

COUNTY OF YUBA  
HEALTH AND HUMAN SERVICES DEPARTMENT  
REQUEST FOR PROPOSAL

PROVIDE SERVICES UNDER THE TRANSITIONAL HOUSING PLACEMENT PLUS  
PROGRAM (THP-Plus)



**PROPOSAL CLOSING DATE:**

**Monday, May 15, 2017 at 4:00 p.m. (PST)**

**NOTE:** It is the applicant's responsibility to check the County solicitation Website, see address below, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The County shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.

<http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitations.aspx>

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## **INTRODUCTION**

Yuba County, through its Health and Human Services Department (County), is soliciting Requests for Proposals (RFPs) from qualified licensed Foster Family Agencies (FFA) to participate in the Transitional Housing Program Plus (THP-Plus) based upon their experience and abilities in meeting the needs of the target population, not to exceed nine (9) placements per month.

This RFP outlines the scope of services, information necessary to understand the competitive selection process and the required documentation necessary for the submission of proposals. Please review the document carefully to ensure you are familiar with the County's requirements.

## **THP-PLUS PROGRAM AND TARGET POPULATION**

THP-Plus is a transitional housing placement opportunity for former foster youth. The goal of the program is to provide a safe living environment while helping participants achieve self-sufficiency so they can improve life skills prior to leaving the foster care support system. In addition to locating housing, Yuba County's emancipating foster and probation youth must find work and sustain themselves as adults. The County recognizes that our emancipating foster and probation youth need housing and supportive, concrete services delivered in a real-life environment, in order to prepare them for what is ahead.

THP-Plus tenants (participants) are youth/young adults who have emancipated from foster care, group home care, or probation who desire continued support in order to be successful adults. The youth/young adult must have emancipated from foster/probation care after having been in foster care placement between ages 16 to 18 and participated in the Transitional Independent Living Program (TILP). Or, they must be at least 18 years of age but not yet 25 years of age, who are pursuing the goals approved by the county, such as: self-sufficiency, housekeeping, education, job training, permanent housing, utilizing the California Department of Social Services (CDSS) approved Transitional Housing Program – Plus Transitional Independent Living Program (THP-Plus TILP) guidelines.

### **I. SCOPE OF SERVICE**

Each response to this RFP must include the following Housing Model, Program and Service details within their proposal:

- A. **Housing Model**: Describe which of the following THP-Plus housing model(s) would be provided by your agency (more than one model may be provided):
  1. **Single-site transitional model**: Participants live in housing at a single location owned or leased by the THP-Plus provider. THP-Plus supportive services and rental subsidies are provided for up to a 24-month period. The participant moves out of the rental unit at the conclusion of their program participation.

2. **Single-site permanent model:** Participants live in housing at a single location owned or leased by the THP-Plus provider. THP-Plus supportive services and rental subsidies are provided for up to a 24-month period. The participant may choose to continue to rent the unit at the conclusion of their program participation.
3. **Scattered-site transitional model:** Participants live in housing located in multiple locations in the community that are owned or leased by the THP-Plus provider. THP-Plus supportive services and rental subsidies are provided for up to a 24-month period. The participant moves out of the rental unit at the conclusion of their program participation.
4. **Scattered-site permanent model:** Participants live in housing located in multiple locations in the community that are owned or leased by the THP-Plus provider. THP-Plus supportive services and rental subsidies are provided for up to a 24-month period. The participant may choose to continue to rent the unit at the conclusion of their program participation.
5. **Host family model:** Participants live in a family setting with a relative, current, or former foster family, or other consistent caring adult who has been screened and approved by the THP-Plus provider. THP-Plus supportive services and rental subsidies are provided for up to a 24-month period. Whether or not the participant moves out of the host family is determined on an individual basis.

Responders are encouraged to incorporate the following elements in all THP-Plus housing models the Responder proposes to provide:

- Utilize apartments, single-family dwellings, or condominiums that are transitional homes where participants may continue to live following program completion while preparing to live independently in safe housing they can afford.
- Afford participants the opportunity to keep their household furnishings following the conclusion of their program.
- Locate suitable and safe housing near public transportation lines, and in areas with adequate educational, vocational, and employment opportunities.

B. **Program:** Responders should complete Attachment #2 – Provider Program Questionnaire to incorporate the following elements in their proposals:

1. Strict employment criteria regarding the drug/alcohol history, and experience of the Responder's employees who will be working with the participants, as well as position descriptions for individual position

requirements, job duties, responsibilities, education, clearances, and professional degrees.

