fax the corresponding written preliminary summary to the COUNTY designee by the next business day before 12 noon. The method for transmission of the preliminary summary shall be via fax. CONTRACTOR shall not e-mail the preliminary summary due to confidentiality guidelines.

The preliminary summary should provide information on the specific clinical issues identified during the assessment, such as the identified area of concern [mental health, substance abuse, domestic violence]; client level of functioning, indicators or lack of indicators of suicidal/homicidal/grave disability; parental capacity within the context of the limited time spent observing/interviewing the client, with or without the child[ren]'s presence; client willingness to accept services; recommendations for treatment, and other information deemed clinically relevant by the assessor.

- 6.1.10 CONTRACTOR shall ensure that all services conducted for this family because of an ERCP referral, be assigned to the same agency for continued services by In-Home Outreach Counseling (IHOC) Services, and Teaching and Demonstrating Homemaking Services (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. The maximum billable amount for IHOC or T&D Services is three hours each per assessment.

XXXIII. **RFP, Part D – Statements of Work, Exhibit C: Assessment and Intervention, Section 6.0 – FAMILY PRESERVATION (FP) ASSESSMENT SERVICES, Section 6.2 – EMERGENCY RESPONSE REFERRALS – REGIONAL OFFICE, subparagraph 6.2.8 is amended to read as follows:**

- 6.2.8 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. If the CSW or SCSW cannot be reached, the CONTRACTOR should proceed with providing the linkage service. In such circumstances efforts made in attempt to contact the CSW and SCSW should be documented in the case record.

XXXIV. **RFP, Part D – Statement of Work, Exhibit C: Assessment and Intervention, Section 7.0 – FAMILY PRESERVATION (FP) INTERVENTION SERVICES, Section 7.2 as set forth in Addendum Two to Request for Proposals Number 11-**

053 for Safe Children Strong Families Services date August 1, 2012 has been amended to read as follows:

7.2 FP INTERVENTION: OPEN DCFS/PROBATION FP CASES

The FP Intervention services approach is an integrated, comprehensive, community-based approach to service delivery that ensures child safety while strengthening and preserving families who are experiencing problems in family functioning characterized by child abuse, neglect or exploitation. The goal of the services, resources, and supports is to assure the physical, emotional, social, educational, cultural and spiritual development of children in a safe and nurturing environment.

Families will be provided FP Intervention services when they are referred AND when any of the following conditions apply:

- Families with substantiated referrals;
- Families receiving family reunification services;
- Families receiving family maintenance services;
- Families with Juvenile Probation Involvement

NOTE: Identification of Intensive Family Preservation (IFP) Families for Service Priority: Intensive Family Preservation (IFP) is services provided to families to assist in maintaining children in the family home when possible. The target demographics are families with children ages 0-5, a child with demonstrated mental health needs, or any child determined to necessitate intensive services as identified by the TDM meeting.

Eligibility criteria for IFP services:

- 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;

NOTE: ARS cases are not eligible to receive IFP services.

The initial determination of the IFP services will be made at a TDM meeting. As schedule allows, the assigned CONTRACTOR must be involved/present at this meeting where it shall be determined if the family will receive IFP services. All base rate and Supplemental Services may be provided prior to the initial MCPC Service Plan Agreement meeting. The initial IFP services shall be documented on Supplemental Services Progress Notes, Exhibit C-18. Continued need for IFP Services shall be assessed throughout the life of the case and case plan may be changed as warranted.

NOTE: 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 a 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.

The provision of IFP services will be contingent on the availability of CONTRACTOR's resources to provide this service and is NOT a mandatory requirement. **The determination as to whether a CONTRACTOR has resources available to provide IFP services will be made on a case by case basis by the COUNTY designee.** Once CONTRACTOR has accepted an IFP referral, CONTRACTOR is then required to adhere to ALL IFP service requirements as outlined in Exhibit C.

XXXV. RFP, Part D – Statements of Work, Exhibit C: Assessment and Intervention, Section 7.0 – FAMILY PRESERVATION (FP) INTERVENTION SERVICES, Subsection 7.2 – FP Intervention: Open DCFS/Probation FP Cases, Subsections and subparagraphs 7.2.10, 7.2.17, 7.2.17.2, 7.2.17.4, 7.2.17.5 are amended to read as follows:

7.2.10 CONTRACTOR shall provide the following supplemental FP services to families assessed at the TDM meeting, initial MCPC or subsequent MCPC's, in need of receiving IFP services:

- Two T&D visits per week (*evening visits if possible*), **and**
- Two Supplemental weekly IHOC visits beyond the Base Rate IHOC visits, to take place in the evening. One mental health home visit may be substituted for one IHOC visit per week with documented case coordination.

~~NOTE: Base Rate IHOC and Supplemental Services shall not be performed consecutively within one business day.~~

NOTE: Base Rate IHOC and Supplemental Services shall not be performed consecutively within one business day, except when an extra IHOC and/or T&D visit is made on the day following an unexcused absence.

CONTRACTOR shall be compensated for additional T&D and Supplemental IHOC visits for families identified as receiving IFP services. Identification of the family for IFP services shall take place before billing for additional services.

7.2.17 Excused Absences – DCFS/Probation FP Cases

An absence is considered Excused when the CONTRACTOR has been notified 24 hours or more, in advance of a scheduled visit. In addition, a Contractor may consider an absence excused if given less than 24 hours notice if the absence is due to documented unforeseeable circumstances.

such as family illness, however CONTRACTOR will still be responsible for contacting the assigned CSW or, if CSW is unavailable, the SCSW to obtain approval of excused IHOC visits.

7.2.17.2 The CPD or CONTRACTOR's Clinical Director, after consulting with the case carrying CSW/DPO, may approve one or more family members' absence for one or more IHOC sessions. CONTRACTOR shall fax confirmation to the case carrying CSW/DPO of this decision. If the CSW/DPO is not available to consult with the CONTRACTOR, the CONTRACTOR may excuse absences for IHOC sessions, so long as the CSW/DPO is contacted within 24 hours of the excused absence.

~~7.2.17.4 If all family members are excused from an IHOC session and four base rate visits are not held during the month, the CONTRACTOR must back out one-fourth (1/4) of the base rate per visit, for each excused absence.~~

~~7.2.17.5 In months where a case is not open for the entire month, the base rate must be adjusted on a pro rata basis for the actual number of days the case was open during that month, and any missed visits are then deducted at the rate of \$262.50 per missed visit. The amount deducted shall not exceed the prorated base rate for that month.~~

XXXVI. **Subsection 7.2.17 – Excused Absences – DCFS/Probation FP Cases,**
subparagraph 7.2.17.4 as set forth in Addendum Two to Request for Proposals
Number 11-053 for Safe Children Strong Families Services date August 1, 2012
has been amended to read as follows:

7.2.17.4 If all family members are excused from an IHOC session and four base rate visits are not held during the month, the CONTRACTOR must back out one-fourth (1/4) of the base rate per visit, for each excused absence if CONTRACTOR ~~made~~ did not make the service available to the family.

XXXVII. **RFP, Part D – Statements of Work, Exhibit D: Adoption Promotion and**
Support Services (APSS), Section 3.0, 5.0, 6.0, 7.0 and 8.0 are amended and
renumbered as follows:

3.6 CONTRACTOR shall hold weekly supervision reviews with all professional staff, paraprofessional staff, interns, and all other staff that provide program services under this contract, with the exception of mentors and volunteers who may be supervised on a monthly basis. Copies of sign in logs, agendas and any other supervision materials shall be made available to the CPM upon request. Supervision reviews may be held individually or as a group.

3.7 CONTRACTOR shall maintain documentation in the personnel files of all Professional and Paraprofessional Staff, Mentors, interns, and volunteers of its staff:

5.1.3 CONTRACTOR shall ensure all professional and paraprofessional staff, mentors and volunteers providing program services are able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community CONTRACTOR proposes to provide services.

6.1 Initial Transfer of Records

At the start of a new contract, CONTRACTOR shall accept all transitioned cases from the prior CONTRACTORS or non-renewed CONTRACTORS. The new CONTRACTOR shall submit a plan of coverage to the CPM for the transitioned cases within 30 days of the start of the new contract or within 30 days of receipt of transitioned cases from the non-renewed CONTRACTOR. The plan of coverage shall include (1) telephonic contact with the family within three weeks of the 30 day transitional period (2) a face to face contact with the family within five business days from the telephonic contact (3) an initial case plan for the family by the close of the 30 day transitional period.

~~6.4~~ 6.2 APSS Services

CONTRACTOR shall take into consideration the family's protective factor needs, and the Seven Core Issues of Adoption. APSS services shall facilitate the development and strengthening of parental protective factors; consistent with the Strengthening Families: Protective Factors Framework and addressing the Seven Core Issues of Adoption.

~~6.2~~ 6.3 Adoption Promotion and Support Services (APSS) Referrals

The CONTRACTOR shall accept referrals on the Adoption Promotion and Support Services Referral (Exhibit D-8) from Adoption Promotion and Support Services staff, and other DCFS contracted APSS providers. The referral process for APSS is detailed in Exhibit D-4.

~~6.2.4~~ 6.3.1 CONTRACTOR shall accept the referral from the CPM or designee regardless of where the family resides within Los Angeles County. Efforts will be made by the CPM or designee to assign referrals based upon the home address however other considerations may take precedence. CPM, or designee, in collaboration with CONTRACTOR, shall determine the appropriateness of referrals, if the CONTRACTOR, after assessing the child and/or family, regards them as inappropriate for APSS services. The COUNTY reserves the right to make the final decision.

~~6.2.2~~ 6.3.2 CONTRACTOR's receipt of the DCFS and Probation referral from the APSS CPM or designee or from another APSS provider shall constitute an official referral of the child and/or family to the CONTRACTOR. Proof of referral receipt is by fax stamp or by date of email containing scanned referral.

~~6.2.3~~ 6.3.3 CONTRACTOR must receive written approval from CPM or designee prior to establishing a wait list. Once approved, continuance of a wait list beyond one month is at the discretion of the CPM or designee. In the event a wait list is approved, CPM will consider re-assigning the wait-listed referral(s) to a provider outside the service area. The extension of priority to a family is at the discretion of the CPM.

~~6.2.3.4~~ 6.3.3.1 Clients with critical needs wait-listed in excess of ten business days shall be referred to and linked with other COUNTY APSS contractors who do not have a wait list.

~~6.2.3.2~~ 6.3.3.2 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.

~~6.2.3.3~~ 6.3.3.3 Within 30 days of a family's placement on a wait list, CONTRACTOR shall either provide services or refer the family to another APSS provider that does not have a wait list. Such referral shall not be made prior to approvals by the CPM, the CSW, the PAS Worker, and the family; and receipt of the CPM's confirming e-mail.

~~6.2.4~~ 6.3.4 CONTRACTOR shall make contact with the family, case-carrying CSW/Probation Officer or Post Adoption Services (PAS) CSW within two (2) business days of the effective date listed on the referral form. CONTRACTOR shall have initial face to face contact with the child and/or family within five (5) business days of the effective date listed on the referral form.

~~6.2.5~~ 6.3.5 CONTRACTOR shall immediately notify both the CPM or designee and case carrying CSW or PAS CSW when CONTRACTOR is unable to make contact with the family within two (2) business days of the effective date listed on the referral form, or have initial face to face contact within five (5) business days.

~~6.2.6~~ 6.3.6 CONTRACTOR shall notify via email, both the CPM or designee and the case carrying CSW/Probation

Officer or PAS CSW within five (5) business days of the refusal of services by a child and/or family referred by DCFS or Probation.

~~6.2.7~~ 6.3.7 If CONTRACTOR is unable to make contact with the family within five (5) business days of the effective date on the referral form, CONTRACTOR shall contact the CPM or designee to discuss if the referral should be closed or additional attempts should be made. COUNTY reserves the right to decide the number of additional attempts needed prior to closing the referral.

~~6.2.8~~ 6.3.8 If the individual APSS CONTRACTOR has a protocol which requires speaking with the CSW/Probation Officer prior to speaking with the child or family before the initial face to face with the child or family, the CONTRACTOR shall notify the CPM or designee when the CONTRACTOR is unable to contact the CSW/Probation Officer within 2 business days of the effective date on the referral form. Initial contact with child/family shall occur within 5 business days of the effective date of the referral.

~~6.2.9~~ 6.3.9 APSS services of case management, support groups, mentoring and therapy shall be made available in the location which best serves the needs of the child and/or family, including within a Probation Camp or a Group Home. The APSS Contractor will meet with and/or contact the DPO of Record prior to visiting with the Probation child, and the DPO of Record will facilitate entry into the Probation Camp or Group Home and communication with the contact person at the facility.

~~6.2.10~~ 6.3.10 At least one of CONTRACTOR's assigned APSS professional staff (case manager, therapist, mentor, support group staff) shall have face to face meetings with the child and/or family at a frequency that is appropriate to the needs of the child and/or family and situation, but at a minimum of once a month to: (1) continue to provide APSS services according to the ISP (2) review and update the ISP due to changes within the family and changes needed in the supports and services provided; and (3) prepare for transition.

~~6.2.11~~ 6.3.11 For Probation youth, the CONTRACTOR is required to attend at a minimum of one MDT/TDM Meeting with the Group Home, Therapist, DPO/CSW and Permanency Officer to discuss the case in it's entirety. CONTRACTOR shall provide monthly, or as needed, case updates via email and face-to-face with CSW and/or DPO regarding child and

Family's progress and any changes in services or child and/or Family's situation. CONTRACTOR's case carrying staff shall be available for telephone consultation with CSW and/or DPO as needed regarding case concerns.

~~6.3~~ 6.4 Case Management Services

CONTRACTOR shall obtain the information necessary to determine which CONTRACTOR or Linkages services are needed to address the family's protective factor needs, and the 7 Core Issues of Adoption. This information shall also include: (1) the Adoption Promotion & Support Services Intake/Exit Form (Exhibit D-7) identifying information form with all pertinent demographic information; (2) documentation of the consent of caretaker for admission, treatment, evaluation, aftercare or research.

~~6.3.1~~ 6.4.1 CONTRACTOR shall develop in partnership with the family and consistent with the DCFS Shared Core Practice Model, a written initial service plan consistent with the Strengthening Families: Protective Factors Framework including: (1) documentation of client strengths and needs; (2) measurable goals and objectives related specifically to client strengths and needs; (3) method of achieving goals (i.e., what services will be provided, how will services be provided), and who will provide the services); and (4) a plan of activities to be accomplished with the client.

~~6.3.1.1~~ 6.4.1.1 CONTRACTOR will engage family in the case planning process consistent with DCFS Shared Core Practice Model, Exhibit D-9, and actively participate as a Child and Family Team member.

~~6.3.2~~ 6.4.2 CONTRACTOR shall complete the initial service plan within 30 days of the effective date on the referral form. All involved parties shall sign and date the ISP. Changes to the plan shall be agreed upon by the client and the provider.

~~6.3.3~~ 6.4.3 Consistent with the DCFS Shared Core Practice Model, every 90 days CONTRACTOR shall review the family's progress toward achieving their service plan and completing the APSS program. Documentation of client progress shall include and document the following: (1) central issues encountered; (2) existing protective factors (3) client response; (4) skills learned and applied by client; (5) progress towards goals; (6) barriers to progress; (7) contacts

with or from other agencies; (8) service provider's impressions; (9) reports from other involved professionals. The progress notation shall include date, time and duration of contact, a list of participants, type of service and signature of individual completing the summary.

~~6.3.4~~ 6.4.4 CONTRACTOR shall establish and maintain a network of COUNTY contracted and non-contracted community partnerships comprised of service providers and resources.

~~6.3.4.1~~ 6.4.4.1 CONTRACTOR shall ensure that the service providers and resources are located in the community the CONTRACTOR proposes to serve.

~~6.3.4.2~~ 6.4.4.2 CONTRACTOR shall provide follow-up services to ensure that all families referred to a linkage service receives the necessary service and/or resource within five (5) business days of the referral date.

~~6.3.4.3~~ 6.4.4.3 CONTRACTOR shall document all linkage referrals on Exhibit D-3, Adoption Promotion and Support Services Monthly Summary Report and Exhibit D-4, Adoption Promotion and Support Services Referral Process.

~~6.3.4.4~~ 6.4.4.4 CONTRACTOR shall ensure that families are referred and linked to the agency best able to accommodate the family's needs. All services and attempts to provide services shall be documented in the case record. The COUNTY reserves the right to approve the forms used in this documentation.

~~6.3.4.5~~ 6.4.4.5 CONTRACTOR shall ensure that recommended linkage services address the identified needs consistent with the DCFS Shared Core Practice Model, Exhibit D-9.

~~6.4~~ 6.5 Therapy

CONTRACTOR or Sub-contractor shall provide Individual, Family and Group Therapy (reimbursed through Medi-Cal) according to the needs of the child with the ultimate goal of the child being adopted or to remain safely in adoptive home. If therapy is not provided weekly, the rationale shall be documented in the case record and discussed with the case carrying case carrying CSW/Probation Officer, Post Adoptions Service (PAS) CSW or CPM or designee.

CONTRACTOR, or Sub-contractor of mental health services, shall be a Medi-Cal provider and provide Medi-Cal eligible services to clients required to receive therapy services under APSS. Adults who do not qualify for Medi-Cal and/or children who are not eligible to receive therapy because they do not meet the Medi-Cal qualifications; or children who need more than the individual therapy modality, can also be addressed using other APSS services, such as mentoring and support groups.

~~6.4.1~~ 6.5.1 Individual Therapy

Therapy shall be provided at the maximum amount reimbursable by Medi-Cal.

~~6.4.2~~ 6.5.2 Family Therapy

CONTRACTOR shall provide family therapy to those families who are either matched with a child or have a child placed in their home.

~~6.4.2.1~~ 6.5.2.1 Family and group therapy shall not supplant individual therapy, but shall be a supplemental service unless clinically indicated. The clinical rationale must be documented in the case record and discussed with the case carrying CSW/Probation Officer, Post Adoptions Service (PAS) CSW, or CPM or designee.

~~6.4.2.2~~ 6.5.2.2 CONTRACTOR shall address clinical issues in individual, group and family therapy that includes but is not limited to the 7 Core Issues of Adoption.

~~6.4.2.3~~ 6.5.2.3 CONTRACTOR shall assist child(ren) hesitant about adoption in exploring and resolving therapeutic issues including but not limited to past losses rejections and disappointments so that these issues do not impact their potential for a permanent adoptive home.

~~6.4.3~~ 6.5.3 Group Therapy

CONTRACTOR shall provide group therapy to referred children when clinically indicated.

~~6.4.3.1~~ 6.5.3.1 CONTRACTOR shall offer group therapy sessions at a minimum every other week, but it is preferable that they be offered on a weekly basis.

~~6.4.3.2~~ 6.5.3.2 CONTRACTOR shall offer an alternate day and alternate group when group membership reaches eight (8) children.

~~6.4.3.3~~ 6.5.3.3 CONTRACTOR shall have therapists available to mentors for consultation. If a child or family is currently receiving therapy, the therapist should be consulted whenever possible before referral to a support group or mentor program.

~~6.5~~ 6.6 APSS Mentor Program

CONTRACTOR shall provide mentors who may be adoptive parents, including kin and foster/adoptive parents, adoptees who are now adults, and former foster children who resided in foster care for at least three years. Support can include providing insight into the adoption process, sharing personal experiences, referral by the assigned case manager to community resources, and assistance throughout the adoption process. Mentors shall reflect the cultural, ethnic and demographic population served by the CONTRACTOR.

~~6.5.1~~ 6.6.1 CONTRACTOR shall recruit mentors and provide ongoing training for mentors;

~~6.5.2~~ 6.6.2 CONTRACTOR shall provide access to the professional therapists for consultation;

~~6.5.3~~ 6.6.3 CONTRACTOR shall publicize the APSS Mentor Program in the community the CONTRACTOR serves.

~~6.5.4~~ 6.6.4 CONTRACTOR shall dedicate a telephone line for the APSS Mentor Program;

~~6.5.5~~ 6.6.5 CONTRACTOR shall convene monthly mentor meetings, commencing the second month of the contract term, to provide support, to create opportunities for training and to provide an opportunity to learn from the experiences of the other mentors.

~~6.5.6~~ 6.6.6 In fulfilling the duties prescribed under the APSS Mentor Program, Mentors shall:

~~6.5.6.1~~ 6.6.6.1 Mentor parents and children involved at any point with the COUNTY adoption process, or who are a prior finalized adoption through the COUNTY.

~~6.5.6.2~~ 6.6.6.2 Mentor children with an alternate permanent plan of adoption for whom recruitment efforts are underway, and children in a planned permanent living arrangement who could benefit from a more permanent plan of adoption;

~~6.5.6.3~~ 6.6.6.3 Discuss adoptions with children who may be hesitant about adoptions;

~~6.5.6.4~~ 6.6.6.4 Meet with clients at least once monthly. If mentor is unable to meet with client once monthly, mentor shall have weekly telephone contact with the client for the month without face to face contact. The month following the month without a contact meeting shall include a face to face meeting between the mentor and the client.

~~6.5.6.5~~ 6.6.6.5 Present a monthly promotion in the community, such as dissemination of information and presentations at community agencies, religious institutions and other organizations with whom the mentor is involved. CONTRACTOR shall inform CPM in writing at least six business days prior to the date of monthly promotion.

~~6.6~~ 6.7 Support Groups

CONTRACTOR shall provide weekly Support Groups in English. Weekly groups shall be provided in Spanish whenever there are at least four clients who state their preference for a Spanish-speaking group. Support groups shall be provided 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.

~~6.6.4~~ 6.7.1 CONTRACTOR shall give priority to families with older children and sibling sets that are in the early stages of adjusting to adoptive placement or are waiting for adoption finalization.

~~6.7~~ 6.8 Training Workshops

APSS CONTRACTORS shall offer on a quarterly basis every year, a minimum of one adoption-focused training workshop to community health professionals.

~~6.8~~ 6.9 Quality Service Review (QSR)

CONTRACTOR shall fully cooperate with and participate in both the development and implementation of any proposed QSR. The COUNTY's Program Manager will review and have the final approval authority over the QSR component and its implementation process.

~~6.9~~ 6.10 Quality Assurance Plan

Tracking and Adapting are critical components of the DCFS Shared Core Practice Model, Exhibit D-9. Consistent with the DCFS Shared Core Practice Model, the CONTRACTOR shall establish and maintain a Quality Assurance Plan (QAP) to ensure compliance with the requirements of the contract.

~~6.9.4~~ 6.10.1 CONTRACTOR shall submit a draft of its QAP for evaluation to demonstrate how all of the requirements of the Contract will be met. A finalized copy of the plan shall be provided to the CPM within thirty (30) days of the Contract start date and as changes occur.

~~6.9.4.4~~ 6.10.1.1 The QAP shall include a description of how the CONTRACTOR's service delivery model components align with the Strengthening Families: Protective Factors Framework.

~~6.9.1.2~~ 6.10.1.2 The QAP shall include a description of how the Strengthening Families: Protective Factors Framework will be measured.

~~6.9.1.3~~ 6.10.1.3 The QAP shall include a description of how the CONTRACTOR's service delivery model will align with the DCFS Shared Core Practice Model, which includes engaging, teaming, assessment and understanding, planning and intervening, and tracking and adapting.

~~6.9.2~~ 6.10.2 The original QAP and any revisions thereto shall include, but not be limited to, the following:

~~6.9.2.1~~ 6.10.2.1 Methods used to ensure that the quality of service performed fully meets the performance requirements set forth in the Statement of Work. CONTRACTOR shall include methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable.

~~6.9.2.2~~ 6.10.2.2 Methods for insuring uninterrupted service to COUNTY in the event of a strike by CONTRACTOR's employees or any other potential disruption in service.

~~6.9.2.3~~ 6.10.2.3 A record of all inspections conducted by the CONTRACTOR, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the COUNTY upon request.

~~6.9.3~~ 6.10.3 The QAP will be reviewed annually by CONTRACTOR and COUNTY CPM and revised, if needed.

~~6.10~~ 6.11 Quality Assurance Monitoring

The CPM, or designee, will monitor and evaluate CONTRACTOR's performance under this contract. All monitoring will be conducted in accordance with Part II, Standard Terms and Conditions, Section 24.0 - COUNTY's Quality Assurance Plan, of the Contract.

~~6.10.1~~ 6.11.1 CONTRACTOR will be subject to a program review by the COUNTY, at a minimum of once per year, for the period of the contract.

~~6.10.2~~ 6.11.2 If CONTRACTOR performance requirements are not met, the COUNTY CPM may call CONTRACTOR, and/or send CONTRACTOR a User Complaint Report (UCR). CONTRACTOR shall respond to a call within one hour and respond to a UCR within 24 hours of receipt. All performance requirement issues will be reported to the CPM.

~~6.10.2.1~~ 6.11.2.1 CONTRACTOR shall submit a Corrective Action Plan (CAP) for any areas found to be deficient as a result of the technical

review, including billing deficiencies, within forty-five (45) calendar days of the receipt of the Technical Review Findings.

7.0 Transfer of Records

Prior to contract termination or non-renewal of contract, contractors shall cooperate in transitioning cases which are not ready to close to new contractors, including providing all original case files and electronic records. The transitional plan shall be made in consultation with the County Program Manager at least one month in advance of the contract termination or as soon as possible in the event of non-renewal.

8.0 Performance Outcome Summary

CONTRACTOR shall adhere to the measures established in Sections D of this SOW.

XXXVIII. **RFP, Part D – Statement of Work, Exhibit E: Partnerships for Families, Section 6.0 Psychotherapy Services, Subsections 6.9 and 6.10 have been deleted in their entirety:**

~~6.9 Psychotherapy services shall be billed by the hour.~~

~~6.10 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.~~

XXXIX. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services – Resource Center, EXHIBIT D – Performance Outcome Summary has been revised, replaced, and is attached to this Addendum Number Three.**

XL. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services – Resource Center, EXHIBIT A-12 – Deaf and Hard of Hearing Request for Services Form has been added and is attached to this Addendum Number Three.**

XLI. **RFP, Part D – Statement of Work, Exhibit A: Prevention and Aftercare Services – Resource Center, EXHIBIT A-13 - Expense Claim for Services Rendered to Serve the Deaf and Hard of Hearing has been added and is attached to this Addendum Number Three.**

XLII. **RFP, Part D – Statement of Work, Exhibit B: Prevention and Aftercare Services – CAPIT, EXHIBIT B-4 – Budget Modification Form has been revised, replaced, and is attached to this Addendum Number Three.**

- XLIII. **RFP, Part D – Statement of Work, Exhibit B: Prevention and Aftercare Services – CAPIT, EXHIBIT B-5 – Deaf and Hard of Hearing Request for Services Form has been added and is attached to this Addendum Number Three.**
- XLIV. **RFP, Part D – Statement of Work, Exhibit B: Prevention and Aftercare Services – CAPIT, EXHIBIT B-6 – Expense Claim for Services Rendered to Serve the Deaf and Hard of Hearing has been added and is attached to this Addendum Number Three.**
- XLV. **RFP, Part D – Statement of Work, Exhibit C: Assessment and Intervention, EXHIBIT C-20 Unexcused/Excused Absence Alert Form has been revised, replaced, and is attached to this Addendum Number Three.**
- XLVI. **RFP, Part D – Statement of Work, Exhibit E: Partnerships for Families, Exhibit E-18 Monthly Staffing and Expenditure Report has been revised, replaced, and is attached to this Addendum Number Three.**
- XLVII. **RFP, Part E – Required Forms REQUIRED FORMS 4-A-4-C Price Sheet, have been revised, replaced, and are attached to this Addendum Number Three.**
- XLVIII. **RFP, Part F – Appendix A, Sample Contract – Prevention and Aftercare Services – Resource Center, Part I: Unique Terms and Conditions, Section 5.0 Invoices and Payments, Subsection 5.15 Deaf and Hard of Hearing Services has been added to read as follows:**

5.15 Deaf and Hard of Hearing Services

5.15.1 CONTRACTOR shall submit the Deaf and Hard of Hearing Request for Services Form, Exhibit A-12 for approval by DCFS Program Manager. Funding is limited and will be equally available for both CAPIT and Resource Center Contractor’s on a first come first serve basis.

5.15.2 CONTRACTOR shall use Exhibit A-13 to invoice in arrears for services rendered in the previous month; all services in a given month should be billed to the County on one form (multiple forms may be included if more than 8 services are provided). The Exhibit A-13 should be received within thirty (30) days of the last day of the previous month.

5.15.3 The Exhibit A-13 and original receipts/invoices should be mailed to: Department of Children and Family Services, 425 Shatto Place, Los Angeles, CA 90020. DCFS staff will notify the CONTRACTOR representative when the expense claim is approved or if it is being returned for further information/documentation.

5.15.4 Incomplete or inaccurate forms will be returned to the Contractor for resubmission.

XLIX. **RFP, Part F – Appendix B, Sample Contract – Prevention and Aftercare Services – CAPIT, Part I: Unique Terms and Conditions**, Section 4.0 Invoices and Payments, Subsection 4.13 Deaf and Hard of Hearing Services has been added to read as follows:

4.13 Deaf and Hard of Hearing Services

4.13.1 CONTRACTOR shall submit the Deaf and Hard of Hearing Request for Services Form, Exhibit B-5 for approval by DCFS Program Manager. Funding is limited and will be equally available for both CAPIT and Resource Center Contractor's on a first come first serve basis.

4.13.2 CONTRACTOR shall use Exhibit B-6 to invoice in arrears for services rendered in the previous month; all services in a given month should be billed to the County on one form (multiple forms may be included if more than 8 services are provided). The Exhibit B-6 should be received within thirty (30) days of the last day of the previous month.

4.13.3 The Exhibit B-6 and original receipts/invoices should be mailed to: Department of Children and Family Services, 425 Shatto Place, Los Angeles, CA 90020. DCFS staff will notify the CONTRACTOR representative when the expense claim is approved or if it is being returned for further information/documentation.

4.13.4 Incomplete or inaccurate forms will be returned to the Contractor for resubmission.

L. **RFP, Part F – Appendix C, Sample Contract – Assessment and Intervention Services**, Section 6.0 Base Rate, Supplementary Services and Therapeutic Day Treatment (TDT) Funds has been amended to read as follows:

6.0 Base Rate, Supplementary Services, Therapeutic Day Treatment (TDT) Funds, and Intensive Family Preservation Case Referrals

A capitated base of \$_____ per month will be paid for each family participating in FP services through the Assessment and Intervention Services Program. Services include In-Home Outreach Counseling (IHOC) visits, clinical direction, and the Multidisciplinary Case Planning Committee (MCPC).

Base Rate Services include: 1) four (4) IHOC visits; 2) indirect costs; 3) clinical direction; and 4) MCPC.

The number and type of supplementary service to be provided must be determined by the MCPC and be based on the intensity of need of the FP family. Each service type will be reimbursed at the rates listed in the Price Sheet for Assessment and Intervention Services.

Once CONTRACTOR has accepted an Intensive Family Preservation (IFP) case referral, For Intensive Family Preservation (IFP) cases, CONTRACTOR shall provide, at a minimum, the following Supplemental Services: 1) Two (2) Teaching and Demonstrating Homemaking Services (T&D) sessions per week, (evenings if possible) to occur on different days than IHOC visits; and 2) Two (2) IHOC visits per week that are in addition to the Base Rate IHOC visit. One (1) mental health home visit may be substituted for one (1) IHOC visit per week.

6.1 CONTRACTOR shall use these funds for the required base rate services, supplementary services, and the Therapeutic Day Treatment (TDT) services identified in Exhibit C, Assessment and Intervention Services SOW, Sub-section 7.2.19, Supplementary Services, and Sub-section, 7.2.16, Therapeutic Day Treatment (TDT) – Probation Cases.

6.2 CONTRACTOR may use up to five percent (5%) of the annual allocation amount for Discretionary services/items.

6.3 CONTRACTOR must obtain prior written approval from the COUNTY Program Manager for any Discretionary Services expenditures estimated to be in excess of two thousand five hundred dollars (\$2,500) for any individual item, event, activity or service.

6.4 All costs for base rate, supplementary services, and TDT services must be allowable under the Office of Management and BUDGET (OMB) Circular A-122, Cost Principles for Non-Profit Organizations, or OMB A-87, Cost Principles for State and Local Governments, as applicable.

