



Imperial Calcasieu
HUMAN SERVICES AUTHORITY

Building Strength in Our Community

REQUEST FOR PROPOSALS

**CRISIS INTERVENTION AND COMMUNITY/FAMILY SUPPORT SERVICES
Children and Youth Services**

**IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY
Administrative Division**

**RFP # 375002
Proposal Due Date/Time May 19, 2014/5:00 PM**

Release Date: 4/11/214

TABLE OF CONTENTS

Section	Content	Page
	Glossary	4
I	General Information	
A	Background	5
B	Purpose of RFP	5
C	Invitation to Propose	5
D	RFP Coordinator	5
E	Proposer Inquiries	6
F	Pre-Proposal Conference	6
G	Schedule of Events	6
H	RFP Addenda	7
II	Scope of Work	
A	Project Overview	7
B	Deliverables	7
C	Liquidated Damages	17
D	Fraud and Abuse	17
E	Technical Requirements	18
F	Subcontracting	18
G	Insurance Requirements	18
H	Resources Available to Contractor	19
I	Contact Personnel	19
J	Term of Contract	20
K	Payment Terms	20
III	Proposals	
A	General Information	20
B	Contact After Solicitation Deadlines	20
C	Code of Ethics	20
D	Rejection and Cancellation	20
E	Award Without Discussion	21
F	Assignments	21
G	Proposal Cost	21
H	Errors and Omissions	21
I	Ownership of Proposal	21
J	Procurement Library/Resources for Proposer	21
K	Proposal Submission	21
L	Proprietary and/or Confidential Information	22
M	Proposal Format	22
N	Requested Proposal Outline	22
O	Proposal Content	22
P	Evaluation	25
Q	On Site Presentation/Demonstration	25
R	Announcement of Award	25

IV	Contractual Information	25
	Attachments I. Veteran and Hudson Initiatives II. Certification Statement	

Glossary

Agency:	Imperial Calcasieu Human Services Authority
CART:	Child and Adolescent Response Team
CSS:	Clinical Services System
EBD:	Emotional Behavior Disorder
FFT:	Functional Family Therapy
FPP:	Family Preservation Program
FTE:	Full Time Equivalent position
ImCal HSA:	Imperial Calcasieu Human Services Authority
Must:	Denotes a mandatory requirement
Original:	Denotes must be signed in ink.
Redacted Proposal:	The removal of confidential and/or proprietary information from one copy of the proposal for public records purposes.
Shall:	Denotes a mandatory requirement
Should, May, Can:	Denotes a preference, but not a mandatory requirement
Will:	Denotes a mandatory requirement

I. GENERAL INFORMATION

A. Background

1. The mission of Imperial Calcasieu Human Services Authority (ImCal HSA) is that citizens with mental health, addictions, and developmental challenges residing in the parishes of Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis are empowered, and self-determination is valued such that individuals live a satisfying, hopeful, and contributing life.
2. The Imperial Calcasieu Human Services Authority shall adhere to the principles of effectiveness, efficiency, and egalitarianism. The ImCal HSA shall maintain objective data derived from evidence-based practices and implementation efforts that rationally explain its efforts to maximize all resources within its control. Individuals receiving services will have access to evidence based services that are responsive to their needs and cost effective so that;
 - a) Individuals with acute illnesses are able to rapidly resume optimal functioning;
 - b) Individuals with chronic illness may live in a safe environment that encourages personal growth;
 - c) Youth and Families strengths and resilience are enhanced;
 - d) The voice of and collaboration with Individuals in the community is enhanced;
3. ImCal HSA will make use of best practices in implementing, evaluating, monitoring, modifying existing services so that quality is assured, services meet the needs of those served, and the variety of services available adequately address the range of behavioral health issues identified, or that services are further developed to address service gaps.

B. Purpose of RFP

1. The purpose of this Request for Proposals (RFP) is to solicit proposals from qualified proposers that provide an array of behavioral health services, including crisis intervention services following the Child and Adolescent Response Team (CART) model, Case Management, Functional Family Therapy, and Nurturing Parenting Program.
2. A contract is necessary to provide the requested array of services following the herein specified evidenced-based or best practice models. This project will serve Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes. The contractor will offer these services for children/youth ages 3-18 years of age with emotional and behavioral disorders and their families. The goal of these services shall be to lessen or eliminate the debilitating symptoms of mental illness each individual client experiences; minimize or prevent recurrent acute episodes of the illness; meet basic needs and enhance quality of life; increase skills of the family, and meet goals identified by the treatment team.

C. Invitation to Propose

ImCal HSA's Behavioral Health Children and Youth Services Division is inviting qualified proposers to submit proposals for services to provide Crisis Intervention Services, Family support case management, Functional Family Therapy, Nurturing Parenting Program, Crisis intervention assessments, and crisis program management, in accordance with the specifications and conditions set forth herein. Proposers may respond to provide all or some of the services requested.

D. RFP Coordinator

1. Requests for copies of the RFP and written questions or inquiries must be directed to the RFP coordinator listed below:

Laurie Hebert
Imperial Calcasieu Human Services Authority
Administration Division
3505 5th Ave., Suite B
Lake Charles, LA 70607
Telephone: 337-475-3100
Fax: 337-475-3105
Email: laurie.hebert@la.gov

2. This RFP is available in pdf at the following weblinks:
<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47> and
<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4>
3. All communications relating to the RFP must be directed to the RFP contact person named above. All communications between Proposers and other ImCal staff members concerning the RFP shall be strictly prohibited. Failure to comply with these requirements shall result in proposal disqualification.

E. Proposer Inquiries

1. The Agency will consider written inquiries regarding the RFP or Scope of Services before the date specified in the Schedule of Events. To be considered, written inquiries and requests for clarification of the content of this RFP must be received at the above address or via the above fax number or email address by the date specified in the Schedule of Events. Any and all questions directed to the RFP coordinator will be deemed to require an official response and a copy of all questions and answers will be posted by the date specified in the Schedule of Events to the following web link:
<http://wwwprd.doa.louisiana.gov/OSP/:aPAC/bidlist.asp?department=4>
and may also be posted at:
<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47>
2. Action taken as a result of verbal discussion shall not be binding on the Agency. Only written communication and clarification from the RFP Coordinator shall be considered binding.

F. Pre-Proposal Conference

Not required for this RFP.

G. Schedule of Events

ImCal HSA reserves the right to deviate from this Schedule of Events

Schedule of Events	Tentative Schedule
Public Notice of RFP	4/11/2014
Deadline for Receipt of Written Questions	4/25/2014
Response to Written Questions	5/2/2014
Deadline for Receipt of Proposals	5/19/2014
Proposal Evaluation	5/20/2014
Contract Award Announced	5/30/2014
Contract Negotiations Begin	6/1/2014
Contract Begins	7/1/2014

H. RFP Addenda

In the event it becomes necessary to revise any portion of the RFP for any reason, the Agency shall post addenda, supplements, and/or amendments to all potential proposers known to have received the RFP. Additionally, all such supplements shall be posted at the following web address:

<http://wwwprd.doa.louisiana.gov/OSP/:aPAC/bidlist.asp?department=4>

and may be posted at:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47> and

It is the responsibility of the proposer to check the DOA website for addenda to the RFP, if any.