2. A training program to educate the Responder's employees about the characteristics of persons in the age group of the participants who have been placed in long-term care settings, and designed to ensure these employees can adequately supervise and counsel participants and provide them with training in independent living skills.
3. A detailed plan for monitoring the placement of participants under the Responder's care.
4. A written agreement between the participant and the Responder that specifies the requirements for each party and that both parties agree to those requirements (a sample copy of the written agreement should be submitted with the proposal).
5. A monetary allowance for each participant, sufficient for the purchase of food and other necessities.
6. A system for the payment of utilities, telephone, and rent.
7. Methodologies for assisting each participant in pursuing the goals identified in the TILP.
8. Use of developmental assessment tools to support services in the THP-Plus Program.

C. **Services**: All proposals must address the manner in which Responder will provide:

1. Case management methodology - both on-site and off-site.
2. Twenty-four hour crisis intervention and support and how it will be documented.
3. Access to individual and group therapy needs and how outcomes will be identified and measured.
4. Appropriate medical care for participants, including assistance with coordination of transportation needs.
5. Educational advocacy and support activities including ensuring participants are enrolled in and attend a program to obtain a high school diploma, General Education Development (GED), College, Jr. College and vocational education.
6. Assistance to participants with applying for college or trade school admission, and for any scholarships and grants for which they may be eligible.

7. Job readiness training and support including linkages to WIA (the Workforce Investment Act of 1998, Public Law 105-220) partners, One-Stop Career Centers, and other job readiness training and support resources, and identifying achievable, measurable outcomes.
8. Adult mentors, who will commit to following participants for a minimum of two (2) years following completion of the THP-Plus Program. Include how this element of the program would be provided and monitored.
9. A process to build and support relationships with the participant's family and community.
10. Assistance to participants in finding or maintaining affordable permanent housing.
11. Assistance to participants in aftercare services including support groups, referrals to community resources and applying for public benefits.
12. A process to ensure participants deposit a set amount of their income from employment into an interest-bearing savings account each month and how frequently you will consult with the participant about budgeting and planning for their needs.
13. Assistance to participants with budget management and life skills, including, but not limited to, cooking, nutrition, shopping, house cleaning, grooming, physical health maintenance, training and guidance on personal safety and socialization, and use of public transportation.
14. Participants with resources to work toward their TILP goals including coordination of ILP services with their respective Social Worker or Probation Officer, the Yuba County ILP Coordinator, and other community and public partners.
15. Referrals to drug and alcohol prevention/abuse programs as required.
16. Guidance with parenting skills and help finding appropriate childcare.
17. Assistance finding members of the participant's family.
18. Assistance with the coordination of vocational assessments, i.e., CalWORKs, upon entry into the THP-Plus Program, if required.
19. Assistance with addressing the individual needs of participants placed by other California counties or states.
20. Special considerations and assistance for pregnant or parenting participants including, but not limited to: assistance securing child care, domestic violence services, parenting education and support, maternity provisions, and specialized services for children, such as assistance with

immunizations, well child visits, and school enrollment.

**I. RFP TIMELINE**

The following timeline represents the County’s best estimate of the schedule that will be followed. Unless otherwise specified, the time of day for the following events will be between **8:00 a.m. and 4:00 p.m., Pacific Standard Time (PST)**.

EVENT	TIME	DATE	DAY
RFP Issued		April 26, 2017	Wednesday
Applicant’s Conference	11:00 a.m. – 2:00 p.m.	May 1, 2017	Monday
Written Questions/Comments Due	<b>4:00 p.m.</b>	<b>May 5, 2017</b>	<b>Friday</b>
Addenda Issued/Posted		May 10, 2017	Wednesday
<b>Response Submission Deadline</b>	<b>4:00 p.m.</b>	<b><u>May 15, 2017</u></b>	<b>Monday</b>
<i>No response will be accepted after this date and time.</i>			
Evaluation Process begins		May 16, 2017	Tuesday
Notice of Intent to Award Protest/Appeal period begins		May 22, 2017	Monday
<b>Deadline to submit Protest/Appeal letters</b>	<b>4:00 p.m.</b>	<b>May 30, 2017</b>	<b>Tuesday</b>
Board of Supervisor’s approval and authorization to award contract(s) is <i>tentatively</i> scheduled for the June 13, 2017, Board of Supervisor’s agenda			