LI. RFP, Part H – Attachments, Attachment T: Monthly Client Service Log has been revised, replaced, and is attached to this Addendum Number Three.

LII. RFP, Part H – Attachments, Attachment U: Monthly Reimbursement invoice has been revised, replaced, and is attached to this Addendum Number Three.

LIII. Addendum Two to Request for Proposals Number 11-053 for Safe Children Strong Families Services date August 1, 2012, Attachment I, Total Funding Allocations by Program has been revised, replaced, and is attached to this Addendum Number Three.

LIV. Addendum Three to Request for Proposals Number 11-053 for Safe Children Strong Families Services date August 16, 2012, Attachment XIV, List of Proposers Conference Attendees is attached to this Addendum Number Three.

**Safe Children Stable Families RFP
 Prevention and Aftercare Services – Resource Center
 Price Sheet**

One pricing sheet is required to be submitted for each of the 14 Regions available and for the Asian Pacific Islander and American Indian Communities. Prices quoted by Proposer includes all applicable charges and costs associated with Prevention and Aftercare – Resource Center services and any other costs necessary to perform all tasks outlined in the Safe Children and Stable Families RFP, Statement of Work, Performance Outcome Measures, Attachments, and Sample Contract.

Services	Average Number of Families to be service per Regional Office	Proposed Rate	Total Price
Differential Response Path 1 Referrals	24		\$
Case Navigation	120/annually		
Community Outreach and Capacity Building	Maximum of 7.5% of the total contract award		
Emergency Basic Funds	Up to 2.5% of the total contract award		
County (Regional Office) Directed Discretionary Funds	Up to 10% of the total contract award		
Contractor Directed Discretionary Funds Minimum of 45% of total cost			
<ul style="list-style-type: none"> • Networking & Collaboration; • Family & Resident Activities; • Family Support Activities; • Neighborhood Pride and Engagement; • Relationship, Empowerment, and Community Organizing 	Select at least one of the Proceeding Strategies to Reduce Social Isolation		
<ul style="list-style-type: none"> • Financial Literacy Education; • Opportunities for Economic Development; • Employment Training and Placement Activities 	Select at least one of the Proceeding Strategies to Increase Economic Opportunities		
<ul style="list-style-type: none"> • Institutional Transformation; • Early Care and Education; • Family Support; • Youth Development; • Services involving family functioning; 	Select at least one of the proceeding strategies for Increasing Access to and Utilization of Beneficial Services, Activities, Resources, and Supports		
Total Annual Cost			\$

Safe Children Stable Families RFP
Prevention and Aftercare Services - Resource Center
Price Sheet

Rates as proposed are firm-fixed rates to remain firm for twenty-two (22) months following the last day to accept proposals.

REGION Select only one region for the 14 regions and two communities to be served identified below	PROPOSED COST Firm fixed price for the selected region and/or community to be served
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	\$ <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Regional Offices - please refer to the list of zip codes Attachment BB

1. Belvedere	2. Santa Fe Springs	3. Compton	4. Wateridge
5. Vermont Corridor & West LA	6. Pomona & El Monte	7. Pasadena	8. Glendora
9. Lancaster & Palmdale	10. Santa Clarita & WSFV	11. SFV	12. Metro North
13. South County	14. Torrance	15. API	16. American Indian

The undersigned offers to furnish all personnel, labor and materials necessary for Prevention and Aftercare Services –Resource Center. Said work shall be done for the period prescribed and the manner set forth in the Prevention and Aftercare Statement of Work.

I declare that all computations used to arrive at the cost for Prevention and Aftercare for Region _____ are true and correct to the best of my knowledge.

 Authorized Signature

 Date

 Print Name and Title

 Date

 Agency Name

 Agency Address

Part E – Required Form 4-B

Page 1 of 2

Safe Children Stable Families RFPFor Use with SOW for Prevention and Aftercare Services – **CAPIT** Only**PRICE SHEET**

A Pricing Schedule is required to be submitted for each Region a proposer proposes to serve. Prices quoted by Proposer include all applicable charges and costs associated with Prevention and Aftercare: CAPIT services and any other costs necessary to perform all tasks outlined in the Safe Children and Stable Families Prevention and Aftercare: CAPIT RFP, Statement of Work, Performance Outcome Measures, Attachments, and Sample Contract.

Service	Average Number of Families To Be Served	Average Number of units per Family	Proposed Unit Payment Rate (Per hour of service)	Total Proposed Cost (per staffing level)
Intake	30	*30 Unit Hours per Family Shared across Five (5) Service Categories	NOTE: Rates are inclusive of Direct and Indirect Costs. Professional: \$ Paraprofessional: \$ Case Aide: \$	Professional: \$ Paraprofessional: \$ Case Aide:
Case Management Services	30			
Psychotherapy Services: Including individual, family and group	30			
Counseling Services: Including individual, family and group				
Parenting Education				
*One (1) Unit of Service equals One (1) hour			Total Proposed Annual Cost	\$
Cash or In-Kind Match			%	\$

Rates as proposed are firm-fixed rates to remain firm for twenty-two (22) months following the last day to accept proposals.

Part E – Required Form 4-B

Safe Children Stable Families RFP

For Use with SOW for Prevention and Aftercare Services – **CAPIT** Only

PRICE SHEET

Rates as proposed are firm-fixed rates to remain firm for one year following the last day to accept proposals.

REGION Select one region only for the 14 regions identified below	TOTAL PROPOSED ANNUAL COST Firmed fixed price for the selected region
_____ (Insert Office Name)	\$ _____

Regional Offices – Please see Attachment BB for a listing of Zip Codes that served by each DCFS Office

1. Belvedere	2. Santa Fe Springs	3. Compton	4. Wateridge
5. Vermont Corridor & West LA	6. Pomona & El Monte	7. Pasadena	8. Glendora
9. Lancaster & Palmdale	10. Santa Clarity & WSFV	11. SFV	12. Metro North
13. South County	14. Torrance		

The undersigned offers to furnish all personnel, labor and materials necessary for Prevention and Aftercare Services. Said work shall be done for the period prescribed and the manner set forth in the Prevention and Aftercare Statement of Work.

I declare that all computations used to arrive at the cost for Prevention and Aftercare for Region _____ are true and correct to the best of my knowledge.

Authorized Signature

Date

Print Name and Title

Date

Agency Name

Agency Address

PRICE SHEET

For Use with SOW for Assessment and Intervention Services - **ONLY**
- Historical Data Information Per DCFS Regional Office -

		NUMBER OF UNITS / FAMILIES																			
		<i>* These numbers correspond to the DCFS Offices listed on page 3 of this document.</i>																			
SERVICE	CURRENT RATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
BASE RATE	\$1,050.00 month	464	408	151	232	281	625	209	356	244	380	328	408	918	371	452	679	241	283	144	
IHOC - LICENSE	\$70.00 hr.	0	3	74	188	27	52	1	13	6	19	93	16	57	9	3.5	104	5.5	5.5	2.5	
IHOC - MASTERS	\$60.00 hr.	71	76	331	809	12	277	17	877	158	197	16	226	233.8	483.8	167.5	340.3	215	34.9	21	
IHOC - BACHELORS	\$50.00 hr.	317	96	401	1321	84	1016	111	966	2221	102	181	901	332.4	146.2	360.5	987	122.1	61	21.5	
COUNSELING	\$60.00 hr.	1131	322	827	1504	318	4136	359	1790	2948	4399	924	911	3033.5	9161	1291.5	1472.9	2723	1968	183.5	
DRUG TESTING	\$25.00 hr.	366	148	29	54	0	11	0	0	181	0	0	0	4	0	0	42	0	0	0	
PARENT TRAINING	\$20.00 hr.	1208	2053	123	346	36	2119	13	367	229	1597	757	1092	1480	1330.9	2966.5	4243.5	685.5	992	127.8	
CHILD FOCUSED ACTIVITIES	\$25.00 hr.	1833	596	70	153	19	1399	8	280	612	95827	218	704	1202	666	1772.5	2548	163	360.4	56.4	
SUBSTITUTE ADULT ROLE MODELING	\$20.00 hr.	377	2227	152	746	384	391	4400	343	966	170	273	504	645.6	678	2313.3	3861.2	43.5	27.8	12.5	
TEACHING & DEMONSTRATING	\$35.00 hr.	1647	1794	172	413	1028	672	1173	279	1687	415	324	1559	1127.3	650.1	2487.3	4826.8	70.9	266.2	24.2	
TRANSPORTATION	\$35.00 hr.	824	1457	218	621	331	526	433	249	688	1271	427	470	1876.9	2406.4	6550.6	8226.2	396.9	533	8.5	
CHILD FOLLOW-UP VISIT	\$20.00 hr.	42	102	15	59	30	66	28	29	107	33	52	50	283.5	19.5	7.8	122.8	0	26.5	22.3	
EMERGENCY HOUSING	\$50.00 a night max.	6	78	4	9	0	15	0	0	0	0	0	0	0	5	20	17	40	1	0	

PRICE SHEET

For Use with SOW for Assessment and Intervention Services - **ONLY**
- Historical Data Information Per DCFS Regional Office -

		NUMBER OF UNITS / FAMILIES																			
		<i>* These numbers correspond to the DCFS Offices listed on page 3 of this document.</i>																			
SERVICE	CURRENT RATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
SUBSTANCE ABUSE TREATMENT - INDIVIDUAL	\$63.90 / 50 minutes	0	0	11	23	0	4	0	9	166	0	0	0	0	0	0	0	16	0	0	
SUBSTANCE ABUSE - ASSESSMENT	\$63.90 / 50 minutes	5	0	6	13	0	3	0	10	37	0	0	8	8.5	0	0	0	0	0	0	
SUBSTANCE ABUSE - GROUP COUNSELING	\$30.60 a person / 90 minutes	13	78	51	139	10	13	0	15	761	0	0	2	45.7	0	0	0	29.8	0	0	
TEAM DECISION MAKING	\$70.00 hr.	76	104	11	25	22	124	20	30	74	108	26	0	101.7	37.8	17.2	52.8	104.4	109.5	21.2	
SCREENING ASSESSMENT - DAY TIME LICENSE	\$70.00 hr.	879	107	106	806	172	2376	257	524	224	453	646	408	566.5	649.9	682	1055	226.2	172	23.5	
SCREENING ASSESSMENT - DAY TIME MASTERS REGISTERED	\$60.00 hr.	916	2897	150	926	680	2002	157	830	428	1016	211	188	1031.5	695.3	2508.5	1062.3	448.5	843.3	52	
SCREENING ASSESSMENT - ERCP LICENSE	\$150.00 hr.		24	25	73	9	40	0	50	40	27	17	75	9	0	8	24.5	15	25	0	
SCREENING ASSESSMENT - ERCP MASTERS REGISTERED	\$110.00 hr.	70	106	15	40	31	97	26	125	33	68	46	105	218.2	93.7	134.2	151.7	90.5	55.7	10	

PRICE SHEET

For Use with SOW for Assessment and Intervention Services - **ONLY**
 - Historical Data Information Per DCFS Regional Office -

		NUMBER OF UNITS / FAMILIES																			
		<i>* These numbers correspond to the DCFS Offices listed on page 3 of this document.</i>																			
SERVICE	CURRENT RATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
IN HOME OUTREACH COUNSELING - ERCP	\$90.00 hr.	7	13	8	6	0	3	6	18	14	0	4	0	1	0	11	27	10	1	5	
TEACHING AND DEMONSTRATING - ERCP	\$40.00 hr.	1441	1570	6	18	0	3	6	13	6	0	0	0	16.5	0	4	52.8	3	0	3	
THERAPEUTIC DAY TREATMENT	\$1,027.00 month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TRANSITION	\$525.00 month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ERCP AUXILIARY FUND SERVICES - ONE TIME ONLY	\$500.00 per family																				

*** DCSF REGIONAL OFFICES**

- | | | | | |
|-------------------|----------------------|------------------------------|----------------------------|-------------------------|
| 1. Belvedere | 2. Compton | 3. El Monte | 4. Glendora | 5. Lancaster |
| 6. Metro North | 7. Palmdale | 8. Pasadena | 9. Pomona | 10. San Fernando Valley |
| 11. Santa Clarita | 12. Santa Fe Springs | 13. South County | 14. Torrance | 15. Vermont Corridor |
| 16. Wateridge | 17. West Los Angeles | 18. West San Fernando Valley | 19. Asian Pacific Islander | 20. American Indian |

PRICE SHEET

For Use with SOW for Assessment and Intervention Services - **ONLY**

NOTE: The rate as proposed for the Regional Office, are firm fixed rates and shall remain as such for twenty-two (22) months following the last day to accept proposals.

REGIONAL OFFICE List only one (1) regional office	TOTAL PROPOSED ANNUAL COST
Office Name: _____	\$ _____

Regional Offices - Numbers in parenthesis (x) have been correlated to those offices as listed on page 3 of this Required Form 4-C.

Belvedere (1)	Compton (2)	* El Monte / Pomona (3 & 9)	Glendora (4)
* Lancaster / Palmdale (5 & 7)	Metro North (6)	Pasadena (8)	San Fernando Valley (10)
* Santa Clarita / West SFV (11 & 18)	Santa Fe Springs (12)	South County (13)	Torrance (14)
* Vermont Corridor / West LA (15 & 17)	Wateridge (16)	Asian Pacific Islander (19) (this population is Countywide, covering ALL regions)	American Indian (20) (this population is Countywide, covering ALL regions)

* Regional offices that have been combined.

The undersigned offers to furnish all personnel, labor and materials necessary for Assessment and Intervention Services. Said work shall be done for the period prescribed and the manner set forth in the Assessment and Intervention Statement of Work.

I declare that all computations used to arrive at the cost for Assessment and Intervention Services for Regional Office _____ are true and correct to the best of my knowledge.

Authorized Signature

Date

Print Name and Title

Date

Agency Name

Agency Address

PRICE SHEET

For Use with SOW for Assessment and Intervention Services - **ONLY**

One (1) Price Sheet is required to be submitted for EACH Regional Office as listed on page 4 of this Required Form 4-C, including Asian Pacific Islander and the American Indian populations. Prices quoted must include all applicable charges and costs associated with Assessment and Intervention services and any other costs necessary to perform all tasks outlined in the Safe Children and Stable Families RFP, Statement of Work, Performance Outcome Measures, Attachments, and Sample Contract.

SERVICE	CURRENT RATE	NUMBER OF FAMILIES TO BE SERVICED	PROPOSED RATE	TOTAL PRICE
Base Rate Services per Family (includes four in-Home Outreach Counseling visits, indirect costs, Clinical Direction, and the Multidisciplinary Case Planning)	\$1,050.00/ month		\$	\$
In-Home Outreach Counseling (Professional with License)	\$70.00/hr		\$	\$
In-Home Outreach Counseling (MA/MSW under licensed supervision)	\$60.00/hr		\$	\$
In-Home Outreach Counseling (BA)	\$50.00/hr		\$	\$
Counseling (to include substance abuse, Domestic Violence, Teen Pregnancy and Anger Management)	\$60.00/hr		\$	\$
Drug Testing	\$25.00/hr		\$	\$
Parenting Training/Fatherhood Program	\$20.00/hr		\$	\$
Child Focused Activities	\$25.00/hr		\$	\$
Substitute Adult Role Model	\$20.00/hr		\$	\$
Teaching and Demonstrating Homemaking	\$35.00/hr		\$	\$
Transportation	\$35.00/hr		\$	\$
Child Follow-up Visit	\$20.00/hr		\$	\$
Emergency Housing	\$50.00/night		\$	\$
Transition	\$525.00 month		\$	\$
Therapeutic Day Treatment	\$1,027.00 month		\$	\$
Substance Abuse Assessment	\$63.90/50 minutes		\$	\$
Substance Abuse Treatment-Individual Counseling	\$63.90/50 minutes		\$	\$
Substance Abuse Treatment-Group Counseling	\$30.60/person/90 minutes		\$	\$

PRICE SHEET

For Use with SOW for Assessment and Intervention Services - **ONLY**

SERVICE	CURRENT RATE	NUMBER OF FAMILIES TO BE SERVICED	PROPOSED RATE	TOTAL PRICE
Up-Front Assessment – Day Time (Professional with license)	\$70.00 hr.		\$	\$
Up-Front Assessment – Day Time (Professional under license supervision)	\$60.00/hr		\$	\$
Up-Front Assessment – ERCP (Professional with license)	\$150/hr		\$	\$
Up-Front Assessment – ERCP (Professional under license supervision)	\$110.00/hr		\$	\$
Team Decision Making (TDM) Meetings	\$70.00/hr		\$	\$
In-Home Outreach Counseling – ERCP	\$90.00/hr		\$	\$
Teaching and Demonstrating Homemaking – ERCP	\$40.00/hr		\$	\$
Auxiliary Fund Services –ERCP (<i>one time only to support family maintenance referrals</i>)	\$500.00/family		\$	\$
TOTAL PROPOSED ANNUAL COST:				\$

**Safe Children Stable Families RFP
Adoption Promotion and Support Services**

A Pricing Schedule is required to be submitted with each Cost Proposal for each SPA for which the Proposer wishes to apply. Use SPA goals below. Prices quoted by Proposer include all applicable charges and costs necessary to meet the checked SPA below and perform all tasks outlined in the APSS Statement of Work and Sample Contract. To the extent possible, the Line Item Budget should be segregated into the 4 activity areas below. The Budget Narrative **MUST** specify which personnel positions are responsible for each service activity below.

Services	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	Unit of Service Cost	Proposed Total Cost
Case Management (every family receives service including referral to Linkages)	51 average annual referrals + 20 carryover cases	91 average annual referrals + 20 carryover cases	92 average annual referrals + 81 carryover cases	18 average annual referrals + 28 carryover cases	30 average annual referrals + 20 carryover cases	73 average annual referrals + 44 estimated carryover cases	70 average annual referrals + 39 carryover cases	80 average annual referrals + 135 estimated carryover cases	Per Family \$_____	\$_____ Unit Cost X #Families
APSS Mentoring Program (includes, recruitment of mentors, trng, coordination, etc.)	25 Includes both new & carryover cases	39 Includes both new & carryover cases	61 Includes both new & carryover cases	16 Includes both new & carryover cases	18 Includes both new & carryover cases	41 Includes both new & carryover cases	38 Includes both new & carryover cases	75 Includes both new & carryover cases	Per Individual \$_____	\$_____ Unit Cost X #Individuals
APSS Support Groups (Children and Adults)	2 Groups weekly	2 Groups weekly	2 Groups weekly	\$_____ Per Group Session	\$_____ Unit Cost X 104 Session					
Quarterly Community Trainings	4 per year	4 per year	4 per year	\$_____ Each of 4	\$_____ Unit Cost X 4					
Circle the SPA (1 only)	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	TOTAL COST	\$

**Safe Children Stable Families RFP
 Adoption Promotion and Support Services**

SPA Select one SPA only for the 8 SPA's identified on Page 1	PROPOSED COST Firm fixed price for the selected SPA
_____	\$ _____

SPAs – The Zip Codes by Service Planning Areas are listed in Part F, Sample Contract for Adoption Promotion and Support Services, Attachment CC.

- ❖ APSS Services are open-ended. Some cases may continue from one contract year to another, depending on case needs and family participation. Total cases in any contract year, including the first year, may reach or even exceed the estimates given for each SPA. Case carryover counts are actual (or estimated) counts from Fiscal Year 2011-12. Case carryover counts have historically been tracked annually at an average rate of 37%. Total mentoring cases are about 35% of all cases/year. The current carryover counts and the average historical annual carryover rate of 37% may not reflect actual carryover counts for cases within the new contract period.

The undersigned offers to furnish all personnel, labor and materials necessary for Adoption Promotion and Support Services (APSS). Said work shall be done for the period prescribed and the manner set forth in the APSS Statement of Work. The proposed cost is a firm-fixed price to remain firm for twenty-two (22) months following the last day to accept proposals.

I declare that all computations used to arrive at the cost for Adoption Promotion and Support Services for the SPA above are true and correct to the best of my knowledge.

 Authorized Signature

 Date

 Print Name and Title

 Date

 Agency Name

 Agency Address

**Safe Children Stable Families RFP
Partnerships for Families
Price Sheet**

One pricing sheet is required to be submitted for each of the 8 SPAs available. Prices quoted by Proposer includes all applicable charges and costs associated with Partnerships for Families and any other costs necessary to perform all tasks outlined in the Safe Children and Stable Families RFP, Statement of Work, Performance Outcome Measures, Attachments, and Sample Contract.

Services	Average Number of Families to be service per SPA	Proposed Rate	Total Price
Case Mgt.	74		\$
Health Parenting and/or other Education Programs or Resources	19		
Structured Parent-Child and/or Family –Centered Activities	24		
Psychotherapy	24		
Capacity Building	15% of total cost		
Concrete Support Services	20% of total cost		
Total Annual Cost			\$

**Safe Children Stable Families RFP
Partnerships for Families
Price Sheet**

Rates as proposed are firm-fixed rates to remain firm for twenty-two (22) months following the last day to accept proposals.

Please refer to zip codes for details on SPA boundaries.

<p align="center">SPA</p> <p align="center">Select one SPA only (refer to Attachment CC for zip code listing per SPA)</p>	<p align="center">PROPOSED COST</p> <p align="center">Firmed fixed price for the selected SPA</p>
<hr/>	<p align="center">\$</p> <hr/>

The undersigned offers to furnish all personnel, labor and materials necessary for Partnerships for Families. Said work shall be done for the period prescribed and the manner set forth in the Partnerships for Families of Work.

I declare that all computations used to arrive at the cost for Partnerships for Families for SPA _____ are true and correct to the best of my knowledge.

Authorized Signature

Date

Print Name and Title

Date

Agency Name

Agency Address

ATTACHMENTS II through VIII for ADDENDUM 3



County of Los Angeles – Department of Children and Family Services
SAFE CHILDREN AND STRONG FAMILIES (SCSF) SERVICES (RFP # 11-053)
ATTACHMENTS II through VIII for Addendum Three

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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 II

1. On page 465, Item Number 6.0 Contribution. Can the director for the Resource Center be the 10% match?

Answer: Section 6.0 Contribution on page 465 applies to CAPIT. The question, as written, is unclear.

If the intent was to ask if the program lead's time for the CAPIT contract could be considered to meet the requirement of a 10% match, then yes it could, as long as this cost is not being reflected elsewhere in the unit rate or in the indirect costs associated with the contract.

2. On page 14, of the addendum number one, 6.1.2.1. Would a peer to peer support person, such as a Parent Partner or Promotora, receive permission as a case-aid level staff?

Answer: Yes. As stated in 6.1.2.1 "CONTRACTOR may request approval for certain health and/or educational programs to be facilitated by staff at the case aide level." The case aid position has no degree requirement.

3. Is there a specific amount or percentage of funds for the Resource Center program that is dedicated to primary prevention activities/services?

Answer: No, referrals to the Resource Center may be made from Community agencies, walk-ins, DCFS, and other public agencies. The expectation is that the Resource Center can meet the needs of the various constituents within its' community.

4. 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? 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. (PAGE 7 OF 213)

Since El Monte and Pomona are combined together for the purpose of this RFP, if we are applying for the resource center grant for El Monte/Pomona, does this mean we need a service delivery site in both areas or will one of the two areas suffice?

Answer: Having a service delivery site in one of the two areas, in your

example, would suffice, however coverage would need to take into account the demands of the entire catchment area.

5. What are the combined funding levels of Family Support and PIDP for FY 2012-13 that translates to \$5,428,000 for the Prevention and Aftercare: Resource Center?

Answer: The Family Support budget for fiscal year 2012-2013 is \$3,301,000. The PIDP budget for fiscal year 2012-2013 is \$2,500,000. The combined total for these two programs would be \$5,801,000.

6. The City of Los Angeles has established Family Source Centers (FSCs) in various high-need communities within the County, for the purpose of: increasing family income/assets; and improving the academic achievement of children (age 16 and under). The target population is families *with children* (age 16 and under) living in poverty or on low incomes. Services provided, directly and through established linkages, are numerous and varied. Funding for the FSCs from the City, however, has been reduced by @20% since their founding in 2009, and future reductions are surely possible.

In planning for the proposed Family Resource Centers (FRCs) within the new DCFS delivery system, what is the County's thinking about how these two types of centers might interact/interrelate? At least two concepts are logical:

- a. The FSCs would make excellent, cost-effective bases on which to build the FRCs, extending and better coordinating more supportive services to children/families targeted for Prevention & Aftercare services. Bringing the two together (in a thoughtful way, preserving the integrity of each) will leverage the resources of both the City and the County.
- b. The target areas for the FRC's would be located where there are no FSC's, because the City's target areas do have some relevant services now.

It would be extremely helpful for prospective bidders to know the thinking within DCFS on this point.

Answer: Once contracts have been established, DCFS is committed to ensuring that each contractor is working within their community to leverage existing resources and maximize service opportunities for families. As long as the proposer is able to ensure that all contract deliverables can be met for the SCSF contracts, having additional capacity/services available for families at a location is considered desirable.

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 III

1. Can we get data on active caseload and emergency referrals by area office, parallel to the RFP? (CAPIT)

Answer: All information that may be provided in regards to funding and funding allocations is included in addendum #2 Attachment I.

2. CAPIT – Section 3.0 Target Populations; Section 3.1 page 98; 1st 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.

3. For paraprofessional staff, it appears that with the new contract, their roles are becoming limited compared to the previous contract. Are their roles being restricted? Or is the definition of “counseling” services being reworded? As of now we are under the impression that paraprofessional staff can provide psychotherapy under the supervision of a licensed clinician.

Answer: Yes. In the proposed CAPIT contract, the level of staffing is being defined for each service category. Also, there has been a differentiation between psychotherapy and counseling. Language has been modified to allow Paraprofessional staff to provide psychotherapy only when they are supervised by a licensed clinician and registered in an MSW/MFT program.

4. In judging the proposal, how much consideration/points goes to organizations that have been consistently utilizing 100% of its awarded funding over the past 10 years?

Answer: Please review Section 52.13 Proposal Evaluation and Criteria for information regarding the evaluation criteria and the percentage breakouts for each section. There is no specific criteria for historical spending.

5. For CAPIT and Resource Center: Could you further clarify the definition of ‘physical location’ within the service areas?

- a. Are we required to have a physical location in the service areas to provide services?
- b. If we provide services in the community (school-based) would that be considered as having a physical location within the area?

Answer: **A: Yes a CONTRACTOR should have a physical location in the service area they are contracted to serve within 30-60 days from the contract award.**

B: Under certain circumstances this may be allowable. There would need to be some agreement that the school could not limit access to families that do not have a pupil at the school, but are seeking services of either the Resource Center or CAPIT agency. Designated office space for agency staff and space to work with the families, would also need to be considered.

6. For CAPIT and Resource Center: If we are proposing to provide services in an area, are we required to promote our services to everyone? For example, our organization targets Korean ethnic clients who are recent immigrants and limited English speakers. Although we do not turn away non-Korean clients, we do not aggressively promote ourselves to non-Korean populations. Is it okay that our proposal will be to provide services to a particular API group within the service area?

Answer: **Agencies contracted to provide CAPIT and Resource Center contracts are expected to be able to provide services to meet the needs of the geographic area for which they are proposing to serve.**

In the example provided, the agency would want to evaluate their ability to provide services in a culturally and linguistically sensitive way to meet the needs of different geographic locations within Los Angeles County and only apply to those areas where they would feel comfortable that they could meet those cultural and linguistic needs. Please remember that referrals can come from DCFS offices and resource center contractors so the agency may not always be in control of all of the referrals that are coming in. As a result, it is very important that an agency be able to meet the linguistic and cultural needs of any geographic location for which they are proposing to serve.

7. Based on the funding for CAPIT of \$2,862,000 and projected 41 contracts, that's an average of a little less than \$70,000 per contract, barely enough to cover 1 FTE of a full time licensed clinician. Is that the intent of the Department? Over the years, the number of CAPIT contracts awarded was decreased exactly to avoid that circumstance and award contracts that were large enough to be efficiently and effectively implemented.

Answer: **The number of current CAPIT contracts is 80 and the current allocation is approximately \$5.3 million. The number of proposed contracts has been reduced to 41 with a proposed allocation of \$2.8 million. The current average CAPIT contract award is \$72,470.91.**

8. Addendum 2 Attachment 1: Funding Allocation for CAPIT of \$2,862,000 is considerably less than previous amount allocated for CAPIT funding, which was at least \$5,000,000. Why has the amount been decreased so significantly?

Answer: CAPIT was previously funded through both AB1733 and supplemented with AB2994 funds. Moving forward, CAPIT will only be funded through AB1733 funds.

9. Per Attachment I in Addendum 2, CAPIT's \$2,862,000 in funding over 41 contracts is less than \$70,000 per contract. The 10% in kind may bring the funding to about \$77,000. This funding will cover the cost of 1 or fewer staff plus overhead. Is that adequate to meet the SOWs expectations for CAPIT for one contract?

Answer: Current contractors do not typically have full time employees dedicated to provide CAPIT services. It is primarily used as a way for the contracted agency to supplement the services that they already provide to those families who do not have Medi-Cal or another source to pay for their needed services.

10. RFP Page 101 4.4.1 Psychotherapy services must be provided by professional level staff. Can MSW interns provide psychotherapy services, or counseling only?

Answer: Yes, they can potentially provide both counseling and psychotherapy services. Language has been modified to allow Paraprofessional staff to provide psychotherapy only when they are supervised by a licensed clinician and registered in an MSW/MFT program.

11. RFP Page 354 FORM 4-B and amended FORM 4-6, Addendum 2: This form specifies average number of families currently served as 30. Does this refer to an average caseload size of 30 families or an annual caseload of 30?

12. 52.17.3.1.1.3.1; page 34 CAPIT only - Factor in Average Number of Units per Family (30) when calculating Proposed Unit Rate for Average Number of Families to Serve (also 30): The reference in the document to 30 families is confusing. Is the number 30 an Example or it is the number that DCFS has set to be served. This question has come up multiple Times, and the answer remains unclear. Please clarify.

Answer: The number 30 is a projection of potentially how many families, on average a contractor may serve during a fiscal year. The exact number of families to be served will be dependent on the levels of need, family configuration, and service modality provided

13. The services listed on the Price Sheet are not in alignment with the services listed on the Monthly Client Service Log, page 798 or Monthly Reimbursement Invoice, page 799.or Budget Modification Form, page 120. Which is correct?

Answer: Services listed in the CAPIT SOW are accurate. The Price Sheet, Monthly Client Service Log, Monthly reimbursement Invoice and

Budget Modification form will be modified to accurately align with the services described in the SOW.

14. RFP Page 354 FORM 4-B and amended FORM 4-6, Addendum 2 and #86, Attachments IV through X; Historically it was allowable to count one hour of travel time as a unit of service. The CAPIT Price Sheet and the narrative included as part of the answer in Addendum 2, Attachment s IV-X does not include any indication that travel time can be billed. In addition the suggested in the case of family receiving home visits, there is no apparent allowance for travel time; an average 30 to 40 hours of service per family could mean that the family only received 15 to 20 hours of counseling, psychotherapy or case management services, which in many cases, is hardly adequate.

Answer: Language has been modified to indicate that travel time of up to one hour i.e. one unit of service, will be allowed for home visits only.

The number of units of service that shall be received by a family will be at the discretion of the contracted agency based on the agencies assessment of the families need.

15. RFP Page 480 - 1.0 Administration of Contract: is there anything to preclude Program Director, Clinical Supervisor and/or Program Manager positions be held by fewer than three separate people, if the person in those roles meets all the necessary qualifications?

Answer: There is nothing to preclude one staff person to hold multiple roles as long as they meet the necessary qualifications.

16. Section 1.0 page 10 the following services will be provided : Point 2 Individual Family and Group Psychotherapy, Point 3 Counseling, Point 4 In-home services, including Psychotherapy, counseling, crisis response and teaching and demonstrating homemaking instruction; Please clarify the difference between Psychotherapy and counseling.

Answer: Each proposer will be evaluated on their ability to operationalize all elements of this solicitation, therefore specific guidance on this area is not proscribed. Please feel free to reference the Definitions for Psychotherapy and Counseling as provided in Attachment O.