II. Scope of Work

A. Project Overview

Through this program, families can be preserved and strengthened and the child can be maintained in the least restrictive level of care. The service components are designed to achieve the following goals: preserve families and reduce/prevent the long-term hospitalization of children and youth in crisis; assist clients with the alleviation of symptoms of mental illness; and improve the quality of life of clients and their families. The services shall be family centered, community-based, and adaptable to meet the individual needs of children and their families. Contractor is expected to facilitate communication with community based providers, such as the school and primary care physician to enhance integrated treatment.

The result of this contract will be that families will have an array of services to strengthen the family's interactions with each other, assist through times of crisis, minimize the impact of stress, improve parenting skills, and utilize community and natural resources effectively.

The contractor selected for this project will provide community-based and in-home services to those youth that meet the criteria for the target population of Emotional Behavior Disorder or who are in a family-identified crisis. The contractor will offer an array of comprehensive and integrated behavioral health crisis and support services for children/youth with emotional and behavioral disorders. The services should target lessening or eliminating the debilitating symptoms of mental illness each individual client experiences. The responders must include principles of Trauma Informed Care and identify which recognized Evidence Based models will be used as well as outcome measures to be used to measure the effectiveness of these models.

The contractor will be certified, where applicable, to provide an array of behavioral health services for children and youth and their families consisting of the following: crisis intervention services utilizing the Child and Adolescent Response Team (CART) program; family therapy services for youth aged 11-18 and their families using the evidence based practice of Functional Family Therapy; an evidence based or best practice parenting program for the parents of children ages 5-11; crisis respite care, assistance with monitoring and evaluating the CART crisis program; and assistance with crisis assessments and data collection.

B. Deliverables

1. Crisis Intervention Services (CART Model)

a. Population to be Served

Youth under the age of 18 years old and their families within the Imperial Calcasieu HSA service area who are experiencing acute crises are eligible to receive these crisis services. Generally, referrals for crisis services will be initiated through the 1-800 crisis phone line operated by another ImCal HSA Contractor. Approximately 100 families will receive services through the

various components of the contracted Crisis Intervention Services program.

- b. The Components of the Crisis Intervention Services Program to be provided are described below.

1. Crisis System Coordination and Crisis Screenings

The purpose of crisis coordination is to receive calls from the toll free crisis line; to determine the necessity of a crisis screening; to mobilize resources for a crisis screening to occur; to implement the appropriate actions necessary to diffuse the immediate crisis; and to provide feedback to the Crisis Systems Manager as required. The purpose of the crisis screening is to determine the appropriate action necessary for immediate crisis resolution for the family.

Contractor shall provide crisis coordination 24 hours a day, including weekends and holidays. Contractor shall provide after hours crisis screenings as necessary, providing approximately 100 screens annually. Contract screeners must be trained on the CART crisis model. Depending on the intensity of the crisis, transportation issues, and other youth, family, or community concerns, these screenings may be conducted in the home of the family in crisis, in the home of a relative or neighbor of the family in crisis, in a public location or in a hospital emergency room that has granted permission to Contractor to conduct these screenings. The contractor's Crisis Care Coordinator will determine the best location for each individual case.

Contractor will be responsible for ensuring that the locations in which the crisis screenings occur are safe and conducive for appropriate screening. Law enforcement professionals will also be utilized when necessary. The goal is that the screenings will lead to the formation of recommendations for crisis resolution.

i. Crisis Coordination and Screening Referral Process

Contractor receives all crisis phone calls from the crisis phone service for children and adolescents within Imperial Calcasieu HSA's service area of Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis parishes. The CART crisis 1-800 number has been published and distributed to community members e.g., schools, local police authorities, etc. When the contractor receives a crisis call that needs further screening, the Crisis Care Coordinator, to be provided through this contract, is notified. The Crisis Care Coordinator decides if a face-to-face screening is necessary. If a screening is needed, the Crisis Care Coordinator, after reviewing the availability of and utilizing appropriate resources, will mobilize a Crisis Screener to conduct the face to face screening.

ii. Decision Making for Crisis Resolution

The contract Crisis Screener must conduct a screening using the New Jersey Crisis Assessment tool and will seek to answer the following questions.

- 1) What is the crisis, as defined by the family?
- 2) What is the necessary action that must take place now for immediate crisis resolution (e.g., what will get this family through the night/weekend)?
- 3) What resources are necessary to make # 2 happen?
- 4) What resources are necessary for the child to stay in the home?
- 5) What natural supports are available to allow the child to be maintained within the least restrictive setting?
- 6) Why does the child need to leave the home, if applicable?
- 7) Where can the child go? (rule out relatives, family friends, neighbors, etc.)

- 8) Does the family have any natural resources that would facilitate crisis resolution?
 - Is an ImCal HSA crisis service necessary?
 - Can the youth go to school the next day?
- 9) What is the plan to engage the family in intervention on the next working day?

The Crisis Screener will then contact the Crisis Care Coordinator with results so that they can make a decision regarding assisting the youth and family. The Crisis Screener, in conjunction with the youth, family, and Crisis Care Coordinator, shall also develop a Crisis Intervention Agreement (see below) which will be signed by the youth and family. The goal is to provide services to the family within the least restrictive setting, while maintaining safety for all involved.

iii. Crisis Intervention Agreement

A Crisis Intervention Agreement developed by the contractor with input from the youth and family will identify the immediate strategy to get the family through the night/weekend. In addition to contact information, the Crisis Intervention Agreement will include a time during the following business day that the Crisis Systems Manager (CSM) will call the family to check in and make a plan for further action. The contract Crisis Screener will have the youth and family sign the Crisis Intervention Agreement.

iv. Follow-up

All screening/assessment data, including the Crisis Intervention Agreement, shall be sent to the Crisis Systems Manager in a timely manner on the next business morning. Crisis Care Coordinator must also be available for phone consultation with the Crisis Systems Manager until 12:00 noon on that next business day.

2. In-Home Crisis Stabilization Services

Contract would provide in-home crisis stabilization services for youth and their families within the service area up to twenty-four (24) hours a day, for a maximum of seven (7) days. The purpose of these services is to address and stabilize acute crises within a family's home environment, thereby, reducing the need for in-patient hospitalization. Many crises can be stabilized with the assistance of in-home interventions that are facilitated by contract mental health professionals and para-professionals. The in-home stabilization services may be sub-contracted.

i. Referrals for In-Home Crisis Stabilization Services

Referrals for in-home crisis stabilization services will be generated by the Crisis Care Coordinator or the Crisis Systems Manager after a crisis screening has been conducted. The in-home crisis assessment will be initiated within 2 hours of being contacted. Contractor is responsible for ensuring that locations in which crisis services are provided are safe and conducive to appropriate intervention.

ii. Description of In-Home Crisis Stabilization Services

The Crisis Stabilization Services Plan will be developed by the contractor within the first 24 hours of intervention as derived from the New Jersey Crisis Assessment tool with input from the youth and family, the Crisis Services Coordinator, and/or the Crisis System Manager as appropriate. This plan will be faxed to the Crisis Systems Manager in a timely manner on the next business day.

