



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES**

MARCH 25, 2013

REQUEST FOR PROPOSAL AMENDMENT NUMBER ONE (1) FOR:

**SOLICITATION NUMBER RM-13-RFP-101-BY4-SDS
COMMUNITY & SCHOOL WRAPAROUND SERVICES**

TO ALL PROSPECTIVE OFFERORS:

Question No.	RFQ Section	Question
1	Section B	
The Original Solicitation "Section B: Contract Type, Supplies or Services and Price/Cost" is hereby deleted in its entirety and replaced with REVISED Section B attached to this Amendment #1. (Attachment A)		
2	Section C.2	
The Original Solicitation Sections "C.2 Scope of Work and C.2.1 General Requirements" are hereby deleted and replaced with REVISED Sections C.2 and C.2.1 attached to this Amendment #1. (Attachment B)		
3	Section C.5	
New item 5, Wraparound Milwaukee Model, was added as a reference.		
4	Section M.	
The Original Solicitation's Section M.3. Evaluation Criteria is here by replaced in its entirety by Section M.3.A – Evaluation Criteria Community Wraparounds and Section M.3.B – Evaluation Criteria Schools Wraparound.		
5		Clarify the Maximum Number of Pages allowed: Does the maximum length requirement for the proposal include the 15 pages for the technical proposal + pages for cost and supporting documentation or is the maximum length of the technical proposal plus supporting document total 20?
The Technical Proposal shall not exceed twenty (20) pages		
6		Are insurance certificates required with the application submission, or are those submitted to the agency post-award?
Insurance Certificates are required when submitting RFP Response		
7	Section M.	<ol style="list-style-type: none"> 1. What is the number of youth being served for Community? 2. What is the number of youth being served for School?
The number of youth served by Community Wraparound is One hundred thirty four (134) The number of youth served by School Wraparound is One Hundred Twenty (120)		

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTE REMAIN UNCHANGED.

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each quote to be submitted to the place specified for receipt of Proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP. In the event your quote has been previously deposited with the Department of Mental Health, Contracts and Procurement Services (DMH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be included with your submission in response to this RFP.

Failure to acknowledge receipt of Amendment One (1) for Solicitation Number **RM-13-RFP-101-BY4-SDS** may be cause for rejection of any quote submitted in response to the subject RFP.

Signed:



Samuel J. Feinberg, CPPO, CPPB
Director, Contracts and Procurement
Agency Chief Contracting Officer

Amendment Number One (1) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-13-RFP-101-BY4-SDS**.

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Offeror

ATTACHMENT A

REVISED SECTION B: CONTRACT TYPE, SUPPLIES OR SERVICES AND PRICE/COST

B.1 PURPOSE OF SOLICITATION

The Government of the District of Columbia, Department of Mental Health (DMH), the Department of Youth Rehabilitation Services (DYRS), the Child and Family Services Agency (CFSA), the Office of the State Superintendent of Education (OSSE) is seeking a Care Management Entity (CME) herein after referred to as CME or Contractor that shall utilize the Wraparound process as defined by the National Wraparound Initiative standards to provide a facilitated, team-based service and support planning process for referred children with intensive and complex emotional and behavioral health needs and their families

B.2 CONTRACT TYPE

The District contemplates Multiple Contract Awards resulting from this Request for Proposals (RFP) that shall be Firm Fixed Price Contracts to perform the services described in Schedule C, in accordance with 27 DCMR, Chapter 24, for a Period of Performance of One (1) Base Year with a possibility of the exercise of an additional Four (4) Option Years.

The Contractor shall be remunerated according to Schedule B Price Sheet. In the event of termination under this Contract, the DMH shall only be liable for the payment of all services accepted during the hours of work actually performed. Pursuant to the Terms and Conditions, of this Contract individuals working under this Contract for DMH are not eligible to be paid for holidays and sick leave. However, if work is performed on a Holiday, payment shall be made at the indicated rate.

This Contract is a “non-personal service Contract”; it is therefore understood and agreed that the Contractor and/or the Contractor’s employees: (1) shall perform the services specified herein as independent Contractors, not as employees of the government; (2) shall be responsible for their own management and administration of the work required to bear sole responsibility for complying with any and all technical, schedule, financial requirements or constraints attendant to the performance of this Contract; (3) shall be free from supervision or control by any government employee with respect to the manner or method of performance of the service specified; but (4) shall, pursuant to the Government’s right and obligation to inspect, accept or reject work, comply with such general direction of the Director, Contracts and Procurement/Agency Chief Contracting Officer (Director/ACCO), or the duly authorized representative as the Contracting Officer’s Technical Representative (COTR) as is necessary to ensure accomplishment of the Contract objectives.

