



**Contra Costa County Mental Health Services
Request for Proposals
Funding for the Provision of Therapeutic Foster Care Services Pursuant to
Continuum of Care Reform**

I. Scope of Request:

Contra Costa County Behavioral Health (CCBHS) is seeking proposals from Foster Family Agencies (FFAs), and providers, who are presently administering services to foster care youth, to implement, facilitate, and oversee Therapeutic Foster Care (TFC) services, for the priority population: children and youth under the age of 21, belonging to Contra Costa County foster care system from the Department of Children and Family Services (CFS), or Contra Costa County's Probation Department (CCCPD), meeting medical necessity for specialty mental health services (SMHS), at risk of entering a higher level of care, or stepping down from a higher level of care.

The TFC service model allows for the provision of short-term, intensive, highly coordinated, trauma informed services to children and youth who are diagnosed with, or exhibit, complex emotional and behavioral needs. TFC will be a new service in Contra Costa County. Successful Bidders will demonstrate their ability to follow youth during their stay in the foster care system, to ensure consistent and meaningful services, as well as, promoting permanency. Service providers will need to demonstrate how their mental health team can work collaboratively to follow the youth and family as they transition to other levels of care and support a plan aimed toward permanency.

CCBHS intends to award one or more *Services as Needed* contracts to the bidders selected as the most responsive and whose responses conform to the Request for Proposal (RFP) and meets County requirements. At this point, a pool of funding for this project has been allocated by CCBHS through Medi-Cal Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Foster Family Agencies (FFAs) will be reimbursed at \$180 per day, per client, for TFC services. Specialty Mental Health Services (SMHS) will be reimbursed on a per unit, per-minute basis, not to exceed the County Maximum Allowance (CMA).

Proposals shall form the basis for any subsequent awarded contract. CCBHS reserves the right to dissolve a contract if/when awarded Contractor materially alters staff, deliverables and/or outcomes any time after the contract award.

The County is not obligated to award any contract as a result of this RFP process. The County may, but is not obligated to, renew any awarded contract. Any renewal of an awarded contract shall be contingent on the availability of funds, awarded Contractor's performance, and continued prioritization of the activities and priority populations as defined and determined by CCBHS.

II. Background:

The 2011 settlement agreement from the *Katie A. v. Bontà* case sought systemic reform in the provision of mental health services for foster children and youth. The passage of AB 403 Continuum of Care Reform (CCR) in 2015 further aimed to reform the foster care system in California by limiting the number of foster children placed in group homes and the amount of time they spend there. Following these two mandates, the California Department of Health Care Services (DHCS) *Medi-Cal Manual for Intensive Care Coordination, In Home Based Services and Therapeutic Foster Care*¹ was developed to guide counties in promoting more intensive services for foster children and youth who meet specialty mental health medical necessity criteria. In order to comply with these mandates, CCBHS seeks to promote the provision of TFC services in Contra Costa County by FFAs.

The TFC service model allows for the provision of short-term, intensive, highly coordinated, trauma informed, and individualized SMHS to children and youth who have complex emotional and behavioral needs. Under this model, the trained TFC parent serves a key role in the delivery of trauma-informed interventions for the foster child or youth under the close supervision of one of the FFA's licensed clinicians.

¹ https://www.dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/Katie%20A/Medi-Cal_Manual_Third_Edition.pdf

III. Services:

The overarching goal of this RFP is the stabilization of and the avoidance of a higher level of care for foster children and youth, by supporting the capacity of both FFAs and TFC parents to provide TFC services.

The specific objectives of this program are to:

- Reduce the number of Short-Term Residential Therapeutic Programs (STRTP) placements; and
- Provide step-down capacity from STRTP.

CCBH will contract with eligible FFAs to provide TFC services, including the recruitment, training, and supervision of TFC parents; client assessment and documentation; and the overseeing of plan development, rehabilitation, and collateral services. Training of TFC parents will comply with regulations set forth in MHSUS IN 17-009 Attachment 2 (enclosed below). A minimum of 40 hours of pre-service training will be completed before youth is placed at a TFC home, following the DHCS TFC Training Resource Toolkit.