The following services are service plan options to be considered:

- Intensive family intervention conducted by a contract mental health professional
- Intensive individual intervention conducted by a contract mental health professional
- One-on-one supervision and treatment integration (in-home and/or school setting) provided by a contract mental health paraprofessional.

A combination of the above services will generally be utilized. For example, many families may need intensive individual and family intervention initially, followed by treatment integration. All services are to be coordinated and supervised by the Crisis Services Coordinator with an emphasis on continuity of care. If a family requires one-on-one assistance throughout a 24-hour period or more and funding for this service is available, then this will be provided without a disruption of service. The Crisis Services Coordinator will ensure that all professionals and paraprofessionals working with a particular family are aware of the family's needs. If changes in staff are required (e.g., over a 24-hour period), there will be an overlap of at least 30 minutes for each shift change to allow thorough communication regarding the needs of the family.

The goal of the above services is to stabilize the crisis while maintaining the child/youth in a least restrictive environment. Services will generally be provided in the youth's home. In-home stabilization services will be limited to a maximum of 7 days. Daily consultation with the Crisis Systems Manager will occur so that progress can be monitored and evaluated on an on-going basis. When the Crisis Systems Manager, the contract treatment providers, and the family determine that the crisis has been stabilized, in-home stabilization services will be discontinued. If the crisis continues beyond 7 days, additional services within the continuum of the system of care will be implemented.

In home stabilization services may be excluded or discontinued based on the following criteria after consultation with the Crisis Systems Manager and the Crisis Services Coordinator:

- The client is in need of more intensive treatment or a more restrictive environment due to overt danger to himself or others or poses a threat to person or property.
- A situation exists within the environment that may place the in-home stabilization contractors at-risk by entering the home.
- Resources within the family are not minimally sufficient to meet the client's basic needs, or the situation with the home environment is harmful or detrimental to the client and/or others in the setting.
- Funding for the service has been depleted.

3. Out-of-Home Crisis Respite

***i.* Program Description**

Children and adolescents who are in acute crisis and cannot be maintained within their home setting may be referred to an out-of-home respite Contractor. Out-of-home respite provides a safe place for children and youth to reside to allow time for the crisis to de-escalate. Out-of-home crisis respite must be available for 24 hours a day for a maximum of seven days. The goals of crisis respite are to ensure the safety of the child and family, reduce the need for hospitalization, and to avoid long-term out-of-home placement.

Out-of-Home Crisis Respite Services will be provided by the contractor. The decision to refer a youth for out-of-home crisis respite will be based on identified needs of the youth and family, the recommendations of the crisis screener or in-home crisis stabilization professional, approval of the Crisis Care Coordinator or Crisis Systems Manager.

The Crisis Systems Manager will be notified by 9:00 a.m. the next business day when out-of-home respite services are initiated after hours or on weekends or holidays. The Crisis Systems Manager will facilitate a discussion regarding the plan for the youth in crisis and his/her family. This may involve a meeting with the youth, his/her family, and ImCal HSA staff. In general, the contractor's staff member must be available to attend the crisis resolution meeting and assist in implementation of the crisis resolution plan, including facilitation of communication between the youth and his/her family. Contractor will provide transportation when necessary and appropriate.

ii. Referrals for Out-of-Home Crisis Respite Services

All referrals for Out-of-Home Crisis Respite services will be generated by the Crisis Services Coordinator or the Crisis Systems Manager after a crisis screening has been conducted. Out-of-Home Crisis Respite services shall be initiated within 2 hours of contractor being contacted.

4. Performance Measures

i. Process Deliverables

- a) Crisis Care Coordinators will receive all calls from the 1-800 crisis line.
- b) The Crisis Systems Manager or Crisis Care Coordinator will make a determination about the necessity of a face-to-face screening on 100% of the calls received from the crisis line.
- c) Screeners will provide face-to-face crisis screenings for all families referred by the Crisis Care Coordinator within the timeframes outlined in CART Policy and Procedure Manual, 90% of the time.
- d) Crisis Care Coordinator will provide follow-up data on 90% calls received from the crisis line (including those in which a face-to-face screening was not necessary or not financially feasible) within the above stated time frames.
- e) An initial assessment will be conducted on 90% of referred families within the timeframes outlined in CART Policy and Procedure Manual.
- f) A Crisis Stabilization Services Plan will be developed within the first 24 hours of contact for 90% of the families served through the in-home crisis stabilization services component.
- g) The Crisis Intervention Services Coordinator will maintain daily contact with the out-of-home respite providers regarding youth progress on 90% of the youth served.
- h) The program staff will collaborate with families and agencies to meet with families at times that are convenient for families and conducive to obtaining community supports for families 80% of the time, as reported through the consumer satisfaction survey process.

- i) Increase families' awareness of and utilization of appropriate community services by 80%, as reported through the consumer satisfaction survey process.
- j) Prevent out-of-home placements in 75% of the clients served.
- k.) Crisis system manager or crisis care coordinator will participate in crisis service planning for each family that has utilized CART services, 90% of the time.
- ii. **Consumer outcomes**
 - a) For families that call the 1-800 crisis line and a face-to-face screening is completed, 75 % of these youth will be diverted from hospitalization. This will be documented on the disposition section of the triage form.
 - b) Families that need a face-to-face screening, will receive this screening in an appropriate location and within the timeframes outlined in the CART Policy and Procedure Manual, 90 % of the time, as evidenced by time data on the triage form.
 - c) For the families and youth receiving both the face-to-face screening and in-home crisis stabilization services, at least 75% of these youth will be maintained within their current home setting, eliminating the need for hospitalization, as evidenced by disposition on the CAT form.
 - d.) Consumers will be satisfied at least 80% of the time regarding the timeliness of the response and at least 80% of the time regarding the resolution of the crisis, as evidenced by the satisfaction survey completed at the end of services.

2. Case Management

The contractor will provide a program of comprehensive, best practices case management services (home, school and community) for children/youth with emotional and behavioral disorders (EBD). To make efficient use of resources, services can be adapted to provide the level of intervention appropriate to the needs of the family. Case management referrals may originate from an ImCal HSA outpatient community behavioral health clinic or CART and may be provided as an adjunct service to other programs within this contract.

a. Project Principles

- 1) Services shall be comprehensive, addressing the child and family's physical, educational, social, and emotional needs.
- 2) Agency resources and services shall be shared and coordinated.
- 3) Services shall be community-based, with the decision-making responsibility and management at the local level.
- 4) Services shall be provided in the least restrictive setting consistent with effective services and as close to home as possible.
- 5) Services shall be provided with written informed consent from the parent/guardian.
- 6) Services shall be child and family-centered and give priority to keeping children with their families.
- 7) Services shall address the unique needs and potential of each child and shall be sufficiently flexible to meet the highly individualized child and family needs.
- 8) The rights of children shall be protected.
- 9) Services shall be culturally and ethnically sensitive.
- 10) Services shall promote early identification and intervention.
- 11) Services shall focus on the child and family's strengths.
- 12) Services shall be provided as long as deemed clinically appropriate.
- 13) Services shall provide linkage to community resources based on the individual needs of the client and family.