By accepting this order or Contract(s) the Contractor(s) agrees, that the District, at its discretion, after completion of order or Contract Period, may hire an individual who is performing services as a result of this order or Contract, with restrictions, penalties or fees.

B.3 REQUEST FOR PROPOSALS (RFP) SUBMITTALS

Response to this Request For Proposals (RFP) requires completion and signature of the Section A (Page 1), Schedule B Price Sheet (Page 4) and satisfaction of DC Tax, EEO and First Source requirements submitted with the Proposal Package; please refer to Section J of this solicitation and other items as indicated in Section M..

B.4 SUBCONTRACTING REQUIREMENT

An Offeror responding to this solicitation must submit with its Proposal, a notarized statement detailing any subcontracting plan as required by law. Offers in response to this RFP shall be deemed nonresponsive and shall be rejected if the Offeror fails to submit a subcontracting plan that is required by law. For contracts in excess of \$250,000, at least 35% of the dollar volume of the Contract shall be subcontracted in accordance with section H.10.

B.5 PRICING SCHEDULE

The Contractor shall provide a quote on all or none of the following Contract Line Item Numbers (CLIN) 0001 through 4010, and CLINs 5001 through 9010 as described below.

Offeror shall provide blended rates for services required for the target populations,

B.5.1 SCHEDULE B – PRICING SCHEDULE BASE YEAR

CLIN	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	AMOUNT
	Provide CME Community Wraparound Services				
0001	Flex Funds (BPA)			\$	\$
0002	Personnel			\$	\$
0003	Recruitment			\$	\$
0004	Staff Travel			\$	\$
0005	Travel - Training			\$	\$
0006	Technology Support (BPA)			\$	\$
0007	Office Occupancy			\$	\$
0008	Office Support			\$	\$
0009	Telecommunications			\$	\$
0010	Administrative Support			\$	\$
TOTAL BASE YEAR					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.5.2 SCHEDULE B – PRICING SCHEDULE OPTION YEAR ONE

CLIN	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	AMOUNT
	Provide CME Community Wraparound Services				
1001	Flex Funds (BPA)	134	Each	\$	\$
1002	Personnel	12	Month	\$	\$
1003	Recruitment	12	Month	\$	\$
1004	Staff Travel	12	Month	\$	\$
1005	Travel - Training	12	Month	\$	\$
1006	Technology Support (BPA)	12	Month	\$	\$
1007	Office Occupancy	12	Month	\$	\$
1008	Office Support	12	Month	\$	\$
1009	Telecommunications	12	Month	\$	\$
1010	Administrative Support	12	Month	\$	\$
TOTAL OPTION YEAR ONE					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.5.3 SCHEDULE B – PRICING SCHEDULE OPTION YEAR TWO

CLIN	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	AMOUNT
	Provide CME Community Wraparound Services				
2001	Flex Funds (BPA)	134	Each	\$	\$
2002	Personnel	12	Month	\$	\$
2003	Recruitment	12	Month	\$	\$
2004	Staff Travel	12	Month	\$	\$
2005	Travel - Training	12	Month	\$	\$
2006	Technology Support (BPA)	12	Month	\$	\$
2007	Office Occupancy	12	Month	\$	\$
2008	Office Support	12	Month	\$	\$
2009	Telecommunications	12	Month	\$	\$
2010	Administrative Support	12	Month	\$	\$
TOTAL OPTION YEAR TWO					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.5.4 SCHEDULE B – PRICING SCHEDULE OPTION YEAR THREE

CLIN	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	AMOUNT
	Provide CME Community Wraparound Services				
3001	Flex Funds (BPA)	134	Each	\$	\$
3002	Personnel	12	Month	\$	\$
3003	Recruitment	12	Month	\$	\$
3004	Staff Travel	12	Month	\$	\$
3005	Travel - Training	12	Month	\$	\$
3006	Technology Support (BPA)	12	Month	\$	\$
3007	Office Occupancy	12	Month	\$	\$
3008	Office Support	12	Month	\$	\$
3009	Telecommunications	12	Month	\$	\$
3010	Administrative Support	12	Month	\$	\$
TOTAL OPTION YEAR THREE					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.5.5 SCHEDULE B – PRICING SCHEDULE OPTION YEAR FOUR