Various resources have been provided via hyperlink as informative materials to help potential bidders develop their program proposals and service delivery models:

1. [https://dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/IN_17-009_Therapeutic_%20Foster_Care_%20\(TFC\)_Service_Model_and_Parent_Qualifications.pdf](https://dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/IN_17-009_Therapeutic_%20Foster_Care_%20(TFC)_Service_Model_and_Parent_Qualifications.pdf)
2. <https://dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/TFCServiceModelAttachment1.pdf>
3. <https://dhcs.ca.gov/services/MH/Documents/PPQA%20Pages/TFCParentQualificationsAttachment2.pdf>
4. <https://www.cibhs.org/publication/therapeutic-foster-care-tfc-training-resource-toolkit>

In order to receive a referral for TFC services, the child or youth may be at risk of losing his or her placement and/or being removed from his or her home as a result of the caregiver's inability to meet the child's/youth's mental health needs; and, either:

- a. There is recent history of services and treatment (e.g., Intensive Care Coordination and Intensive Home Based Services) that have proven insufficient to meet the

child's/youth's mental health needs, and the child/youth is immediately at risk of residential, inpatient, or institutional care; or

- b. The child or youth is transitioning from a residential, inpatient, or institutional setting to a community setting, and ICC, IHBS, and other intensive SMHS will not be sufficient to:
 - Prevent deterioration,
 - Stabilize the child or youth, or
 - Support effective rehabilitation.

IV. Specific Requirements:

The scope of work for awarded contracts from this RFP will include conformance with all of the following throughout the program, as needed:

1. TFC Requirements:

- a. Manage and retain qualified staffing team, including a Licensed Practitioner of the Healing Arts (LPHA);
- b. Establish a Memorandum of Understanding with placing agencies such as Contra Costa Child and Family Services, and Probation Department) to provide FFA services;
- c. Recruit, hire, and train TFC parents;
- d. Supervise and support TFC parents in plan development, rehabilitation, and collateral;
- e. Plan for, and implementation of, continuous training and quality improvement on cultural and linguistic responsiveness;
- f. Verification of Medi-Cal eligibility on a monthly basis;
- g. Data entry in a timely manner, as instructed, into the County's electronic information management and claiming system (currently ShareCare); and
- h. Verification of a completed Child Assessment of Needs and Strengths (CANS) for each new client.

2. Medi-Cal Billing, Clinical and Quality Assurance Requirements

- a. To implement these services successfully, providers shall demonstrate and have the capability to conduct all of the activities listed below. Bidders agree by submittal of proposal(s) that they will comply with all of the following if awarded a contract(s):
- b. Independently adhere to all Medi-Cal documentation standards, including, but not limited to, Assessments, Treatment Plans and Progress Notes that are in compliance with Medi-Cal standards as set forth by Federal and State regulation.

- c. Attend all required scope of practice training and documentation training activities in order to appropriately and successfully bill to Medi-Cal.
- d. Obtain and maintain a valid fire clearance from the local fire department for the program site address OR obtain a copy of the current and valid fire clearance from the program location's property manager/owner. Upon expiration of a fire clearance, contractor shall send a copy of a new fire clearance certificate to the Behavioral Health Provider Services Unit. Awarded Contractor understands that they may not operate at a site without a valid fire clearance.
- e. Meet minimum requirements for a program site as set forth in CCR, Title 9, Section 1810.435. All contracted program sites must be certified in accordance with the mental health Medi-Cal Program Site Certification Protocol. Contractors are responsible for preparing all materials required for a Medi-Cal Program Site Certification.
- f. Attend all CCBH sponsored trainings related to start-up and maintenance of Medi-Cal billing
- g. Preference will be given to providers who maintain an Electronic Health Record system that meets all necessary standards and regulatory requirements.

V. Minimum Qualifications:

The priority population for this RFP includes children and youth under the age of 21 placed in foster care by Child Welfare or Probation, who meet medical necessity criteria and are at risk of entering a higher level of care or are stepping down from a higher level of care.

Successful Bidders will demonstrate knowledge, experience and understanding of the needs, risks, challenges and opportunities faced by this priority population. Bidders should present past strategies in addressing barriers faced by clients and demonstrate experience in effectively implementing programs that promote positive client outcomes.

VI. Funding:

The County will fund the implementation of the selected Proposal(s) through June 30, 2020. **The total amount available is, and up to \$600,000** for the first fiscal year. CCBHS is hoping to receive strong proposals that allow one or more contracts, and multiple providers may be selected to provide these services.

VII. Instructions:

Applicants responding to this Request for Proposals (RFP) will provide a program narrative, budget, budget narrative, and characteristics and qualifications.