b. Target Population – Admission Criteria

- 1) The identified client must be aged 17 years or younger and/or up to age 22 if still enrolled in school, and living or transitioning to a home environment.
- 2) The client is identified as being in crisis or presenting symptoms of emotional/behavioral disorders (EBD). The crisis or the EBD symptoms are affecting his or her functioning at home, at school, or in the community.
- 3) The client meets one or more of the following criteria:
 - a) Psychiatric hospitalization within the last two (2) years and/or at risk of hospitalization
 - b) Long length of stay (greater than 30 days) in a recent hospitalization
 - c) History of several crisis-related contacts with mental health clinics or programs
 - d) History of out-of-home placements related to psychiatric treatment
 - e) The client has significant difficulty consistently performing the range of practical, age-appropriate daily living tasks.
 - f) The client has one or more of the following problems:
 - Persistent or recurrent severe major symptoms
 - Co-occurring substance abuse issues
 - High risk or recent history of involvement with the juvenile justice system
 - g) A recommendation from the Crisis System Manager or an IMCAL HSA clinician and written informed consent from the parent/guardian are required for admission into the program.
 - h) A family may be re-admitted to the program if the treatment team recommends a subsequent course of services would be beneficial to the client.

c. Target Population- Exclusionary Criteria

The following exclusion criteria may, at the discretion of ImCal HSA staff in collaboration with contractor, exclude a client and his family from admission to the program if:

- 1) The client is in need of more intensive psychiatric intervention or a more restrictive environment due to a danger to himself or others or poses a threat to person or property. If a child is removed during the treatment period for an extended period (for more than 15 days), consideration about continuing treatment will be made by the treatment team and documented in the weekly progress summary.
- 2) Resources within the family are not minimally sufficient to meet the client's basic needs, or the situation with the home environment is harmful or detrimental to the client and/or others in the setting.
- 3) A situation exists within the environment that may place the Case Manager at-risk by entering the home.

d.) Service Components

Contractor program will target services to preserve the least restrictive environment for the client through assessment, education, skill building, linkage, and support. The program targets lessening or eliminating the debilitating symptoms of mental illness each individual client experiences; to minimize or prevent recurrent acute episodes of the illness; meeting basic needs and enhancing quality of life; increasing skills of the family, assessing risks, developing goals with the client/family, developing a positive therapeutic relationship with the family, and meeting goals identified by the treatment team. The case manager shall be responsible for identifying client needs and to facilitate referrals to appropriate programs and service providers.

The following goals and objectives identify the terms of the service delivery of the contract program:

- 1) Provide direct services to 30 unduplicated families.

- 2) The treatment will include varying degrees of intensity during the service period based on the needs of the family. Case management should be time-limited, with the length of service ranging from 2-6 weeks. 90% of the families served will receive 2-6 weeks of services; 10% may require more weeks of intervention, only with the approval of the contract manager.
- 3) In conjunction with ImCal HSA, the client, and the family, contractor will develop within five (5) working days after the first appointment, an individualized service plan for each client which identifies major service needs, personal goals and objectives, and specific treatment recommendations on how to achieve the goals. In addition, progress note updates will be completed every 7 days. Case management goals will be specific and developed within the first visit. This plan may be incorporated within the FFT, NP, and CART plan.
- 4) All contract staff will be trained in case management practices, to address crisis intervention, and principles and practices of client care.
- 5) Staff members are available to clients 24 hours a day, 7 days a week through an on-call system.
- 6) The Case Management Program will increase families' awareness of community services through an established network of service linkage, provide assistance to obtain support services, and build the families' capacities to access community resources.
- 7) The Case Management Program will collaborate with the ImCal HSA's continuum of services to best meet the needs of clients through referrals and advocacy.
- 8) The Case Management Program will increase the participation of families during the period of service by making families partners in the intervention/ service process, by making services accessible to families, scheduling home visits at times that are convenient for family members and assisting families in collaboration with other agencies and developing natural supports. Contract staff members may transport clients and family members in the Agency vehicle to medical or therapy appointments, school conferences, meetings with other agencies or service providers, or other services/activities as needed. In addition to the case manager, the contract Outreach Specialist may be utilized to assist with transportation, respite, or provision of community resources.
- 9) Case managers and the ImCal HSA clinicians will develop strong working relationships through regular communication to ensure the best possible care for shared clients. This communication will occur through bi-weekly staff meetings, face-to-face consults, telephone contacts, and emails. Assessments, treatment plans, and termination summaries will be completed according to program standards and weekly progress notes will be presented at weekly staff meetings. Case managers will comply with ImCal HSA's documentation policy and procedures.
- 10) After-hours crisis services will be provided through the Contractor's Crisis Intervention Services component. Families receiving case management services will be provided with the IMCAL HSA 1-800 crisis phone numbers for both regular business hours as well as after hours. The contract case manager will follow up with the family in crisis on the next business day and ImCal clinician.
- 11) Services provided by the case manager will include, but are not necessarily limited to, the following:
 - Assisting families in securing appropriate housing and/or maintaining appropriate housing
 - Assist with securing financial resources, including applying for eligible benefits
 - Assist with linkage to physicians for physical health care
 - Assist with educational needs, attending school meetings

- Coordinate with other involved agencies (i.e. schools, juvenile justice)
- Assist with developing natural supports
- Assist with helping families establish transportation
- Link with needed community resources

e.) Process Deliverables

- 1) Mental health appointment compliance data will be tracked by the case manager.
- 2) Ninety (90%) percent of the services provided through the case management program will occur in the consumer/family's home, school, and/or living environment.
- 3) At least 30 families will receive case management services.
- 4) Transportation to access mental health services will be provided or arranged in at least 90% of the situations in which transportation is identified as a barrier, evidenced by documentation on weekly reports and travel logs.
- 5) 90% of the families served will receive no more than 6 weeks of services

f.) Consumer Outcomes

- 1) Ninety (90%) of families that have transportation needs will receive transportation services to access mental health appointments.
- 2) 90% of families will report they received the services they needed and wanted as evidenced by satisfaction survey results.
- 3) 90% of youth will be satisfied with the amount of time spent with them and their family as evidenced by satisfaction survey results.
- 4) 90% of families served are more familiar with services available to them now than when first contacted as evidenced by satisfaction survey results.

3. Functional Family Therapy

Functional Family Therapy (FFT) is an empirically grounded, well-documented and highly successful family intervention program which can be applied to a wide range of at-risk youth aged 11-18 and their families, including youth with problems such as conduct disorder, violent acting-out, and depression. The program will target 50 families in the five parish area. The range of treatment is 8 to 30 sessions over a three-month period, with an average of 12 sessions. Sessions are conducted with all members of the family and the services may be conducted in the office or in the client's home. Fidelity to the FFT model is achieved by a specific training model and the use of the Clinical Services System (CSS), a sophisticated web-based tool that allows counselors to track the session process goals, comprehensive client assessments, and clinical outcomes.