17. Section 4.3 Counseling Services Addendum identifies counseling services; however addendum does not indentify Psychotherapeutic service as in-home service. Please clarify: Psychotherapy is mentioned on 1.0 but it's not referenced anywhere else in the addendum under CAPIT.

Answer: Psychotherapy can be provided in the office, off site, or in the home. Please refer to the CAPIT SOW Section 4.4.1.1

18. In the RFP, the CAPIT sample contract starting on page 452 specified that CDSS funds cannot be used for the required 10% contribution, cask or in-kind funding for CAPIT. Can DMH funds that are used for CAPIT-associated counseling services to

children and parents that are claimed to DMH (MediCal or other funding) count to the 10% contribution?

Answer: Medi-Cal funding is CDSS (State) funding, so this would not be considered an appropriate match. Contracted agencies would need to provide the 10% in-kind match through other sources. DMH contracts could potentially be used to supplement, but only if the billing source is not through Medical or any other CDSS funding source. Historically agencies have used fundraising as a source for the 10% in-kind match.

19. Is there a specific amount or percentage of funds for the CAPIT program that is dedicated to primary prevention activities/services?

Answer: No, there is no specific amount or percentage of funds for the CAPIT program dedicated to primary, secondary or tertiary activities or services. CAPIT by definition is for Child Abuse Prevention, Intervention and Treatment which spans primary, secondary and tertiary families.

20. The following question pertains to Addendum Number Two dated August 1, 2012, page 13. With regard to RFP, Part D – Statements of Work, Exhibit B: Prevention and Aftercare Services – CAPIT, Section 4.5 – Parenting Education Services, does a parent need to attend 20 weeks of parenting group sessions to receive a Certificate of Completion? Currently we give the Certificate of Completion after 12 sessions

Answer: Yes, the parent would need to attend 20 weeks for parenting in order to receive a certificate of completion. There is an opportunity for contracted agencies to request a waiver from the County Program Manager (CPM) of the 20 weeks requirement based on the curriculum that the agency may be using and/or training. An agency would request the waiver to the CPM, the CPM would evaluate the agencies stated reasons for requesting the waiver and the CPM would approve or deny the waiver.

21. 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. (PAGE 31 OF 213, #4) Is there a limit to how much an agency can bill for TDMS? These can be quite long and could easily amount to a significant amount of billing.

a. If a limit is set, what does an agency do if they have reached the limit and continue to get requests to participate in TDMS?

b. Will travel time also be billable?

Answer: TDM attendance would only be billable, under CAPIT, for current

clients under the Case Management service category. The number of units dedicated to providing this service is not limited.

a. n/a

b. Travel time will not be billable for TDM's.

22. Will the Department consider a cost effective County-wide CAPIT contract for deaf and hard of hearing services from an experienced deaf services agency or two?

Answer: Given the limited amount of CAPIT funds and the historical underutilization of CAPIT funding of those contracts which are population specific there are no current plans to have a county wide CAPIT contract for the deaf and hard of hearing or any cultural specific group. This service need should be met through the contactor, as they address the specific linguistic and cultural needs of the community in which they propose to serve. Language has been modified in Addendum #3 Section 1.0 to provide further detail on the needs to attend to those families requiring services for the deaf or hard of hearing.

23. RFP section number: Exhibit B CAPIT, Section C; Paragraph number: 4.4 Psychotherapy Services, Paragraph 4.4.1; Page number: 101; Language that prompted the question: "Psychotherapy services must be provided by CONTRACTOR's, professional level staff, trained to practice psychotherapy, such as a psychiatrist, psychologist, licensed or registered social worker/marriage and family therapist under the supervision of a licensed clinician."

Short-Doyle certified Medi-Cal providers jeopardize their current Medi-Cal billing rate for psychotherapy services if comparable services are billed at a lower rate to third party such as DCFS. We are concerned that Short-Doyle Medi-Cal certified applicants will be unfairly disadvantaged by proposing psychotherapy services at their current Medi-Cal rate, which is certain to be substantially higher than the "current average payment rate" for professional services quoted in Addendum Number Two, Part E – Required Form 4 – B "CAPIT Only" Price Sheet (\$65.64). Will applicants who are Short-Doyle Medi-Cal certified be allowed to propose psychotherapy services at their current rate without disadvantage?

Answer: The overall evaluation will be comprised of both a program and cost proposal review. Proposed rates will be a part of the evaluation among all of the other elements included in the solicitation.

24. Regarding CAPIT, Exhibit B, beginning on P. 95, are there going to be additional mental health funds added for the CAPIT services since some services could potentially be billed to mental health?

Answer: CAPIT agencies will not receive additional mental health funds.

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 IV

1. 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: **Yes, we will add the requested clarification, which will reflect that attendance by the CPD or a CPD designee is mandatory at the CQI meetings.**

2. Section 9.2.1 – 9.2.4; Page 18; Part D – Statements of Work, Exhibit C: Assessment and Intervention Services; Section C – Service Description, Section 9.0 – Staffing, Sub-section 9.2. This section contains changes in definitions for staffing that are different from the definitions in the RFP. Do these new definitions apply only to Assessment and Intervention? Or do the changes apply to all of the initiatives in the RFP?

Answer: **These changes apply only to Assessment and Intervention.**

3. 7.2.17.4: Please clarify what excused means. Does it mean only for those visits where the family was excused in advance, the agency must back out ¼ of the base rate visit? Or in situations where the IHOC attempted to fulfill the In Home Visit for that week, family was not home, and then IHOC attempted a child follow up visit for that week, and again was not successful. Therefore, IHOC notified CSW, and CSW excused the absence for that week. The agency will have to back out ¼ of the base rate although, we did our work?

Answer: **The version of Section 7.2.17.4 issued in Addendum #2 contained an inadvertent typographical error and therefore the language in this section is being reissued as follows:**

If all family members are excused from an IHOC session and four base rate visits are not held during the month, the CONTRACTOR must back out one-fourth (1/4) of the base rate per visit, for each excused absence if CONTRACTOR did not make the service available to the family.

An excused absence is an absence about which the case carrying CSW has been notified in advance (as required by Section 7.2.17.5) and the CSW has agreed to allow the visit in question to be missed.

4. Are ERCP assessments optional (which is the current accepted practice) or mandatory? [Mandating ERCP assessments raises fiscal concerns related to employing staff who must be available after hours.]

Recommendation: DCFS should continue to allow each FP provider to determine whether it is feasible for the provider to accept ERCP referrals.

Answer: Yes. Proposers should indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment Services.

To clarify this issue Section 6.1 has been revised as follows:

6.1 EMERGENCY RESPONSE REFERRALS – COMMAND POST (ERCP)

Command Post is the section of DCFS that performs Emergency Response In-Person Investigations on referrals that are received after normal business hours and which require an immediate response.

Proposers should indicate within their proposals whether or not they intend to accept ERCP Assessment referrals, as acceptance of these referrals is not mandatory. If proposers do intend to accept ERCP referrals for Assessments, they should indicate within which geographic area(s) they intend to provide such services. **(PLEASE NOTE: Acceptance of Assessment referrals from Regional offices is mandatory.)**

CONTRACTOR shall be available to receive referrals during the Department of Children and Family Services (DCFS) Emergency Response - Command Post (ERCP) hours, which are currently Monday through Friday 5:00 pm – 9:00 am; and 24 hours on Saturday, Sunday and COUNTY approved holidays.

5. How will a referral be assigned if all agencies in a SPA are at capacity and unable to accept the referral?

Answer: Clarifying language will be added to section 6.1.6 as follows:

After the CONTRACTOR has provided ERCP with telephonic notification of an attempted contact, the CONTRACTOR shall fax the completed Attempted Contact form (Exhibit C-11) to the COUNTY designee before 12 noon the following day.

6. 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: Clarify that the provider may fax the Initial Attempted Contact Form to the County Designee by the next business day.

Answer: Clarifying language will be added to section 6.1.6 as follows:

After the CONTRACTOR has provided ERCP with telephonic notification of an attempted contact, the CONTRACTOR shall fax the completed Attempted Contact form (Exhibit C-11) to the COUNTY designee before 12 noon the following day.

7. Can the provider fax the preliminary summary to the County designee on the next business day (given that the CSW has been provided a verbal summary of the findings and a fax machine may not available to the assessor after hours)?

a. What should be included in the preliminary summary?

Recommendations: Revise the language, as follows, "If the CSW has been provided a verbal summary of findings by telephone, the preliminary summary can be faxed to the COUNTY designee by the next business day."

The preliminary summary should describe the strengths, concerns, and recommendations for the caregiver

Answer: If the CSW has been provided a verbal summary of findings by telephone, the provider may fax the preliminary summary to the County designee by the next business day before 12 noon.

The preliminary summary should provide information on the specific clinical issues identified during the assessment, such as the identified area of concern [mental health, substance abuse, domestic violence]; client level of functioning, indicators or lack of indicators of suicidal/homicidal/grave disability; parental capacity within the context of the limited time spent observing/interviewing the client, with or without the child[ren]'s presence; client willingness to accept services; recommendations for treatment, and other information deemed clinically relevant by the assessor.

8. Can DCFS retain the current accepted practice of allowing the provider more than one hour to assign a referral and contact the County designee when documented reasonable logistical challenges arise (given that the one-hour timeframe would require a staff person to remain at the fax machine at all times)?

a. Can DCFS notify the provider by telephone before faxing a referral so that the provider is aware of the referral?

Recommendations: DCFS should retain the current accepted practice of allowing the provider more than one hour to assign a referral and contact the County designee when documented reasonable logistical challenges arise (given that the one-hour timeframe would require a staff person to remain at the fax machine at all times)?

DCFS should notify the provider by telephone before faxing a referral so that the provider is aware of the referral.

Answer: The one hour assignment timeframe applies only to those referrals made by ERCP, which are generally extremely time-sensitive. Therefore the assignment timeframe will not be changed at this time. However, if the CONTRACTOR determines that their agency will be unable to meet the mandated assignment timeframe in response to a particular referral, the CONTRACTOR can request approval from ERCP for an arrival time beyond one hour (as stated in section 6.1.5).

9. What should the provider do if the CSW and SCSW cannot be reached (so as not to cause delays in linking families to services)?

Recommendation: If the CSW and SCSW cannot be reached, allow the FP agency to comply with this requirement by providing referral(s) to the family.

Answer: If the CSW or SCSW cannot be reached, the CONTRACTOR should proceed with providing the linkage service. IN such circumstances efforts made in attempt to contact the CSW and SCSW should be documented in the case record.

In order to clarify this issue, the underlined/italicized language below has been added to Section 6.2.8:

6.2.8 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. *If the CSW or SCSW cannot be reached, the CONTRACTOR should proceed with providing the linkage service. IN such circumstances efforts made in attempt to contact the CSW and SCSW should be documented in the case record.*

10. Can the FP agency be given the option to provide the name of the Clinical Director rather than the CPD?

Recommendation: Revise the language, as follows, "...provide the name of the CPD or Clinical Director and the IHOC."

Answer: Contractors may give the name of the Clinical Director in addition to the CPD and IHOC, however as the CPD is responsible for the day to day activities outlined in section 3.2 it is important that the this information be provided.

11. Can providers bill for completion of the Family Functioning Assessment Tool as "assessment" on the invoice for payment?

Recommendation: Confirm that providers can bill for completion of the Family Functioning Assessment Tool as "assessment" on the invoice for payment.

Answer: No, completion of the Family Functioning Assessment Tool will be part of base rate.

12. Can the FP agency be given the option to provide the name of the Clinical Director rather than the CPD?

Recommendation: Revise the language, as follows, "...provide the name of the CPD or Clinical Director and the IHOC."

Answer: Contractors may give the name of the Clinical Director in addition to the CPD and IHOC, however as the CPD is responsible for the day to day activities outlined in section 3.2 it is important that this information be provided.

13. Can providers bill for completion of the Family Functioning Assessment Tool as "assessment" on the invoice for payment?

Recommendation: Confirm that the FP providers can bill for completion of the Family Functioning Assessment Tool as "assessment" on the invoice for payment.

Answer: No, completion of the Family Functioning Assessment Tool will be part of base rate.

14. Can the FP agency excuse an absence when less than 24 hours notice has been provided due to unforeseeable circumstances, such as a family illness?

Recommendation: Allow the FP agency to excuse an absence when less than 24 hours notice has been provided due to documented unforeseeable circumstances, such as family illness. Alternatively, revise the language, as follows, "An absence is considered Excused when the CONTRACTOR has been notified 24 4 hours or more, in advance of a scheduled visit."

Answer: A Contractor may consider an absence excused if given less than 24 hours notice due to documented unforeseeable circumstances, such as family illness, however Contractor will still be responsible for contacting the CSW or if CSW is unavailable the SCSW for excused IHOC visits.

The following (underlined and italicized) clarifying language has been added to Section 7.2.17:

An absence is considered Excused when the CONTRACTOR has been notified 24 hours or more in advance of a scheduled visit. *In addition, a Contractor may consider an absence excused if given less than 24 hours notice if the absence is due to documented unforeseeable circumstances, such as family illness, however CONTRACTOR will still be responsible for contacting the assigned CSW or, if CSW is unavailable, the SCSW to obtain approval of excused IHOC visits.*

15. Can DCFS retain the current accepted practice of allowing the FP provider to excuse absences for IHOC sessions without consulting with the CSW/DPO, so long as the CSW/DPO is contacted within 24 hours of the excused absence?

Recommendation: Delete reference to “other than IHOC sessions.”

Answer: Per the current contract, consultation with the case carrying CSW/DPO is required to approve a family member’s absence from one or more IHOC sessions.

16. Can DCFS retain the current accepted practice of allowing the FP provider to excuse absences for IHOC sessions without consulting with the CSW/DPO, so long as the CSW/DPO is contacted within 24 hours of the excused absence?

Recommendation: DCFS should retain the current accepted practice of allowing the FP provider to excuse absences for IHOC sessions without consulting with the CSW/DPO, so long as the CSW/DPO is contacted within 24 hours of the excused absence.

Answer: Per the current contract, consultation with the case carrying CSW/DPO is required to approve a family member’s absence from one or more IHOC sessions.

17. Can DCFS retain the current accepted practice of compensating providers with the base rate each month given that providers continue to incur costs, regardless of family absences from IHOC sessions, in working with the family and remaining responsible/liable for the family’s well-being? [Note that DCFS has eliminated the language in the SOW requiring the provider to ensure that make-up sessions are held (Section 7.2.17.3). Additionally, DCFS has eliminated the language in the SOW requiring the provider to reduce payment for unexcused absences (Section 7.2.18.5).]

Recommendation: Retain the current accepted practice of compensating providers with the base rate each month given that providers continue to incur costs, regardless of family absences from IHOC sessions, in working with the family and remaining responsible/liable for the family’s well-being.

Answer: Section 7.2.17.4 has been amended as follows:

If all family members are excused from an IHOC session and four base rate visits are not held during the month, the CONTRACTOR must back out one-fourth (1/4) of the base rate per visit, for each excused absence if CONTRACTOR did not make the service available to the family.

18. Regarding RFP - Exhibit C, A&I Services, p. 127 Section 6.0 Family Preservation (FP) Assessment Services, it appears there are two levels of services to be provided to families depending on whether they are ER Referrals through the Command Post (ERCP) received *after* normal business hours, or ER Referrals through the Regional Office that performs in-person investigations on referrals

received during normal business hours (see below). Why are there different levels of services?

Pg 129 - ERCP referrals would receive assessment, in-home outreach counseling services, teaching and demonstrating homemaking services, and Team Decision Making meetings if considered necessary, and emergency auxiliary goods and services.

Pg 131 - ER –Regional Office referrals would receive assessment, linkage, and TDM, if necessary.

Answer: **The additional service components available to ERCP are designed to meet urgent and emergent after-hours needs that must be responded to at times when the normal array of departmental and Community resources/services are not likely to be available.**

19. In Addendum 2, Required Form 4-C, Price Sheet for A&I Services, Historical Data Information Per DCFS Regional Office, lists 0 units for all DCFS offices for Therapeutic Day Treatment services (page 3 of 6). We provide TDT services as part of our current Family Preservation program in the Santa Fe Springs office and provide monthly information regarding the number of TDT units we provide. Why is this information not listed on the form?

Answer: **Omission of the Therapeutic Day Treatment data was inadvertent. On average, 84 Therapeutic Day Treatment cases were served per month Countywide. Data corresponding to the table in the referenced attachment is not available.**

20. The following question pertains to Addendum Number Two dated August 1, 2012, page 13. With regard to Section 6.0 – Family Preservation (FP) Assessment Services, Subsection 6.1.6, it reads: “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 15 minutes of the assessor’s arrival at the home, the referral shall be closed unless otherwise specified by the COUNTY designee.” Is it mandatory that UFAs be performed in clients’ homes, or can they be provided in our agency office?

Answer: **In accordance with sections 6.1.5 and 6.2.5, Assessments are to be conducted at the family residence.**

21. Is it correct to say that the Family Preservation funding which for FY 2012-13 has been approved by the Board of Supervisors at \$42,894,254 is being reduced by 29.9% as Assessment and Intervention to \$30,084,941 in Addendum 2? Could additional IV-E waiver dollars potentially make the program whole again, after this RFP process?

Answer: **As per of Addendum #2, Attachment I, the contract amount for assessment and intervention is \$30,084,941. It is unknown if any Title IV-E dollars may be available to augment the current level of**

funding.

22. If a coalition in SPA 4 opens to 2 additional “lead agencies”, would the Department consider expanding the projected 6 lead agencies for A & I to 8?

Answer: The number of lead agencies per SPA reflected in Addendum #2, Attachment I, is a projection only. The number of contracts that will actually be awarded in each SPA will be determined based upon the content of the proposals submitted.

23. In Addendum #1 of the SCSF RFP, on page 19, in portion XXX. RFP, Part D – SOW, Exhibit C: Assessment & Intervention Services, Section C – Service Description, Section 9.0 – Staffing, Sub-section 9.2.8, it reads as follows: “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) Intern.” What is meant by intern, as an “intern” could be the qualification for a professional staff (MFT Intern) or paraprofessional staff (ASW Intern)? Also, if the levels of T&D staff can only be case aide or professional level staff (in the case of an MFT Intern), can a person with a paraprofessional/Bachelor’s level be waived similar to the process for becoming an IHOC?

Answer: The reference to “intern” in section 9.2.8 is distinct from “registered intern” and refers to a candidate in a Bachelor’s or Master’s level program in a social science or closely related field supervised by a licensed clinician.

For Teaching and Demonstrating staff there is no waiver process due to there being no degree requirement. Additionally, there is no limitation regarding staff with higher qualifications performing the duties of T&D staff.

24. Exhibit C-1.....Section A of form. Please clarify “intervention Services (non-FP); is this an Up Front Assessment?

Answer: Intervention Services (non-FP) was a service category included in error and has been removed from the RFP.

25. Exhibit C-1.....Section “Termination – Code”; Termination codes are not updated. There has been extensive discussion and feedback from lead agencies to DCFS regarding the limitations of the current codes and how they can be adjusted. Are the codes going to be revised?

Answer: While termination codes have not yet been revised, the Department is open to making revisions that would make the codes more useful to providers.

26. Exhibit C-2...”Consent to Release and Exchange Information”...Is this is 802 form? Or is this a different form? If it is the 802, it is missing the Code number. Also, please clarify who are qualified signers for the FP signature line and the Other signature line. (for both the English and the Spanish form)

Answer: Yes, Exhibit C-2 is currently in use as DCFS 802. This form is created by the CSW and will reflect the current form number at the time of use. The "Family Preservation" and "Other" lines are not signature lines. They are intended for use by the COUNTY Designee to reflect the names of agencies providing services to the family.

27. Exhibit C-3...Who fills this form? Is this a revised referral form from DCFS? It appears like the #800 referral form that the CSW fills in and submits.

Answer: Yes, the C-3 form is generated by the Family Preservation system and currently is known as the 800 form.

28. Exhibit C-7...Monthly Referral Log...Please clarify "assessment"? Is it a DMH assessment or a UFA assessment?

Answer: The Assessment checkbox on the monthly referral log (C-7) is to be used for assessments conducted by Contractor (previously known as UFAs). All referrals received by an agency (I.E. Assessments, Intervention/FP Services, and ARS) should be documented on this form.

29. Exhibit C-8...The title of this form "Case Notes" is misleading, can this just be named "Phone/Fax Log" for it's actual function? Case notes refer to face to face service notes. Also, can you add type of contact...Fax...or Phone..?

Answer: The title of Exhibit C-8 will be changed to Case Activity Log. It is intended to be used as a running log of various case activities and may include activities other than telephone calls and faxes. For example, if an Attempted contact was made, this could be indicated on the log with a note referring the reader to the Attempted Contact form in the case record.

30. Exhibit C-8... "Case Notes"... Can the county please add a "Guardian" signature line as many cases are opened in the maternal parent's name but children may be under the care of a father, relative, etc.?

Answer: As Case Notes do not require client signatures this modification will not be made.

31. Exhibit C-11...Initial Attempted Contact Form...Please clarify "screening"? Is this the Up Front Assessment?

Answer: Yes, the "screening" referenced in Exhibit C-11, refers to the Assessments conducted by CONTRACTORS, which were previously known as a UFAs.

32. Exhibit C-11...Initial Attempted Contact Form...Please clarify "initial contact due date"? is this the initial projected home visit due date from the referral date? Also

section 7.2.4 states to attempt 3 phone contacts but this form has only 2 attempts listed, is this an error?

Answer: In an effort to streamline the number of forms required of agency staff, the initial contact form was made applicable across the Assessment and Intervention SOW. As a result, the due date will be dependent upon the service component being provided.

The due dates for initial contacts are as follows:

- ERCP Assessment (UFA) -- within one hour of receipt of referral unless a different time frame was agreed upon with ERCP.
- Regional Office Assessment (UFA) -- within 24 hours of receipt of referral
- Alternative Response Services (ARS) – within 2 days of receipt of referral.
- Intervention Services (FP) cases -- within 5 days of receipt referral.

Yes, as three attempts are required, an additional line for the 3rd required telephone contact will be added.

33. Exhibit C-11...Initial Attempted Contact Form...Please clarify second signature line for "Contract Project Manager" as this title is not found in the definitions section? Please clarify the correct signer title.

Answer: The line referenced was intended for Contractor Program Director signature. The line will be changed from "Contract Program Manager" to "Contractor Program Director".

34. Exhibit C-12....Family Functioning Assessment Tool...Is there a data base set up to submit all of the parts of this assessment tool? Will you provide training on how to fill in the forms and how to submit the data?

Answer: The Family Functioning Assessment Tool as shown in Exhibit C-12 is currently in use by all Family Preservation agencies.

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.

35. Exhibit C-12....Family Functioning Assessment Tool...section #15 closing summary...codes are the same as in Section C-1 which refers to reason for closing versus for Family Functioning. What are you trying to measure termination reasons or family functioning?

Answer: Section #15 of the Family Functioning Assessment Tool (Exhibit C-12), is specifically for use in cases where no FP services were

provided or the case was closed within 45 days.

This form serves multiple purposes. Please refer to the Family Functioning Assessment Tool (Exhibit C-12), for descriptors of case activities to be recorded.

36. Exhibit C-13...MCPC Confidentiality Declaration...This form is missing on the front page a "Date" line and also a "next court date" line.

Answer: The MCPC Confidentiality Declaration (Exhibit C-13) has been amended to reflect the MCPC date and the next Court date.

37. Exhibit C-13...MCPC Confidentiality Declaration...page two needs two to three signature rows for "other" service providers that may attend the meeting and have to abide by confidentiality laws. Also, what are the minimum signatures required? The SCSW does not normally attend or sign this document is this a new requirement?

Answer: The MCPC Confidentiality Declaration (Exhibit C-13) has been amended to include signature lines for other providers.

38. Exhibit C-14...MCPC Service Plan – Monthly Progress Report... This form is missing on the front page a "Date" line for the MCPC, a "Date" line for the Monthly Progress Report and a date line for and statement of the "next court date" .

Answer: The MCPC Service Plan – Monthly Progress Report (Exhibit C-14) has been amended to reflect the MCPC date and the next Court date.

39. Exhibit C-14...MCPC Service Plan – Monthly Progress Report.....Can the county please add a "Guardian" signature line as many cases are opened in the maternal parent's name but children may be under the care of a father, relative, etc. ?

Answer: The MCPC Service Plan – Monthly Progress Report (Exhibit C-14) provides an "Other (Specify Relationship)" line which can be used for guardians.

40. Exhibit C-14...MCPC Service Plan – Monthly Progress Report...Will the narrative boxes for sections II through V (page 200) expand/adjust to the narrative length? Likewise will narrative lines in section VI (page 201) expand/adjust to the narrative length?

Answer: Yes, the narrative boxes adjust to the length of the text entered.

41. Exhibit C-14...MCPC Service Plan – Monthly Progress ReportCan this Service Plan/ Progress Report be customized and or adjusted by cutting out the service sections that do not apply for the client in order to shorten the length of the document? Otherwise the document will be at the very minimum 7 pages in length with all services listed that do not apply to the client. Some clients have very simple service plans with only the mandated home visits and maybe one supplemental. With the addition of the Confidentiality form (C-13) you have an additional 3 pages making the document at minimum 10 pages. Would the County please consider the

option/flexibility of customizing/adjusting the service plan to have only those services needed for the client?

Answer: The MCPC Service Plan – Monthly Progress Report (Exhibit C-14) represents a consolidation of four forms currently in use, and replaces those forms. This consolidation was intended to reduce duplication inherent in completing multiple forms. Those service sections that do not apply to an individual service plan should be marked “not applicable” rather than deleting sections of the form.

42. Exhibit C-14...MCPC Service Plan – Monthly Progress ReportSection VII Core and Supplemental Services.....Can the service item be duplicated for each family member receiving that service? For example...”Counseling” is normally a service provided to an individual family member and more than one family member may receive this service.....therefore this service line has to be copied and pasted (multiplied) in order to give an update for each family member receiving the services. The same would hold true for; drug testing; psychotherapy; substance abuse tx; SARM, etc. The same applies for Section VIII Linkage Services.

Answer: Yes, the service item can be duplicated to reflect the services being provided to each family member.

43. Exhibit C-14...MCPC Service Plan – Monthly Progress ReportSection VII..”Level of Participation Codes”....Would the county please provide a key defining the parameters of “adequate participation”, Marginal Participation; Inadequate Participation and No Participation? Also these codes are not presented in strength based language? Do the codes reflect family strengths as the county’s new goals are now focused on family strengths?

Answer: The following are intended as guidelines for completion of Exhibit C-14:

Adequate Participation: Families or individuals have attended and actively participated in service.

Marginal Participation: Families or individuals have attended but not actively participated in service or have not consistently attended but actively participated when attending.

Inadequate Participation: Families or individuals have not attended on a consistent basis or did not actively participate when attending.

No participation: Families or individuals have not attended service offered. The service was made available to the family/individual.

44. Exhibit C-14...MCPC Service Plan – Monthly Progress ReportPlease clarify, define and give parameters to “psychotherapy” services? “psychotherapy is not found in the definitions section for A&I, will it be added?

Answer: This line was included in error and has been removed. Assessment and Intervention does not include Psychotherapy.

45. Exhibit C-16...MCPC Service Plan Addendum...Signature line and title for CSW is missing.
- Answer: The MCPC Service Plan Addendum (Exhibit C-16) does not require a CSW's signature as the form may be completed by the agency following a teleconference. The "Confirmation with CSW/DPO" line is to be completed by the agency. The IHOC and Clinical Director are the only parties required to sign and date an addendum.
46. Exhibit C-16...MCPC Service Plan Addendum...Can the county please add a "Guardian" signature line as many cases are opened in the maternal parent's name but children may be under the care of a father, relative, etc?
- Answer: The IHOC and Clinical Director are the only parties who are intended to sign and date the MCPC Service Plan Addendum (Exhibit C-16).
47. Exhibit C-17...Progress Notes...Can the county please add a "Guardian" signature line as many cases are opened in the maternal parent's name but children may be under the care of a father, relative, etc?
- Answer: Progress Notes are not designed to be signed by the parent/guardian/caregiver. Names of additional parties beyond those specifically listed in section I can be documented on one of the two "other" lines included in that section.
48. Exhibit C-17...Progress Notes....Section I... Columns titled Excused FP-13 and Unexcused FP-14 are the old code numbers.....C-20 is the new code number which has consolidated the FP-13 & FP-14 forms. Will the county be revising this form to reflect the revised excused/unexcused absence form code number?
- Answer: Yes, this section of the form will be revised as requested.
49. Exhibit C-17...Progress Notes....This progress note has two signature lines, one for the service provider and one for the clinical supervisor however it is standard procedure to have the signature of the service provider only (DMH, private practice, etc.). This will create a non-standard protocol that will be time intensive beyond the standards of practice. Please Note: A clinical Supervisor signature is already required for the MCPC, the Monthly Report, addendums, absences and clinical supervision notes. Will the county please remove this signature line from the progress note?
- Answer: Exhibit C-17 has a signature block for the Clinical Supervisor to ensure that Clinical Supervision is taking place.
50. Exhibit C-18...Supplemental Service Progress Note...This form is missing case identification information; Case Name, Guardian Name, Case #, Service Provider, Date of Service and Type of Service (ex: SARM, Parenting, T&D, Supplemental IHOC, etc.), will the county be revising this form?

Answer: Yes, the header area of this form which contains this information was inadvertently omitted from the version of the form included in the RFP. The form will be revised so as to include the header containing the case identification information.

51. Exhibit C-18...Supplemental Service Progress Note ...Columns titled Excused FP-13 and Unexcused FP-14 are the old code numbers.....C-20 is the new code number which has consolidated the FP-13 & FP-14 forms. Will the county be revising this form to reflect the revised excused/unexcused absence form code number?

Answer: Yes, the form will be revised to reflect C-20.

52. Exhibit C-19...Counseling Notes....Please clarify "office site"? please clarify service location?

Answer: Office Site refers to the office a case is assigned. Currently there are 18 offices to which a case can be assigned. The Service Location indicates where the service took place.

53. Exhibit C-19...Counseling Notes.... This Counseling Note has two signature lines, one for the service provider and one for the clinical supervisor however it is standard procedure to have the signature of the service provider only (DMH, private practice, etc.). This will create a non-standard protocol that will be time intensive beyond the standards of practice. Please Note: A clinical Supervisor signature is already required for the MCPC, the Monthly Report, addendums , absences and clinical supervision notes. Will the county please remove this signature line from the progress note?

Answer: If the counselor is licensed a clinical supervisor no additional signature will be required.

54. Exhibit C-19...Counseling Notes.... Can the county please add a "Guardian" signature line as many cases are opened in the maternal parent's name but children may be under the care of a father, relative, etc?

Answer: Cases within DCFS are referred to by the mother in most instances. The case names under the Family Preservation system follows the case name protocols within DCFS.

55. Exhibit C-20....Unexcused/Excused Absence Alert Form...This form is missing the number of unexcused absences; example...1st and 2nd after which a case can be closed. Will the county revised this form to allow for the designated number of absences for the case?

Answer: Each time there is an excused or unexcused absence the Contractor will be required to complete the C-20.

56. Exhibit C-23...FP Auxiliary Fund Authorization....This form is missing the Lead Agency signatures (IHOC and/or Program Director). Will the county revise the form for the missing signatures?

Answer: The FP Auxiliary Fund Authorization form (Exhibit C-23) does not require lead agency signatures. It is a DCFS internal control document generated after documentation requesting Auxiliary Funds has been received by DCFS.

57. Exhibit C-25...Expense Claim for Lead Agency....Please define "FP Program Administrator"? Is this a new title? Or is there a revised title?

Answer: The FP Auxiliary Fund Authorization form (Exhibit C-23) does not require lead agency signatures. It is a DCFS internal control document generated after documentation requesting Auxiliary Funds has been received by DCFS.

58. Exhibit C-30...Missing from exhibit...DMH Monthly Referral Report.

Answer: Please refer to page 232 of the RFP for the DMH Monthly Referral Report (Exhibit C-30).

59. Exhibit C-31...Missing from exhibit...Monthly referral report for FP lead agency.

Answer: Please refer to pages 233-234 of the RFP for the Monthly referral report for FP lead agency (Exhibit C-31).