CLIN	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	AMOUNT
	Provide CME Community Wraparound Services				
4001	Flex Funds (BPA)	134	Each	\$	\$
4002	Personnel	12	Month	\$	\$
4003	Recruitment	12	Month	\$	\$
4004	Staff Travel	12	Month	\$	\$
4005	Travel - Training	12	Month	\$	\$
4006	Technology Support (BPA)	12	Month	\$	\$
4007	Office Occupancy	12	Month	\$	\$
4008	Office Support	12	Month	\$	\$
4009	Telecommunications	12	Month	\$	\$
4010	Administrative Support	12	Month	\$	\$
TOTAL OPTION YEAR FOUR					

Total Contract Value Community Wraparound (Base and all Option Years) \$ _____

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.5.6 SCHEDULE B – PRICING SCHEDULE BASE YEAR

CLIN	ITEM DESCRIPTION Provide CME School Wraparound Services	QTY	UNIT	UNIT PRICE	AMOUNT
5001	Flex Funds (BPA)	120	Each	\$	\$
5002	Personnel	12	Month	\$	\$
5003	Recruitment	12	Month	\$	\$
5004	Staff Travel	12	Month	\$	\$
5005	Travel - Training	12	Month	\$	\$
5006	Technology Support (BPA)	12	Month	\$	\$
5007	Office Occupancy	12	Month	\$	\$
5008	Office Support	12	Month	\$	\$
5009	Telecommunications	12	Month	\$	\$
5010	Administrative Support	12	Month	\$	\$
TOTAL BASE YEAR					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.5.7 SCHEDULE B – PRICING SCHEDULE OPTION YEAR ONE

CLIN	ITEM DESCRIPTION Provide CME School Wraparound Services	QTY	UNIT	UNIT PRICE	AMOUNT
6001	Flex Funds (BPA)	120	Each	\$	\$
6002	Personnel	12	Month	\$	\$
6003	Recruitment	12	Month	\$	\$
6004	Staff Travel	12	Month	\$	\$
6005	Travel - Training	12	Month	\$	\$
6006	Technology Support (BPA)	12	Month	\$	\$
6007	Office Occupancy	12	Month	\$	\$
6008	Office Support	12	Month	\$	\$
6009	Telecommunications	12	Month	\$	\$
6010	Administrative Support	12	Month	\$	\$
TOTAL OPTION YEAR ONE					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.5.8 SCHEDULE B – PRICING SCHEDULE OPTION YEAR TWO

CLIN	ITEM DESCRIPTION Provide CME School Wraparound Services	QTY	UNIT	UNIT PRICE	AMOUNT
7001	Flex Funds (BPA)	120	Each	\$	\$
7002	Personnel	12	Month	\$	\$
7003	Recruitment	12	Month	\$	\$
7004	Staff Travel	12	Month	\$	\$
7005	Travel - Training	12	Month	\$	\$
7006	Technology Support (BPA)	12	Month	\$	\$
7007	Office Occupancy	12	Month	\$	\$
7008	Office Support	12	Month	\$	\$
7009	Telecommunications	12	Month	\$	\$
7010	Administrative Support	12	Month	\$	\$
TOTAL OPTION YEAR TWO					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.5.9 SCHEDULE B – PRICING SCHEDULE OPTION YEAR THREE

CLIN	ITEM DESCRIPTION Provide CME School Wraparound Services	QTY	UNIT	UNIT PRICE	AMOUNT
8001	Flex Funds (BPA)	120	Each	\$	\$
8002	Personnel	12	Month	\$	\$
8003	Recruitment	12	Month	\$	\$
8004	Staff Travel	12	Month	\$	\$
8005	Travel - Training	12	Month	\$	\$
8006	Technology Support (BPA)	12	Month	\$	\$
8007	Office Occupancy	12	Month	\$	\$
8008	Office Support	12	Month	\$	\$
8009	Telecommunications	12	Month	\$	\$
8010	Administrative Support	12	Month	\$	\$
TOTAL OPTION YEAR THREE					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.5.10 SCHEDULE B – PRICING SCHEDULE OPTION YEAR FOUR