FFT combines and integrates the principles of established clinical theory, empirically supported principles and extensive clinical experience. The FFT treatment technique has clearly identified phases which organize the intervention in a coherent manner, thereby allowing clinicians to maintain focus in the context of considerable family and individual disruption. Each phase includes specific goals, assessment foci, specific techniques of intervention, and therapist skills necessary for success. The three intervention phases are as follows:

Phase 1: Engagement and motivation

Phase 2: Behavioral change

Phase 3: Generalization, in which families are helped to apply what they have learned through the program to broader contexts and to maintain those changes over time.

a. Referral process

Request for services may be initiated by ImCal HSA staff or the contract provider. A completed Functional Family Therapy referral must be presented to the contract coordinator. A standard referral form is requested and signed parental consent is required.

b. Process Deliverables

Contractor will use the Clinical Services System (CSS), a sophisticated web-based tool to track session process goals, comprehensive client assessments, and clinical outcomes to assure fidelity to the model.

FFT will target at least 80 families per fiscal year.

Consumers discharged from FFT will have at least 60% service plan compliance.

c. Consumer Outcomes

Families' scores on the FFT standardized assessment of functioning will show at least a 25 % decrease in moderate and severe impairment.

Families will have completion rates of treatment goals and objectives above 75%, as evidenced by the termination report.

4. Nurturing Parenting Program for School Age Children®

The Nurturing Parenting Programs® are validated, internationally known curricula that promote healthy, nurturing relationships within at-risk families while building community resources and connections to support positive parenting. The program's framework includes four pillars of learning - appropriate expectations, empathy, behavioral management, and appropriate familial roles. The sessions are provided in the client's home over the course of three to four months and the curriculum provides parents with basic developmental information as well as strategies to address negative behaviors. Through the Nurturing Parenting Program for School Age Children, parents and children learn family rules, morals and values, self-worth, rewards and punishments, empathy, personal power, handling stress and anger, communicating feelings, praise, getting their needs met and more. The program targets families with children ages 5 – 11. Case management services can be provided as needed, as an additional support component to the NPP. The program will target 40 families in the five parish area.

a. Referral process

Request for services may be initiated by ImCal HSA staff or the contract provider. A completed Nurturing Parenting Program referral must be presented to the contract coordinator. A standard referral form is requested and signed parental consent is required.

b. Process Deliverables

- 1) The Nurturing Parenting program will target 70 families with children ages 5 – 11 years.
- 2) The program will be provided in the client's home over the course of three to four months following the Nurturing Parenting curricula. At least 90% of families will complete the Nurturing Parenting Program.

c. Consumer Outcomes

- 1) 90% of families will report they received the services they needed and wanted as evidenced by satisfaction survey results.
- 2) 90% of families will be satisfied with the amount of time spent with them as evidenced by satisfaction survey results.
- 3) Families will demonstrate learned parenting skills to the Nurturing Parenting counselor with at least 75% accuracy.
- 4) Parents will be able to identify and demonstrate at least three new parenting techniques to the Nurturing Parenting counselor, 90% of the time.

5. Crisis Systems Manager

1. Service Components

Directs system of services for individuals and their families; provides consultation in developing plans for crisis stabilization; monitors the implementation of the crisis plans by coordinating services and collaboration with various community agencies and review the follow up of serve to ensure that continuity of care has been achieved.

2. Duties

- Conducts initial triages
- Screening, assessment, safety planning of CY residing in five parish area
- Makes recommendations and referrals for care
- Monitors crisis interventions
- Schedules and facilitates resolution meetings
- Manages placement of CY in appropriate community programs
- Provides follow up on CY referred to CART to assure appropriate continuity of care
- Does marketing of the local CART program
- Educates community agencies and individuals about CART
- Provides documents for data entry into CRIS data program
- Work in conjunction with BRCIC (BR Crisis Intervention Center) to coordinate crisis services from screening to assessment
- Coordinate services with after-hours crisis personnel
- Provide data to ImCal HSA staff as necessary

C. Liquidated Damages

1. In the event the Contractor fails to meet the performance standards specified within the contract, the liquidated damages defined below may be assessed. If assessed, the liquidated damages will be used to reduce the Agency's payments to the Contractor or if the liquidated damages exceed amounts due from the Agency, the Contractor will be required to make cash payments for the amount in excess.
 - a. Late submission of any required report: \$50 per working day, per report.
 - b. Failure to fill vacant contractually required key staff positions within 90 days: \$500 per working day from 91st day of vacancy until filled with an employee approved by the Agency.
 - c. Failure to maintain all client files and perform all file updates according to the requirements in the contract, as evidenced in client files when reviewed during monitoring site visit: \$100 per client.
 - d. Late submission of invoices beginning 3 business days after the stated due date: \$50 per working day per invoice.
2. The decision to impose liquidated damages may include consideration of some or all of the following factors:
 - a. The duration of the violation;
 - b. Whether the violation (or one that is substantially similar) has previously occurred;
 - c. The Contractor's history of compliance;
 - d. The severity of the violation and whether it imposes an immediate threat to the health or safety of the consumers;The "good faith" exercised by the Contractor in attempting to stay in compliance.

D. Fraud and Abuse

1. The Contractor shall have internal controls and policies and procedures in place that are designed

to prevent, detect, and report known or suspected fraud and abuse activities.

2. Such policies and procedures must be in accordance with state and federal regulations. Contractor shall have adequate staffing and resources to investigate unusual incidents and develop and implement corrective action plans to assist the Contractor in preventing and detecting potential fraud and abuse activities.

E. Technical Requirements

The Contractor must maintain hardware and software compatible with current DHH requirements, which are as follows:

- IBM compatible PC
- Intel Core i5 or equivalent (or compatible successors)
- 4 Gig of RAM memory (minimum)
- Enough spare USB ports to accommodate thumb drives, etc.
- 250GB Hard Drive (minimum)
- Ethernet LAN interface for laptop and desktop PCs
- 19" WXGA Digital Flat Panel LCD monitor with DVI (minimum)
- Printer compatible with hardware and software required
- High speed internet with email
- DVD/CD ROM
- Windows 7, SP1 or later version of operating system (minimum)
- Windows Internet Explorer 8.0 (or later)
- Microsoft Office 2007 or later
- Appropriate firewalls for internet security
- Compliant with industry-standard physical and procedural safeguards for confidential information (NIST 800-53A, ISO 17788, etc.).

F. Subcontracting

The contractor shall not contract with any other party for furnishing any of the work and professional services required by the contract without the express prior written approval of the Agency. The contractor shall not substitute any subcontractor without the prior written approval of the Agency. For subcontractor(s), before commencing work, the contractor will provide letters of agreement, contracts or other forms of commitment which demonstrates that all requirements pertaining to the contractor will be satisfied by all subcontractors through the following:

1. The subcontractor(s) will provide a written commitment to accept all contract provisions.
2. The subcontractor(s) will provide a written commitment to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract.

G. INSURANCE REQUIREMENTS

Insurance shall be placed with insurers with an A.M. Best's rating of no less than A-:VI. This rating requirement shall be waived for Worker's Compensation coverage only.