60. Exhibit C-32...Missing from exhibit...Transportation Log

Answer: Please refer to page 235 of the RFP for the Transportation Log (Exhibit C-32).

61. According to question #25 on page 204 of the Attachment for Questions and Answers, we just want to confirm that for the Assessment and Intervention contract, Pomona and El Monte will be separate regions, correct? So if we wanted to apply for a contract in both, we would have to submit two separate proposals, correct?

Answer: Yes, to apply to provide services to both El Monte and Pomona two separate proposals will need to be submitted.

62. **Item – Office Hours (Addendum Two Q and A pg 135):** The office hours for AI is still unclear, It appears that for AI, the agency needs to be open twenty-four (24) hours. It states that FP services are available 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 (M-F) for the Contractor's Project Director
9 hours per day
to
Weeknight's from 5:00 pm to 9:00 am (M-F) for AI staff
16 hours daily X 5 dpw = 80 hrs weekly

(There is virtually no client activity between these hours,
our client activities usually stop around 6:00 pm to 7:00 pm)
and
24 hours on Saturday and Sunday
48 hours weekly
=
128 non-traditional office hours per week

To provide the above hours an agency would have to pay approximately \$10,240 per month for non-billable staff hours: 128 hours X \$20 per hour = \$2,560 per week X 4 wks = \$10,240 monthly for basically non-billable hours. How can a small agency afford to expend that amount of money to have an office open without virtually no activity (billable or non-billable).

What are the operation hours for AI are they:

- Traditional 8:00 am - 5:00 pm (M-F)
 - Non-Traditional 5:00 pm - 8:00 pm (M-F) and 9:00 am to 1:00 pm (Sat or Sun)
- OR
- Traditional 8:00 am - 5:00 pm (M-F)
 - 5:00 pm - 9:00 am Weeknights (M-F)
 - 24 hours Saturday and Sunday

Answer: Contractor service delivery sites shall be open and fully operational during traditional business hours (Monday through Friday, 8:00 am - 5:00 pm). In addition, Assessment and Intervention services shall be available 24 hours per day, seven days per week to provide contracted services.

63. For the Non-Traditional hours does the office have to be manned or can staff be on-call? In general the majority of our clients are seen between the hours of 9:00 am and 6:00 pm (M-F) and on occasion a couple of hours on Saturday.

Answer: The office does not have to be open during non-traditional hours but staff must be available to provide contracted services as specified in the SOW.

64. **Item – Case Management (Addendum Two Q and A page 202-203):** Is there a billable component for Case Management services, this has been an issue with our IHOC's for years, according to the IHOC there are many time consuming services provided outside of the MCPC, Case Plan and IHOC visits, some of these services may include Progress Reports and other needed correspondence; Contacting DCFS Staff, DPO's, Court Officials etc.; Scheduling various appointments such as Mental Health, Drug Counselor's and Dr.'s; and Advocacy Services etc.

Answer: These activities are not separately billable, as they are considered part of the base rate.

65. **Paraprofessional and Professional Staff (Addendum One page 18)** - is it correct that there is no difference between the two.

Answer: Professional staff must have at least one year of related experience in addition to the qualifications required of paraprofessional staff.

66. **Item – Children over 10 years of age must attend MCPC’s (Addendum Two Q and A page 53):** In many instances our agency had to perform MCPC’s during the times that children are in school because CSW’s in general do not want to perform MCPC’s after 3:00 especially anytime after 5:00 pm. Can the agency perform the MCPC during the day and discuss the MCPC plan with the children during their IHOC visit.

Answer: Yes, in consultation with the Clinical Supervisor it may be determined that it is not best practice for child(ren) to be present during a particular MCPC meeting in part due to availability. This determination would need to be documented on Exhibit C-14 – MCPC Service Plan/Monthly Progress Report. At the next IHOC session, the IHOC would review the MCPC plan and the Children’s Bill of Rights as appropriate with the child(ren) and have the child(ren) sign the required form (Exhibit C-13)

67. In many instance especially with IFP services an IHOC with a full caseload may have to perform some IHOC visits when children are in school, in these instances are the children considered absent, if the IHOC has already met with them during the week. AND if yes:

- Can the absence be an excused absence?
- Do you have to perform a Child Follow-Up Visit?
- Can a Case Aide perform the Child Follow-Up Visit?

Answer: The intention of IFP is to ensure that all family members’ needs are being addressed. In part, this is met by the high frequency of visits as outlined in the IFP description. IFP services can be reviewed prior to a regular MCPC to determine if the service remains appropriate.

If any case plan participant is absent during an IHOC session it is considered an absence. This absence may be either excused or unexcused. As outlined in section 7.2.17, an absence is considered Excused when the CONTRACTOR has been notified 24 hours or more, in advance of a scheduled visit. In addition, a Contractor may consider an absence excused if given less than 24 hours notice if the absence is due to documented unforeseeable circumstances.

As in the current contract, in instances where a child does not have an excused absence for an IHOC visit, a Child Follow-Up visit is required.

As in our current contract, IHOC visits must be conducted by qualified personnel. A Case Aide would not meet the minimum requirement for an In-Home Outreach Counselor.

68. Any client with a school age child would need to have their IHOC visits after 3:00 pm when children are out of school, if an IHOC has 12 cases how can they possibly perform their required and supplemental visits on a daily basis?

Answer: IFP services can be reviewed after being in place for one week to determine if the service remains appropriate. Please note the language below which has been modified in the SOW:

NOTE: 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 a 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.

The provision of IFP services will be contingent on the availability of CONTRACTOR's resources to provide this service and is NOT a mandatory requirement. The determination as to whether a CONTRACTOR has resources available to provide IFP services will be made on a case by case basis by the COUNTY designee. Once CONTRACTOR has accepted an IFP referral, CONTRACTOR is then required to adhere to ALL IFP service requirements as outlined in Exhibit C.

69. AI for IFP services - can an IHOC and T and D service be performed on the same day, if provided by different people? It is going to be very difficult to provide services five days a week with multiple families, because it is also stated that the IFP services be provided during the evening hours.

Answer: The intention of IFP is to ensure that all families are visited on a frequent basis. However, in the circumstance where a visit has been missed, an IHOC or T&D visit may occur on the same day.

70. Emergency Housing RFP page 147 – Can any agency provide this services or does there need to be a special stipulation in your contract, and does it require pre-approval from the County before the service can be provided?

Answer: No special stipulation is required. CONTRACTORS can pay for up to four days of emergency housing without pre-approval and will be reimbursed. Any emergency housing expenditure exceeding four days must be pre-approved by the COUNTY Program Manager.

71. **Clarification:** For AI it is not a requirement to have a collaboration.

Answer: We are unable to answer as the question is unclear.

72. Under A&I (Exhibit C of the RFP) with regard to section 6.0 on page 127, can you clarify that a contractor must be able to accept referrals from BOTH the Command Post (ERCP) after hours, and the Regional Center during regular hours. In other words, a contractor can't choose to do one or the other?

Answer: Proposers should indicate within their proposals whether or not they intend to accept ERCP Assessment referrals, as acceptance of these referrals is not mandatory. If proposers do intend to accept ERCP referrals for Assessments, they should indicate within which geographic area(s) they intend to provide such services.

Acceptance of Assessment referrals from Regional offices is mandatory.

(Please note: The above clarifications have been added to the RFP.)

73. Also under A&I section 6.0 on page 127, although this section relates to Family Preservation Assessment Services, specific intervention services like IHOC, T&D, etc, are discussed. Can you confirm that these services are indeed under the Intervention component, delivered only AFTER an assessment has determined that services are required?

Answer: The additional service components listed are available to ERCP and are designed to meet urgent and emergent after-hours needs that must be responded to at times when the normal array of departmental and Community resources/services are not likely to be available.

74. Re: Required Form 4-C, the A&I price sheet on pages 43-45 of Addendum 2, is this for A&I service numbers, historically (i.e., for many years)? If so, how can we get a sense of the current average number of services provided in each region for a single year?

Answer: The Assessment and Intervention price sheet is reflective of number of units/families served from July 1, 2010 through June 30, 2011.

75. 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?

Recommendation: The FP provider should be allowed more than 72 hours to deliver Supplemental Services when documented reasonable logistical challenges arise.

Answer: Yes, the language in section 7.2.19.2 has been modified as follows (modifications underlined):

CONTRACTOR shall ensure all Supplemental Services are 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 services are delivered within 72 hours or less after the services have been deemed necessary for IFP cases. CONTRACTOR must use the appropriate forms identified in the Exhibits attached to this Contract, exactly in the format they appear.

76. Is the requirement also being modified to include MSW Registered Interns (who also by definition have been awarded Masters degrees) in addition to MFT Registered Interns?

Recommendation: Revise the language to include MSW Registered Interns, who by definition have also been awarded Masters degrees.

Answer: Yes, the language contained in Section 7.2.19.3, 3. allows Counseling, Master and Doctoral level registered Interns under Clinical Supervision of a LCSW, LMFT, or licensed Psychologist to provide counseling.

77. Is DCFS willing to collaborate 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 DCFS' involvement with the Performance Measures Task Groups for out-of-home care providers)?

Recommendation: DCFS should collaborate with FP providers on an ongoing basis following the first year of implementation 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: Yes, DCFS will collaborate with FP providers on an ongoing basis following the first year of implementation to review and discuss FP performance outcomes data and determine whether any outcome indicators or performance targets should be modified

78. Will there be an increase in the agency's EPSDT contract to provide the therapeutic services required in the SOW?

Answer: The Department of Children and Family Services has an existing Memorandum of Understanding (MOU) with the Department of Mental Health (DMH) for the provision of mental health services and DCFS will not be re-negotiating the MOU with DMH for the services associated with this RFP at this time.

79. ASSESSMENT AND INTERVENTION – SERVICE DELIVERY: Part D, SOW for Assessment and Intervention, Exhibit C, Page 128, 6.1.5: Arrive at parent/caregiver home within 1 hour – Is this one hour or is it one hour minus the 20 minutes taken to assign the case? This seems very restrictive given traffic conditions and the time it may take for staff to finish whatever other client tasks they have going on at the time.

Answer: Per section 6.1.5, the assessor must arrive at the home within one hour of receipt of referral by the CONTRACTOR unless otherwise specified by the County Designee at the Emergency Response Command Post (ERCP).

It should be noted that this section pertains only to Assessments requested by ERCP, which are extremely time-sensitive. Traffic conditions are generally lighter during the hours that ERCP operates (nights, weekends, and County Holidays), however if the CONTRACTOR determines that their agency will be unable to meet the above requirement ERCP should be contacted for approval of arrival times exceeding one hour.

80. A and I Section 6.0: Will all A and I providers have to do ERCP UFAs?

Answer: No. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment Services.

81. ERCP response is highly time-sensitive, with 1 hour verbal response, 2 hour written summaries and full reports in 24 hours. How can a community agency respond within these timeframes without on-call professional staff carrying fax machines on their person 24 hours, 7 days a week? Is this resource expected to be budgeted for each A and I contractor or can a system be collaboratively developed among A and I coalitions in each office area?

Answer: The Department is researching technology that would ensure the security and confidentiality of documents sent electronically (i.e. – via email). If such technology can be identified and implemented the Department would be in favor of utilizing email rather than fax transmission of confidential information. However, until such technology is in place, fax submission of documents within the specified timeframes remains required.

82. 6.0 FAMILY PRESERVATION (FP) ASSESSMENT SERVICES - 6.1 EMERGENCY RESPONSE REFERRALS – COMMAND POST (ERCP) 6.1.8 (Page 129) Upon completion of the screening interview, the preliminary summary must be provided to the COUNTY designee within two hours. The method for transmission of the preliminary summary shall be via fax. CONTRACTOR shall not e-mail the preliminary summary due to confidentiality guidelines. In the past, SCSW's and CSW's alike approved the use of e-mail for these summary reports. What does the county suggest assessor's do when completing these interviews at various locations in the field (often far from office) when there is no fax immediately available (not all have fax capability at home), and the interview may be completed at early morning hours (e.g. 1:30 a.m.)?

a. Is the 2 hour timeframe realistic in all cases?

Answer: The Department is researching technology that would ensure the security and confidentiality of documents sent electronically (i.e. – via email). If such technology can be identified and implemented the Department would be in favor of utilizing email rather than fax transmission of confidential information. However, until such technology is in place, fax submission of documents within the specified timeframes remains required.

83. 7.1.5 (Page 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, If CONTRACTOR, after assessing the family regards them as inappropriate for ARS, CONTRACTOR shall notify the CSW. If CSW is not available, CONTRACTOR shall contact the SCSW and/or the ARA. When a CSW and CONTRACTOR do not agree regarding the appropriateness of the family for ARS, CONTRACTOR shall utilize and confer with the DCFS Regional Office chain of command. Are CONTRACTORS to be provided a list of the contact “designee” personnel at DCFS that will be handling the direct contacts, as well as a list of the alternative/chain of command personnel that will be responsible for the ARS cases?

- a. It was our understanding that these cases were not considered open DCFS cases, is the status changing?
- b. Will have someone have to monitor progress of the cases?

Answer: A roster of COUNTY designees will be provided, as will DCFS office rosters reflecting the respective chains of command.

- i. no; the status is not changing
- ii. no; the Department's referral/case will not be open.

84. 7.0 FAMILY PRESERVATION (FP) INTERVENTION SERVICES - 7.1 ALTERNATIVE RESPONSE SERVICES (ARS) 7.1.7 (Pages 133 and 134) 7.1.7.1 - 7.1.7.2. In the past when copies of MCPC's were submitted to regional personnel designee's the reported cases were closed. Why are we sending reports to these individual designees?

- a. Will they be prepared to receive the volume of ARS documentation, and possibly make self available for consultation if contractors are having problems with families?

Answer: This is required because it is necessary for the referring party to be advised of the outcome of their referral. Contractors will need to provide a copy of the ARS Monthly Report to the DCFS designee. If instances arise where a referral to the Child Abuse Hotline (CAHL) may be necessary, any party may contact the CAHL at 1-800-540-4000 and request a consultation. Additionally, all staff providing direct services must be under the supervision of the Clinical Supervisor.

85. 7.2.10 intensive family preservation service delivery: 2 T&D per week; 2 supplemental weekly IHOC visits beyond the basic IHOC visits. Target demographics: 0-5 yo w/demonstrated mental health needs. Pg 140. This description is similar to Full Service partnership (FSP) and wraparound. What is the difference?

a. If the child is over 5 yrs w/demonstrated mental health needs, would they qualify for this, too? If not, how are they served?

Answer: Yes, a child over 5 years in age with demonstrated mental health needs would qualify for Intensive Family Preservation if determined appropriate by the team at a child-family team meeting or TDM.

86. A and I Section 4.3.1: Is regular A and I to emphasize 0-5 services? In what form and instances does this take place?

Answer: As children 0-5 years of age are the most vulnerable, there is an emphasis placed upon serving this population. As a result children, 0-5 years are one of the groups that have been identified as being eligible for Intensive Family Preservation services.

87. A and I Section 7.2.10: Extra IHOC visits after an unexcused absence must be at night. Can they be a visit on a consecutive day as part of the base rate?

Answer: As currently written, this would not be permitted, however the Department is revising this language so that such a visit would be permissible when the CONTRACTOR is attempting to make up absences.

88. SOW QUESTIONS "Assessment and Intervention" (pages 121-235) - *Item 7.2.10, pg 140: Intensive Family Services (IFP) 2 Supplemental Visits beyond the Base Rate Visit must take place in the evening.* What is considered evening hours?

Answer: Evening visits are those visits that begin between 5:00p.m. and 10:00 p.m.

89. Emergency Housing, pg 147: - Can any agency provide these services or does there need to be a special stipulation in your contract, or does it require pre-approval from the County before the service can be provided?

Answer: All CONTRACTORS can invoice for these services for up to four consecutive days without preapproval. If any family needs additional time the CONTRACTOR is required to obtain pre-approval from the COUNTY designee.

90. 7.1.9 IN-HOME OUTREACH COUNSELOR (IHOC) SESSIONS - 7.1.9 (Page 135-136) Are we able to use IHOC for ERCP only and regular staff to be assigned if the case is referred separate?

Answer: Section 7.1.9 only refers to ARS only. IHOC services are a mandatory core component of all ARS and FP cases. IHOC services are optional for ERCP Assessments. IHOC services are not a component of Assessments referred by regional offices.

91. 8.7 QUARTERLY AND ANNUAL REPORTS - 8.7.1 (Page 154) What is the purpose of this report? What will these reports be used for?

Answer: In regard to quarterly reports, please see the response to question #44 above. Annual reports will also include information regarding the numbers of families served, as well as the services delivered.

92. 8.7.3 (Page 154) CONTRACTOR shall document their strengthening families' protective factor outcomes in the CONTRACTOR annual report. Is DCFS going to provide the CONTRACTOR with a specific tool/instrument that is going to capture outcomes or shall the CONTRACTOR use its own tool?

Answer: Strengthening Families Protective Factors framework is not a program but an approach that focuses on building protective factors that promote healthy development for children, better outcomes for families and reduce the likelihood of child abuse and neglect. 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.

93. 6.1.4 "Contractor shall utilize a pre-approved DCFS screening tool" What specific screening tool are they referring to"

Answer: Currently, the BSAP is used for this purpose; however another tool may be selected in the future. If that were to occur CONTRACTORS will be provided training in the use of the new tool.

94. Section 6.0 Family Preservation FP Assessment Services. Are ERCP (Command Post) & ER (Regional) assessments mandated services required by a contractor or can it be one or the other?

Answer: Provision of ERCP Assessments is not mandatory. CONTRACTORS can elect to conduct assessments referred by ERCP.

95. Section 3.10, paragraph 8, page 125: "Contractor shall request approval from the CPM in writing of any change(s) in Contractor's key personnel at least 3 business days before proposed changes..."

- a. Can the County define "Key Personnel"?
- b. Can the County commit to an approval response time when approving key personnel?

- c. Is the “3 business days before proposed changes” timeframe realistic when it takes weeks to run background checks on new employees?
- d. Can this be changed to 3 weeks before proposed changes and can the County respond to the Contractor within this same time frame?

Answer: a) Key personnel are the Executive Director, Contract Program Director, and Clinical Supervisor.

b) The CPM will prioritize requests for approval of changes in key personnel and will process them as quickly as possible.

c) As stated in Part A: General Information and Requirements Section 21, prior to hiring “CONTRACTOR shall ensure that criminal clearances with subsequent arrest notification and background checks have been conducted for all CONTRACTOR’s staff and volunteers as well as all Subcontractors’ staff, prior to beginning and continuing work under any resulting Contract (see section 8.17, Criminal Clearances, of Sample Contract).”

d) CONTRACTORS can submit the required request for approval earlier than required. The CPM will prioritize requests for approval of changes in key personnel and will process them as quickly as possible.

96. Section 6.2.2, paragraph, page 130: “Contractor shall ensure that referrals are assigned within one hour of receipt...”

- a. In situations where the Contractor has a smaller contract, thus fewer staff, is the Contractor expected to call the staff while they are in the field providing services, thus disrupting service delivery, to ensure adherence to the “one hour” expectation?
- b. Can the County reconsider this time frame and allow for a 4 hour assignment and time response? Section 6.0 Paragraph .0 Page 127 ...”FP assessment Services are provided to two populations?
- c. Will ERCP FP Assessment Services be contracted with designated agencies or will all agencies be providing this service?

Answer: a) The Contractor is expected to have staff available to be assigned to fulfill section 6.2.5 “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...”

b) The Contractor’s Designee must contact the County designee within the same hour of receipt to confirm receipt and assignment of the referral.

FP Assessment Services are provided to two separate categories of

Emergency Response Referrals: Emergency Response Referrals – Command Post (ERCP) and Emergency Response Referrals – Regional Offices.

c) No. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment Services. Provision of ERCP Assessments is not mandatory. CONTRACTORS can elect to conduct assessments referred by ERCP.

No. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment Services.

Provision of ERCP Assessments is not mandatory. CONTRACTORS can elect to conduct assessments referred by ERCP.

97. Section 7.1 Paragraph 7.1.2 Page 132, “The CPD shall discuss case specifics and a preliminary plan with the county designee.” Can the County please explain why a Contract Program Director has to discuss the case specifics and preliminary plans versus the assigned IHOC service provider to the case?

Answer: The CPD plays a vital role in ensuring that the agency has the capacity to service each new case referred. It is intended that the discussion between the CBL and the CPD take place upon receipt of the case, which would be prior to the assignment of an IHOC.

Also, 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.

98. Section 7.2 Paragraph 7.2.6 page 138) same. See below. - 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 define scope and parameters for the allowance to invoice in excess of the base rate?

- a. Please appear to be two separate billable services during one visit? Section 7.1 Paragraph 7.1.8.3 Page 134

b. Please define the scope and parameters of the protocols to CSAT?

Answer: a) 7.1.8.3 discusses the MCPC meeting, which is included in the base rate and not separately billable.

Contractor invoicing for supplemental IHOC visits in excess of the base rate are allowable in special and unique circumstances, such as a family crisis. For instance, in the event of the death of a family member, accident or other trauma that occurs in the family prior to, or during, a base rate IHOC visit requiring additional intervention by the IHOC to stabilize the family and ensure child safety.

CSAT Protocols:

Track 1: New WIC 300 Detentions.

Track 2: Newly opened cases that have already been accepted by a DCFS Family Preservation Lead Agency, or newly opened cases that are referred and awaiting services for Family Preservation.

Track 3: Active Family Preservation Program cases in which there is a positive CIMH/MHST [California Institute of Mental Health/Mental Health Screening Tool] and no current history of mental health services within the last 60 days.

Referral Process from DCFS to DMH: Track 1 cases are referred to the Multidisciplinary Assessment Team [MAT] Coordinator, then to the MAT Provider and CSAT team, including Co-located DMH staff, Wraparound, Education Liaisons, Public Health Nurses, Family Preservation, Permanency 3, and/or Regional Center Services. For both Track 2 and 3, cases will be referred through the Service Linkage Specialist in the regional DCFS office to the DMH Specialized Foster Care unit for tracking and service activity. A complete referral packet must accompany the DCFS 174, Family Centered Conference Referral Form, and CIMH/MHST. The FP box on the DCFS 174 form should be checked, if known. These referrals are entered into the DMH referral tracking system based upon the DMH acceptance date.

The complete packet will be forwarded to the DMH Family Preservation Specialist who will screen, consult and triage information regarding the history of treatment, current mental health episodes, contact the lead agency, if known, consult with Specialized Foster Care staff, attend a TDM or MCPC and provide the most appropriate linkage plan, e.g., is Family Preservation the most appropriate service for the child, or are the mental health problems more complex, chronic and severe, requiring Wraparound Services, Full Service Partnership or more intensive services.

If current mental health issues are urgent, the DMH FP Specialist will have support and back-up from the Specialized Foster Care Unit to

provide face to face assessment, crisis intervention or brief treatment, as necessary.

Once the case has been linked and accepted by a DMH FP Provider, or other Mental Health Provider and the child is deemed to have met “medical necessity” criteria, the date of the open episode will be the Episode Start Date.

99. Section 7.1 Paragraph 7.1.9 Page 136 “the IHOC conducts psychosocial assessments, develops comprehensive treatment plans”. Is there a standardized psychosocial assessment tool that will be provided and what is it?

Answer: **Strengthening Families Protective Factors framework is not a program but an approach that focuses on building protective factors that promote healthy development for children, better outcomes for families and reduce the likelihood of child abuse and neglect. 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.**

100. Section 7.1 Paragraph 7.1.9 Page 136 “the IHOC conducts psychosocial assessments, develops comprehensive treatment plans”. What service items will require comprehensive treatment plans and what guidelines will be provided?

Answer: **Initial treatment plans are developed at Multidisciplinary Case Planning Committee (MCPC) meetings. These plans are case-specific and individually tailored to address a family’s needs, which may include Supplemental Services (as defined in 7.2.19) and/or linkage services as outlined in Attachment P. All service items must be included in the families treatment plan.**

101. Section 7.1 Paragraph 7.1.9.1 Page 136 “Any additional IHOC sessions that are necessary. “ Please define the scope and parameters of additional IHOC sessions versus.

Answer: **The need for additional IHOC sessions are determined on a case by case basis at the MCPC meeting.**

102. Section 7.2, Paragraph 7.2, page 136 “ensures child safety while strengthening and preserving families”. Please clarify if the county will require agencies to purchase and use the “Strengthening Families Program”?

- a. How will the cost of the program be covered?
- b. How will this service be billed?
- c. How will the data collection cost be covered? How will data entry services be billed?

Answer: Strengthening Families Protective Factors framework is not a program but an approach that focuses on building protective factors that promote healthy development for children, better outcomes for families and reduce the likelihood of child abuse and neglect. 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.

103. Section 7.2 Paragraph 7.2.18.5 page 144. "If the required number of IHOC sessions is not provided during the month due to an unexcused absence(s) contractor shall reduce payment for each unexcused visit missed". Please explain the rationale of the reduction in pay? Labor laws require the Contractor to pay staff for their time worked and going to the client's home that may or may result in an unexcused absence is paid staff time.

Answer: Section 7.2.18.5 has been stricken in its entirety. CONTRACTORS will not be required to reduce payment for these absences.

104. Section 7.2 Paragraph 7.2.19 #2 Counseling Page 146. "The IHOC shall not provide counseling to MCPC Service plan participants assigned to their caseload". Based on the definition of "counseling" and "counselor" (pages 759 & 760), the IHOC's qualifications (page 762) are higher than that for counseling services and would therefore be qualified to provide this service. How and why is the county determining that an IHOC not provide this service both in considerations of the IHOC's qualifications and in light of meeting a family's needs (emergency, immediate or ongoing.)?

Answer: The roles of IHOCs and Counselors are distinct. If an IHOC meets the stated minimum qualifications for a Counselor, he or she may provide counseling services to families not on their IHOC caseload. A Counselor must be either in LMFT, LCSW, or Registered Intern, all of whom are prohibited by their licensing bodies from developing dual relationships with clients.

IHOCs are able to provide Supplemental IHOC sessions to families on their caseloads when necessary to meet a family's emergency, immediate and/or ongoing needs. In-Home Outreach Counseling which is a distinct service from Counseling.

105. Section 8.0 Paragraph 8.1.3 Page 150. "Contractor shall include in the monthly service report, copies of any Corrective Action Plans (CAP) issued during the prior month" Corrective Action Plans has normally been provided annual after receiving a technical review report, is the County making and providing outcome reports of technical reviews on a monthly basis?

- a. How will this be implemented?
- b. Who will oversee it?

Answer: Outcome reports of technical reviews will not be provided on a monthly basis as technical reviews will be conducted quarterly.

a. The Contractor should communicate with CSW/DPO if CAP is required to comply with any changes to internal processes, policies or procedures determined by the Departments.

b. The assigned CSW/DPO will oversee the Monthly Progress Reports for FP/Probation cases. The County Regional designee (CBL) shall oversee the Monthly Progress Reports for ARS cases.

106. Section 8.6 Paragraph 8.6.1.1 Page 153. "Verification of County of Los Angeles residency". Please specify what will be considered and acceptable as a verification of residency?

a. Please clarify residency as in housing or residency as in immigration status?

Answer: The adult caregiver must provide verification of Los Angeles County residency. This can include a copy of any paperwork (i.e. bills, school reports) or identification card which has the families address printed, as well as a form created by the agency in which the family indicates that they are Los Angeles County residents.

107. Section 8.6 Paragraph 8.6.1.3 Page 153. "The Family Functioning Assessment shall include an Assessment of the Strengthening Families: A Protective Factors Framework". Please clarify if the county will require agencies to purchase and use the "Strengthening Families Program"?

a. How will the cost of the program be covered?

b. How will this service be billed?

c. How will the data collection cost be covered?

d. How will data entry services be billed? How will the evidence based consultation fees be covered?

Answer: Strengthening Families Protective Factors framework is not a program but an approach that focuses on building protective factors that promote healthy development for children, better outcomes for families and reduce the likelihood of child abuse and neglect. 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.

108. Outcomes for A and I provide a clear disincentive to referring at risk families back to the Department. Since most of these outcomes reflect the actions and performance of the regional office, in partnership with the "Contractor," how can the community be held accountable for DCFS regional decisions and performance?

- a. Does DCFS consider the regional offices to be an integral component or partner in each of their communities?

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.

109. 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?

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. Currently, the BSAP is used for this purpose; however another tool may be selected in the future. If that were to occur CONTRACTORS will be provided training in the use of the new tool.

110. A and I Section 6.0: Will all A and I providers have to do ERCP UFAs? 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: No. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment Services.

111. A and I Section 6.1.5: Is the 1 hour arrival at an 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. 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.

112. ERCP response is highly time-sensitive, with 1 hour verbal response, 2 hour written summaries and full reports in 24 hours. How can a community agency respond within these timeframes without on-call professional staff carrying fax machines on their person 24 hours, 7 days a week? Is this resource expected to be budgeted for each A and I contractor or can a system be collaboratively developed among A and I coalitions in each office area?

Answer: No. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment Services.

The Department is researching technology that would ensure the security and confidentiality of documents sent electronically (i.e. – via email). If such technology can be identified and implemented the Department would be in favor of utilizing email rather than fax transmission of confidential information. However, until such technology is in place, fax submission of documents within the specified timeframes remains required. In addition, per Addendum Number One, subcontracting is allowed.

113. The Assessment and Intervention Statement of Work, Section 6.0, Family Preservation (FP) Assessment Services pages 127 – 131, describes referrals to two populations: 1). Emergency Response Referrals – Command Post (ERCP) and 2). Emergency Response Referrals – Regional Offices. Are agencies applying for Assessment and Intervention Services required to provide Assessment Services for both populations?

Answer: No. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment Services.

114. Will providers need to provide services directly for all components addressed in the Assessment and Intervention Statement of Work, Section 6.0, Family Preservation (FP) Assessment Services pages 127–131? For instance, will providers provide the ERCP services directly or may these be subcontracted?

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

115. **Section 11.0/ Page 159-162.** Is it correct to infer that the County will evaluate the success/failure of an Assessment and Intervention program solely as it relates to client/family re-referrals?

a. If not, what other outcomes will be assessed to measure performance?

- b. If yes, what role does the County play in a family's outcomes as a partner with the Contractor?

Answer: a. While the Department measures the DCFS outcomes largely related to the re-referrals, other performance indicators are also being measured for DCFS outcomes with Assessment Screening Services as well as Intervention Services. Refer to Page 160-162, Sections D and E for the list of Performance Outcome Measures.
b. The purpose of measuring these outcomes is to establish baseline data rather than to judge success or failure of a specific program.

116. **Section 6.1/page 127- "Contractor shall be available to receive referrals..."** - Are ERCP assessments optional? If so this would differ from current practice.

Answer: Yes. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment. This is not a change from current practice.

117. In the description of ERCP UFAs (pgs 127-129, 6.1- 6.1.11), the time frames seem extremely constrictive and unobtainable given the crisis nature of these situations. Can DCFS review and reconsider the prescriptive nature of the time allotted for each action?

Answer: The time frames listed in the RFP are consistent with the current contract. Due to the emergent nature of ERCP referrals and the assessment of the families, a shorter response time after hours and on weekends is needed by the Department. Agencies in turn have been compensated at a higher rate for these services under the current contract.

118. Page 141 (7.2.10) states that IFP Base rate services and Supplemental Services shall not be performed consecutively on the same day. These are high risk families who will be involved in many services. Often our families miss appointments and we must re-schedule. How are agencies to stay in compliance with a minimum of five (5) visits per week conducted on different days? Will it be sufficient to document the schedule change and conduct T&D and IHOC visits on the same day?

Answer: If a family misses an appointment it may be made up on the next day, however for IFP cases, IHOC and T&D visits are not supposed to occur on the same day.

While all children 0-5 meet eligibility criteria for IFP, the decision as to whether or not to provide IFP services is to be made on a case by case basis at the initial TDM/ Child-Family Meeting.

- a. If after attending a TDM where it was decided that the family

requires IFP services, and the CONTRACTOR determines that their agency does not have capacity to provide such services, the CONTRACTOR is to inform the Community Based Liaison (CBL) of the need to reassign the case to another CONTRACTOR.