CLIN	ITEM DESCRIPTION Provide CME School Wraparound Services	QTY	UNIT	UNIT PRICE	AMOUNT
9001	Flex Funds (BPA)	120	Each	\$	\$
9002	Personnel	12	Month	\$	\$
9003	Recruitment	12	Month	\$	\$
9004	Staff Travel	12	Month	\$	\$
9005	Travel - Training	12	Month	\$	\$
9006	Technology Support (BPA)	12	Month	\$	\$
9007	Office Occupancy	12	Month	\$	\$
9008	Office Support	12	Month	\$	\$
9009	Telecommunications	12	Month	\$	\$
9010	Administrative Support	12	Month	\$	\$
TOTAL OPTION YEAR FOUR					

Total Contract Value School Wraparound (Base and all Option Years) \$ _____

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title

B.6 PERIOD OF PERFORMANCE (POP)

The term of the Contract(s) shall be for a Period of Performance (POP) of One (1) Year from Date of Award (Base Year) and Four (4) One Year Options.

ATTACHMENT B

PART I - THE SCHEDULE
SECTION C
DESCRIPTION/SPECIFICATIONS/ STATEMENT OF WORK

C.1 BACKGROUND

Implementation of the Wraparound process has resulted in a fundamental shift in the way the District Delivers Services To Children And Youth With Intense And Complex Emotional And behavioral needs and their families. Rather than relying on Psychiatric Residential Treatment Facilities (PRTF), the Wraparound process has help shape the District's capacity to provide home and community-based services. With wraparound in place and the increase in evidenced based services the District has decreased the utilization of psychiatric residential treatment. In FY11 - 211 youth children were placed in PRTF and in FY12 - 173 received treatment in a psychiatric residential facility. This is a significant decrease in the utilization of PRTF where as in 2007 the analysis by the Office of the City Administrator showed that on a given day the District had approximately 425 youth in residential treatment centers (RTC) across the country.

C.2 SCOPE OF WORK - REVISED

The District of Columbia, Department of Mental Health (DMH) is potentially seeking Multiple Care Management Entities (CME) that shall utilize the Wraparound process as defined by the National Wraparound Initiative standards to provide a facilitated, team-based service and support planning process for referred children with intensive and complex emotional and behavioral health needs and their families.

C.2.1 GENERAL REQUIREMENTS

Based upon this Request for Proposals (RFP), (DMH) shall potentially award Multiple Contracts that shall provide a per diem rate for Care Coordination services for up to 254 youth at one time **through schools identified by DCPS requiring support to address the behavioral and socio-emotional needs of students which impact their learning and children in the community exhibiting behaviors that are disruptive to their well being.**

C.2.1.1 Vendor(s) selected to be Awarded a Contract resulting from this RFP Solicitation shall provide Care Coordination Services along with administrative and fiscal oversight in managing the Provider Network. A pool of dollars that shall provide Flexible Funds to purchase a flexible array of supports that are currently not covered by Medicaid or other available funding streams, such as mentoring, tutoring, recreational activities etc. The CME is expected to manage these funds and ensure the use of these funds is directly tied to services delineated in the Wraparound Plan.

C.2.1.2 The CME shall be responsible for assuring that a Wraparound Team is created and engaged around each family/child referred to Wraparound. Through Wraparound Planning, the CME supports development of a Wraparound Plan that assures a unique, individualized set of community services along with natural supports that are wrapped around the child

and family to achieve their desired outcomes. Consistent with the Wraparound philosophy, the CME awarded the Contract shall assure that all Care Coordinators it hires shall be trained in the Wraparound process.