**A. INFORMATIONAL APPLICANT’S CONFERENCE**

It is the responsibility of each applicant to review, evaluate and, where necessary, request any clarification of information. In order to assist in that process, an informational Applicant’s Conference will be held to explain services requirements and to answer questions regarding completion of proposals, time frames, and the RFP process:

Date: May 1, 2017  
 Time: 11:00 a.m. – 2:00 p.m. PST  
 Location: Yuba County Health & Human Services Department  
 Yuba River Conference Room  
 5730 Packard Avenue, Suite 100  
 Marysville, CA 95901

It is the applicant’s responsibility to check the County solicitation Website (see address below) or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The County shall not be responsible for any



incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.

The County's website will be the official notification posting place of all Amendments and Addenda's to the RFP. Go to:

<http://www.co.yuba.ca.us/Departments/admin%20Services/purchasing%20solicitations.aspx>

## **B. SUBMISSION OF PROPOSAL**

One (1) original and four (4) copies (5 total) must be received and date stamped by County no later than **4:00 p.m. (PST) on May 15, 2017**. *Faxed proposals will not be accepted.* Proposals must be in sealed envelopes and clearly labeled "*Transitional Housing Placement Program (THP-Plus) Proposal*" on the outside and mailed or hand-delivered to the Main reception area at:

Yuba County Health and Human Services Department  
5730 Packard Avenue, Suite 100  
Marysville, California  
Attn: Doris Robertson, Administrative Analyst

*It is the Applicant's responsibility to assure that the proposal is delivered and received at the location specified herein, on or before the date and hour set. Proposals received after the specified date and time will **NOT** be considered.*

## **II. PROPOSAL RESPONSE**

Proposals must include the information that is specifically requested herein as well as such additional information as Applicant deems relevant to the process. Additional information may be provided but should be succinct and relevant to the goals of this RFP. Proposals must be developed in accordance with the described format.

**FORMAT:** Sections notated with "[Narrative]" should meet the following formatting requirements:

8.5" x 11" paper, 1" margins, 12 pt. font, double-spaced. Submit a maximum of six (6) pages of narrative (the total pages does not include requested attachments, i.e. Application, Attachments, proof of insurance, Board Resolution, Letters of Support, licenses/certificates, etc.) identifying each segment by corresponding number in addressing the following. **Proposals that deviate from this format will not be considered.**

The proposal should include the following components in the order described below. Use forms where provided. A proposal lacking any of the following information may be deemed non-responsive:

**A. Application**

Using the form titled "APPLICATION" (Attachment 1) provide all requested information including original signature of agency official authorized to submit the proposal and thereby commit the agency to the obligations contained in the RFP response. Further the signing and submission of a response shall indicate the intention of the Applicant to adhere to the provisions described in this RFP and a commitment to enter into a binding contract.

**C. Statement of Experience [Narrative]**

Provide a summary of your experience in providing services described in the scope of services and include the number of years in business, years of experience providing such services or equivalent or related services.

**D. Qualifications [Narrative and Attachments]**

1. Complete the Provider Questionnaire (Attachment 2) which provides general information about your facility.
2. Proof of Insurance Coverage: Provide proof of required insurance as described in Attachment E of the sample contract posted as an addendum to this RFP on the county website.
3. Board Resolution (*if applicable*): For 501(c)3 agency's, a copy of the applicant's governing Board Resolution authorizing the submission of the proposal with evidence of 501(c) (3), including Employer ID Number, must be submitted as an attachment. If the Resolution is not available, a letter stating the date it will be available must be attached.

The county may request additional information the county determines is necessary for an accurate determination of the applicant's qualifications to perform services.

**E. Rate Schedule**

Complete and attach the rate questionnaire (Attachment 3) which will provide a breakout of your rate for specific services to be provided.