The provision of IFP services will be contingent on the availability of CONTRACTORs resources to provide this service and is NOT a mandatory requirement. However, once CONTRACTOR has accepted an IFP referral, CONTRACTOR is then required to adhere to ALL IFP service requirements as outlined in Exhibit C.

119. On page 140 (7.2.10) it indicates that two supplemental IHOC visits must be provided for IFP families in the evening? Shouldn't visits be based on the family's needs, whether that be day or evening?

Answer: If the family is available in the evening, visiting in the evenings is preferred. However, if all of the case plan participants (including children) are present during the day, the IHOC visits can be provided during daytime hours.

While all children 0-5 meet eligibility criteria for IFP, the decision as to whether or not to provide IFP services is to be made on a case by case basis at the initial TDM/ Child-Family Meeting.

- a. If after attending a TDM where it was decided that the family requires IFP services, and the CONTRACTOR determines that their agency does not have capacity to provide such services, the CONTRACTOR is to inform the Community Based Liaison (CBL) of the need to reassign the case to another CONTRACTOR.

The provision of IFP services will be contingent on the availability of CONTRACTORs resources to provide this service and is NOT a mandatory requirement. The determination as to whether a Contractor has resources available to provide IFP services will be made on a case by case basis by the COUNTY designee. Once CONTRACTOR has accepted an IFP referral, CONTRACTOR is then required to adhere to ALL IFP service requirements as outlined in Exhibit C.

120. The delineation of service populations in this modality is very confusing. Can you provide a chart or some visual that delineates the referral source and specific services to be provided to each population?

- b. Alternative Response Services (ARS)
- c. FP Intervention: Open DCFS/Probation FP Cases

Answer: Please see the Service Delivery Continuum flow chart on page 4 of

the RFP.

- i. Section 7.1 - ARS is families that have an inconclusive or substantiated, low-to-moderate risk child abuse or neglect allegation (**closed referrals**) that are in need of support services. ARS cases are only referred by DCFS.
- ii. Section 7.2 – Families with substantiated referrals; families receiving family reunification (FR) services; families receiving family maintenance (FM) services; and families with Juvenile Probation Involvement.

121. On page 127 – 131 it describes emergency response referrals from Command Post and those from the Regional Office. **Why is the response time of 20 minutes on 6.1.2 different than the time of one hour in 6.2.2, the time of one hour in 6.1.7, different than the time of 4 hours in 6.2.6, and the time of 24 hours in 6.1.9 different than the one in 6.2.7 of 72 hours (three business days)? Is the four hours a straight 4 hours? Is the 24 hours, one business day or a straight 24 hours?**

Answer: We will be amending 6.1.2 section to state the following:

“CONTRACTOR shall ensure that ERCP is contacted upon CONTRACTOR’S receipt of a referral. Such contact shall occur no later than one hour following the receipt of the referral.”

The report is to be made within one hour, due to the urgent nature of ERCP referrals.

Following an assessment, the assessor is required to provide a verbal summary to the assigned CSW within four hours. The written assessment report is to be submitted to ERCP within 24 hours of conducting the assessment. ERCP is a 24 hour a day and 7 day a week operation.

122. On page 128, 6.1.7 it talks about completing the assessment. **How long do we have to complete the assessment?**

Answer: Section 6.1.7 refers to completing the assessment interview. A predetermined length of time to conduct an interview or assessment has not been set.

123. Section 4.2, 126 - Family Preservation (FP) Intervention Services target low to very high-risk families with inconclusive or substantiated referrals. Will “very high-risk families” be referred to Intensive Family Preservation services only?

Recommendation: Clarify that Family Preservation Intervention Services target low to moderate risk families and Intensive Family Preservation services target very high-risk families.

Answer: **No, there is not a limitation to only “very high risk” families for Intensive Family Preservation Services.**

124. Section 6.0, 127 - FP Assessment Services are those services provided to families who come to the attention of DCFS where there is risk due to identified issues related to mental health, substance abuse and/or domestic violence. Licensed clinicians or registered interns will screen adult family members using a COUNTY approved screening instrument to assess the Parent/Caregiver’s ability to safely care for their child/children. These services are voluntary. Family Assessments and services are offered to families to help identify and address problems before Child Protective Services intervention is required. FP Assessment Services are provided to two populations:

- a. Emergency Response Referrals – Command Post (ERCP)
 - Assessment services
 - Linkage services
 - In-Home Outreach Counseling (IHOC) (3 hours maximum)
 - Teaching & Demonstrating Homemaking (T&D) (3 hours maximum)
 - Team Decision Making Meeting (TDM) (3 hours maximum per TDM)
 - Emergency Auxiliary Goods and Services
- b. Emergency Response Referrals – Regional Offices
 - Assessment services
 - Linkage services
 - Team Decision Making Meeting (TDM) (3 hours maximum per TDM).

Are ERCP assessments optional (which is the current accepted practice) or mandatory? [Mandating ERCP assessments raises fiscal concerns related to employing staff who must be available after hours.]

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.]

Recommendation: 1) DCFS should continue to allow each FP provider to determine whether it is feasible for the provider to accept ERCP referrals. 2) 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.

Answer: Assessments referred by ERCP are optional. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment.

In addition, 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.

125. Section 6.1.5, 128 - CONTRACTOR shall ensure that the clinician or registered intern arrives at the parent(s)/caregiver(s) home/location within one hour of the CONTRACTOR's receipt of the referral form or telephone contact, 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 requirement for the FP assessor to arrive at the home within three hours, particularly when documented reasonable logistical challenges (such as difficulty coordinating with staff after hours or lengthy travel times in larger SPAs) arise? 2) Who is the County designee referenced throughout the Statement of Work (SOW)?

Recommendation: 1) The FP assessor should be allowed up to three hours to arrive at the home, particularly when documented reasonable logistical challenges arise. 2) Clarify who the County designee referenced throughout the SOW is.

Answer: The response timeframe for ERCP referred assessments will remain one hour as specified in section 6.1.5 :

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

2) 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.

126. Section 6.1.8, 129 - Upon completion of the screening interview, the preliminary summary must be provided to the COUNTY designee within two hours.

a. Can the provider fax the preliminary summary to the County designee on the next business day (given that the CSW has been provided a verbal summary of the findings and a fax machine may not available to the assessor after hours)?

b. What should be included in the preliminary summary?

Recommendations: 1) Revise the language, as follows, "If the CSW has been provided a verbal summary of findings by telephone, the preliminary summary can be faxed to the COUNTY designee by the next business day." 2) The preliminary summary should describe the strengths, concerns, and recommendations for the caregiver.

Answer: **If the CSW has been provided a verbal summary of findings by telephone, the provider may fax the preliminary summary to the County designee by the next business day before 12 noon.**

The preliminary summary should provide information on the specific clinical issues identified during the assessment, such as the identified area of concern [mental health, substance abuse, domestic violence]; client level of functioning, indicators or lack of indicators of suicidal/homicidal/grave disability; parental capacity within the context of the limited time spent observing/interviewing the client, with or without the child[ren]'s presence; client willingness to accept services; recommendations for treatment, and other information deemed clinically relevant by the assessor.

127. Section 6.1.10, 129 - CONTRACTOR shall ensure that all services conducted for this family because of an ERCP referral, be assigned to the same agency for continued services by In-Home Outreach Counseling (IHOC) Services, and Teaching and Demonstrating Homemaking Services (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. The maximum billable amount for IHOC or T&D Services is three hours each. Does the "maximum billable amount" apply to each assessment?

Recommendation: Clarify that the maximum billable amount for IHOC and T & D Services is three hours each per assessment.

Answer: **Yes, the maximum billable amount applies to each assessment. The maximum billable amount per assessment is 3 hours of IHOC and 3 hours for IHOC.**

128. Section 6.2.2, 130 - CONTRACTOR shall ensure that referrals are assigned within one hour of receipt, to a licensed clinician or registered intern that is under the supervision of a LCSW or LMFT or Licensed Psychologist to conduct an

assessment. The CONTRACTOR's designee must contact the COUNTY designee within the same hour of receipt of the referral form.

1) Can DCFS retain the current accepted practice of allowing the provider more than one hour to assign a referral and contact the County designee when documented reasonable logistical challenges arise (given that the one-hour timeframe would require a staff person to remain at the fax machine at all times)?

2) Can DCFS notify the provider by telephone before faxing a referral so that the provider is aware of the referral?

Recommendations: 1) DCFS should retain the current accepted practice of allowing the provider more than one hour to assign a referral and contact the County designee when documented reasonable logistical challenges arise (given that the one-hour timeframe would require a staff person to remain at the fax machine at all times)? 2) DCFS should notify the provider by telephone before faxing a referral so that the provider is aware of the referral.

Answer: 1) The response timeframe for ERCP referred assessments will remain one hour as specified in section 6.1.5 :

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

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.

2) ERCP protocol includes contacting the CONTRACTOR prior to faxing a referral.

129. Section 6.2.8, 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. What should the provider do if the CSW and SCSW cannot be reached (so as not to cause delays in linking families to services)?

Recommendation: If the CSW and SCSW cannot be reached, allow the FP agency to comply with this requirement by providing referral(s) to the family.

Answer: If the CSW or SCSW cannot be reached, the CONTRACTOR should proceed with providing the linkage service. In such circumstances efforts made in attempt to contact the CSW and SCSW should be

documented in the case record.

130. Section 7.1.2, 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. Can the FP agency be given the option to provide the name of the Clinical Director rather than the CPD?

Recommendation: Revise the language, as follows, "...provide the name of the CPD or Clinical Director and the IHOC."

Answer: Contractors may give the name of the Clinical Director in addition to the CPD and IHOC, however as the CPD is responsible for the day to day activities outlined in section 3.2 it is important that the this information be provided.

131. Section 7.1.6, 133 - For families determined to be appropriate for services, as indicated in this Section 7.1 - Alternative Response Services, CONTRACTOR shall complete the Family Functioning Assessment Tool, Exhibit C-12, after the service plan (Exhibit C-14) has been developed and prior to case closure. Can providers bill for completion of the Family Functioning Assessment Tool as "assessment" on the invoice for payment?

Recommendation: Confirm that providers can bill for completion of the Family Functioning Assessment Tool as "assessment" on the invoice for payment.

Answer: No, completion of the Family Function Assessment Tool will be part of base rate. In addition, Strengthening Families Protective Factors framework is not a program but an approach that focuses on building protective factors that promote healthy development for children, better outcomes for families and reduce the likelihood of child abuse and neglect. 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.

132. Section 7.1.8.3, 134 - 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. What is the expectation of the FP provider in the event the adult family is ineligible to receive mental health services through DMH (e.g., family member does not meet medical necessity or has Other Health Insurance)?

Recommendation: Clarify the expectation of the FP provider in the event that the adult family member is ineligible to receive mental health services through DMH. If the expectation is for the FP agency to provide mental health services to the adult family member, the Assessment and Intervention SOW should include psychotherapy (provided in all other SCSF programs) in addition to counseling.

Answer: Families may be referred to linkage services (as deemed necessary). For FP Intervention cases, referral to DMH is a linkage service.

133. Section 7.2.2, 137 - 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. Can the FP agency be given the option to provide the name of the Clinical Director rather than the CPD?

Recommendation: Revise the language, as follows, "...provide the name of the CPD or Clinical Director and the IHOC."

Answer: Contractors may give the name of the Clinical Director in addition to the CPD and IHOC, however as the CPD is responsible for the day to day activities outlined in section 3.2 it is important that this information be provided.

134. Section 7.2.7, 138 - For families determined to be appropriate for services, as indicated in this Section 7.2 – FP Intervention: Open DCFS/Probation FP Cases, CONTRACTOR shall complete the Family Functioning Assessment Tool, Exhibit C-12, after the Service Plan has been developed and prior to case closure. Can providers bill for completion of the Family Functioning Assessment Tool as "assessment" on the invoice for payment?

Recommendation: Confirm that the FP providers can bill for completion of the Family Functioning Assessment Tool as "assessment" on the invoice for payment.

Answer: Strengthening Families Protective Factors framework is not a program but an approach that focuses on building protective factors that promote healthy development for children, better outcomes for families and reduce the likelihood of child abuse and neglect. 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.

Completion of the assessment is included in the base rate.

135. Section 7.2.9.3, 140 - The MCPC shall develop the DCFS/Probation MCPC Service Plan Agreement, which shall: 1) determine which family members are to receive service; 2) assess the strengths of the family; 3) outline the services, intervention, and/or items to be provided; 4) incorporate a Safety Plan as developed in the TDM by DCFS and the family; and 5) decide who will provide the services. CONTRACTOR shall also comply with DCFS protocols as found in DCFS policy Coordination Service Action Team (CSAT) at: <http://lacdcfs.org/katieA/csat/>, to identify and address mental health disorders in children. In the event mental health issues are identified in adult family members, CONTRACTOR must complete the necessary forms and/or processes, including Exhibits C-29, C-30, and C-31, to refer the family member to a DMH provider.

1) How can the MCPC Service Plan Agreement incorporate the Safety Plan when FP providers are not consistently provided with Safety Plans?

2) What is the expectation of the FP provider in the event the adult family is ineligible to receive mental health services through DMH (e.g., family member does not meet medical necessity or has Other Health Insurance)?

Recommendations: 1) Revise the language, as follows, “4) incorporate a Safety Plan as developed in the TDM by DCFS and the family, if available...” 2) Clarify the expectation of the FP provider in the event that the adult family member is ineligible to receive mental health services through DMH. If the expectation is for the FP agency to provide mental health services to the adult family member, the Assessment and Intervention SOW should include psychotherapy (provided in all other SCSF programs) in addition to counseling.

Answer: 1.) CSWs are required to attend the Multidisciplinary Case Planning Meeting and would have the results from any TDM held with the family and would thereby be able to provide information regarding the safety plan for the family.

2.) Assessment and Intervention does not have a provision for psychotherapy. Assessment and Intervention has a Memorandum of Understanding with the Department of Mental health for the provision of mental health services.

136. Section 7.2.10, 140 - CONTRACTOR shall provide the following supplemental FP services to families assessed at the TDM meeting, initial MCPC or subsequent MCPC's, in need of receiving IFP services:

- Two T&D visits per week (*evening visits if possible*), **and**
- Two Supplemental weekly IHOC visits beyond the Base Rate IHOC visits, to take place in the evening. One mental health home visit may be substituted for one IHOC visit per week with documented case coordination.

NOTE: Base Rate IHOC and Supplemental Services shall not be performed consecutively within one business day.

Can the number of mandated visits to the family be adjusted after the first week of services based on the Child and Family Team Agreement? [ACHSA has previously expressed concerns in regards to the unfeasibility of the number of required visits within current agency budgets, which would substantially reduce the number of children and families able to be served. Further, we have explained that providers were unclear as to what they should do when faced with a family who is resistant to having someone in their home that often. In response to our concerns, DCFS has explained that the number of visits to enhanced FP families would vary, but could be up to five weekly visits, based on the individual needs of each family and the severity of each case. DCFS has further noted that, as a member of the Child and Family Team, the provider would have significant input as to the number of weekly visits appropriate for the family.]

Recommendations: 1) The Child and Family Team should be able to adjust the number of required visits to the family after the first week of services. [This recommendation, as noted above, was previously agreed upon by DCFS.] 2) Allow providers to indicate the number of openings available for IFP on the weekly case opening logs so that DCFS may monitor provider capacity to accept IFP cases.

Answer: 1) If the Child and Family Team members are in agreement, the number of required visits may be adjusted by terminating IFP services during the subsequent Child and Family Team meetings or MCPCs.

2) Yes, the contractors shall indicate the number of IFP vacancies available on the weekly case count report.

The following clarifying language is also being added to SOW:

PLEASE NOTE: 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 traditional FP services.

In addition, while all children 0-5 meet eligibility criteria for IFP, the decision as to whether or not to provide IFP services is to be made on a case by case basis at the initial TDM/ Child-Family Meeting.

a. If after attending a TDM where it was decided that the family requires IFP services, and the CONTRACTOR determines that their agency does not have capacity to provide such services, the CONTRACTOR is to inform the Community Based Liaison (CBL) of the need to reassign the case to another CONTRACTOR.

The provision of IFP services will be contingent on the availability of CONTRACTORs resources to provide this service and is NOT a mandatory requirement. The determination as to whether a Contractor has resources available to provide IFP services will be made on a case by case basis by the COUNTY designee. Once CONTRACTOR has accepted an IFP referral, CONTRACTOR is then required to adhere to ALL IFP service requirements as outlined in Exhibit C.

137. Section 7.2.17, 143 - An absence is considered Excused when the CONTRACTOR has been notified 24 hours or more, in advance of a scheduled visit. Can the FP agency excuse an absence when less than 24 hours notice has been provided due to unforeseeable circumstances, such a family illness?

Recommendation: Allow the FP agency to excuse an absence when less than 24 hours notice has been provided due to documented unforeseeable circumstances,

such as family illness. Alternatively, revise the language, as follows, “An absence is considered Excused when the CONTRACTOR has been notified 24 4 hours or more, in advance of a scheduled visit.”

Answer: Yes, a Contractor may consider an absence excused if given less than 24 hours notice, however Contractor will still be responsible for contacting the CSW or if CSW is unavailable the SCSW for excused IHOC visits.

138. Section 7.2.17.1, 143 - CONTRACTOR may approve absences for services other than IHOC sessions without consulting with the COUNTY and shall document the reasons for excused absences in the family’s case record. Can DCFS retain the current accepted practice of allowing the FP provider to excuse absences for IHOC sessions without consulting with the CSW/DPO, so long as the CSW/DPO is contacted within 24 hours of the excused absence?

Recommendation: Delete reference to “other than IHOC sessions.

Answer: Under section 7.2.17 an absence is considered Excused when the Contractor has been notified 24 hours or more in advance of a scheduled visit. This timeframe allows Contractors to contact the family’s case carrying CSW.

139. Section 7.2.17.2, 143 - The CPD or Clinical Director, after consulting with the case carrying CSW/DPO, may approve one or more family members’ absence for one or more IHOC sessions. CONTRACTOR shall fax confirmation to the case carrying CSW/DPO of this decision. Can DCFS retain the current accepted practice of allowing the FP provider to excuse absences for IHOC sessions without consulting with the CSW/DPO, so long as the CSW/DPO is contacted within 24 hours of the excused absence?

Recommendation: DCFS should retain the current accepted practice of allowing the FP provider to excuse absences for IHOC sessions without consulting with the CSW/DPO, so long as the CSW/DPO is contacted within 24 hours of the excused absence.

Answer: The language will not be amended. Under section 7.2.17 an absence is considered Excused when the Contractor has been notified 24 hours or more, in advance of a scheduled visit. The provision of 24 hours allows Contractors to contact the CSW.

Contractors may fax confirmation over within 24 hours.

Exhibit C-20 will be amended to include the following instructions:

In-Home Outreach Counselors will complete this form and obtain the Program Director’s Signature. Fax the form to CSW. The form should be placed in the case file.

CSW/DPO – Review the faxed form, obtain the SCSW approval signature and SCSW or SDPO if more than two visits will be missed.

Fax the completed form back to the In Home Outreach Counselor's Program Director.

140. Section 7.2.17.3 , 143 - CONTRACTOR shall ensure that make-up visit(s) are held in order to provide the four monthly base rate visits per calendar month when all family member(s) are excused from a IHOC sessions. Can DCFS retain the current accepted practice of allowing the FP provider to comply with this requirement by making reasonable documented efforts to schedule make-up visits with the family?

Recommendation: DCFS should retain the current accepted practice of allowing the FP provider to comply with this requirement by making reasonable documented efforts to schedule make-up visits with the family.

Answer: This section has been struck from the RFP.

141. Section 7.2.17.4 , 143 - If all family members are excused from an IHOC session and four base rate visits are not held during the month, the CONTRACTOR must back out one-fourth (1/4) of the base rate per visit, for each excused absence. Can DCFS retain the current accepted practice of compensating providers with the base rate each month given that providers continue to incur costs, regardless of family absences from IHOC sessions, in working with the family and remaining responsible/liable for the family's well-being?

Recommendation: Retain the current accepted practice of compensating providers with the base rate each month given that providers continue to incur costs, regardless of family absences from IHOC sessions, in working with the family and remaining responsible/liable for the family's well-being.

Answer: Section 7.2.17.4 has been stricken in its entirety. CONTRACTORS will not be required to reduce payment for these absences.

142. Section 7.2.18.5, 144 - If the required number of IHOC sessions is not provided during the month due to an unexcused absence(s), CONTRACTOR RFP for SCSF – Part D: Statement of Work for 145 Assessment and Intervention (Exhibit C) shall reduce payment for each unexcused visit missed. The amount to be reduced is the equivalent of one-sixth (1/6) of the base rate for each missed visit. Can DCFS retain the current accepted practice of compensating providers with the base rate each month given that providers continue to incur costs, regardless of family absences from IHOC sessions, in working with the family and remaining responsible/liable for the family's well-being?

Recommendation: Retain the current accepted practice of compensating providers with the base rate each month given that providers continue to incur costs, regardless of family absences from IHOC sessions, in working with the family and remaining responsible/liable for the family's well-being.

Answer: Section 7.2.18.5 has been stricken in its entirety. CONTRACTORS will not be required to reduce payment for these absences.

143. Section 7.2.19.3, 145 - Counseling...services must be provided by: 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. 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.

144. Section 8.4.3.1, 151 - 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 email the report due to confidentiality guidelines. The report must clearly provide the clinician or registered intern 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 RFP for SCSF – Part D: Statement of Work for 152 Assessment and Intervention (Exhibit C) 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.

145. Section 9.1.2, 154 - 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 serviced by an awarded Contractor countywide. Will one FP agency provide services to the API community countywide?

Recommendation: Clarify whether one FP agency will provide services to the API community countywide.

Answer: There will be at least one countywide contract specific to the needs of the API community.

146. If we get Assessment and Intervention, do we have to provide Emergency Response Referrals – Command Post services? Or can we partner with an organization that offers ERCP to cover the ERCP services for the contract.

Answer: Proposers must indicate on their proposal whether or not they intend to provide ERCP Assessment referrals. Subcontracting is permitted.

147. Exhibit C-17 Progress Note - Please clarify signatures for progress note which appears to require service provider and clinical supervisor's signature; two signature requirements are not the norm for DMH or private practice documentation. Can this be reduced to meet the standard practice?

Answer: Exhibit C-17 has a signature block for the Clinical Supervisor to ensure supervision is taking place.

148. 8.6.1.3 Page 153 - Family Functioning Assessment shall include assessment of one Program (EBP) strengthening Families a protective factors framework; Will County require agencies to purchase? How will cost be covered? How will services billed? How will data collection & entry cost be covered? How will one evidence based consultation fees be covered?

Answer: **Strengthening Families Protective Factors framework is not a program but an approach that focuses on building protective factors that promote healthy development for children, better outcomes for families and reduce the likelihood of child abuse and neglect. 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.**

149. 8.7.3 Page 154 document outcomes in annual report, can you define the scope and parameters of one outcomes for the annual report?

Answer: **The Five Protective Factors are the foundation of the Strengthening families approach. They are Parental resilience, Social connections, Knowledge of parenting and child development, Concrete support in times of need, and, Social and Emotional Competence of Children. Please refer to page 774 for additional information regarding the Protective Factors Framework.**

150. Currently FP agencies are required to provide EF Referrals (UFAs) – for Regional Offices and it's optional e.g. they self identified as having capacity for ERCP (e.g. FP Agencies volunteered to provide ERCP 1 per regional office). The RFP primarily focuses on ERCP svcs, will FP agencies now be required to provide ERCP services? If we do not have capacity do we have to subcontract per regional office?

Answer: **No. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment Services.**

151. Under FP assessment does the agency needs to include both services ERCP Regional Office in the proposal? Or we can pick one because currently not all agency do ERCP service?

Answer: **No. Proposers may indicate within their proposals whether or not they intend to provide ERCP assessments and, if so, within which geographic area(s) they intend to provide such services. All Contractors are required to provide Regional Office Assessment Services.**

152. FP: Each of the five programs in the RFP alludes to a countywide contractor for APIs. In the past, the only countywide contractor was for Family Preservation funding. Why has this been expanded to all funding sources?
- What will happen if there is no bidder for a funding program? What will happen if the bidder only applies for countywide for number of the 5 programs, but not all 5 of them?
 - Given the requirements for an agency to apply and the number of new emerging API populations in new areas of the county, can the lead agency include subcontractors who do not have the required 3-5 years of experience but have a proven track record in providing social and human health services to their communities?
 - FP: The API Countywide Family Preservation collaborative has advocated for travel time to be billable, given the long distances that agency staff often travel in order to meet the language needs of clients. Will this be allowed as a billable expense? If not, how can DCFS get a comparative rate when determining costs?

Answer: a. Mileage is allowed as a line item in a contractor's budget.

153. Do we propose a redesign of all Assessment Forms to incorporate Strengthening Families Framework and DCFS/Cross Agency Core Practices Model?

Answer: No, we are not suggesting that at this time. Strengthening Families Protective Factors framework is not a program but an approach that focuses on building protective factors that promote healthy development for children, better outcomes for families and reduce the likelihood of child abuse and neglect. 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.

154. Is the Asian Unit considered one of the regions? If the API Collaboration is countywide, how will the Asian Pacific Unit be identified for the RFP submission?

Answer: Currently there are two separate, countywide contracts under Family Preservation: one contract is for the Asian Pacific population and the other is for the Native American population. It is our intent to continue this structure in the new contract.

See the revised Section 49.6.3 and Required Form 4-C of this Addendum Number Three for updated instruction on the Assessment and Intervention Submission requirements.

155. Throughout Exhibit C (AIS), there are multiple versions of the process for contact described — with the CSW, or with the SCSW, or with the SCSW if the CSW is not available, or with the county designee, or with the ARA, or with one or more of the

above. *Could any* consideration be given to standardizing the contact protocol for clarity and compliance?

Answer: Various parties/levels within DCFS are involved in the activities that make up Assessment and Intervention and therefore there are multiple points of contact within the program. Each regional office will have a DCFS county designee for Family Preservation (FP) Assessment Services and Family Preservation (FP) Intervention services. The County Designee is to act as a point of contact for the agencies. Within the DCFS offices the chain of command shall be practiced as follows: CSW, SCSW, ARA, and RA.

156. Exhibit C, page 138, 7.2.7. There is a *requirement* to “input all recommendations and services provided into the county-designated data-collection system.” Can you provide more information regarding the system requirements and other details?

Answer: The Department is currently exploring a Family Assessment Form that will collect this information.

157. (Page 154) CONTRACTOR shall document their strengthening families’ protective factor outcomes in the CONTRACTOR annual report. Is DCFS going to provide the CONTRACTOR with a specific tool/instrument that is going to capture outcomes or shall the CONTRACTOR use its own tool??

Answer: Strengthening Families Protective Factors framework is not a program but an approach that focuses on building protective factors that promote healthy development for children, better outcomes for families and reduce the likelihood of child abuse and neglect. 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.

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 V

1. The line regarding EPSDT funding was removed, and we're curious about whether that is a shift in provider expectations or if there was different reasoning?

Answer: **The reference to EPSDT funding was removed because EPSDT is no longer a requirement of Medi-Cal Funding.**

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 VI

1. PFF: 6.2 Subsection under section 6.0 Psychotherapy services ...this states that Contractor shall fund psychotherapy services for PFF clients. With what money shall these be funded under? Will there be PFF for this service?

Answer: **Psychotherapy services shall be funded through the PFF contract award.**

2. RFP section number: Exhibit E Partnerships for Families – Section C; Paragraph number: 6.0 Psychotherapy Services, sub paragraph 6.2; Page number: Page 291; Language that prompted the question: “CONTRACTOR shall fund psychotherapy services with PFF monies for clients who are medical ineligible. “

Short-Doyle certified Medi-Cal providers jeopardize their current Medi-Cal billing rate for psychotherapy services if comparable services are billed at a lower rate to third party such as DCFS. We are concerned that Short-Doyle Medi-Cal certified applicants will be unfairly disadvantaged by proposing psychotherapy services at their current Medi-Cal rate. While we recognize that PFF is not subject to the CAPIT price sheet, we are concerned that this current Medi-Cal rate is certain to be substantially higher than the “current average payment rate” quoted in Addendum Number Two, Part E – Required Form 4 – B (\$65.64).

Will applicants who are Short-Doyle Medi-Cal certified be allowed to propose psychotherapy services for PFF at their current rate without disadvantage?

Answer: **References to Medi-Cal were stricken on page 115, Question 45 of Addendum 2. The overall evaluation will be comprised of both a program and cost proposal review. Proposed rates will be a part of the evaluation among all of the other elements included in the solicitation.**

3. Will DCFS allow the provider to write progress notes through the Family Assessment Form (FAF) program rather than the DCFS progress note template (Exhibit E-12)? [Progress notes written through the FAF include details such as date, type of service, goal, location and length of time.

Answer: **Yes. Providers will be able to fully utilize the FAF tool when it is implemented for use with PFF.**

4. Given the difficulty of engaging families, will DCFS allow the provider to determine whether or not a referral should be terminated?

Answer: **Yes. The following language will be included in Section 4.0 Referrals: CONTRACTOR may request approval from COUNTY Program**

Manager to keep a referral open beyond the prescribed timelines on a case by case basis.

5. Given existing waitlists, this 5 day parameter for receipt of services is not always feasible. Can the Department provide any leeway to this expectation? [In the Q&A responses, leeway was granted in terms of linkage to Early Childhood Education.

Answer: Section 5.8.3 reads as follows: "CONTRACTOR shall provide follow-up services to ensure that all families referred to a linkage service receives the necessary service and/or resource within five (5) business days of the referral date."

This means that Contractor shall review the status of the client's linkage to services at 5 day increments and does not mandate that clients are actually receiving services within 5 days.

6. The current supervisory criteria as dictated by the Board of Behavioral Sciences (BBS) states, "practiced psychotherapy or provided direct supervision of associates or marriage and family therapist interns...for at least 2 years within the last 5 years immediately preceding this supervision."

Is the wording on page 299 in error? Is the Department requiring supervisory criteria that are different from the criteria required by the BBS?

Answer: Section 16.2.3 shall be modified as follows:

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. The Clinical Director must also have a minimum of two (2) years experience, during the last five (5) years providing direct client services or direct supervision of an intern or trainee providing direct services similar to the services listed in this Exhibit C.

7. The Addendum 2 Q&A document says the following for Q 53 on page 118: "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." This answer is repeated in Q75. HOWEVER, Attachment I in Addendum 2 indicates that 5 of the SPAs will actually have **two** PFF contracts. Please clarify.

Answer: There will be one PFF contract per SPA.

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 VII

❖ **FUNDING**

1. The RFP does not include any funding guidelines. Is there a minimum or maximum amount for individual proposals?

Answer: **Please refer to Attachment 1 in Addendum Two.**

2. Addendum 2, Attachment 1 lists the total funding per program and then the projected number of contracts per program by either DCFS Regional Office or SPA. Is the amount per program divided equally by office or SPA (for example, the \$5,428,000 in funds for the Resource Center equals \$387,714 per Center if divided equally amongst the projected 14 contracts or the \$30,084,941 for the Assessment and Intervention Program equals \$501,416 if divided equally amongst the projected 60 contracts) or is there a range/minimum and maximum per program contract for each program component?

Answer: **No, the amounts are not divided equally by office or SPA.**

In order to retain the price competition within this process, proposers are only being provided with the funding pr program and the projected number of contracts. Please refer to Attachment 1 in Addendum Two.

3. Addendum #2...Attachment I...Number of contracts to be awarded and Funding Allocations per Program....Does this funding allocation include Title IV E dollars? What is the percentage of Title VI E funds to the allocation? Or the anticipated allocation % for Title VIE funds if not included in this funding allocation?

Answer: **Yes, the funding allocation does include Title IV-E dollars.**

❖ **REQUIRED FORMS**

2. RE: Part E – Required Form 4-A, 4-B, 4-E - Are the average number of families indicated on the form the actual number you want the agency to serve or are they just a suggestion?