- C.2.1.3** The CME shall coordinate with DMH, CFSA, DYRS and OSSE, D.C. Family Court and Family Run Organizations (FROs) funded by DMH. Administrative Costs for coordination with FROs and managing Flexible Funds must be incorporated into the proposed per diem Cost for Care Coordination.
- C.2.1.4** The Contractor shall sub-contract portions of the proposed Scope of Work as required by Section H.10; nevertheless, the Contractor shall be responsible for the entire Scope of Work awarded in the Contract. The Contractor shall submit the name(s) of sub-contractors and the capacity in which they shall be participating in the Contract to DMH for review and approval.
- C.2.1.5** Community Wraparound, -The Contractor shall provide Care Coordination Services for children enrolled in Wraparound in the Community using the Milwaukee Model for District Children receiving Support Services from one or more Public or Private agencies included but not limited to, Child and Family Services Agency (CFSA), Department of Mental Health (DMH, Department of Youth Rehabilitation Services (DYRS) and District of Columbia Public Schools (DCPS) not provided with a Care Coordinator. Children and Youth referred from a District Agency are at risk of Psychiatric Residential Treatment, have had three or more hospitalizations with a six (6) month period, truancy issues, are engaged in juvenile delinquent behavior, or are at risk of or placed outside of their home
- C.2.1.6** School Wraparound – The CME shall provide wraparound services using the Milwaukee Model in twelve (12) schools identified by DCPS as Full Service Schools. The full Service Schools provide both academic and behavioral support to the Enrolled Students. The goal of Full Service Schools is for all Students to have academic success, social, emotional and behavioral well being; a school climate that is welcoming and positive, strong partnership with the school, along with coordinated, effective delivery of services and supports within the school.

Each School will have a full time care coordinator working with those children identified as most vulnerable to academic and behavioral challenges. The Care Coordinator shall carry a Caseload of no more than ten (10) Students at any one time.

C.5 APPLICABLE DOCUMENTS

The following documents are applicable to this procurement and are hereby incorporated by this reference:

Item No.	Document Type	Title	Date
1	Manual	Ten Principles of the Wraparound Process	2004
2	Resource guide	The Wraparound Process: An Overview of Implementation Essentials	2010
3	Resource guide	Phases and Activities of the Wraparound Process	Updated 2004 Guide
4	Resource	Wraparound Fidelity Index (WFI-4). http://nwi.pdx.edu/fidelity.shtml .	Latest Information
5	Resource	Wraparound Milwaukee Model	Latest Information

All Other portions of Sections C remain unchanged

ATTACHMENT C

M. 3A EVALUATION CRITERIA – COMMUNITY WRAPAROUND

The Evaluation Criteria set forth below have been developed by agency technical personnel and has been tailored to the requirements of this particular solicitation. The criteria serve as the standard against which all proposals shall be evaluated and serve to identify the significant matters which the Offeror should specifically address in complying with the requirements of this solicitation.

The Offeror’s Technical Proposal and Price Proposal shall be evaluated separately.

M.3.1 TECHNICAL EVALUATION FACTORS

M.3.1.1 Evaluation Factor: Technical Understanding and Methodology (Points)

The information contained in this section shall facilitate the evaluation of the Offeror’s technical understanding of the requirements set forth in applicable federal regulations, state policy and the District’s objectives and the Offeror’s approach to fulfilling the tasks described in **Section C**.

The Offeror shall provide the following narratives:

M.3.1.1.1 Program Plan (25 Points)

- a. Describe how your agency shall develop positive relationships with the “lead” agencies – DMH, DYRS, CFSA, etc. to deliver services.
- b. If your agency is a current or potential provider of direct services, describe how your agency shall keep the two functions operating separately within your organization.
- c. Describe how your agency shall reach out to engage families upon referral, gain their ownership of their Wraparound Plan, and retain their active participation throughout the service time frame.
- d. Describe how your agency shall ensure the ability to communicate with families who are not proficient in speaking English and/or are culturally diverse.
- e. Describe how your agency shall keep track of the required time frames for assignment of Care Coordination and Wraparound Team and creation of the Wraparound Plan.
- f. Describe how your agency shall provide 24-hours a day, 7 days-a-week access to crisis services to the assigned families.

- g. Describe the procedures your agency shall have in place to create the Wraparound Plan and the Wraparound Team.
- h. Describe how your agency shall work to implement the values and components of Wraparound as described in the Scope of Work.
- i. Describe how your agency shall enhance its current relationship with the direct service provider community in order to facilitate appropriate linkages and services to families and develop the provider network so families have a choice in the provider they choose.
- j. Describe how your agency shall provide administrative and fiscal oversight to the network of providers to ensure quality care to children and families.
- k. Describe how your agency shall identify and engage informal supports for each family.
- l. Describe how your agency shall ensure that continual assessment of child and family safety is occurring.
- m. Describe your agency's policies and procedures for handling critical incidents, including your definition of a critical incident as it relates to this population. Additionally, include how critical incidents shall be tracked and followed up on with staff, the child, and the family.