CCBHS does not guarantee to award all funds reported here as available. Awards will be based upon the quality of the proposals, organizational capacity of the applicants and availability of funds. Depending on the number and qualifications of RFP applicants, CCBHS may, after receiving approval from the Behavioral Health Director, move directly to a contract negotiation phase with selected applicant(s).

A. Format, Delivery and Due Date

This RFP and all related forms and materials are available online at CCBHS's webpage: <http://cchealth.org/bhs/>.

Please provide one (1) electronic copy on CD or portable USB flash drive, one (1) signed original PLUS five (5) additional hard copies of your submission with appendices. Each hard copy must be clipped or stapled in the upper left corner (only) and clearly marked with the name and address of the lead agency.

Additional specifications:

- ✓ Written in Times New Roman in size 12 font
- ✓ Single-spaced pages
- ✓ Margins 1" on all sides
- ✓ All pages consecutively numbered
- ✓ Submissions follows the outline presented below
- ✓ Original and copies printed on three-hole punched paper
- ✓ 40-page text limit for submission (this does not include cover page and appendices).

Submissions should be delivered to the following:

Attn: Michelle Nobori
Mental Health Project Manager
Contra Costa Behavioral Health Administration
1340 Arnold Drive, Suite 200
Martinez, CA 94553

A single, packaged set of all printed and electronic submissions are due at the above address by **5:00 p.m. on Friday, August 16, 2019**. Postmarks on this date will not be accepted. Late submissions will not be accepted and will not be reviewed. There will be no exceptions. No faxes or electronic submissions will be accepted.

In order presented, submissions shall include the following:

1. Cover Page (see attached).
2. A work plan narrative (*30-page maximum*) that states the agency's operational and service delivery model including a description of how the applicant will provide service; to include program oversight and sufficient management infrastructure to ensure quality and appropriateness of services; and a plan describing how the applicant will evaluate the program/model if it proves to be effective and indicators used to measure the effectiveness of the agency's model and program outcomes.
3. A budget (*5-page maximum*) outlining the expected cost of the project, broken down by major cost categories (3-pages). The budget should include justification (2-pages) and should be linked to the work plan narrative.
4. Details of the applicant's qualifications relating to the requirements described herein. Describe any successful experience, if any, with providing specialty mental health services with additional focus to agencies who have experience in working with the specified target populations. If the applicant is an agency, please include a corporate profile. (*5-page maximum*)
5. Appendices that include the resume(s) of staff proposed to implement and evaluate the work plan (as well as other appendices listed on pages 6-7).

B. Applicants' Conference

All interested community-based providers must participate in a **MANDATORY** applicants' conference on **Friday, August 2, 2019 from 10:00am to 12:00 p.m.** Those planning to participate in the conference should **RSVP no later than 5 pm on Friday, July 26, 2019** to Liza.Molina-Huntley@cchealth.org. The conference will be located at:

**2425 Bisso Lane, 1st floor conference room
Concord, CA**

C. Rules and Considerations

- The cost of developing and submitting a submission in response to this RFP is the responsibility of the applicants and will not be reimbursed through any contracts resulting from this RFP process or from any other County funds.
- CCBHS may issue an RFP amendment to provide additional data required and make changes or corrections. The amendment will be sent to each applicant who attended the mandatory Applicants' Conference. CCBHS may extend the RFP submission date if

necessary to allow applicants additional time to consider such information and submit required data.

- The RFP may be cancelled in writing by CCBHS prior to award, if the Board of Supervisors determines cancellation is in the best interest of the County.
- The RFP and any contract resulting from this process may be cancelled by the Board of Supervisors with a 30-day notice any time funding is unavailable.
- Contracts awarded, as a result of this RFP, are subject to pending or perfected protests. The award is subject to cancellation or modification by CCBHS in accordance with the resolution of any such protest.
- Contractor(s) (whether by County or contract) will be required to participate, through the County, in state-mandated surveys and data collection efforts.
- Selected contractor(s) must adhere to Contra Costa County's contracting process, providing all information as requested by CCBHS. Selected contractor(s) will also be informed of the County's insurance coverage requirements, where applicable, and the process for contract approval (where applicable) by the Board of Supervisors.
- CCBHS reserves the right to dissolve a contract if/when awarded Contractor materially alters staff, deliverables and/or outcomes any time, after the contract has been awarded.

D. Additional Information

This RFP and all forms and materials for submitting a submission are available on the CCBHS website: <http://cchealth.org/bhs/>.