Answer: **No, the Average numbers of families indicated on Forms 4-A (Resource Center), 4-B (CAPIT), and 4-E (PFF) are examples only. Proposers may choose their own number of families to be served in these three programs. See Question/Item 86, pages 143-148 of 213**

in Addendum Number Two, Attachments or Questions and Answers for SCSF Services..

3. Form 1 – where does one find their CA business license #?

Answer: To verify an existing license and number, the State of California Department of Consumer Affairs maintains an online database with California issued licenses. You may contact the California Department of Consumer Affairs by mail or by phone or go to its web site, www.dca.ca.gov. Click on “Consumers” and then click on “License Verification” under “L” in the list. Included in the data base are many types of licenses.

4. Form 9 – now that you’ve clarified what a commitment is – what time frame is required? Do we list only commitments in effect as of submission date?

Answer: Your commitments should include only the commitments that relate to the present (time of submission) and those which substantiate that you meet the minimum requirements for Proposers for a particular program type. See Mandatory Minimum Requirements, Section 7.0 of RFP, page 5.

5. Form 11A – Must these references be from government funders? If a foundation funds us to run a program, can we include them as a reference?

Answer: References can be from both public and private funders. Yes, you can and should include all funders, both private and public, as references. Proposers are asked to provide five (5) references where the same or similar scope of services were provided. The County will contact a minimum of 3 contracting agencies to determine the Proposer’s experience and whether the Proposer meets the Minimum Mandatory Requirements of the RFP (Section 7.0, page 5)

6. Form 13 – APSS – you have asked for Sources of Revenue going back to cover the minimum number of years of required experience, which would be 5, can we just provide financial statements for the last five years rather than re-creating all this information.

Answer: No, Form 13 is a specific required form of the RFP. Proposers may not substitute Audited Financial Statements for Form 13.

7. Transmittal Letter – answer #84 on Q&A states different requirements of what is to be included in the transmittal letter as compared to addendum #2 section 49.10. Can you please clarify what are the required elements for the transmittal letter?

Answer: A revision to the RFP, in this case Section 49.10 on the Transmittal Letter as set out in Addendum Number Two, page 6, is more inclusive and supersedes any instruction in a Question and Answer format. Proposers should carefully study Section 49.10 and meet the specific

requirements of this new section.

8. 49.9 (Section F) on page 5 (Are we really supposed to have the Proposer's Organization Questionnaire/Affidavit, the Transmittal Letter, and the Table of Contents in there twice? – it is if we follow page 3 49.0, down through the second to the last bullet on the page, then insert all the forms on 49.9). Then make sure those don't conflict with the list on Attachment III, or is that for something else and therefore the list is different?

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 a later section, include a titled page in the later section and reference where that form or information may be found in a previous section of the Proposer's Proposal. Because all Proposals must be paginated, the blank page may serve as the placeholder for the already-included form

9. On page 372, Form 11A asks for five contractor references. Can you define the difference between these references and the Letters of Support recommended in the July 16 bidder's conference? If you **DO** want Letters of Support, what is the appropriate content for such a letter– as distinct from the references?

Answer: Letters of Support are not necessary and will not be scored as part of the RFP. Form 11-A is required because the County will choose a minimum of three references to check and determine if the Proposer has the required experience and has met the Minimum Mandatory Requirements set out in Section 7.0 of the RFP on page 5

10. Pg. 387: In order to check the fourth box, do we need to attach a profile of our program including all descriptive information to Form 26?

Answer: Yes, the Proposer must attach to Form 26 a profile of the Proposer's Transitional Job Opportunities Program (TJOP), including a description of its components designed to help program participants. The Proposer must also include the number of participants plus any other information that may be requested from DCFS upon review of the profile. In fact, the Proposer must check all four boxes, not just the fourth box, and must include all required information, including the Proposer's three most recent tax returns. The program profile should include the time period the Proposer's TJOP has been in operation, since the one-year minimum requirement for a TJOP is mentioned in the third box to be checked.

11. Pg. 387: Does this form require that we attach our three most recent annual tax returns?

Answer: Yes, Form 26 on page 387 of the RFP requires that a Proposer seeking a Transitional Job Opportunities Preference (TJOP) submit the Proposer's three most recent annual tax returns (Form 990 or 990-EZ). This is required in the County Code section establishing the

TJOP [County Code Section 2.205.050(B)]

12. Pg. 382: What should be submitted as Organizational Data?

Answer: Organizational Data and its contents are defined in detail in the response to Item 69 of Addendum Number Two's Questions and Answers, pages 138-39 of 213.

13. The Organization Questionnaire/Affidavit and Required Support Documents for Corporations and Limited Liability Companies is required twice. Could one of these be eliminated?

Answer: With regard to required placement of supporting documents twice, see the response to Item 9 above. The second time a form is required, the Proposer can use a blank page that references the page in the Proposal where the form can be found. However, the first time a form is required in either the Business Proposal or Cost Proposal for a program and geographical area, the form must be included. PROPOSERS MAY NOT REFERENCE THE EXISTENCE OF A FORM FOR THE BUSINESS PROPOSAL THAT IS IN THE COST PROPOSAL, NOR THE EXISTENCE OF A FORM IN THE COST PROPOSAL THAT IS IN THE BUSINESS PROPOSAL BECAUSE THE BUSINESS PROPOSAL AND THE COST PROPOSAL ARE SEPARATE DOCUMENTS THAT WILL BE SUBMITTED SEPARATELY

14. Pg. 384: Exactly what Licenses, Certifications and Permits does the County want to see in Form 23?

Answer: Every Proposer will hold and may have subcontractors that will hold different business licenses, permits, and certificates, and degrees. The most comprehensive list of possible licenses, permits, and certificates may be found in the database of the California Department of Consumer Affairs at www.dca.ca.gov. The response Item 4 above and the response to Item 107 in Addendum Number Two's Questions and Answers, page 155-56 of 213 provide additional guidance

15. Pg. 28-29, section B.2 (also listed as section 49.5 B): This section mentions several required forms that are part of Section E. Where in the proposal should they be submitted? In Section B, Section E or both?

Answer: Section B.2, "B. Proposer's References (Section B.2)," RFP pages 28-29, is the second part of Section 49.5, "Proposer's Qualifications (Section B)," which also includes "Proposer's Background and Experience (Section B.1), "Proposer's Pending Litigation and Judgments (Section B.3)," and added by this Addendum No. 3, "Financial Capability (Section B.4)" (see page 4). Sections B.2, B.3, and B.4 require completion of Required Forms that are part of Section F (not Section E, as given in the question). Section B.1 mentions Forms 11, 11-A, and 27, and Sections B.3 and B.4 mention Required

Forms 12 and 19, respectively.

Since Required Forms 11, 11-A, 27, 12 and 19 listed in Section F have already been completed, Proposers may include a blank page for these forms and simply list their page placement in the proposal, per the previous responses to Items 9 and 13 above.

16. Pg. 29, section 49.5 C: Does this section refer to Form 12? If so, should that form be submitted in Section B and Section E?

Answer: No, this Section 49.5, Proposer's Approach to Provide Required Services (Section C), does not refer to Required Form 12, Agency Involvement in Litigation and/or Contract Compliance Difficulties. Form 12 is discussed and is required to be placed in Section B ("Proposer's Pending Litigation and Judgments (Section B.3)" of the Business Proposal Format.

Rather than being a form, Section C calls for a detailed narrative of the Proposer's proposed program as described in Section 49.6.1 through 49.6.5, depending on which of the five programs is proposed in the proposal.

17. Pg. 27, section 49.2: Is this required documentation the same as Form 22? If so, should the same form be submitted immediately following Form 1 and as Form 22? If not, what are the different documents required from the Secretary of State?

Answer: Yes, the required supporting documentation described in Section 49.2 Proposer's Organization Questionnaire/Affidavit and Required Support Documentation is the same information as requested in Required Form 22 Secretary of State Filings – Statement of General Information, for nonprofit corporations, limited liability companies (LLCs), and limited partnerships. Per the responses to Items 9 and 13 above, the second time the form is required, the Proposer can use a blank page that references the page in the Proposal where the form is first found

18. Pg. 26: What are the Required Forms from Section G that are required as part of the Business Proposal?

Answer: There is no Section G in this RFP. Section G is an inadvertent duplication of the items in Section F. Section G can therefore be ignored, and in fact, is not identified in the subsequent discussions on pages 27-37 where the other parts of the Business Proposal are discussed.

19. Pg. 25, section 49.0: Is Form 1 supposed to be the first page of the Business Proposal? Should it be submitted again in Section F with the Required Forms?

Answer: No, per Section 49.0, Business Proposal Format, page 25, the first

page is the “Proposer’s Organization Questionnaire/Affadavit and Required Support Documents for Corporations and Limited Liability Companies.” Form 1, the Transmittal Letter, follows. The Transmittal Letter’s requirements are now fully described in new Section 49.10 of the RFP, per Addendum Number Two, page 6. The second time Form 1 is required, in “Required Forms – Section F,” the Proposer may use a blank page in Section F that references the page in the Proposal where Form 1 may first be found.

20. I notice in Addendum Two, it mentions that Form 4A is deleted. However, in that section there are Forms 4A-E. Do we assume B-E are also deleted? (And only deleted for the Business Proposal, as later it indicates Forms 4 A-E are now included in the Cost Proposal?).

Answer: Addendum Number Two eliminated some items incorrectly included in the Business Proposal because they belong in the Cost Proposal. Therefore, Addendum No. 2, page 7 specifically eliminated Form 4 and 4-A from Section 49.6, Business Proposal Required Forms, and moved them and Forms 4-B through 4-F to Section 50.0, Cost Proposal Format. Addendum No. 3 to Section 50.0, Cost Proposal Format, page 12, added a new Form 4-G, Budget Narrative, to Section 50.0, Cost Proposal Format.

21. Addendum Two mentions that “Form 4A, Line Item Budget,” is deleted; but the Line Item Budget in the original RFP was “Form 4F.” Are they deleting form 4F?

Answer: Yes, the Line Item Budget was inadvertently labeled Form 4-A instead of 4-F. It is being deleted from Section 49.6 Business Proposal Required Forms, RFP, page 36 because it is a part of the Cost Proposal Format, not the Business Proposal Format. It is now included in revised Section 50.0, Cost Proposal Format, in Addendum No. 3, page 12.

22. For the new version of Form 10, Board Resolution, do we need one resolution signed for each of the areas we apply for (CAPIT, APSS, A&I, etc., or is it just one resolution for Safe Children Strong Families?

Answer: As presently written and attached to Addendum Number Two, the Board resolution requires five resolutions for the five program types if a Proposer is planning to submit proposals for all program types. should place one of the five programs in the second blank. The same Board resolution can be used to apply for the same program in more than one geographical area (SPA, Regional office area, etc.), but five total resolutions are needed if an agency wants to apply for all five program types.

23. Why are Form 9 and 11 both needed? What is on Form 9 that would not be on Form 11? If most of what is required on Form 9 is on Form 11, can you reduce what is needed on Form 9 and explain what would still be needed?

Answer: Required Form 9 List of Proposer's Commitments is not entirely the same as the information requested on Required Form 11, Prospective Contractor List of Contracts. 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, in this case the time and freedom of the Proposer. Commitments may include obligations other than contracts. Form 11 specifically requests all contracts during the last five years, and asks for many more details on each contract, including whether it is a service similar to that proposed, the location, and contact person and phone number. These two forms contain separate information, with only completed contracts common to both.

❖ EVALUATION PROCESS

24. Section 52.13, Proposed Evaluation and Criteria, Proposer's Qualifications, Item #**** (pg. 45): "Review will include...County or other contracts." At whose discretion will performers on non County contracts (e.g., municipal/state/federal, private agency) be included in the review? How will contracts be selected for review?

Answer: Proposers references – Form 11 and Form 11-A

25. We understand the four new criteria (Quick Ratio; Current Ratio; Expenses to Income Ratio; Long Term Financial Viability). What standards are being used to evaluate each of these criteria? (Section 52.10; Page 9, Adherence to Minimum Requirements)
- a. What are the acceptable ratios in order to determine Pass or Fail?

Answer: Please see Addendum 3, this section is not rated as a pass/fail.

26. What is the County's Informed Averaging Evaluation Policy? Please clarify.

Answer: Please see the Los Angeles County Board of Supervisors Policy Number 5.054 Evaluation Methodology for Proposals effective 6/1/2009. A link to the Board's policy manual is included below:
<http://countypolicy.co.la.ca.us/>

27. Section 52.17.4 - CAPIT ONLY - Contributions in excess of 10% will receive the highest points. Please clarify how a Cost Proposal with low points will be evaluated if it also has the highest points for contributions? How will these potentially conflicting items be evaluated overall?

Answer: Please see Addendum 1, 52.17.4 CAPIT - PROGRAM COST PROPOSALS ONLY

Proposer's Line Item Budget and Budget Narrative will be evaluated and points awarded accordingly to those explanations/descriptions of how proposals shall make a contribution, cash and/or in-kind in an amount equal to or more than ten percent (10%) of the total proposed

cost. Contributions in excess of 10% will receive the highest points.

28. How are you evaluating the lowest cost proposal, is it by unit of cost?

Answer: See the RFP Selection and Evaluation Process, Section 52, and Addendum One, Section 52, Addendum Two 52.17, and Addendum Three Section 52.

29. What are the threshold percentages that constitute “passing” the Quick Ratio, Current Ratio, Expenses to Income Ratio, and Long Term Financial Viability? Can you provide a formula to help organizations determine whether to proceed with a proposal?

Answer: Please see Addendum 3, this section is not rated as a pass/fail.

30. What standards and measurement formula does the Informed Averaging Evaluation Policy utilize that can emphasize quality of service? How does it work?

Answer: Please see the RFP, and Addenda One, Two and Three, Part C Selection and Evaluation Process - Section 52

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 Contract Contract Terms and Conditions – possible point deductions
52.17 Cost Proposal Evaluation 20 %

31. Section 52.17.4; page 35 - CAPIT ONLY - Contributions in excess of 10% will receive the highest points. Please clarify how a Cost Proposal with low points will be evaluated if it also has the highest points for contributions? How will these potentially conflicting items be evaluated overall?

Answer: Please see the RFP, and Addenda One, Two and Three, Part C Selection and Evaluation Process - Section 52

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 Contract Contract Terms and Conditions – possible point deductions
52.17 Cost Proposal Evaluation 20 %



SELECTION PROCESS

32. With regard to the RFP, Part C – Selection Process and Evaluation Process, Section 52.10 (expense to income ratio): can we or our auditors include notes to explain a deficit including how it is mitigated?

Answer: We are not limiting the information submitted by a proposer. However, we do not guarantee that any additional documentation submitted will automatically cure a deficiency in proposal submission documents.

33. With regard to the RFP, Part C – Selection Process and Evaluation Process, Section 52.10, if you pass three ratios and fail one, do you automatically fail the minimum requirement?

Answer: Please see Addendum 3, this section is not rated on a pass/fail.

34. With regard to the RFP, Part C – Selection Process and Evaluation Process, Section 52.10, if we have mitigating factor for one of the ratios, where can we include notes? Will they be considered in the evaluation or is this a strict mathematical response?

Answer: We are not limiting the information submitted by a proposer. However, we do not guarantee that any additional documentation submitted will automatically cure a deficiency in proposal submission documents.

35. With regard to the RFP, Part C – Selection Process and Evaluation Process, Section 52.10, if this is a mathematical response, what are the acceptable ranges for each ratio?

Answer: There is set criteria which currently cannot be disclosed since it is part of the evaluation process of an open solicitation. Once the evaluation process is completed copies of the evaluation instruments can be reviewed during debriefings.

36. With regard to the RFP, Part C – Selection Process and Evaluation Process, Section 52.10, are the ratios calculated on unrestricted, or on total funds?

Answer: There is set criteria which currently cannot be disclosed since it is part of the evaluation process of an open solicitation. Once the evaluation process is completed copies of the evaluation instruments can be reviewed during debriefings.

37. In the RFP, Part C – Selection Process and Evaluation Process, Section 52.10, what is meant by “informality” in the phrase “The County may elect to waive any informality in a proposal if the sum and substance of the proposal is present”? Does it mean we can include other information?

Answer: We are not limiting the information submitted by a proposer. However, we do not guarantee that any additional documentation submitted will automatically cure a deficiency in proposal submission

documents.

❖ **SUBMISSION REQUIREMENTS**

38. Regarding the proposal format, do the required forms count towards the total pages for those sections?
- As a follow-up can we provide additional examples of process in an addendum? For instance we have a agency Resource Guide as well as an agency Quality Assurance plan/manual that would be nice to provide you as an addendum.
 - Can we provide additional support letters as another addendum?

Answer: The required forms do not count towards the total number of pages. Please refer to Addendum #1, Section 49.0.

a. and b. Please refer to the Submission Requirements section of the RFP. Please note that the entire proposal submission must be complete at the time of submission without requiring a supplemental “addendum”.

39. On pages 25 and 26 you provide the Business Proposal Format. Do we continue to follow that or have some of the expectations changed since the original RFP was provided.
- Can we also provide an additional addendum(s) after Required Forms (Section G)?

Answer: Please refer to Addendum Two, Section 49.0, Business Proposal Format for the required format.

40. In your Q&A document, Q 181 on page 172 says that “Letters of support, Memoranda of Understanding are **not requested**,” but in your July 16 Bidders Conference, presenters seemed to indicate that Letters of Support were strongly desired.

Moreover, PFF: Q19. Page 105-106 it states, **Letters of intent to partner should be included** with your proposal to demonstrate partnerships.” Can you clarify – letters of support, Yes or No?

Answer: Letters of intent are not required. However, if the proposer plans on partnering such letters should be included.

41. DCFS has provided three different and competing sets of instructions for the Transmittal Letter - can you clarify which one is correct?: See Q&A 84 on page 141 vs. Q 164 on page 169 of the Q&A document vs. page 6 section 49.10 Transmittal Letter in the Addendum 2 document.

Answer: Instructions as provided in Addendum Two under Section 4.10

Transmittal Letter stands as final instructions.

42. May we submit additional information above and beyond the information mandated by the submission requirements of the RFP? For example: (1) Memoranda of Understanding with subcontracting organizations; (2) a document including additional explanatory information regarding our financial statements? Would such additional documents be considered attachments, or would they be counted against the page limit for a given section?

Answer: **Additional information can be submitted as attachments.**

43. With regard to Audited Financial Statements, Required Form 19 of Part E, Required Forms, can we submit our unaudited financials for fiscal year 2011-12 ending June 30, 2012, in addition to our audited financial statement for our fiscal year 2010-11 ending June 30, 2011?

Answer: **Please refer to Addendum Three, Section 49.5 item D.**

44. The following question pertains to Addendum Number Two dated August 1, 2012, page 4. With regard to RFP, Part B: Proposal Submission Requirements, Section 49.0 – Business Proposal Format, Subsection 49.7 – Proposer’s Quality Assurance Plan (Section D), among the factors that may be included in the plan are:

- Activities to be monitored to ensure compliance with all Contract requirements;
- Monitoring methods to be used;
- Frequency of monitoring;
- Samples of forms to be used in monitoring

Can we choose which monitoring methods we wish to use, how frequently they are used, and the associated forms to be used? Will the County provide us with the monitoring tools you wish us to use?

Answer: **Yes proposers can choose their own monitoring methods and frequency they plan on using as well as the associated forms to be used.**

45. Some forms specify that separate forms must be submitted depending on the SPA served or the Region served. Please clarify whether proposals need to be submitted by Geographic Region or SPA. For example, if we want to apply to provide PFF services in two regions that are within one SPA, do we submit one Cost/Business Proposal or two?

- a. Pg. 369: Please clarify what commitments/potential commitments Proposers are expected to list.

Answer: **Proposers must submit one business proposal and one cost proposal per area they plan to bid for. If proposer is bidding for two areas in this case two SPAs two business proposals and two cost proposals should be submitted.**

a. This includes all business commitments the proposer's agency currently has and potential could have.

46. Pg. 36, 49.9: If submitting separate proposals for multiple services and/or geographic areas, do forms in each proposal require original signatures, or can each proposal use copies of originally signed documents?

Answer: Each original proposal must have an original signature. Therefore if proposer submits a bid for six different areas there should be six original proposals with original signatures with five copies of each.

47. Pg. 30, Section 49.6: When writing the proposal, do these narrative sections need to include the numbers 49.6.1.1-49.6.1.7? Or can the point included under each number be used to answer the question?

Answer: No, the numbers as set in the RFP i.e. 49.6.1.1 do not have to be included. However, please follow the instructions as set forth in the RFP.

48. Pg. 26, section 49.1: Says must be signed by person authorized to bind, yet format example gives two places for the names of two individuals. If our CEO is authorized to bind, what other name/title do we need to include on the second line?

Answer: Agencies must have at least two individuals that are authorized to sign as indicated in the Statement of Information.

49. Pg. 28, section 49.5: to clarify: we are supposed to include a section reference number in the Table of Contents. Should we disregard the letter A-C in section 49.5 and use B.1-B.3 as the section reference numbers?

Answer: Yes, A-C are the outline numbering within the RFP. Sections B.1 through B.3 are sections within the proposal.

50. The Statement of Information is required twice. Could one of these be eliminated?

Answer: The Statement of Information is only required once under 49.2 Proposer's Organization Questionnaire/Affidavit and Required Support Documentation item 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.

51. The transmittal letter and table of contents are required twice. Could one of these be eliminated?

Answer: The transmittal letter is only required once. Please refer to Addendum Two Section 49.10.



QUALITY ASSURANCE

52. Many agencies asked questions about the difference between a Quality Control and a Quality Assurance Plan (per the original RFP). The Q&A document indicates the questioners should see Addenda one and two, HOWEVER, Addenda 1 (page 6 section 49) says the “Quality Control Plan should not exceed -- 5 pages” and Addendum 2 (page 4) seems to rename this to a “Quality Assurance Plan. “

Can you confirm that Section D of the Business Proposal is a Quality Assurance Plan and that is not to exceed 5 pages AND that it should contain only the information on page 4 of Addendum 2?

Answer: **Please see the RFP and Addenda One and Two.**

53. Pg. 34, 49.7: Section D relates to the Quality Assurance Plan, but each service delivery area in Section C requests details on the Quality Assurance Plan. Is the County looking for different information in these areas? For example, would we answer Section D using information regarding our agency’s Quality Assurance Plan and Section C using information specific to the SCSF program?

Answer: **Please see the RFP and Addenda One and Two.**

54. Are we to both describe the quality assurance program and submit samples of QA forms within 5 pages?

Answer: **Please see the RFP and Addenda One and Two.**



PRICE SHEET / COST PROPOSAL

55. We understand the change in the contract terms. The question is related to how many budgets we are we to submit with the Cost Proposal? At the bidders conference there was reference to submitting 1 one year budget as well as two additional one year budgets. Please clarify how many budgets we are to submit. (Section 9.0; Page 6 Contract Term)

Answer: **Please submit one set of budget documents (Required Form(s) 4A – 4G) for the Total Annual Cost (one (1) year). Please see Addendum Number Three, Section 52 Cost Proposal Evaluation Criteria, Subsection 52.17.3.1.1.2.5.**

56. Since the CAPIT points awarded have changed from 20% to 23%, this changes the point percentages for the other CAPIT sections of the proposal. Please provide the new percentages for the remaining sections. (Section 52.17; Page 9 Cost Proposal Evaluation Criteria (20% of Total Possible Points, 23% of Total Possible Points for CAPIT Proposal submissions)

Answer: **The points awarded for the CAPIT Cost Proposal Evaluation will remain 20% of the total possible points. Please see Addendum**

Number Two, Section 52 Cost Proposal Evaluation Criteria.

57. If the Resource Center is Cost Reimbursement, why is there a Price sheet on page 352?

Answer: This is a Firm Fixed Price contract. Please see RFP for SCSF – Part F: Appendix A, Sample Contract Prevention and Aftercare Services – Resource Center, Section 3.0 Contract Sum, Subsection 3.2.

58. Is the price sheet for CAPIT, on page 354 monthly or annually?

Answer: Required Form(s) 4A – 4E Price Sheet – is for the Total Annual Cost (one (1) year). Please see Addendum Number Three, Section 52 Cost Proposal Evaluation Criteria, Subsection 52.17.3.1.1.2.5.

59. On Page 354. The sample price sheet indicates that approximately 30 families will receive 30 hours of services. Are we limited to that amount or can we propose to provide more services than that? An example would be serving 50 families with 30 hours of services each.

a. A follow up question to that is regarding the cost analysis for the CAPIT program: Will the cost analysis be based on the total cost or on the per family or client cost?

Answer: Completion of Pricing Sheet is for submittal of proposed cost based on Average Number of Families to be served (30). Upon contract award, cost of actual number of families served must not exceed the contracted Maximum Annual Contract Sum. Please see Addendum Number Two, Section 52 Cost Proposal Evaluation Criteria, Subsection 52.17.3.1.1.3.1.

a. Cost Analysis will be based on Required Form(s) 4A – 4E Price Sheet total proposed cost is the total annual cost (one (1) year). Please see Addendum Number Three, Section 52 Cost Proposal Evaluation Criteria, Subsection 52.17.3.1.1.2.5.

60. Re: Addendum 2, New Price sheet, Required Form 4-C on page 42, there is a line reading: these numbers (1-19) “correspond to the DCFS Offices listed on page 3 of this document” however, page 3 does not include this information, and there are only 14 (not 19) DCFS offices listed in other parts of the RFP. Please let us know what offices the #1-19 correspond to.

Answer: Required Form 4-C Assessment and Intervention Services Price Sheet provides historical data for Assessment and Intervention services and rates for each of the DCFS Regional Office # 1 – 18 (#19 is the Asian Pacific Islander demographic and #20 is the American Indian demographic) for informational purposes only to assist Proposers in developing payment Rate/Unit Rate, please see Addendum Number Two, Section 52. Cost Proposal Evaluation Criteria, Subsection 52.17.3.1.1.2.4.

Required Form 4-C Assessment and Intervention Services Price Sheet, page 4 lists 18 Regional offices of which eight offices will be doubled up and combined into one office totaling 14 Regional Offices that may be proposed to provide Assessment and Intervention Services.

61. Page 34 of Addendum 2 states that the highest possible number of points will be given to the lowest cost proposal. Question: The rest of the responses pertaining to this area in the addendum do not go into detail regarding questions and concerns raised about scoring the lowest bid with the highest points regardless of the content and quality of services. This arrangement seems to favor a low ball bid which gives an agency that sets a low rate that would not ensure the best care or services the advantage over an agency that very conscientiously weighed the need for an adequate rate against quality care and developed a fair rate accordingly. Please explain how rating the proposals in this manner will achieve for DCFS the quality of services, the responsiveness to community and DCFS needs, and the level of care needed to treat this high risk population that Safe Children, Strong Families seems to be seeking.

Answer: The Los Angeles County Request for Proposal (RFP) process is to evaluate and score the Business (using the Informed Averaging Methodology) and Cost proposals independently and combine the scores for an overall score used to rank each proposal. Lowest cost is one category scored in the Cost Proposal Evaluation. Please see Addendum Number Two Section 52 Cost Proposal Evaluation Criteria Subsection 52.17.3.2 and 52.17.3.3.

62. What standards will be applied to determine whether a Proposer's Cost proposal is a "demonstration of how the cost will fulfill the requirements of the contract."?

Answer: There is set criteria which currently cannot be disclosed since it is part of the evaluation process of an open solicitation. Once the evaluation process is completed copies of the evaluation instruments can be reviewed during debriefings.

63. "The lowest cost proposal will be given the highest possible points in this category based on the price quoted" has been changed to "Points for all criteria will be combined to determine the overall score of a Cost Proposal". What are the component criteria elements?

Answer: Please see Addendum Number Two Section 52 Cost Proposal Evaluation Criteria Subsections 52.17.3.1, 52.17.3.2 and 52.17.3.3.

64. Since the prices quoted number 8 for the Resource Center; 3 prices are to be quoted for CAPIT; 26 prices for A & I services; 3 prices for APSS and 6 prices for the PFF, what is a lowest price? Is it simply the bottom line budget and total divided by the annual number of families?

Answer: Cost Analysis will be based on Required Form(s) 4A – 4E Price Sheet

total proposed cost is the total annual cost (one (1) year). Please see Addendum Number Three, Section 52 Cost Proposal Evaluation Criteria.

65. The Q/A document released today significantly alters the price sheets and adds columns and new factors. The explanation is lengthy and, at times, difficult to comprehend. Will the Department redesign and re-release the pricing sheets to reflect the new criteria and formula?

Answer: Please see Addendum Number Three, Section 52 Cost Proposal Evaluation Criteria, Subsection 52.17.3.1.1.2 Instructions for completing Part E. Required Form(s) 4A – 4E. Addendum Number Three also contains the revised Part E-Required Form(s) 4-A – 4E.

❖ **MISCELLANEOUS**

66. Are CAPIT and PSSF the same program? Some items in the sample contract refer to PSSF.

Answer: No, they are not the same program. CAPIT (Child Abuse Prevention, Intervention and Treatment) is a program authorized by State legislation, and the “Promoting Safe and Stable Families (PSSF)” Program is a federal program.

67. With regards to the Safe Children and Strong Families (SCFS) Services RFP, to facilitate with collaborative efforts amongst service providers, can DCFS provide a copy of the sign-in sheet from the Proposer’s Conference that was held on July 16, 2012?

68. At the bidder’s conference, it was said that the sign-in sheet from the bidders conference would be posted. Where can I locate this item?

Answer: By way of attachment to Addendum Number Three, DCFS will make available a listing of the agencies (with addresses) which attended the Proposers’ Conference on July 16, 2012. The names and addresses of the agencies will be those given on the Sign-in Sheets. The County has already provided email addresses contained in the County’s electronic notices to Proposers regarding the RFP.

69. RFP Part E – Board of Directors Resolution is deleted. If we have already obtained a Board Resolution for the RFP will we receive less points if we include it?

Answer: Although the original Board of Directors Resolution has been deleted, it has been replaced per Addendum Number Two, page 29, with another sample Board Resolution in Addendum Number Two, Attachment III, immediately following new Part E - Required Form 4-G, Budget Narrative (Justification). The new resolution has a red-font paragraph at the top which reads:

(This is a sample document only. The Resolution must be prepared on the organization's letterhead and sealed with the organization's corporate seal.) Please note the individuals who sign the resolution can't authorize themselves to bind the organization in a contract.)

It is also important to note that the sample resolution now specifies the particular program type and services to be provided by the organization, whether Resource Center services, CAPIT services, A&I services, APSS services, or PFF services.

The new sample resolution suggests that the Board resolution to be submitted should be specific to each program-type proposal. The new Board resolution does NOT specify SPA or Regional Office or other catchment area, however, which suggests that a specific resolution for any particular program type may be appended to any number of proposals for different areas, e.g. an A&I Services Board Resolution could apply to any number of A&I Services proposals for the different regional offices.

70. There is a provision in the RFP that an organization with SBE status will receive a mark off of up to \$50,000 dollars off its cost proposal. At the same time, the RFP stipulates that only 501 (c) 3 nonprofits may apply. As far as we have understood, nonprofit organizations are ineligible to receive SBE status. How can any one qualify for this mark off?

Answer: The Local SBE Preference was eliminated from the RFP in Addendum Number Two, page 35.

71. By when does the proof of insurance have to be presented? At proposal submission or at contract signing?

Answer: Part B, Paragraph 49.9, page 37 of the RFP requires "proof of insurability," not proof of existing insurance, although for current contractors the easiest way to show proof of insurability is by providing current ACORD insurance forms showing current insurance in place. Proof of actual insurance is not required until requested by the County from successful Proposers on or around the date of contract execution.

For more information on proof of insurability, please refer to Addendum Number Two, Questions and Answers, Item 104, page 154 of 213.

72. Are for-profit agencies considered for this RFP? If not, what is the reasoning?

Answer: No, for-profit agencies are not eligible for funding under this RFP. This is because Part B of the RFP, Paragraph 7.0, Minimum Mandatory Requirements, Subsection 7.4, page 6 indicates that "Proposer must be a non-profit social service organization founded for religious, charitable or social welfare purposes or a public entity and be tax exempt under 501 (c) of the Internal Revenue Code."