1. Contractor's Insurance

The Contractor shall not commence work under this contract until it has obtained all insurance required herein. Certificates of Insurance, fully executed by officers of the Insurance Company shall be filed with the Agency for approval. The Contractor shall not allow any subcontractor to commence work on subcontract until all similar insurance required for the subcontractor has been obtained and approved. If so requested, the Contractor shall also submit copies of insurance policies for inspection and approval of the Agency

before work is commenced. Said policies shall not be canceled, permitted to expire, or be changed without thirty (30) days' notice in advance to the Agency and consented to by the Agency in writing and the policies shall so provide.

2. Compensation Insurance

Before any work is commenced, the Contractor shall obtain and maintain during the life of the contract, Workers' Compensation Insurance for all of the Contractor's employees employed to provide services under the contract. In case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers' Compensation Insurance for all the latter's employees, unless such employees are covered by the protection afforded by the Contractor. In case any class of employees engaged in work under the contract at the site of the project is not protected under the Workers' Compensation Statute, the Contractor shall provide for any such employees, and shall further provide or cause any and all subcontractors to provide Employer's Liability Insurance for the protection of such employees not protected by the Workers' Compensation Statute.

3. Commercial General Liability Insurance

The Contractor shall maintain during the life of the contract such Commercial General Liability Insurance which shall protect Contractor, the Agency, and any subcontractor during the performance of work covered by the contract from claims or damages for personal injury, including accidental death, as well as for claims for property damages, which may arise from operations under the contract, whether such operations be by the Contractor or by a subcontractor, or by anyone directly or indirectly employed by either of them, or in such a manner as to impose liability to the Agency. Such insurance shall name the Agency as additional insured for claims arising from or as the result of the operations of the Contractor or its subcontractors. In the absence of specific regulations, the amount of coverage shall be as follows: Commercial General Liability Insurance, including bodily injury, property damage and contractual liability, with combined single limits of \$1,000,000.

4. Insurance Covering Special Hazards

Special hazards as determined by the Agency shall be covered by rider or riders in the Commercial General Liability Insurance Policy or policies herein elsewhere required to be furnished by the Contractor, or by separate policies of insurance in the amounts as defined in any Special Conditions of the contract included therewith.

5. Licensed and Non-Licensed Motor Vehicles

The Contractor shall maintain during the life of the contract, Automobile Liability Insurance in an amount not less than combined single limits of \$1,000,000 per occurrence for bodily injury/property damage. Such insurance shall cover the use of any non-licensed motor vehicles engaged in operations within the terms of the contract on the site of the work to be performed thereunder, unless such coverage is included in insurance elsewhere specified.

6. Subcontractor's Insurance

The Contractor shall require that any and all subcontractors, which are not protected under the Contractor's own insurance policies, take and maintain insurance of the same nature and in the same amounts as required of the Contractor.

H. Resources Available to Contractor

The Agency will have an assigned staff member who will be responsible for primary oversight of the contract. This individual will schedule meetings to discuss progress of activities, and problems identified.

I. Contact Personnel:

All work performed by the contract will be monitored by the contract monitor:

Susan Fry
Imperial Calcasieu Human Service Authority
Administrative Division
3505 5th Ave. Suite B
Lake Charles, LA 70607
Phone: (337)475-3100
Email: susan.fry@la.gov

J. Term of Contract

The contract shall commence on or near the date approximated in the Schedule of Events. The term of this contract is for a period of 12 months. The continuation of this contract is contingent upon the appropriation of funds by the legislature to fulfill the requirements of the contract.

K. Payment

The contractor shall submit deliverables in accordance with established timelines and shall submit itemized invoices monthly or as defined in the contract terms. The contractor may not invoice the Agency in excess of 1/12th of the total value of the contract in any one-month period. Contract monitoring will be performed to assure compliance with payment terms. Payment of invoices is subject to approval of the ImCal HSA Executive Director or designee. The contractor will be required to participate in the Louisiana Behavioral Health Partnership and to utilize ImCal HSA as the payor of last resort by reducing any monthly invoice by the amount that the contractor has received from Medicaid or any other third party billing.

III. PROPOSALS

A. GENERAL INFORMATION

This section outlines the provisions which govern determination of compliance of each Proposer's response to the RFP. The Agency shall determine, at its sole discretion, whether or not the requirements have been reasonably met. Omissions of required information shall be grounds for rejection of the firm's proposal by the Agency.

Proposals should address how the proposer intends to assume complete responsibility for timely performance of all contractual responsibilities in accordance with federal and state laws, regulations, policies, and procedures.

B. Contact After Solicitation Deadline

After the date for receipt of proposals, no proposer-initiated contact relative to the solicitation will be allowed between the proposers and Agency until an award is made.

C. Code of Ethics

Proposers are responsible for determining that there will be no conflict or violation of the Ethics Code if their company is awarded the contract. The Louisiana Board of Ethics is the only entity which can officially rule on ethics issues.

D. Rejection and Cancellation

Issuance of this solicitation does not constitute a commitment by the Agency to award a contract or contracts. The Agency reserves the right to reject all proposals received in response to this solicitation.

In accordance with the provisions of R. S. 39:2182, in awarding contracts after August 15, 2010, any public entity is authorized to reject a proposal or bid from, or not award the contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any state felony or equivalent federal felony crime committed in the solicitation or execution of a contract or bid awarded under the laws governing public contracts under the provisions of Chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950, professional, personal,

consulting, and social services procurement under the provisions of Chapter 16 of this Title, or the Louisiana Procurement Code under the provisions of Chapter 17 of this Title.

E. Award Without Discussion

The ImCal HSA Executive Director reserves the right to make an award without presentations by proposers or further discussion of proposals received.

F. Assignments

Any assignment, pledge, joint venture, hypothecation of right or responsibility to any person, firm or corporation should be fully explained and detailed in to the proposal. Information as to the experience and qualifications of proposed subcontractors or joint ventures should be included in the proposal. In addition, written commitments from any subcontractors or joint ventures should be included as part of the proposal.

G. Proposal Cost

The proposer assumes sole responsibility for any and all costs associated with the preparation and reproduction of any proposal submitted in response to this RFP, and shall not include this cost or any portion thereof in the proposed contract price.

H. Errors and Omissions

The State reserves the right to make corrections due to minor errors or proposer identified in proposals by State or proposer. The State, at its option, has the right to request clarification or additional information from proposer.

I. Ownership of Proposal

All proposals become the property of the Agency and will not be returned to the proposer. The Agency retains the right to use any and all ideas or adaptations of ideas contained in any proposal received in response to this solicitation. Selection or rejection of the offer will not affect this right. Once a contract is awarded, all proposals will become subject to the Louisiana Public Records Act.

J. Procurement Library/ Resources Available to Proposer

Agency program manuals and pertinent Federal and State regulations, as well as other materials, are available for review upon request in the Procurement Library. The following items may be found in the Procurement Library: Functional Family Therapy Manual, IMCAL HSA Policy Manual, CART Manual, and Nurturing Parenting Manual. The library is located at: 3505 5th Avenue Suite B, Lake Charles, LA 70607. Arrangements may be made through the RFP Coordinator for access to the library. The library will be open by appointment only during the hours of 8:30am to 4:00pm CST on Monday through Friday beginning the day after public notice of the RFP and ending on the day before proposals are due. No items or materials may be removed from the library, but Agency personnel will be available to make copies of requested materials at a charge of 25 cents per page. Checks and/or money orders are to be made payable to the Imperial Calcasieu Human Services Authority.