CCBHS recognizes additional questions may arise after the Applicants' Conference. **In an effort to be considerate to all applicants, additional questions after the Applicants' Conference must be submitted in writing.** Questions and answers will be disseminated via email to all submitters as well as posted electronically to the BHS website (see schedule outlined in Section V). Questions about the RFP should be submitted in writing to Michelle Nobori at: Michelle.Nobori@cchealth.org . **The final date questions and answers will be posted is August 7, 2019 by 5 p.m.**

All RFP submissions will be reviewed promptly, and our goal is to announce either a selection or next steps **September 6, 2019 by 5:00 p.m.**

Applicants who are not selected may appeal CCBHS's selection of awardee(s) within three (3) business days of notification. Appeals must be addressed to the Director of Behavioral Health. Appeals must be in writing and shall be limited to the following grounds:

- The County failed to follow the RFP procedures, which affected the submission scoring; and/or
- The RFP evaluation criteria were not appropriately applied to the submission.

The Director of Behavioral Health will respond to the appeal within two (2) business days and the decision of the Behavioral Health Director will be final and not subject to further review.

VIII. Introduction

A. About Contra Costa Behavioral Health Services

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health and Alcohol and Other Drugs into a single system of care. With increasing challenges in serving complex populations with multiple needs, this integration is a response to the growing desire to have improved consumer outcomes through a systems approach that emphasizes "any door is the right door," and that provides enhanced coordination and collaboration when caring for the "whole" individual. The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff, and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promotes wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

Mental Health Services

Mental Health Services provides care to children, transition age youth, adults, and older adults living in Contra Costa County. These services are provided through a system of care that includes County owned and operated clinics, community-based organizations, and a network of private providers.

Contra Costa children and adolescents are served by a County-wide system of care that includes Mental Health staff working in partnership with Probation Department, Employment and Human Services Department, School Districts, and family members. Services for adults are provided to those with serious mental disabilities or those in acute crisis. Mental Health Services also includes a range of prevention programs oriented toward prevention of more serious mental health issues. The Contra Costa Mental Health Plan is the mental health care provider for MediCal beneficiaries and the uninsured.

Alcohol and Other Drug Services

The Alcohol and Other Drugs Services (AODS) "puts people first". AODS advocates for alcohol and drug free communities by promoting individual and family responsibility, hope, and self-sufficiency. The AODS System of Care is a planned, comprehensive approach for providing alcohol and other drug treatment and prevention services in Contra Costa County. The continuum of care benefits consumers and providers by combining administrative and clinical services in an integrated, coordinated system. The goal is to give consumers high-quality yet cost effective care in a timely manner.

IX. RFP Guidelines

The TFC service model allows for the provision of short-term, intensive, highly coordinated, trauma informed, and individualized SMHS to children and youth who have complex emotional and behavioral needs. Under this model, the trained TFC parent serves a key role in the delivery of trauma-informed interventions for the foster child or youth under the close supervision of one of the FFA's licensed clinicians.

These services will be funded by Medi-Cal EPSDT, a comprehensive and preventive child health program for individuals under the age of 21. (EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) legislation and includes periodic screening, vision, dental, and hearing services. The EPSDT program consists of two mutually supportive, operational components:

1. Assuring the availability and accessibility of required health care resources; and
2. Helping Medicaid recipients and their parents or guardians effectively use these resources.)

As such, CCBH recognizes the need to provide robust services to children and youth involved in the Foster Care System. These youth typically have a history of significant trauma that may include abuse and sexual exploitation. The developed program(s) will support the engagement of Foster Youth in mental health services aimed at promoting their resiliency and recovery.

Priority Population

The population to be served includes children and youth who are Contra Costa County Medi-Cal beneficiaries, ages 0-21, and who are in the Child Welfare and are in need of specialty mental health services. The awarded Contractor will provide TFC services to the priority population, in accordance with the TFC guidelines established by the DHCS *Medi-Cal Manual for Intensive Care Coordination, In Home Based Services and Therapeutic Foster Care*. Services should include, among others:

- Recruitment of TFC parents;
- Approval, annual evaluation, and re-approval of the TFC parents, following the Resource Family Approval (RFA) process;
- Pre-service training (minimum of 40 hours) and ongoing training of the TFC parents during services (24 hours), following the DHCS TFC Training Resource Toolkit;
- Close supervision and support of TFC parents in plan development, rehabilitation, and collateral services; and
- Documentation.

These youth may meet Medi-Cal Necessity Criteria for reimbursement for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Medi-Cal Specialty Mental Health Services (Title 9, California Code of Regulations, Chapter 11, Section 1830.210).