M.3.1.1.2 Data Collection and Record Keeping (10 Points)

- a. Describe how your agency shall keep Case Record Files up-to-date.
- b. Describe how your agency shall collect and maintain information to respond to DMH's requirements in its monthly reporting as found above in Reporting Requirements.
- c. Describe how your agency shall keep Case Record Files and other relevant data confidential and comply with HIPAA mandates.

M.3.1.1.3 Evaluation (5 Points)

- a. Describe how your agency shall design service delivery to ensure achievement of the identified program performance measures.
- b. Describe how your agency shall use the data collected for reporting and evaluation purposes to maintain and strengthen your service's success in impacting families and meeting the program performance measures.

M.3.1.2 Expertise and Key Personnel (15 points)

M.3.1.2.1 Expertise

- a. Describe your agency's vision and philosophy for strengthening and supporting families who have children with intensive needs that require cross-agency and cross-discipline interventions to keep them in their homes/communities.
- b. Describe your agency's experience operating similar services to those in this RFP's Scope of Work and Deliverables within the past four years, including the ability to function as a CME and manage a provider network, numbers of families served, race/ethnicity and languages spoken, strengths and needs of families, specific program services, and any data collected to measure the results of the program and what that data show regarding your agency's effectiveness.
- c. Describe how your agency worked to engage families in their service plan, especially families who are not English proficient.
- d. Describe any partnerships or collaborations with public agencies, private service providers, businesses, churches, law enforcement agencies, or other community-based organizations that have helped your agency to deliver your services to families.
- e. Fiscal document indicating payroll reserves for two months of total involved staff costs.
- f. Financial statements for the previous 3 years.

M.3.1.2.2 Key Personnel (20 Points)

- a. Describe the staffing pattern your agency shall use to deliver the proposed services, which shall ensure the required availability to families during traditional and nontraditional hours.
- b. Describe the location of the office where the Care Coordinator staff and case files shall be housed and how it promotes access to the families.
- c. Include as Attachment D position descriptions and resumes of the staff person who shall perform the required Supervision functions.
- d. Include as Attachment E position descriptions and resumes of key staff that shall perform the Care Coordination functions.

- e. If key staff persons have not been identified, describe how your agency shall recruit and hire required staff to meet the service delivery time line.
- f. Describe how your agency shall secure criminal background checks for all staff.
- g. Describe how your agency intends to ensure culturally competency for staff.
- h. Describe in detail your agency's planned supervision structure, including how your agency shall ensure that Care Coordinators are delivering strengths-based, family-oriented services with sound clinical practices.
- i. Describe your agency's plan for supervision, staff development and support to ensure high quality Wraparound services to families.

Describe your agency's workplace culture, policies, procedures and strategies for ensuring high staff retention rates for Care Coordinators.

M.3.1.3 Past Performance Evaluation (15 points)

Describe past experience providing Community Wraparound Services for Governmental Entities within the last five (5) years.

The Offeror shall list at least three (3) Clients where with similar Scopes of work and Services were provided. Each shall be accompanied by verifiable references that include:

1. The location of the Service
2. Contact Person, name and telephone number
3. Brief description of the work performed by the Offeror
4. Duration of Contract

M. 3.B EVALUATION CRITERIA – SCHOOL WRAPAROUND

The Evaluation Criteria set forth below have been developed by agency technical personnel and has been tailored to the requirements of this particular solicitation. The criteria serve as the standard against which all proposals shall be evaluated and serve to identify the significant matters which the Offeror should specifically address in complying with the requirements of this solicitation.

The Offeror’s Technical Proposal and Price Proposal shall be evaluated separately.

M.3.1 TECHNICAL EVALUATION FACTORS

M.3.1.1 Evaluation Factor: Technical Understanding and Methodology (Points)

The information contained in this section shall facilitate the evaluation of the Offeror’s technical understanding of the requirements set forth in applicable federal regulations, state policy and the District’s objectives and the Offeror’s approach to fulfilling the tasks described in **Section C**.