K. Proposal Submission

1. All proposals must be received by the due date and time indicated on the Schedule of Events. Proposals received after the due date and time will not be considered. It is the sole responsibility of each proposer to assure that its proposal is delivered at the specified location prior to the deadline. Proposals which, for any reason, are not so delivered will not be considered.
2. Proposer shall submit one (1) original hard copy (The Certification Statement must have original signature signed in ink) and should submit one (1) electronic copy (cd or flash drive) of the entire proposal. No facsimile or emailed proposals will be accepted. The cost proposal and financial statements should be submitted separately from the technical proposal; however, for mailing purposes, all packages may be shipped in one container.

Proposals must be submitted via U.S. mail, courier or hand delivered to:

Paul Duguid
Chief Financial Officer
3505 5th Avenue, Suite B
Lake Charles, LA 70605

L. Proprietary and/or Confidential Information

1. Pursuant to the Louisiana Public Records Act (La. R.S. 44.1 et. Seq.), all public proceedings, records, contracts, and other public documents relating to the RFP shall be open to public inspection. Proposers should refer to the Louisiana Public Records Act for further clarification.

M. Proposal Format

1. An item-by-item response to the Request for Proposals is requested.
2. There is no intent to limit the content of the proposals, and proposers may include any additional information deemed pertinent. Emphasis should be on simple, straightforward and concise statements of the proposer's ability to satisfy the requirements of the RFP.

N. Requested Proposal Outline:

- Introduction/ Administrative Data
- Work Plan/ Project Execution
- Relevant Corporate Experience
- Personnel Qualifications
- Additional Information
- Corporate Financial Condition
- Cost and Pricing Analysis

O. Proposal Content

1. Quality and Timeliness

- a. Proposals should include information that will assist the Agency in determining the level of quality and timeliness that may be expected. The Agency shall determine, at its sole discretion, whether or not the RFP provisions have been reasonably met. The proposal should describe the background and capabilities of the proposer, give details on how the services will be provided, and shall include a breakdown of proposed costs. Work samples may be included as part of the proposal.

2. Compliance

- a. Proposals should address how the proposer intends to assume complete responsibility for timely performance of all contractual responsibilities in accordance with federal and state laws, regulations, policies, and procedures.

3. Approach

- a. Proposals should define proposer's functional approach in providing services and identify the tasks necessary to meet the RFP requirements of the provision of services, as outlined in Section II.

4. Introduction/Administrative Data

- a. The introductory section should contain summary information about the proposer's organization. This section should state proposer's knowledge and understanding of the needs and objectives of ImCal Administration as related to the scope of this RFP. It should further cite its ability to satisfy provisions of the Request for Proposal.
- b. This introductory section should include a description of how the proposer's organizational components communicate and work together in both an administrative and functional capacity

from the top down. This section should contain a brief summary setting out the proposer's management philosophy including, but not limited to, the role of Quality Control, Professional Practices, Supervision, Distribution of Work and Communication Systems. This section should include an organizational chart displaying the proposer's overall structure.

- c. This section should also include the following information:
 - i. Location of Administrative Office with Full Time Personnel, include all office locations (address) with full time personnel.
 - ii. Name and address of principal officer;
 - iii. Name and address for purpose of issuing checks and/or drafts;
 - iv. For corporations, a statement listing name(s) and address(es) of principal owners who hold five percent interest or more in the corporation.
 - v. If out-of-state proposer, give name and address of local representative; if none, so state;
 - vi. If any of the proposer's personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and social security number;
 - vii. If the proposer was engaged by DHH or Agency within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state; and
 - viii. Proposer's state and federal tax identification numbers
 - ix. Veteran/Hudson Initiative: Proposer should demonstrate participation in Veteran Initiative and Hudson Initiative Small Entrepreneurships or explanation if not applicable. (See Attachment I)
- d. The following information **must** be included in the proposal:
 - i. Certification Statement: The proposer must sign and submit an original Certification Statement (See Attachment II).

5. Work Plan/Project Execution

The proposer should articulate an understanding of, and ability to effectively implement services as outlined within Section II of the RFP. In this section the proposer should state the approach it intends to use in achieving each objective of the project as outlined, including a project work plan and schedule for implementation. In particular, the proposer should:

- a. Provide a written explanation of the organizational structures of both operations and program administration, and how those structures will support service implementation. Individual components should include plans for supervision, training, technical assistance, as well as collaboration as appropriate.
- b. Provide a strategic overview including all elements to be provided.
- c. Demonstrate an ability to hire staff with the necessary experience and skill set that will enable them to effectively meet the needs of consumers served.
- d. Demonstrate an understanding of, and ability to implement, the various types of organizational strategies to be integrated within the day to day operations, which are critical in organizing their functioning and maximizing productivity.
- e. Demonstrate knowledge of services to be provided and effective strategies to achieve objectives and effective service delivery.
- f. Describe approach and strategy for project oversight and management.
- g. Articulate the need for, and the ability to implement, a plan for continuous quality improvement; this includes (but is not limited to) reviewing the quality of services provided and staff productivity.
- h. Demonstrate an understanding of and ability to implement data collection as needed.

- i. Explain processes that will be implemented in order to complete all tasks and phases of the project in a timely manner, as outlined within Section II.
- j. Articulate the ability to develop and implement an All Hazards Response plan in the event of an emergency event.
- k. Refer to specific documents and reports that can be produced as a result of completing tasks, to achieve the requested deliverables.
- l. Identify all assumptions or constraints on tasks.
- m. Discuss what flexibility exists within the work plan to address unanticipated problems which might develop during the contract period.
- n. If the proposer intends to subcontract for portions of the work, include specific designations of the tasks to be performed by the subcontractor.
- o. Document procedures to protect the confidentiality of records in Agency databases, including records in databases that may be transmitted electronically via e-mail or the Internet.

6. Relevant Corporate Experience

- a. The proposal should indicate the proposer's firm has a record of prior successful experience in the implementation of the services sought through this RFP. Proposers should include statements specifying the extent of responsibility on prior projects and a description of the projects scope and similarity to the projects outlined in this RFP. All experience under this section should be in sufficient detail to allow an adequate evaluation by the Agency. The proposer should have, within the last 24 months implemented a similar type project. Proposers should give at least two customer references for projects implemented in at least the last 24 months. References shall include the name, email address and telephone number of each contact person.
- b. In this section, a statement of the proposer's involvement in litigation that could affect this work should be included. If no such litigation exists, proposer should so state.