73. What was the reasoning for the small business enterprise preference was removed?

Answer: The Local SBE Preference is included as a standard feature in most County RFPs in case there are situations in which the SBE Preference might be granted. The County of Los Angeles requires that all businesses seeking the SBE preference qualify under the California Department of General Services (DGS) SBE Certification Program. The DGS web site clarifies that non-profits are NOT eligible for SBE Preference as follows:

Small Business Certification Eligibility

Nonprofit organizations are *not* eligible for small business certification because the applicant business must be a for-profit business and owned by one or more individuals and/or businesses.

The Local SBE Preference was eliminated from the RFP by Addendum Number Two, page 35. Only for-profit agencies can receive the Local SBE Preference, This was done because for-profit agencies are not eligible for funding under the RFP, and only for-profit agencies can be certified as SBEs, so the Local SBE Preference was irrelevant to the RFP and was eliminated. The RFP, Part B, Paragraph 7.0, Minimum Mandatory Requirements, Subsection 7.4, page 6 requires Proposers to be non-profit organizations or public entities, neither of which are eligible to receive the SBE Preference

74. Can our liaison's with the Wraparound (mental health half) program, Probation, or Mental Health be references? Can references also be from other DCFS programs, such as Community Care Licensing, Wraparound, and Out of home care?

Answer: It is unclear what is being asked. If you are asking whether your agency's staff liaisons with Wraparound (mental health half), Probation, or Mental Health can be references, the answer is no, because no one from your agency is presumed to be a neutral party toward your agency. If you are asking whether the County's staff liaisons who work with your agency in the above mentioned programs can be references, the answer is also generally no, because the County is very specific in naming its Program Managers for specific programs.

75. Does participation in ARRA and hiring workers using ARRA funding demonstrate a record of hiring GAIN/GROW participants?

Answer: No, participation in American Recovery and Reinvestment Act (ARRA) funding and hiring workers using ARRA funding does not equate to demonstration of a record of hiring GAIN/GROW participants unless the Proposer has supporting evidence that those

participants are from the County Department of Public Social Services's Greater Avenues to Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program. Section 30.0, Consideration of GAIN/GROW Participants for Employment, RFP page 16, requires either (1) a proven record of hiring GAIN/GROW participants – OR – an attestation of willingness to consider GAIN/GROW participants for future employment if they meet the minimum requirements for a position. All Proposers must fill out Form 5 as part of their Business Proposal.

76. Given the numerous (sometimes contradictory) changes appearing in Addenda and Q&A documents, will you release a *red-lined, updated version of the RFP* – incorporating the edits from Addenda 1 and 2, and the Q&A? This would make it much easier to understand and accurately capture the changes to each section and component.

a. If yes, how soon can this be released?

77. I am wondering if DCFS will issue the RFP again with all the amendments put into the document. With two addendums and a third one coming out and information changing from addendum to addendum, it is getting very difficult to keep track of what the latest correction or revision to different areas of the proposal is.

78. When all the changes have been made, will you be putting them all together in one place so we can see exactly how the RFP reads (including showing the tracked changes) so we don't have to sort through a variety of documents to make sure we have the correct information?

Answer: A revised, red text/red line RFP will be released in the form of Addendum 4. The RFP will incorporate all of the revisions made via Addenda and reflect changes made in response to proposer's questions. Please refer to Addendum 3 for details regarding the release date of the red text/red line RFP.

79. How many years of audited financial statements are required?

Answer: This subject is covered in detail in Addendum Number Two, Questions and Answers, Items 82 and 83, page 141 of 213. Generally, the agency's most recent audited financial statement is required.

80. Pg. 381: What should be submitted as Proof of Insurability?

Answer: Part B, Paragraph 49.9, page 37 of the RFP requires "proof of insurability," not proof of existing insurance, although for current contractors the easiest way to show proof of insurability is by providing current ACORD insurance forms showing current insurance in place. Proof of actual insurance is not required until requested by the County from successful Proposers on or around the date of

contract execution.

For more information on proof of insurability, please refer to Addendum Number Two, Questions and Answers, Item 104, page 154 of 213.

81. Pg. 28-29, section B.2 (also listed as section 49.5 B): Is this section supposed to include narrative? Or should it be comprised of completed forms?

Answer: Part B, Paragraph 49.5, Proposer's Qualifications (Section B), Subparagraph B, Proposer's Reference (Section B.2), pages 28-29, requests completion of the following forms:

1. Form 11-A, Prospective Contractor References;
2. Form 11, Prospective Contractor List of Contracts; and
3. Form 27, Prospective Contractor List of Terminated Contracts.

Subparagraph B, Proposer's References (Section B.2) does not request a narrative.

82. Pg. 31, Section 49.6.3.1: This does not seem to be a question to be answered in the narrative, despite its inclusion in the numbered sections. Please confirm.

Answer: This confirms that Part B, Paragraph 49.6, Proposer's Approach to Provide Required Services (Section C), Subparagraph 49.6.3, Proposer's Approach to Provide Services for Assessment and Intervention (A&I) Services, Sub-subparagraph 49.6.3.1, RFP page 31, is not a question to be answered in the narrative description of the Proposer's A&I Services Program Description.

Sub-subparagraph 49.6.3.1 follows this statement and indicates:

Each Proposer will be evaluated on its description of the methodology to be used to meet the County's required information provided in Section C, Exhibit C, Assessment and Intervention SOW, of their proposal.

This does not require a response by the Proposer.

83. Pg. 374: What revenue sources are we expected to disclose? If including individuals/corporations, above what dollar amount?

Answer: All sources of revenue, including contracts, endowments, donations, etc. must be disclosed on Required Form 13, Revenue Disclosure. 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 or obligation required by the revenue.

If the Proposer is asking about donations above from individuals and corporations, such items can be grouped together as “Donations by Individuals,” “Donations by Corporations,” etc. unless a category is overwhelmingly the donation of one or a small number of individuals or corporations, in which case it should be identified as primarily from the specific individuals or corporations.

Required Form 13 and its requirements are also considered in detail in Addendum Number Two, Questions and Answers, as follows:

1. Item 68, page 138 of 213
2. Item 91, page 150 of 213
3. Item 118, page 158 of 213

84. In a departure from every other County bidding procedure, is it correct to say that the Department is asking now for 3-5 years of revenue to be reconstituted and placed on the Revenue Form?

Answer: Yes, the County is requesting completion of Required Form 13, Revenue Disclosure. The Revenue Disclosure Form has been in use in the County for many years. For a full discussion of this form, please see Item 77 immediately above, and Answers, Items 68, 91, and 118, pages 138 of 213, 150 of 213, and 158 of 213.

85. What color ink does DCFS want original documents signed with, blue or black?

Answer: Black ink is preferred but blue ink is acceptable.

86. In the Proposer’s Methodology, we will reference a signed MOU between over 20 organizations across the 5 programs in the SPA/regional offices. The reviewers will need to see the referenced MOU to verify our statement. Where in a Proposal can we place an MOU within the Proposal Package which delineates roles and responsibilities which demonstrate the continuum of service across the 5 programs for families from prevention (CFRC and CAPIT) to intervention (PFF, AI and APSS) to aftercare (CFRC)? What does the Department mean in response to question 231 by “MOUs ... are not requested, since they are for determination of eligibility only?”

Answer: In Addendum Number Two, Questions and Answers, Item 231, pages 181-182 of 213, the County indicated not to attach Letters of Support or MOUs to the References forms (Required Forms 11, 11-A, and 27). because these forms did not require attachments of any kind and were mainly for determination of eligibility.

Since MOUs, etc. are not attached to the Reference forms, the County also indicated in Item 231 above that

“The most appropriate placement of a discussion and documentation [emphasis added] on collaborations or partnerships would appear to under the appropriate 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 on the program(s) for which the Proposer is applying.”

See Item 231 in Addendum No. 2 for specific information on where to place MOUs and other evidence of collaborations/partnerships for each program. Proposers should remember to carefully number all pages submitted in their proposal so that MOUs and other important attachments can be clearly referenced for review in connection with the narrative.

87. What is the “reasonable” standard upon which line item budgets are determined to be “reasonable”?

Answer: Reasonableness will include a number of concepts, including but not limited to adherence to generally accepted accounting principles, comparison of Total Cost against proposed performance, cost in relation to other proposers and programs, appropriateness of administrative/indirect costs and other budget categories, etc.

88. Does the Answer to Question #64, Addendum Number Two, p. 212, that a Proposer “may submit an application specifically for that contract [API Countywide], unrelated to a specific Regional Office” . . .

- a. Supersede previous Answers in Addendum Number Two, such as to Questions, #136 (p. 164); #143 (p. 165); and #285 (p. 198)?
- b. Apply equally and as well for all five programs solicited, including but not limited to CAPIT and PFF?

Answer: Addendum Number Three will include revisions to provide for two target groups that will be County-wide and therefore “unrelated to a specific Regional Office.” The two target groups are Asian and Pacific Islanders and Native Americans. The revisions will make clear that these County-wide proposals will apply only to the Resource Centers and Assessment and Intervention Services programs.

89. I noticed in Addendum 2 that attendance at the bidder’s conference is no longer mandatory. Is this correct?

Answer: Yes, that is correct.

90. In two places in the paragraph below, it asks for “(Print program type.)” Do they want “Safe Children & Strong Families” in each place, or names of specific programs under SCSF such as CRC, CAPIT, A&I, APSS, etc?

HEREBY AUTHORIZES AND DIRECTS (Print full name of person authorized),
Print the title of the person named) and

(Print full Name of

second authorized person), (Print the title of the second authorized person) TO SUBMIT THE ATTACHED (Print program type) PROPOSAL AND TO BIND THE CONTRACTOR IN A CONTRACT WITH THE COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO PROVIDE (Print program type) SERVICES AS STIPULATED IN THIS RFP AND RESULTING FINAL EXECUTED CONTRACT.

Answer: Agencies may place "Safe Children Strong Families" in the first "Print Program Type" blank on the form, since Safe Children Strong Families is a program or program umbrella name. The services are Resource Center services, CAPIT services, A&I services, APSS services, or PFF services. One of the five program names would have to be placed in the second blank.

91. I notice in Addendum Two, it mentions that Form 4A is deleted. However, in that section there are Forms 4A-E. Do we assume B-E are also deleted? (And only deleted for the Business Proposal, as later it indicates Forms 4 A-E are now included in the Cost Proposal?).

92. Addendum Two mentions that "Form 4A, Line Item Budget," is deleted; but the Line Item Budget in the original RFP was "Form 4F." Are they deleting form 4F?

Answer: Yes, the Line Item Budget was inadvertently labeled Form 4-A instead of 4-F. It is being deleted from Section 49.6 Business Proposal Required Forms, RFP, page 36 because it is a part of the Cost Proposal Format, not the Business Proposal Format. It is now included in revised Section 50.0, Cost Proposal Format, in Addendum No. 3, page 12.

93. For the new version of Form 10, Board Resolution, do we need one resolution signed for each of the areas we apply for (CAPIT, APSS, A&I, etc., or is it just one resolution for Safe Children Strong Families?

Answer: The Board resolution requires five resolutions for the five program types if a Proposer is planning to submit proposals for all program types. Agencies may place "Safe Children Strong Families" on the first blank line on the form, since Safe Children Strong Families is a program umbrella name, but they should place one of the five programs on the second blank line.

94. Can text in tables and charts be smaller than 12 point Arial?

Answer: The Proposal narrative MUST be in 12 point Arial font. If absolutely necessary to fit on a page, the text in tables and charts can be reduced up to one point to 11 point Arial font.

95. Are you requiring the submission of resumes and/or position descriptions as part of the Proposal Submission Requirements to substantiate the required staff qualifications?

Answer: Yes, resumes and position descriptions are required as part of Form 21, Organizational Data. This subject was covered in detail in the response to Item 69 of Addendum Number Two's Questions and Answers, pages 138-39 of 213. See especially parts #3, #4, and #5 of the response to this item.

96. For CAPIT and Assessment Intervention where there are to be multiple contracts per catchment area, can an agency have more than one contract in a catchment area? If so, how can an agency indicate it is interested in having more than one contract?

Answer: A Proposer can logically submit only one proposal per catchment area. About the only scenario under which a Proposer might be awarded two contracts would be a case in which the Proposer is the only viable candidate or by far the highest scoring candidate in an area and there is funding allocation for the area sufficient for a second contract (or a double allocation in one contract). This is a funding allocation question not covered in the RFP itself.

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 VIII

1. What will DCFS use to determine the rate of compensation per unit of service to the awardees? A wide range of factors go into determining what the actual cost is to an agency to run a specific contract. Will DCFS develop a range of compensation or will it go to the lowest bidder?

Answer: The CAPIT contract is the only one utilizing a unit of service rate (please verify), so for CAPIT it is incumbent upon the proposer to submit the rates that they propose would compensate them for the direct service billed in addition to all associated costs not captured through the 10% billed towards indirect costs.

Rates may be negotiated at the time of a proposer's selection. The proposal evaluation will consist of a review and scoring of both cost proposals and program elements. Please see addendum #2 Section 52.0 for further information on this topic.

2. What if one agency in a collaborative applies for funding in one program that is needed in another program, but is denied? For example, API agencies that need to provide linkages but do not get approved for Family Support dollars.

Answer: The agency that is awarded a contract will be expected to work with the other agencies in their catchment area to ensure that all services described in the PSSF/CAPT solicitation are provided as a seamless continuum. In the example, the API agency would need to work with those PSSF/CAPIT agencies that received the contract to provide the services described.

3. Will travel time in countywide collaboration be billable?

Answer: Travel time is not billable for countywide collaboration.

4. Section 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 will be up to 10% of the annual contract sum, for the Prevention and Aftercare Resource Center contract.

5. Are you looking for specific benchmarks regarding the cultural capacity to serve diverse communities?

Answer: The response in addendum #2 General Questions #54, states, "DCFS

will assess agencies ability to address the specific cultural needs of their respective communities, but do not have specific benchmarks at this time.”

6. Do you need to have a physical office location in the service area where you provide services for all contract programs?

Answer: All programs, except for APSS, will require all proposers’ awarded with an SCSF contract to be able to demonstrate that they have a physical location in the service area that they plan to serve, from 30-60 days from the contract award.” APSS’ requirements remain as stated in Section 7.8.2 (page 6), which states, “Proposers must have a service provider office within the SPA for which a proposal is being submitted”.

7. Is there a minimum of clients you would like to have served for each individual contract program?

Answer: Addendum #2 General Questions #46 states, “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.”

8. Can you provide a definition for disproportionality on page 30?

Answer: It is defined in Addendum #2 Q and A #42a. as follows, “when a group is represented in the child welfare system in greater numbers than their proportion within the overall County population.”

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/”

9. Can the in kind match be mental health billing?

Answer: The only contract requiring a match among those in this current solicitation is CAPIT. The match requirement is that the contractor provide a 10% match to the maximum annual contract sum, which can be in the form of cash or equivalent. Contractors may choose to provide mental health services and not bill the CAPIT contract as a potential method to provide an in-kind match. Each contractor’s proposed County match will be reviewed and considered by the County Program Manager prior to the onset of the contract.

10. Throughout the Q&A document, it is indicated that “the Department intends to procure a Family Assessment Form to be used as the required instrument to assess families... Contractors will not be required to purchase this form, and training will be provided” As a clarification, is there any expectation for bidders to provide revised assessments or any other forms as part of their application packages?

Answer: Contractors are not expected to provide revised assessment forms as part of their proposal. The Department intends to procure a Family Assessment Form to be used as the required instrument to assess families in the Assessment and Intervention and Partnerships for Families programs. Inherent in this instrument are measures that assess protective factors. Contractors will not be required to purchase this form, and training will be provided.

11. In Addendum 2, Attachment 1, the total funding available for the CAPIT and Assessment and Intervention programs is less than the current funding levels for these programs. Has there been a reduction in federal, State or NCC that is causing this decrease?

Answer: The funding for CAPIT services will be provided solely from the State (AB1733) funding source in the SCSF design. Currently, in Los Angeles County, some additional State (AB2994) funds are also being utilized to fund the CAPIT program, which will be re-directed upon the conclusion of the current contract cycle. Some AB2994 funds will be employed to fund the Prevention and Aftercare Resource Center.

12. Attachment 1 in Addendum 2 indicates that for SPA 3 the projected number of PFF contracts is 2. Am I right to assume there will be two agencies awarded the PFF contract in SPA 3? Pomona and El Monte are quite far apart geographically but the RFP only allots 1 resource center contract and only 2 CAPIT contracts. Please explain how DCFS expects adequate services to be provided in such distant locations with the amount of funding allocated.

Answer: Decisions on funding allocations, including the grouping of catchment areas of DCFS Regional Offices were made based on the availability of funds and projected minimum threshold amounts required to sustain services, for each program. If the projected funds available to one DCFS Regional Office was too little to sustain a program, this necessitated grouping the award, and catchment area of a neighboring Regional Office.

13. Would the County consider establishing one Roundtable for the entire Safe Children Strong Families initiative in order to actualize the stated desire for a seamless, more comprehensive and integrated system of community child welfare services rather than multiple, fragmented and silo-centered provider meetings for each program of SCSF?

Answer: Consideration will be given to the concept of integrating each SCSF programs' regular DCFS-Stakeholder meeting into one. Some possible issues with this concept include logistic considerations with the number of potential attendees with over 100 total contracts, as well as the provision of large amounts of program specific information, that may not maximize the time of contractors with a single SCSF contract.

14. A number of community-based organizations that have been serving the children and families in our Service Planning Area and our DCFS Regional Office for two decades have coalesced to respond in a collaborative manner to the RFP. Learning from the success of the DCFS approach for the SPA 4 PIDP “fiscal lead/co-lead agency approach“, can a “fiscally responsible lead proposer agency”, with a binding Memorandum of Understanding, assume the responsibility as the Prime Contractor for a group of 2 or more co-lead agencies? ***Most importantly, as an example, with a coalition of 4 lead agencies with one proposal, will such a collaborative proposal be considered as one or four in meeting your stated target for a projected 4 contracts in a DCFS regional office area?***

Answer: Proposers may submit proposals for each of the respective SCSF contracts. Proposers may also work with a network of sub-contractors in the provision of services. In the example provided, if the question is whether proposals for more than one SCSF contract/service component can be considered only as a group proposal and therefore either fund the entire coalition for all 4 service contracts, or choose not to fund the entire coalition, the answer would be that each proposal for each SCSF contract/service component is evaluated separately so this would not be given additional consideration.

15. In Addendum Number Two, 52.17.3, DCFS state that the “evaluation process emphasizes quality of service” and follows with:
- a. “52.17.3.2 Proposals will be scored on their demonstration of how the cost will fulfill the requirements of the contract.
 - b. 52.17.3.3 The line item budgets will be evaluated for reasonableness.”

Since the inception of Countywide FP services for Asian and Pacific Islanders and for American Indians, DCFS has not addressed the additional cost burden inherent to the Lead Agency to provide in-home services to any and all DCFS FP referrals anywhere in Los Angeles County, an area of over 4,400 square miles. Time studies conducted in conjunction with DCFS FP Administration and reviewed and approved methodologically by the County Auditor-Controller demonstrated that on average the time for an IHOC to travel to serve an API FP family anywhere in the County was an additional two (2) hours for a visit that was billable for only the one hour actually spent in providing the service. For families in the Antelope Valley, both the API and American Indian Countywide programs reported that it could commonly take more than four (4) hours just to travel to and return from a visit.

Will DCFS acknowledge and allow reimbursement for time travelled, just as much as for miles travelled, is a reasonable cost required and inherent to providing a quality service for populations that are best served by a Countywide service design?

Answer: Family Preservation services are provided through a capitated base rate. This base rate includes four In-Home Outreach Counseling visits, indirect costs, clinical direction and the Multidisciplinary Case

Planning Committee.

Currently travel time is not reimbursed for any agency in the completion of an In-Home Outreach Counseling visit. For all agencies, mileage is permitted as a line item on the agency's budget.

In the future, travel time may be considered provided it is not prohibited by the federal, state or local funding guidelines.

16. Part E – Required Form 4B – Price Sheet: If the average number of units per family/individual is 30 can the agency provide more than 30 units of service to a family when it is needed as long as we do not exceed our overall units of service? Or are we required to remove the family from the contract once they have reached the average units of service projected?

Answer: No, one would not be required to remove the family/individual from the contract. The number 30 is a projection of potentially how many families, on average a contractor may serve during a fiscal year. The exact number of families to be served will be dependent on the levels of need, family configuration, and service modality provided.

17. Initial RFP, Part D: SOW for PFF, Exhibit E, p. 293, subparagraph 7.1, under "Health Parenting and/or Other Education Programs or Resources" (Repeated in Addendum Number Two to RFP 11-053 August 1, 2012 Page 27)

7.1 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 professional 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.

Question: Certified substance abuse (SA) counselors who may be subcontracting with a Contractor of CFCR, CAPIT, or PFF often do not have a bachelor's degree. However, they would be providing direct services in the form of individual and/or group outpatient SA counseling to families (parents and/or children). SA counselors might also be providing AOD prevention education workshops to parents and adolescents. Must they meet the "paraprofessional and above" criteria described in subparagraph 7.1 above? (Paraprofessionals are defined as having a bachelor's degree in social work, psychology or related field.)

Answer: With approval from the County Program Manager staff at the Case Aide level may perform this function. Each contract provides specific requirements on levels of staffing for each service category.

18. If we have a DMH contract we would assume that the hourly rates for this contract would have to be at least the same as the hourly rates for the same services in the DMH contract. Is that correct?

Answer: Departments, contracts, and solicitations are each independent processes so rates would not be tied to those set in other contracts.

Proposed rates will be a part of the evaluation among all of the other elements included in the solicitation.

19. We are concerned about the possible issue of reimbursement rates for those of us who are Medi-Cal Providers meaning that it appears that we would have to be reimbursed at the same rates we charge Medi-Cal for similar services in any of these proposals, i.e. therapy, case management, etc. Can you confirm with DMH to make sure what the guideline on this would be?

Answer: DMH will be consulted in regards to this issue.

20. We think we understand your reasoning but are still baffled by your combining of Pomona and El Monte for contract purposes. According to Addendum 2, there will only be one contract in this combined region for a Resource Center. How does it make sense to have one resource center in either Pomona or El Monte for families to access, with all the space in-between in a different region? Wouldn't it make more sense to combine one with another region that is next to it, give the one that is left a smaller amount of a contract, and increase the contract in the one that is combined, i.e. combine Pomona and Glendora, increase the amount of their contract, and give a smaller amount to an El Monte region, or combine El Monte and a region next to it, give them a larger contract and give a smaller contract to the Pomona region?

Answer: Many factors were taken into consideration when developing the proposed funding allocations for the Resource Center as well as the other SCSF programs. The allocations as provided include the best efforts to address County wide coverage, while maintaining a minimum funding level for each Resource Center.

21. In Addendum 2, under the sections for CAPIT and PFF, there are numerous strike-outs of references to Strengthening Families Framework and the Core Practice Model. In the Q&A document, these models are discussed as/downgraded to "guiding philosophies." Could you discuss the reasons for these changes, and clarify whether it is still important for bidders to address these models in their proposals, i.e., methodology to incorporate the Strengthening Families Protective Factors Framework and the the principles of the LA County Shared Core Practice Model into service delivery plans? Is this important for *all* service components?

Answer: Both the Strengthening Families Protective Factors Framework and the the principles of the LA County Shared Core Practice Model remain an integral part of the vision of the SCSF contracts. Reference to these practice principles as guiding philosophies was not intended to downgrade their importance.

22. Will forms be provided, or are we required to create them? See wording below:

Throughout the Q&A document, it is indicated that “the Department intends to procure a Family Assessment Form to be used as the required instrument to assess families... Contractors will not be required to purchase this form, and training will be provided” As a clarification, is there any expectation for bidders to provide revised assessments or any other forms as part of their application packages?

Answer: **No, there is no expectation for proposers to include revised assessment forms as a part of their application package.**

23. For an agency that has a DMH contract, do the hourly rates for the SCSF contracts have to be at least the same as the hourly rates for the same services in the agency’s DMH contract? [Our understanding is that different rates cannot be charged for the same services, particularly services delivered to Medi-Cal beneficiaries.

Answer: **DMH will be consulted in regards to this issue.**

PARTNERSHIPS FOR FAMILIES
Monthly Staffing and Expenditure Report

SECTION 1: AGENCY INFORMATION

AGENCY NAME:	INVOICE DATE:
AGENCY ADDRESS:	BILLING MONTH:

SECTION 2: EXPENDITURE INFORMATION

COST CATEGORY	ANNUAL BUDGET (a)	ACTUAL MONTHLY EXPENDITURES (b)	ACTUAL YTD EXPENDITURES (c)	AVAILABLE UNEXPENDED BUDGET (d=a-c)
<u>I. SALARIES & EMPLOYEE BENEFITS</u>				
a. Salaries & Wages				
b. Employee Benefits				
c. Consultants				
<u>II. NON PERSONNEL COSTS</u>				
d. Staff Mileage				
e. Facility Costs				
f. Consumable Supplies				
g. Equipment				
h. Indirect Costs				
i. Other Direct Costs				
j. Emergency Basic Support				
TOTAL				

iii. Requested Reimbursement (the lesser of column b or d):\$ _____

SECTION 3: AGENCY CERTIFICATION

I, certify under penalty of perjury, that the information on this invoice is true and correct.

_____	_____	_____	_____
Print Name	Signature	Title	Date

SECTION 4: DCFS PROGRAM MANAGER ONLY

_____	_____	_____	_____
Print Name	Signature	Title	Date

County of Los Angeles - Department of Children and Family Services
 Safe Children and Strong Families (SCSF) Services - RFP #11-053
NUMBER OF CONTRACTS TO BE AWARDED and FUNDING ALLOCATIONS PER CATEGORY

FUNDING PER PROGRAM	PREVENTION and AFTERCARE (Resource Center) EXHIBIT A	PREVENTION and AFTERCARE (CAPIT) EXHIBIT B	ASSESSMENT and INTERVENTION EXHIBIT C	ADOPTION PROMOTION and SUPPORT	PARTNERSHIPS for FAMILIES EXHIBIT E
	\$6,618,348	\$2,862,000	\$30,084,941	\$3,205,000	TBD

DCFS Regional Office	Projected Number of Resource Center Contracts	Projected Number of CAPIT contracts	Projected Number of Contracts for Assessment and Interventions
Belvedere	1	3	4
Santa Fe Springs	1	3	4
Compton	1	2	3
Wateridge	1	3	8
Vermont Corridor & West LA	1	4	4
Pomona & El Monte	1	2	5
Pasadena	1	3	3
Glendora	1	2	4
Lancaster & Palmdale	1	3	4
Santa Clarita + WSFV	1	4	4
SFV	1	3	3
Metro North	1	3	6
South County	1	4	4
Torrance	1	2	4
American Indian	1		1
Asian Pacific Islander	1		1
Total Number of Contracts	16	41	62

SPAs	Projected # of Contracts for APSS	Projected # of contracts for PFF
SPA 1	1	1
SPA 2	1	1
SPA 3	1	1
SPA 4	1	1
SPA 5	1	1
SPA 6	1	1
SPA 7	1	1
SPA 8	1	1
0	8	8

UNEXCUSED / EXCUSED ABSENCE ALERT FORM

INSTRUCTIONS:

In-Home Outreach Counselors will complete this form and obtain the Program Director's signature and fax the form to the CSW. The form should be placed in the case file.

CSW/DPO shall review the faxed form, obtain the SCSW approval signature and the SCSW or SDPO if two or more visits will be missed. Fax the completed form back to the In-Home Outreach Counselor's Program Director.

Date: _____

Case Name: _____ Case #: _____

To: _____ From: _____

Agency Name: _____

Fax: _____ Phone: _____

UNEXCUSED ABSENCE

Circumstance: _____ Parent(s) / Legal Guardian(s) _____ Child(ren) Was Absent For A Scheduled Visit

Notification: This is to notify you that I attempted to contact family member(s) on: _____
Date

However, (s)he was not at the following address: _____

Follow-up Efforts: _____

Joint CSW/CFPN Staffing Conference Decision: _____

Telephone Staffing Attempts on: _____ and _____

EXCUSED ABSENCE

The following individuals have asked to be excused from the In-Home Counseling session:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

UNEXCUSED / EXCUSED ABSENCE ALERT FORM

The date of the absence is from _____ to _____

The date(s) of the sessions that will be missed are: _____

The reason for this absence is: _____

This absence has been discussed with: _____ (CSW/DPO) _____

(Contractor) on _____
Date in person or be telephone.

County representative agrees to the excused absence(s) as noted above.

Reviewed and approved:

Signature: _____
Program Director

Date:

Signature: _____
SCSW / SDPO

Date:

Safe Children and Strong Families (SCSF)
SECTION D – LONG TERM
PERFORMANCE OUTCOME MEASURES
 Prevention and Aftercare Services – Resource Center

DCFS OUTCOME	COUNTY OUTCOME PERFORMANCE INDICATOR	CONTRACTOR PERFORMANCE TARGET	COUNTY MONITORING METHODS/DATA COLLECTION
<p>Goal: SAFETY</p> <p>Decreased occurrences of child abuse/neglect</p>	<p>Of all <u>community or self referred families</u> within 6 – 12 months of successful completion of Prevention Services the:</p> <ol style="list-style-type: none"> 1. Percentage of families included as the subject of child abuse and/or neglect referrals. 2. Percentage of families involved in substantiated child abuse and/or neglect referrals. 3. Percentage of families with cases opened. 4. Percentage of children removed from parent(s) and placed in out of home care. <hr/> <p>Of all <u>DCFS referred families</u> within 6 – 12 months of successful completion of Prevention Services the:</p> <ol style="list-style-type: none"> 1. Percentage of families included as the subject of <u>subsequent</u> child abuse and/or neglect referrals. 2. Percentage of families involved in <u>subsequent</u> substantiated child abuse and/or neglect referrals. 3. Percentage of families with cases opened. 4. Percentage of children removed from parent(s) and placed in out of home care. 	<ol style="list-style-type: none"> 1. Shall not exceed 20% 2. Shall not exceed 20% 3. Shall not exceed 20% 4. Shall not exceed 10% <hr/> <ol style="list-style-type: none"> 1. Shall not exceed 20% 2. Shall not exceed 20% 3. Shall not exceed 20% 4. Shall not exceed 10% 	<ol style="list-style-type: none"> 1. CWS/CMS, Monthly Reports 2. CWS/CMS, Monthly Reports 3. CWS/CMS, Monthly Reports 4. CWS/CMS, Monthly Reports <hr/> <ol style="list-style-type: none"> 1. CWS/CMS, Monthly Reports 2. CWS/CMS, Monthly Reports 3. CWS/CMS, Monthly Reports 4. CWS/CMS, Monthly Reports

Safe Children Strong Families (SCSF)
SECTION D
PREVENTION AND AFTERCARE SERVICES – RESOURCE CENTER
Performance Outcomes

Required Services, Processes and/or Activities	Performance Standard/Outcome	Monitoring Method
Subcontract a minimum of 35 percent of Prevention and Aftercare Services – Resource Center	<p><i>From the current baseline year:</i></p> <p>Expend allocated percentage of funds subcontracted through written subcontracts.</p>	<p>Compliance monitoring method includes, but not limited to:</p> <ul style="list-style-type: none"> - Reviews of written subcontracts,
<p><u>Reduced Social Isolation through the Development of Healthy Communities and Social/Interpersonal Connectedness</u></p> <ul style="list-style-type: none"> - Individuals have opportunities to create a range of positive relationships. - Residents are proud to be part of their communities. - Families participate in social networks that offer self empowerment and self-sufficiency experiences. -Communities participate in child abuse prevention efforts. -Communities are healthy and thriving, reducing the risk of child abuse and/or neglect. 	<p><i>From the current baseline year:</i></p> <ul style="list-style-type: none"> - Increase current family leadership forums by 10 percent. - Increase social networking forums/community projects focusing on stronger relationships with families, neighbors, local government, school systems, and other community stakeholders by 10 percent. - Increase the number of individuals who participate in these forums/community projects by 10 percent. - Increase the number of families participating in social networking strategies by 10 percent. - Community improvement efforts include child/youth input into decision-making. - Increase opportunities for safe child and family recreational activities by 10 percent. - Ongoing institution of Contractor developed surveys to gauge client resiliency, empowerment and self 	<ul style="list-style-type: none"> - Review of reports, program audits - Review of feedback from collaborative partners, - Contractor developed client satisfactory tools, - Contractor quality assurance plan and quality assurance monitoring (as will be indicated in the Statement of Work), - County quality assurance plan, and; - Safe Children and Strong Families program evaluation. - CONTRACTOR shall comply with COUNTY efforts to monitor performance standard outcomes.

	sufficiency rates.	
<p><u>Increased economic opportunities and development</u></p> <ul style="list-style-type: none"> - Support families by providing opportunities for economic development. -Facilitate family access to concrete support in a time of need to reduce the risks of child abuse and/or neglect. 	<p><i>From the current baseline year:</i></p> <ul style="list-style-type: none"> - Increase current economic development programs by 10 percent. - Financial literacy skill building is available to families. - Training programs have a direct connection to living wage jobs. - Ongoing institution of Contractor developed surveys to gauge clients’ empowerment and self sufficiency rates. 	
<p><u>Increased access to and utilization of beneficial services, activities, resources and supports</u></p> <ul style="list-style-type: none"> - Families have access to services, activities and resources that facilitate strong and healthy families and reduce the risk of child abuse and/or neglect. - Offer a range of opportunities for participation -Families participate in activities and programs that facilitate the ability to identify and solve their own problems - Parents have knowledge of and developed protective factors. -Families have access to services and supports geared toward early care and education, youth development and institutional transformation, to include parks and libraries welcoming children. 	<p><i>From the current baseline year:</i></p> <ul style="list-style-type: none"> - Increase current networking and partnerships to enhance infrastructure and allocate resources by 10 percent. - Increase of neighborhood based activities, which builds infrastructure within neighborhoods by 10 percent. - Create and implement strategically placed community forums on child abuse prevention and efforts to solicit participation is documented. - Increase community residents’ involvement in developing strategies for child abuse prevention (outreach/education) for neighborhoods by 10 percent. - Identify the local agencies which provide early care and education services/resources and youth development services/resources services to achieve the goals described in the statement of work. 	