**III. EVALUATION CRITERIA**

The contract, if awarded, will be awarded to the Applicant(s) whose proposal is/are considered the *best value* to the County as interpreted by the County. Best value will be determined based on the following evaluation criteria and point value:

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<b>Evaluation Criteria</b>	<b>Possible Points</b>
Ability to provide the service	50
Availability of slots for participants	30
Budget and Budget Narrative	10
Ability to bill Medi-Cal	<u>10</u>
<b>Total</b>	<b>100</b>

**IV. THE RFP SELECTION PROCESS**

- A. Proposals will be reviewed by a committee for completeness and adherence to RFP instructions. The committee will evaluate and score proposals. They may require interviews during scoring to discuss proposals.
- B. Submissions which are deemed incomplete may be eliminated as not being responsive. Responsiveness means an Applicant who has submitted a proposal that conforms to the solicitation documents in all material aspects.
- C. A "Responsible Contractor/Applicant" shall mean an Applicant who has the capability, in all respects, to fully perform the contract requirements and the moral and business integrity and reliability that will assure good faith performance. Qualifications, interview, experience, and financial stability may all be taken into consideration.
- D. The County reserves the right to award a contract to the applicant(s) that presents the best qualifications and whose proposal best accomplishes the desired results.
- E. Upon recommendation from the review committee and approval by the Board of Supervisors or Purchasing Agent, qualified Applicant(s) will be selected to provide services to Yuba County clients upon contract commencement date through June 30, 2020.
- F. Applicant(s) shall agree to and sign a contract with the County; final terms of the contract will be negotiated with the selected Applicant(s) and incorporated in the contract. Contracts awarded will contain at least, but shall not be limited to, the provisions outlined in the sample Agreement for Professional Services posted as an addendum to this RFP on the county website address listed above.
- G. The County will notify all proposers whether or not they are selected for the subject services.
- H. It is the County's preference to promote employment and business opportunities for local residents and firms on all contracts and give preference to local residents, workers, businesses, and consultants to the extent consistent with the law and interests of the public.

## V. COUNTY NOTICES

### A. **County Contact**

Any questions related to this RFP should be directed to the county contact person by email: [HHSD\\_RFPquestions@co.yuba.ca.us](mailto:HHSD_RFPquestions@co.yuba.ca.us)

All communications during this process should be directed to the appropriate county contact listed above. Any applicant that makes any effort to communicate with any elected or appointed officials of Yuba County, either directly or indirectly, during this process will be EXCLUDED from consideration.

### B. **Conflict of Interest**

Any agency or person considering doing business with Yuba County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the Submitter's submittal.

### C. **General Notices**

All applicants responding to this RFP should note the following:

1. Yuba County reserves the right to:
  - Reject any or all submittals
  - Request clarification of any submitted information
  - Waive any informalities or irregularities in any qualification statement
  - Not enter into any agreement
  - Not to select any applicant
  - Cancel this process at any time
  - Amend this process at any time
  - Interview applicants prior to award and request additional information
  - Enter into negotiations with one or more applicants
  - Award more than one agreement if it is in the best interest of the county
  - Issue similar RFPs or RFQs in the future.
2. Addenda posting and notifications must be done at least 72 hours before the RFP closing. All addenda information can be found at:  
<http://www.co.yuba.ca.us/Departments/admin%20Services/purchasing%20so%20licitations.aspx>
3. Any and all costs arising from this RFP process incurred by any applicant shall be borne by the applicant without reimbursement by Yuba County.
4. Acceptance by Yuba County of any proposal submitted pursuant to this RFP shall not be deemed to constitute intent, implied or otherwise, to enter into an Agreement for Services.

5. County will verify applicant, its principal and any named subcontractors are not on the Federal debarred, suspended or otherwise excluded list of vendors located at [www.sam.gov](http://www.sam.gov).

## **VI. PROTESTS AND/OR APPEALS**

Protests or Appeals with respect to the solicitation or award of the RFP will be required to follow current requirements of the California Department of Social Services Management and Office Procedures (Chapter 23-600) regarding purchase of service as well as the Yuba County Purchasing and Contract Policy Manual which states in part:

### **9.0 Protest and Appeals**

*Any actual or prospective bidder, offer or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the Director of Administrative Services. The protest shall be submitted in writing within five (5) working days after such aggrieved person or company knows or should have known of the facts giving rise thereto.*

### **9.1 Response to Protest and Appeals**

*The Director of Administrative Services shall issue a written decision within ten (10) working days after receipt of the protest. The decision shall:*

- (a) State the reason for the action taken;*
- (b) Inform the protestants' that a request for further administrative appeal of an adverse decision must be submitted in writing to the Clerk of the Board of Supervisors within seven (7) working days after mailing of the decision by the Director of Administrative Services.*

The written protest must be delivered no later than **May 30, 2017**, to:

**Doug McCoy, Director**  
Administrative Services  
915 8<sup>th</sup> St. Suite 119  
Marysville, California 95901

***RFP Application Submission Checklist***

- Attachment 1 – Application
- Attachment 2 – Provider Program Questionnaire (electronic version available upon request)
- Attachment 3 – Provider Rate Questionnaire
- Narrative Responses from Pages 7 of the RFP
- Proof of Insurance Coverage (#7 from Qualifications Section)
- Board Resolution (*if applicable*) (#7 from Qualifications Section)

Please return all documents to:

Doris Robertson  
Finance and Administration  
Yuba County Health & Human Services Department  
5730 Packard Avenue, Suite 100  
Marysville, CA 95901

**no later than 4:00 p.m. on May 15, 2017.**

APPLICATION

<i>(County Use Only)</i>	
<b>RFP Application #:</b> _____	<b>Date &amp; Time received:</b> _____ / _____

**Yuba County Health and Human Services  
Transitional Housing Placement Plus Program  
(THP-Plus)**

**Agency Name:**  
**Mailing  
Address:**

**Date:**

**E-Mail Address:**

**Contact Person:**

**Phone:**

**Authorization to Submit this Proposal:** *Non-profit agencies must submit a Board Resolution authorizing submission of this proposal with evidence of 501(c)(3) status, including EIN number as attachments. If the Resolution is not available, a letter stating the date it will be available must be attached.*

**Certification:** *I certify that all statements in the proposal and attachments are in all respects true and correct. Failure to provide true and correct statements and information shall entitle the county to pursue any remedy authorized by law, which shall include the right, at the option of the county, of declaring any contract made as a result thereof to be void.*

*In addition, by submission of a proposal, Applicant attests to having possession of a duly issued valid license issued by the State of California. Such license authorizes Applicant to contract to perform type of work required by the specifications. Should the Applicant fail to provide the number and classification of Applicant's State of California License and/or Certification, the County may reject your Proposal.*

**Authorized Agency Official:**

\_\_\_\_\_  
**Name and Title**

\_\_\_\_\_  
**Signature**

➤ **Attachment 2 – Provider Program Questionnaire**

***Please complete the following.***

Name: \_\_\_\_\_ License #  
and Type: \_\_\_\_\_

1. Does your agency have experience providing the type of services requested in this RFP? If so, indicate the number of years providing this service and the agencies you provided these services to.

- 
2. Please describe your agencies' employment criteria and the experience required for any potential employee who will be working with this population. Please include details on any limitations on potential employees including any prior drug and alcohol history.

- 
3. Please describe your agencies training program to educate employees about characteristics of persons in this population placed in long-term care settings. Is the training program designed to ensure that employees can adequately supervise and counsel participants and provide them with training in independent living skills? If yes, please provide details.

- 
4. Please provide number of placements and a detailed plan for monitoring the participants under your care.

- 
5. Please provide a sample of the contract to be used between the participant and your agency that specifies the requirements for each party and that both parties agree to those requirements.

- 
6. Please describe the methodology used by your agency to determine the allowance each participant will be provided that is sufficient for the purchase of food and other necessities.

- 
7. Please describe your agencies system for payment of utilities, telephone and rent.



8. Does your agency include the principles of the Child Welfare League Initiative, Positive Youth Development, in your program models to assist the participant in pursuing the goals identified in the TILP?
-

➤ Attachment 3 – Provider Rate Questionnaire

**Please complete the following:**

**THP-Plus Estimated Cost per Month per Participant**

**BUDGET:**

<b>Personnel Expenses</b>		<b>Monthly Cost</b> (per THP-Plus Participant)
	Housing Specialist/Property Manager	
	Social Worker and Social Worker Supervision	
	Payroll Taxes & Benefits	
	Subtotal	
<b>Program Expenses</b>		
	Rental Subsidy	
	Savings/Emancipation Fund Deposit	
	Grocery, cleaning Supplies, etc.	
	Utility Assistance	
	Transportation Assistance	
	Other Program Expenses (i.e. Personal Necessities; Clothing; Recreation; Laundry etc.)	
	Subtotal	
<b>Indirect Expenses</b>	Indirect Costs* ( _____ % of total cost for staff and benefits)	
<b>Total Budget (Rate)</b>		<b>\$2,750.00</b>

\* Indirect costs may include program-related operating expenses, such as evaluation expense, financial audits, office supplies, office rental, insurance, professional development for staff members, Office utilities and program management. **Not to exceed 15% of total personnel expenses.**

The rate for Yuba County THP-Plus participants may not exceed \$2,750.00.