It is anticipated and hoped that potential applicants focus on specialized priority populations to which they offer specific services. Examples of these populations can include, but are not limited to:

- Youth with general mental health challenges, to include those with aggressive or assaultive behaviors;
- Youth using substances, in addition to, living with a mental health diagnosis;
- Commercially sexually exploited children

The FFA assumes ultimate responsibility for overseeing the TFC services and ensuring completion of treatment plans.

TFC services do not include regular foster care costs such as reimbursement of room and board, foster care placement costs, and other foster care program related services (i.e., transportation and food). TFC services are not reimbursable on days when Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed, except on the day of admission or discharge.

The progress of TFC should be reviewed, in coordination with the Child Family Team (CFT), at least every three months, and as needed. Bidders can anticipate an average length of nine months for each TFC client. Services shall be office and home-based.

A. Cover Page

- 1) Please complete the attached cover page (see final page of RFP) and submit with RFP.

B. Program Narrative (30-page maximum, 55 points total)

- 1) Describe the operational and service delivery program. We encourage submissions to consider use of evidence-based models and best practices, though are open to the inclusion of creative and innovative approaches for providing services.

Please include the following information:

- a. Overall scope and description of services proposed, including any specialty populations served;
- b. How proposed services align with current CCBHS services for youth including program philosophy and alignment with CCR (i.e. trauma-informed service delivery, culturally relevant services, focus on permanency). Examples are encouraged;

- c. How the proposed service will collaborate with existing services connected to youth/families and have the ability to follow youth while in the system including across levels of care and locations. Examples are encouraged;
 - d. How proposed services will engage families and ensure their leadership in treatment planning and permanency planning (i.e., use of parent partners, family finding efforts/systems, collaborations with communities). Examples are encouraged. **(25 points)**
- 2) Outline the timeframe within which the program will operate, including anticipated start date and plans to ramp up staffing to meet target enrollment. **(5 points)**
- 3) Staffing: Bidders shall include a staffing structure well matched to program services. An Licensed Mental Health Professional (LMHP) will conduct clinical assessments, work with clients and their families to develop, implement, and assess a treatment plan, complete the relevant documentation, and direct the TFC parents in providing TFC services. An LPHA is required in the staffing plan to co-sign or sign off on treatment plan, and to co-sign daily progress notes.
- 4) Training: Include a description of any additional training you will provide to program staff, including ongoing mental health training, de-escalation, safety, crisis intervention, and cultural competency training. **(5 points)**
- 5) Administrative Oversight and Quality Management: Describe how the program will be monitored and evaluated for continuous quality management/improvement and how documentation and billing of MediCal billable services will be accurately reported. Additionally, describe expectations for documentation compliance, including completion of Incident Reports and/or Unusual Occurrence Notifications. **(5 points)**
- 6) Program Evaluation: Describe how the project will be reviewed and evaluated as well as how the applicant will include the perspectives of stakeholders in the review and evaluation. Provide a brief description of how you would measure program outcomes. Focus should be given to the following:
 - a. Number of TFC days;
 - b. Units of SMHS;
 - c. Number of foster youth provided with TFC services;
 - d. Number of TFC parents; and
 - e. Number of foster youth who enter a higher level of care (STRTP) after being placed in a TFC home.

As appropriate, include measurement tools. Explain how you will collect both qualitative (e.g., interviews, consumer focus groups, etc.) and quantitative (e.g., demographics, assessment scores, etc.) data in order to capture and document outcomes. If applicable, describe how you will measure fidelity to each of the evidence-based practices/programs you choose to implement.

(5 points)

7) As appendices to the Narrative (not included in page restriction) please supply the following:

(10 points)

- a. Program guidelines / rules
- b. Staffing pattern
- c. Staff training policies or plans (i.e. ongoing MH training or educational support)
- d. Emergency plan (i.e., evacuation, catastrophic, natural disaster plan)
- e. Consumer crisis protocol (example: psychiatric or physical health emergency)
- f. Consumer intake and eligibility verification protocol
- g. Discharge planning policy
- h. Protocol for referring consumers to additional services and/or resources as needed
- i. Grievance procedure

VI. (C). Budget and Budget Narrative (5-page maximum, 20 points total)

1) Include a source and use budget outlining the expected cost of the project, broken down by major cost categories for a full fiscal year (12 months). The maximum total amount available is \$ (amount?). If applicable, provide a list of additional resources expected to be leveraged.