The Offeror shall provide the following narratives:

M.3.1.1.1 Program Plan (25 Points)

- a. Describe how your agency shall develop positive relationships with OSSE and DCPS and with the “lead” agencies – DMH, DYRS, CFSA, etc. to deliver services.
- b. If your agency is a current or potential provider of direct services, describe how your agency shall keep the two functions operating separately within your organization.
- c. Describe how your agency shall reach out to engage families upon referral, gain their ownership of their Wraparound Plan, and retain their active participation throughout the service time frame.
- d. Describe how your agency shall ensure the ability to communicate with families who are not proficient in speaking English and/or are culturally diverse.
- e. Describe how your agency shall keep track of the required time frames for assignment of Care Coordination and Wraparound Team and creation of the Wraparound Plan.
- f. Describe how your agency shall provide 24-hours a day, 7 days-a-week access to crisis services to the assigned families.

- g. Describe the procedures your agency shall have in place to create the Wraparound Plan and the Wraparound Team.
- h. Describe how your agency shall work to implement the values and components of Wraparound as described in the Scope of Work.
- i. Describe how your agency shall provide administrative and fiscal oversight to the network of providers to ensure quality care to children and families.
- j. Describe how your agency shall identify and engage informal supports for each family.
- k. Describe how your agency shall ensure that continual assessment of child and family safety is occurring.
- l. Describe your agency's policies and procedures for handling critical incidents, including your definition of a critical incident as it relates to this population. Additionally, include how critical incidents shall be tracked and followed up on with staff, the child, and the family.

M.3.1.1.2 Data Collection and Record Keeping (10 Points)

- a. Describe how your agency shall keep Case Record Files up-to-date.
- b. Describe how your agency shall collect and maintain information to respond to DMH's requirements in its monthly reporting as found above in Reporting Requirements.
- c. Describe how your agency shall keep Case Record Files and other relevant data confidential and comply with HIPAA mandates.

M.3.1.1.3 Evaluation (5 Points)

- a. Describe how your agency shall design service delivery to ensure achievement of the identified program performance measures.
- b. Describe how your agency shall use the data collected for reporting and evaluation purposes to maintain and strengthen your service's success in impacting families and meeting the program performance measures.

M.3.1.2 Expertise and Key Personnel (15 points)

M.3.1.2.1 Expertise

- a. Describe your agency's vision and philosophy for strengthening and supporting families who have children with intensive needs that require cross-agency and cross-discipline interventions to keep them in their homes/communities.
- b. Describe your agency's experience operating similar services to those in this RFP's Scope of Work and Deliverables within the past four years, including the ability to function as a CME and manage a provider network, numbers of families served, race/ethnicity and languages spoken, strengths and needs of families, specific program services, and any data collected to measure the results of the program and what that data show regarding your agency's effectiveness.
- c. Describe how your agency worked to engage families in their service plan, especially families who are not English proficient.
- d. Describe any partnerships or collaborations with public agencies, private service providers, businesses, churches, law enforcement agencies, or other community-based organizations that have helped your agency to deliver your services to families.
- e. Fiscal document indicating payroll reserves for two months of total involved staff costs.
- f. Financial statements for the previous 3 years.

M.3.1.2.2 Key Personnel (20 Points)

- a. Describe the staffing pattern your agency shall use to deliver the proposed services, which shall ensure the required availability to families during traditional and nontraditional hours.
- b. Describe the location of the office where the Care Coordinator staff and case files shall be housed and how it promotes access to the families.
- c. Include as Attachment D position descriptions and resumes of the staff person who shall perform the required Supervision functions.
- d. Include as Attachment E position descriptions and resumes of key staff that shall perform the Care Coordination functions.

- e. If key staff persons have not been identified, describe how your agency shall recruit and hire required staff to meet the service delivery time line.
- f. Describe how your agency shall secure criminal background checks for all staff.
- g. Describe how your agency intends to ensure culturally competency for staff.
- h. Describe in detail your agency's planned supervision structure, including how your agency shall ensure that Care Coordinators are delivering strengths-based, family-oriented services with sound clinical practices.
- i. Describe your agency's plan for supervision, staff development and support to ensure high quality Wraparound services to families in the School Community.

Describe your agency's workplace culture, policies, procedures and strategies for ensuring high staff retention rates for Care Coordinators.

M.3.1.3 Past Performance Evaluation (15 points)

Describe past experience providing School Wraparound Services for Governmental Entities within the last five (5) years.

The Offeror shall list at least three (3) Clients where with similar Scopes of work and Services were provided. Each shall be accompanied by verifiable references that include:

1. The location of the Service
2. Contact Person, name and telephone number
3. Brief description of the work performed by the Offeror
4. Duration of Contract

All other portions of Section M remain unchanged