	<p>Document efforts to include these agencies in a Prevention and Aftercare Services local network, as well as the community activities which ensue from the expansion of the network in these respective areas.</p> <ul style="list-style-type: none"> - Linkages to necessary services are available - Create and implement community based parent forums, with a focus on social connections, knowledge of parenting and child development, community resources/services. -Institute pre and post surveys for families and caregivers to determine response levels to the network of activities for these outcomes. -Institute pre and post surveys for youth to determine response levels to the network of activities for these outcomes. - Ongoing institution of Contractor developed surveys to gauge clients' perception on processes to achieve this goal, including client empowerment and self sufficiency rates. 	
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Department of Children and Family Services – Contracts Administration Division
SIGN-IN SHEET FOR SCSF PROPOSERS' CONFERENCE
(As of July 16, 2012)

ATTACHMENT XIV

AGENCY/VENDOR		First name	Last name	Title	EMAIL
1	1736 Family Crisis Center	Betty	Liu	Research & Resource Manager	bliu@1736fcc.org
2	Alma Family Services	Claudia	Rice	Program Director	claudiar@almafs.org
3	Alma Family Services	Cynthia	Baker	Director of Behavioral Health	cyadis@almafs.org
4	Alma Family Services	Luann	Martenson	Grant Consultant	lmartenson@att.net
5	Asian American Drug Abuse Program	Jose	Esqueda	Director	jesqueda@aadapinc.org
6	Asian Pacific Policy and Planning Council	Mark	Masaoka	Policy Coordinator	mmasaoka@a3pcon.org
7	Asian Youth Center	Michelle	Freridge	Executive Director	exec@asianyouthcenter.org
8	Assistance League of Southern California	Jana	Plasters	Executive Director	Jplasters@Assistanceleague.net
9	Assistance League of Southern California	Susan	Lux	Clinical Director	slux@assistanceleague.net
10	Assistance League of Southern California	Peter	Fonseca	Director	pfonseca@assistanceleague.net
11	Aviva Family & Children's Services	Althea	Bassett	Director of FFA	abassett@avivacenter.org
12	Aviva Family & Children's Services	Michelle	Cordero-Lee	VP of Development	mcorderolee@avivacenter.org
13	Barrio Action Youth & Family	Yvette	Letelier	Program Director	Yvette@barrioaction.org
14	Behavioral Health Services	Michael	Ballue	Chief Strategy Officer	mballue@bhs-inc.org
15	Behavioral Health Services	John	Kirby	Director of Program Dev	jkirby@bhs-inc.org
16	Behavioral Health Services	Denise	Shook	Divisional Director	dshook@BHS-inc.org
17	Behavioral Health Services	May	Ng		may@wewritethegrants.com
18	Behavioral Health Services	Danny	Jenkins	Contract grant wirtter	danny@wewritethegrants.com
19	Bienvenidos	Stephanie	Ivler	Grant Writer	ivlerconsulting@gmail.com
20	Bienvenidos	Georgia	Thompson	Program Manager	gthompson@bienvenidos.org
21	Big Brothers Big Sisters of Greater LA	Diane	Bernardino	Assistant Director of Programs	Diane.Bernardino@bbbsla.org
22	Big Brothers Big Sisters of Greater LA	Tiffany	Siart	President / CEO	tiffany.siart@bbbsla.org
23	Boys & Girls Aid Society of Los Angeles County	Sally	Mansour	Director of Community Based Programs	smansour@5acres.org
24	Boys & Girls Club of San Fernando Valley	Teri	Cortes	FPP Manager	tacortes@bgcsfv.org
25	Califonia Mental Health Connetion	Jimenez	Elisa	Executive Director	ekjiha@californiamhc.org
26	California Mental Health	Vahe	Hakimian	President	ortvahe@sbcglobal.net
27	Cambodian Association of America	Kimthai	Kuoch	Executive Director	kkuosh@cambodian.com
28	Cambodian Association of America	John	Miyabe	Director	john@cambodianusa.com
29	Center for Community Development	Taylor	Brady	Development Director	Taylor@taylorbrady.org
30	Center for the Pacific Asian Family	Karen	Lou-Lopez	Emergency Program Manager	kama@cpaf.info
31	Cheryl D. Cromwell & Associates	Cheryl	Cromwell	Owner	cdcromwell@aol.com
32	Child & Family Center	Roberta	Rubin	Director	roberta.rubin@childfamilycenter.org
33	Child & Family Center	Alma	Jimenez	FPPM	alma.jimenez@childfamilycenter.org
34	Child & Family Center	Tony	Silbert	Grant Consultant	tony@silbertconsulting.com
35	Child & Family Center	Kelly	Borgwardt - Smith	Asst. Dir of Community Svcs	Kelly.Smith@childfamilycenter.org
36	Child & Family Guidance Center	Kathleen	Welch-Torres	Director of Programs	welch@childguidance.org

37	Child Alliance	Carmen	Rubio	Clinical Director	crubio@childalliance.org
38	Child Alliance	Alfonso	Rubio	CEO	arubio@childalliance.org
39	Child Alliance	Wency	Goldring	Consultant	wendygolding@gmail.com
40	Children's Bureau	Ron	Brown	Chief Program Officer	rbrown@all4kids.org
41	Children's Bureau	Sona	Chandwani	CFO	sonachandwani@all4kids.org
42	Children's Bureau	Jose	Ramos, Jr.	Program Director	JoseRamos@all4kids.org
43	Children's Bureau	Lou	Nieman	Director Foster Care & Adoption	lounieman@all4kids.org
44	Children's Institute, Inc.	Jacqueline	Atkins	Vice President	jatkins@childrensinstitute.org
45	Children's Institute, Inc.	Laura	Caridi	VP	lcaridi@childrensinstitute.org
46	Children's Institute, Inc.	Steve	Ambrose	Sr. VP	sambrose@childrensinstitute.org
47	Children's Institute, Inc.	Ken	Lou Ria	Vice President	klouria@childrensinstitute.org
48	Children's Institute, Inc.	Nancy	Pelaxo	Program Manager	npelaxo@childrensinstitute.org
49	Children's Institute, Inc.	Manuel	Rivera	VP - SPAY	mrivera@childrensinstitute.org
50	Child's Family Guidance Center	Stephanie	Saliger	Director, North Hills	Ssaliger@childguidance.org
51	Chinatown Service Center	Karen	Blakeney	Executive Director	kblakeney@csla.org
52	Chinatown Service Center	Albert	Ko	FP & CAPIT Manager	ako@csc/a.org
53	City of Long Beach DHHS	Susan	Price	Bureau Manager	susan.price@longbeach.gov
54	City of Long Beach DHHS / CFY	Rosa	Velazquez-Gutierrez	Center Director	rosa.velazquez-gutierrez@longbeach.gov
55	Community Family Guidance	Carol	Yung	Senior Director of Programs	lwatkins@cfgcenter.com
56	Community Family Guidance Center	Marcia K.	Salvary	Director of Development	msalvary@cfgcenter.com
57	Community Family Guidance Center	Carol	Jung	Senior Director of Programs	cjung@cfgcenter.com
58	Community Family Guidance Center	Sheeva	Danesh	Outpatient Therapist	sdanesh@cfgcenter.com
59	Concept 7	Seana	Estavillo	Adoptions Director	sestavillo@concept7.org
60	Crenshaw West Adams Leimart Consortium	Ben	Blakley	Office Administrator	crenshawfind728@email.com
61	CSUN	Josh	Einhorn	Grant Writer	joshua.einhorn@csun.edu
62	David & Margaret Have, Inc.	Charles	Rich	Executive Director	richc@davidandmargaret.org
63	David & Margaret Youth And Family Services	Katay	Wessels	Director of Division	wesselsk@davidandmargaret.org
64	Didi Hirsch Mental Health Center	Kristine	Santoro	Program Director	Ksantoro@didihirsch.org
65	Didi Hirsch Psychiatric Service	Dulce	Ruiz	Staff Accountant	druiz@didihirsch.org
66	DiDi Hirsch Psychiatric Services	Janine	Perron	Sr. Grant Officer	jperron@didihirsch.org
67	Dignity Health dba CA Hospital	Tania	Benacemaf	Program Director	tania.benacemaf@dignityhealth.org
68	Dignity Health dba California Hosp Med Center	Richard	Hume	Director of Grant	rachel.zupa@dignityhealth.org
69	Drew Child Development Corp	William	Smith	Consultant	wsmith@nposolutions.org
70	Drew Child Development Corp.	Susana	Marco	Program Director	smarco@drewcdc.org
71	Dveal Family & Youth Services	Ron	Mills	Contact Manager	rmills@dveal.com
72	East Los Angeles Women's Center	Barsara	Kappos	Executive Director	BKAPPOS@elawc.org
73	East Valley Boys & Girls Club	Charles	Karsch	Executive Director	ckarsch@evbgc.org
74	El Centro Del Pueblo	Priscilla	Sobalvarro	Program Supervisor	psobalvarro@ecdpla.org
75	El Centro Del Pueblo	Marcelo	DiMauro	Program Director	mdimauro@ecdpla.org
76	El Centro Del Pueblo	Zeyda	Fernandez	Program Director	zfernandez@ecdpla.org
77	El Centro Del Pueblo / Bruce Rubenstein	Bruce	Rubenstein	Consultant Writer	bammabruce@roadrunner.com
78	El Nido Family Centers	Alejandra	Acuna	Clinical Director	aacuna@elnidofamilycenters.org

79	El Nido Family Centers	Ara	Avakyan	Grants Administrator	aavakyan@elnidofamilycenters.org
80	El Nido Family Centers	Liz	Herrera	Executive Director	herrera@elnidofamilycenter.org
81	El Nido Family Centers	Jane	Johnston	Program & Fund Dev Specialist	janejohn@roadrunner.com
82	Exceptional Children's Foundation	Denee	Jordan	Director	djordan@kayneeras.org
83	Exceptional Children's Foundation	Emily	Lloyd	VP of Programs	elloyd@ecf.net
84	Families for Children, Inc.	Andrew	Henderson	Executive Director	andrew@familiesforchildren.org
85	Families for Children, Inc.	Lauren	Brown	Consultant	andrew@familiesforchildren.org
86	Families Uniting Families	Rosalva	Gonzalez	Program Assistant	rg@familiesunitingfamilies.org
87	First 5 LA	Karen	Kowalewski	Program Officer	karenknl@aol.com
88	Five Acres	Rachel	White	Principal	rwhite@holarchyconsulting.com
89	Five Acres	Eric	Murillo - Angelo	Chief Program Officer	emurillo@5acres.org
90	Five Acres, The Boys' & Girls' Aid Society of LAC	Eric	Murillo	Chief Program Officer	emurillo@5acres.org
91	Five Acres/PMHC	Eden	Garcia	Executive Director	egarcia-balis@5acres.org
92	Five Acres/PMHC	Marianne	Gailfoyle	Permanency Program Director	mgailfoyle@5acres.org
93	Five Acres-L A Legal Aide Society of Boys & Girls	Maria	Velasquez	Program Manager	mvelasquez@5acres.org
94	Florence Crittenton Services	Joyce	Capelle	CEO	jcapelle@crittentonsocal.org
95	Foothill Family Service	Judith	Carey-Fisher	Development Consultant	judithcarey@gmail.com
96	Foothill Family Services	Catherine	Rideau	Director of Deve.	crideau@foothillfamily.org
97	Foothill Family Services	Helen	Morran-Wolf	Executive Director	hmorran-wolf@foothillfamily.org
98	For the Child	Denise	Dahlhausen	Development Director	ddahlhausen@forthechild.org
99	For the Child	Michele	Winterstein	Executive Director	michelew@forthechild.org
100	Friends of Mt. Carmel	Mary	Blatz	Director	maryblatz@aol.com
101	Friends of the family	Susan	Kaplan	Executive Director	susan@fofca.org
102	Friends of the family	Deborah	Davies	Director of Programs	deborah@fofca.org
103	Friends of the Family	Teshome	Waldesemayat	Grants & Evaluation Manager	teshome@fofca.org
104	Grace Resource Center	Kathleen	Renner or Steve Baker	CFO / ED.	poppabaker@yahoo.com
105	Guidance Community Center	Theresa	Lu	CEO	tlu888@luassociates.com
106	Guidance Community Development Center	Stephen	Hall	Director of Operation	shall@guidancecommunity.com
107	Hamburger Home - Aviva Family and Children's Svs	Regina	Bette	President / CEO	rbette@avivacenter.org
108	Hamburger Home dba Aviva	Lorne	Leach	Director of CMHS	lleach@avivacenter.org
109	Helpline Youth Counseling Inc.	Rocio	Herrera	Director of Family Services	rherrera@hycinc.org
110	Helpline Youth Counseling, Inc.	Laurence	Pieper	Director of Finance	lpeiper@hycinc.org
111	Helpline Youth Counseling, Inc.	Angela	Bolton	Director of Development	abolton@hycinc.org
112	Helpline Youth Counseling, Inc.	Jeff	Farber	Executive Director	jfarber@hycinc.org
113	Helpline Youth Counseling, Inc.	Debbie	Ma	Director of Programs	dma@hycinc.org
114	Hillsides	Antonia	Aikins	Management Director	taikins@hillsides.org
115	Hillsides	Margaret	Lopez	Director	mlopez@hillsides.org
116	Hillsides	Vanessa	Gonzalez	Therapist	vgonzalez@hillsides.org
117	Hillsides	Amy	Sanchez	Contracts Manager	aley-sanchez@hillsides.org
118	Human Services Association	Leticia D.	Chacon	CEO	leticia.chacon@hsala.org
119	Human Services Association	Robert	Perez	Accounting Manager	roberto.perez@hsala.org
120	Human Services Association	Alfredo	Hernandez	Accountant	alfredo.hernandez@hsala.org
121	Human Services Association	Celia	Marquez	Program Director	celia.marquez@hsala.org

122	Human Services Association	Hermila	Melero	Program Director	hermila.melero@hsala.org
123	IMCES	Mashrouteh	Pirhekayati	Finance	mashroten@aol.com
124	IMHP	Leonard	Fowler	Program Director	lfowler.imhpla@gmail.com
125	Institute For Maximum Human Potential	Ramee	Richards	Outreach Director	rrichards.imhpLa@gmail.com
126	Institute for Multicultural Counseling & Education Services	Michele	Lindon	Clinical Supervisor	michelelindon@imces.org
127	Institute for Multicultural Counseling & Education Services	Michael	Koth	SUB/Abuse Specialist. FP Cl.	Michaelkoth@imces.org
128	Institute for Multicultural Counseling & Education Services	James	Pelk	Program Manager	Jamespelk@imces.org
129	Jahi Family Service, Inc.	Tawanna	Smith	Director	tawanna@jahifamilyservices.org
130	JB Conseling & Consulting Inc.	Marcus	Joseph	Executive Director	JBCounseling@aol.com
131	JB Counseling and Consulting	Donna	Garrett	Program Director	dgarrettpsyd@hotmail.com
132	Khmer Parent Association	Chan	Hopson	Executive Director	misschan@khmerparent.org
133	Korean American Family Service Center	Jennifer	Oh	Domestic Violence Program Manager	joh@kafscla.org
134	Korean American Family Service Center	Connie	Chung	Executive Director	cchungjoe@kafscla.org
135	Koreatown Youth & Community Center	Sam	Joo	Director	sjoo@kyccla.org
136	Koreatown Youth & Community Center	Kathrin	Buschmann	Grant Writer	kbuschmann@kyccla.org
137	Latino Family Institute	Maria	Quintanilla	Executive Director	mquintanilla@lfiservices.org
138	Lawrence Lue	Lawrence	Lue	Consultant	lawrencejlue@gmail.com
139	Los Angeles Child Guidance Clinic	Cesar	Portillo	VP Clinical Advancement	cportillo@lacgc.org
140	LTSC Community Development Corp.	Yasuko	Sakamoto	Director of Social	ysakamoto@ltsc.org
141	LTSC Community Development Corp.	Mike	Murase	Director of Service Programs	mmurase@ltsc.org
142	LTSC Community Development Corporation	Julie	Itahara	Development Associate	jitahara@ltsc.org
143	LTSC Community Development Corporation	Jade	Yamada	Program Coordinator	Jyamada@ltsc.org
144	Lu & Associates	Theresa	Lu	CEO	tlu888@luassociates.com
145	Maryvale	Steve	Gunther	President & Executive Director	Sgunther@maryvale-CA.org
146	Maryvale	Ike	Kebhulas	Vice President of Clinical Services	Ikebhulas@maryvale-ctr.org
147	National Office of Samoan Affairs	Camila	Williams	Project Coordinator	camilaw.osa@gmail.com
148	Norma Jordan Ministries	Norma	Jordan	CEO	normajordan@hotmail.com
149	Olive Crest	David	Renteria	Coordinator	david-renteria@olivecrest.org
150	Olive Crest	Jessica	Valdez	ITFC Director	jessica-valdez@alivestrest.org
151	Optimist Boys Home & Ranch	Crystal	Brackin	Asst Executive Director	cbrackin@oyhfs.org
152	Pacific Asian Counseling Services	Vicki	Lau	Director of Finance	vlau@pacsla.org
153	Pacific Asian Counseling Services	Mavilco	Kahn	Executive Director	mkahn@parsla.org
154	Pacific Clinics	Joseph	Ho	Divisional Director	jho@pacificclinics.org
155	Pacific Clinics	Christine	Hover	Program Director	chover@pacificclinics.org
156	Pacific Clinics	Liz	Torres	Director, Program Development	etorres@pacificclinics.org
157	Pacific Clinics	Simon	Wai	Program Director	Swai@pacificclinics.org
158	PACS	Michi	Okano	Clinical Director	mokano@pacsla.org
159	Para Los Ninos	Sara	Lillegas	Grant Writer	gleasonsara@hotmail.com
160	Para Los Ninos	Jimmy	Urizar	Program Manager	jurizar@paralosninos.org

161	Para Los Ninos	Andrew	Herod	Director Family Services	aherod@paralosninos.org
162	Para Los Ninos	Jennifer	Ralls	Program Director	jralls@paralosninos.org
163	Para Los Ninos	Lisa	Hirsch Marin	VP Programs Integrated Services	Lmarin@paralosninos.org
164	Parents Anonymous Inc.	Sandra	Williams	VP of Programs	swilliams@parentsanonymous.com
165	Pinnacle Foundation	Greer	Davis	Administrator	iwilsonphd@Ad.com
166	Pinnacle Foundation, Inc.	Miranda	Wilson	Case Navigator	m.wilsonI@umiami.edu
167	Penny Lane Centers	Bill	Shepard	Grant Manager	bshepard@pennylane.org
168	Penny Lane Centers	Judith	Sandino	Director of Family Pres. Services	Jsandino@pennylane.org
169	Personal Involvement Center	Cedric Earl	Smoots	FP Manager	csmoots@picservices.org
170	Personal Involvement Center	Maxine	Perryman-Diggs	CEO	mdiggs@picservices.org
171	Phoenix Houses of California, Inc.	Maja	Trochimczyk	Sr. Director	mtrochimczyk@phoenixhouse.org
172	Phoenix Houses of Los Angeles	Maja	Trochimczyk	Sr. Director	mtrochimczyk@phoenixhouse.org
173	Plaza Community Services	Abby	Arnold	Grant Writer	abby.arnold@verizon.net
174	Plaza Community Services	Gabriel	Buelna	Executive Director	gbuelna@plazacs.org
175	Pomona Unified School District	Bridget	Earl	Clinical Director	bridget.earl@pusd.org
176	Pomona Unified School District	Patti	Azevedo	Program Administrator	patricia.azevedo@pusd.org
177	Pomona Valley YES	John	Owsley	Executive Director	jwowsley@gmail.com
178	Pomona Valley YES	Monique	Owsley		momonique65@gmail.com
179	Pomona Valley Youth Employment	Kim	Nguyen	Assistant Director	Kimpuyes@gmail.com
180	Project Impact	Matt	Harris	Executive Director	mharris160@aol.com
181	Richstone Family Center	Maria	Macias	Program Manager	mmacias@richstonefamily.org
182	Richstone Family Center	Benjamin	Alvarez	Program Manager	balvarez@richstonefamily.org
183	Saint John's Health Center	Tasha	Boucher	Program Coordinator	tasha.boucher@stjohns.org
184	San Fernando Valley CMH Center	Jennifer	Calderon	Program Manager	jfentress@sfvcmhc.org
185	San Fernando Valley CMH Center	Michelle	Wells	Assistant Director	mwells@sfvcmhc.org
186	San Fernando Valley CMH Center	Mary Lou	Gottlieb	Director	mgottlieb@sfvcmhc.org
187	San Gabriel Children	David	Hickel	Consultant	dbhickel@aol.com
188	San Gabriel Children Center	Guracharan	Khalsa	VP Programs	gkhalsa@sangabrielchild.com
189	San Gabriel Childrens Center	Janet	Lester	Clinical Director	janetlester@sangabrielchild.com
190	Santa Anita Family Service	Fred	Loya	Executive Director	drfredloya@gmail.com
191	Santa Anita Family Service	George	Nalbach	Assoc. Ex. Director	georgen@santaanitafamilyservice.org
192	Santa Anita Family Service	Lydia	Sandoval	F.S. Program Coordinator	lydias@santaanitafamilyservice.org
193	Search To Involve Pilipino Americans	Dennis	Arguelles	Director of Programs	darquelles@esipa.org
194	Shields For Families	Nuilah	Wilder	Program Coordinator	nwilder@shieldsforfamilies.org
195	Shields for Families Inc.	Audrey	Tousant	Child welfare Administrator	atousant@shildsforfamily.com
196	Shields for Families Inc.	Kathryn	Icenhower	CEO	kicenhower@shieldsforfamilies.org
197	Shields for Families Inc.	Sara	Tienda	V.P. Prog Dev	stienda@shieldsforfamilies.org
198	South Asian Network	Saima	Husain	Program Director	saima@southasiannetwork.org
199	South Bay Center for Counseling	Mary	Hammer	Director	mhammer@sbcglobal.net
200	South Bay Center for Counseling	Grag	Mooney	General Counsel	gmooney@baycenter.org
201	South Bay Center For Counseling	Colleen	Mooney	Executive Director	comooney@sbcglobal.net

202	Southern California Indian Center	Paula	Starr	Executive Director	pstarr@indiancenter.org
203	Southern California Indian Center	Yolanda	Duarte		yolanda@provisionservices.net
204	Southern California Indian Center	Barbara	Avvi	Program Director	bavvie@indiancenter.org
205	Special Service For Groups	Elizabeth	Berger	Development Training Manager	Elizabethb@ssgmain.org
206	Spiritt Family Services	Elvira	Torres	Exec. Director	elviat@spiritt.org
207	Spiritt Family Services	Angelica	Taheri	Director of Operations	angelicar@spiritt.org
208	Spritt Family Services	Elizabeth	Hesik	Grant Writer	elizabeth.hesik@gmail.com
209	Spritt Family Services	Elvia	Torres	Executive Director	elviat@spiritt.org
210	St. Anne's	Jessica	Makin	Senior Director	jmakin@gmail.com
211	St. Anne's	Michelle	Barritt	FBS Director	mbarritt@stannes.org
212	St. Anne's	Sarah	Chesson	FBS, Assistant Director	Schesson@stannes.org
213	St. Anne's Maternity Home	Carlos	Tobar	QA Director	ctobar@stannes.org
214	St. Johns Health Center	Ruth	Canas	Director, Outpatient Services	ruth.canas@stjohns.org
215	Star View Children & Family	Ontson	Piacide	Administrator	opiacide@starsinc.com
216	Star View Children and Family Services	Kathy	Millett	Regional Administrator	Kmillett@starsinc.com
217	Star View Community Service	Romalis	Taylor	Director	rtaylor@starsinc.com
218	Tessie Cleveland Community Services	Sia	Southern	Coordinator	tyrat@tccsc.org
219	Tessie Cleveland Community Services	Sylvia	Ramirez	Special Projects	sylviar@tccsc.org
220	Tessie Cleveland Community Services	Janet	Clark	Consultant	janetc@tccsc.org
221	Tessie Cleveland Community Services	Carolyn	Chadwick	COO	carolyn@tccsc.org
222	Tessie Cleveland Community Services	John	Kendrick	CM Services Coordinator	johnk@tccsc.org
223	Tessie Cleveland Community Services	Deborah	Mayes	Fiscal Officer	deborahm@tccsc.org
224	Tessie Cleveland Community Services	Laura	Hernandez	Program Liaison	laurah@tccsc.org
225	Tessle Cleveland Community Services	Jennifer	Calmelat	Coordinator	jenniferc@tccsc.org
226	The Children's Center of AV	Diane	Grooms	Program Director	dgrooms@childrenscenterav.org
227	The Help Group	Kelli	Castro	Program Director	kcastro@thehelpgroup.org
228	The Help Group Child & Family Center	Ruth	Mandernach	Sr. Director Family Svs.	rmandernach@thehelpgroup.org
229	The Road Ahead Family Services	Pasty	Quiroz	Coordinator	quirozpaty@gmail.com
230	The Road Ahead Family Services	Carla	Frances	Executive Director	cfrances@Roadaheadfamilyservices.org
231	The Solutions Foundation	John	Russell	Grant Writer	masolution@att.net
232	The University Corporation	Jennifer	Graves	Assistant Director	jennifergraves@valleytrauma.org
233	The University Corporation	Mark	Hernandez	Financial Analyst	mark@valleytrauma.org
234	Triangle Christian Svs.	Wyglene	Taylor	Admin Ass. Start	wytaylor@sbcglobal.net
235	Triangle FPN	Belverly	Nalls-Demar	Clinician	Belverlynd@yahoo.com
236	United Cambodian Community (UCC)	Sara	Pol-Lim	Executive Director	Sara.pol-lim@ucclb.org
237	Valley Trauma Center dba The University Corp.	Kim	Roth	Executive Director	kim@valleytrauma.org
238	Vista Del Mar	Mary	Martone	AVP	marymartone@vistadelmar.org
239	Walden Family Services	Sue	Evans	Sr. Director	sueevans@waldenfamily.org
240	Westside Children's Center	Jolie	Laurent	Director of Operations	jolieL@westsidechildrens.org
241	Westside Children's Center	Judi	Grey	Clinical Director	Judig@westsidechildrens.org

**AB1733/2994 CHILD ABUSE PROGRAM
Monthly Reimbursement Invoice**

Agency Name:

Address: _____
 Contact Person: _____
 Phone: _____
 Email: _____

Invoice #: _____
 Date of Invoice: _____
 Billing Month: _____

Contract Period: _____
 Annual Contract Amount: _____

Client Services	PROFESSIONAL					PARAPROFESSIONAL					CASE AIDE					Total Claim This Billing Month
	Approved Budget	Prior Months Claimed	This Month Claim	Y-T-D Units Claimed	Balance	Approved Budget	Prior Months Claimed	This Month Claim	Y-T-D Units Claimed	Balance	Approved Budget	Prior Months Claimed	This Month Claim	Y-T-D Units Claimed	Balance	
Intake																0.00
Agency/Off-Site Counseling																0.00
Agency/Off-Site Psychotherapy																
Parenting Education																0.00
In Home Counseling (including T&D)																
In Home Psychotherapy																0.00
Case Management																0.00
Total Units																0.00
Professional Unit Value		ParaProf. Unit Value					Case Aide Unit Value									
Total Billable Cost																
Total Cash/In-kind Match																
Total Invoice Amount		\$0.00					\$0.00				Total					

I certify that I am duly appointed, qualified and acting officer of the herein-named claimant; that the costs being claimed herein are in all respect true, correct and in accordance with the contract provisions; that the funds were expended or obligated during the contract period; and that the net amount claim has not been previously presented to or reimbursed through the Department of Children & Family Services. I further certify that the amount is being matched in cash and/or in-kind by the percentage specified in the contract.

Prepared By: _____ Signature Title: Program Manager Date

Approved By: _____ Signature Title: Finance Auditor Date

For DCFS Use Only	
FINANCE:	PROGRAM STAFF:
Reviewed By: _____	Reviewed By: _____
Date: _____	Date: _____
Approved By: _____	Approved By: _____
Date: _____	Date: _____
Amount: _____	Amount: _____

CAPIT STAFF TO FILL IN ONLY THE **GREEN** SECTIONS OF THIS FORM

Agency Name:

Contract #:

Date:

Bud Mod #:

Service Hours

Client Services	Professional		Paraprofessional		Case Aide		Totals	%Service Hours
	Before	After	Before	After	Before	After		
Intake							0	
Agency/Off-Site Counseling							0	
Agency/Off-Site Psychotherapy							0	
Parenting Education							0	
In-Home Counseling (including T&D)							0	
In-Home Psychotherapy								
Case Management							0	
Totals:	0	0	0	0			0	

Professional hours	\$0.00	Paraprofessional hours	\$0.00	Case Aide hours	\$0.00
Requested modification professional units	\$0.00	Requested modification paraprofessional units	\$0.00	Requested modification Case Aide units	\$0.00
Allowable movement 10% maximum	\$0.00	Allowable movement 10% maximum	\$0.00	Allowable movement 10% maximum	\$0.00

Professional Rate:	
Paraprofessional Rate:	
Case Aide Rate:	

Original program	\$0.00			Within 10% Allowable:
Modified program	\$0.00			Exceeds 10% Maximum Allowable:

DEAF AND HARD OF HEARING REQUEST FOR SERVICES FORM

Contract: Resource Center CAPIT

Agency Name	Contract Number	Date of Request
Agency Address		Proposed Service Period

Client Name	Proposed Vendor/Payee	Proposed Service/Reason for Request	Proposed Amount

Agency Representative Name (Print)

Signature

Date

Exec. Director / Project Manager (Print)

Signature

Date

APPROVAL:

DCFS Program Administration
Name and Title (Print)

Signature

Date

DEAF AND HARD OF HEARING REQUEST FOR SERVICES FORM

Contract: Resource Center CAPIT

Agency Name	Contract Number	Date of Request
Agency Address		Proposed Service Period

Client Name	Proposed Vendor/Payee	Proposed Service/Reason for Request	Proposed Amount

Agency Representative Name (Print)

Signature

Date

Exec. Director / Project Manager (Print)

Signature

Date

APPROVAL:

DCFS Program Administration
Name and Title (Print)

Signature

Date