(5 points)

2) Include a budget narrative (2 pages). **(15 points)**

VI. (D). Characteristics and Qualifications of Applicant Agency (5-page maximum, 25 points total)

1) Write a narrative describing the characteristics and qualifications of the applicant agency(ies) who will be operating, managing and overseeing the delivery of services. Please describe the applicant's qualifications relating to the services described herein. In

the appendices, please include a corporate profile, along with the resume(s) and/or job descriptions for staff proposed to manage and provide supportive services. Include a description of organizational capacity to serve the target population(s). If the applicant agency utilizes a fiscal agent, please provide a corporate profile of the fiscal agent, a letter of support, and audited financial statements from the previous fiscal year. Copies of existing program licenses should also be included in the appendices.

(3 points)

- Eligible applicants may include but are not limited to community-based agencies, faith-based organizations, and for-profit agencies. Please provide the agencies' Tax Identification Number (TIN) or Employer Identification Number (EIN), if applicable.
- Applicants must demonstrate a history in working with individuals experiencing mental health crisis in the Greater Bay Area, particularly Contra Costa County, as well as demonstrating recognition and support from key supportive populations.

Additionally, this means applicants will:

- 2) Be currently engaged in programming serving individuals experiencing mental health challenges, or have the ability to do so, and have been engaged in programming for five years or more.

(2 points)

- 3) Be able to meet all state licensing requirements. **(3 points)**

- Understand Title 9 staffing patterns.
- Have experience with Short-Doyle MediCal claim procedures.
- Be able to meet MediCal licensing and reimbursement requirements.

- 4) Applicants must be able to demonstrate experience working as a coordinated team, and working collaboratively with not only mental health providers, but also target supported support systems—families, peers, educators, communities, providers, etc. **(7 points)**

- 5) Have the ability to work successfully in racially/ethnically diverse settings and/or to collaborate with agencies with such experience. Bilingual services are strongly desired. Organizations with the demonstrated ability to provide effective culturally appropriate services may be given additional preference. Organizations should also have the ability

to work successfully with individuals of diverse sexual orientations and gender identities and/or to collaborate with agencies with such experience. **(10 points)**

VII. Method of Evaluation

A. Initial Screening

Submissions will be screened for compliance, completeness, and eligibility as they are received. In order to receive a score, each submission must meet all of the following criteria. A failure to meet any one of these criteria will cause the submission to be disqualified. DISQUALIFIED SUBMISSIONS WILL NOT BE SCORED AND WILL NOT BE FURTHER CONSIDERED FOR THIS CONTRACT.

1. Submission was received by due date.
2. All sections of Submission as outlined in RFP are included within page limit (excluding Appendices).
3. Appendices are included and are complete.

B. Scoring of Submission

A panel of RFP reviewers will score each submission. A maximum of 100 points for each submission is possible using the following scoring:

- | | |
|-----------------------------|-----------|
| 1. Program Narrative | 55 Points |
| 2. Budget | 20 Points |
| 2. Applicant Qualifications | 25 Points |

In order to be considered for an award, the submission must have a minimum score of 75 points. Based on overall scores, RFP reviewers will recommend to the Health Services Department selection of the agency/ agencies/awardee(s) to *potentially* fund to develop and operate residential program. Funding for program implementation will be contingent upon review approval from the Behavioral Health Director.

VIII. Timeline of Key Dates

Important Dates	Due Date
1. Request for Proposals – Posted Online	Wednesday, July 3, 2019
2. RSVP Deadline for MANDATORY applicant Conference	Friday, July 26, 2019 by 5pm
3. Applicants’ Conference – <i>2425 Bisso Lane, Concord (1st floor conference room)</i>	Friday, August 2, 2019 at 10am
4. Final responses to questions submitted	Wednesday, August 7, 2019 by 5pm
5. RFP Application Due Date	Friday, August 16, 2019 by 5pm
6. Awardee or Next Steps Announcement	Tuesday, September 3, 2019 by 5pm
7. Anticipated contract process start date	<i>To be determined</i>



**Therapeutic Foster Care Services pursuant to
Continuum of Care Reform**

Proposal Name: _____

Cover Page

Name of Applicant or Agency: _____

Address: _____

Contact Name: _____

Title of Contact Person: _____

Contact Phone/Email _____

Total Amount of Request: _____

Applicant Agency Signature:

This signature assures commitment to participate in this program if selected.

Executive Director

Type Name Here

Date