7. Personnel Qualifications

- a. The purpose of this section is to evaluate the relevant experience, resources, and qualifications of the proposed staff to be assigned to this project. The experience of proposer's personnel in implementing similar services to those to be provided under this RFP will be evaluated. The adequacy of personnel for the proposed project team will be evaluated on the basis of project tasks assigned, allocation of staff, professional skill mix, and level of involvement of personnel.
- b. Proposers should state job responsibilities, workload and lines of supervision. An organizational chart identifying individuals and their job titles and major job duties should be included. The organizational chart should show lines of responsibility and authority.
- c. Job descriptions, including the percentage of time allocated to the project and the number of personnel should be included and should indicate minimum education, training, experience, special skills and other qualifications for each staff position as well as specific job duties identified in the proposal. Job descriptions should indicate if the position will be filled by a subcontractor.
- d. Key personnel and the percentage of time directly assigned to the project should be identified.
- e. Résumés of all known personnel should be included. Resumes of proposed personnel should include, but not be limited to:
 - Experience with proposer,
 - Previous experience in projects of similar scope and size.
 - Educational background, certifications, licenses, special skills, etc.
- f. If subcontractor personnel will be used, the proposer should clearly identify these persons, if known, and provide the same information requested for the proposer's personnel.

8. Additional Information

As an appendix to its proposal, if available, proposers should provide copies of any policies and procedures manuals applicable to this contract, inclusive of organizational standards or ethical standards. This appendix should also include a copy of proposer's All Hazards Response Plan, if available.

9. Corporate Financial Condition

- a. The organization's financial solvency will be evaluated. The proposer's ability to demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources as required during performance under this contract will be considered.
- b. Proposal should include for each of the last three (3) years, copies of financial statements, preferably audited, including at least a balance sheet and profit and loss statement, or other appropriate documentation which would demonstrate to the Agency the proposer's financial resources sufficient to conduct the project.

10. Cost and Pricing Analysis

- a. Proposer shall specify costs for performance of tasks. Proposal shall include all anticipated costs of successful implementation of all deliverables outlined. An item by item breakdown of costs shall be included in the proposal.
- b. Proposers shall submit the breakdown in a spreadsheet format for each year of the contract to demonstrate how cost was determined.

P. Evaluation

The following criteria will be used to evaluate proposals:

1. Evaluations will be conducted by a Proposal Review Committee.
2. Evaluations of financial statements will be conducted by a member of the ImCal Fiscal Division.
3. Scoring will be based on a 1 to 5 scale, with 1 indicating "exceptional" and 5 indicating "unresponsive to RFP." The proposal with the lowest ranked score will be recommended for award.
4. Cost Evaluation: The proposal demonstrating the lowest responsive cost with sufficient detail to demonstrate feasibility will receive priority.

Q. On-Site Presentations/ Demonstrations

Not required for this RFP.

R. Announcement of Award

The Agency will award the contract to the proposer with the highest graded proposal and deemed to be in the best interest of the Agency. All proposers will be notified of the contract award. The Agency will notify the successful proposer and proceed to negotiate contract terms.

IV. Contractual Information

A. The contract between the Agency and the Contractor shall include the standard Agency contract form including a negotiated scope of work, the RFP and its amendments and addenda, and the Contractor's proposal.

B. Mutual Obligations and Responsibilities: The state requires that the mutual obligations and responsibilities of the Agency and the successful proposer be recorded in a written contract. While final working will be resolved at contract time, the intent of the provisions will not be altered and will include all provisions as specified in the contract form.

C. In addition, to terms of the contract form and supplements, the following will be incorporated into the contract awarded through this RFP:

1. **Personnel Assignments:** The Contractor's key personnel assigned to this contract may

not be replaced without the written consent of the Agency. Such consent shall not be unreasonably withheld or delayed provided an equally qualified replacement is offered. Key personnel for these purposes will be determined during contract negotiation.

2. **Force Majeure:** The contractor and the Agency are excused from performance under contract for any period they may be prevented from performance by an Act of Nature, strike, war, civil disturbance, epidemic or court order.

3. **Order of Precedence:** The contract shall, to the extent possible, be construed to give effect to all provisions contained therein; however, where provisions conflict, the intent of the parties shall be determined by giving a first priority to provisions of the contract excluding the RFP and the proposal; second priority to the provisions of the RFP; and third priority to the provisions of the proposal.

4. **Entire Agreement:** This contract, together with the RFP issued thereto by the Agency, the proposal submitted by the contractor in response to the Agency's RFP, and any exhibits specifically incorporated herein by reference constitute the entire agreement between the parties with respect to the subject matter.

5. **Board Resolution/ Signature Authority:** The contractor, if a corporation, shall secure and attach to the contract a formal Board Resolution indicating the signatory to the contract is a corporate representative and authorized to sign said contract.

6. **Warranty to Comply with State and Federal Regulations:** The contractor shall warrant that it shall comply with all state and federal regulations as they exist at the time of the contract or as subsequently amended.

7. **Warranty of Removal of Conflict of Interest:** The contractor shall warrant that in, its officers, and employees have no interest and shall not acquire any interest, direct or indirect, which conflicts in any manner or degree with the performance of services hereunder. The contractor shall periodically inquire of its officers and employees concerning such conflicts, and shall inform the Agency promptly of any potential conflict. The contractor shall warrant that it shall remove any conflict of interest prior to signing the contract.

8. **Disclosures:** If the contractor is corporation, the following requirement must be met prior to execution of the contract:

- a. If a for-profit corporation whose stock is not publicly traded- the contractor must file a Disclosure of Ownership form with the Louisiana Secretary of State.
- b. If the contractor is corporation not incorporated under the laws of the State of Louisiana- the contractor must obtain a Certificate of Authority pursuant to R.S. 12:301-302 from the Louisiana Secretary of State.
- c. The contractor must provide written assurance to the Agency from contractor's legal counsel that the contractor is not prohibited by its articles of incorporation, bylaws or the laws under which it is incorporated from performing the services required under the contract.

Attachments:

- I. Veteran and Hudson Initiatives
- II. Certification Statement

**Minimum Required Language - Request For Proposal (RFP)
Veteran-Owned and Service-Connected Small Entrepreneurships (Veteran Initiative) and
Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) Programs**

Participation of Veteran Initiative and Hudson Initiative small entrepreneurship will be scored as part of the technical evaluation.

The State of Louisiana Veteran and Hudson Initiatives are designed to provide additional opportunities for Louisiana-based small entrepreneurship (sometimes referred to as LaVet's and SE's respectively) to participate in contracting and procurement with the state. A certified Veteran-Owned and Service-Connected Disabled Veteran-Owned small entrepreneurship (LaVet) and a Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) small entrepreneurship are businesses that have been certified by the Louisiana Department of Economic Development. All eligible vendors are encouraged to become certified. Qualification requirements and online certification are available at https://smallbiz.louisianaforward.com/index_2.asp.

Ten percent (10%) of the total evaluation points on this RFP are reserved for proposers who are themselves a certified Veteran or Hudson Initiative small entrepreneurship or who will engage the participation of one or more certified Veteran or Hudson Initiatives small entrepreneurship as subcontractors.

Reserved points shall be added to the applicable proposers' evaluation score as follows:

Proposer Status and Reserved Points

- Proposer is a certified small entrepreneurship: Full amount of the reserved points
- Proposer is not a certified small entrepreneurship but has engaged one or more certified small entrepreneurship to participate as subcontractors or distributors. Points will be allocated based on the following criteria:
 - the number of certified small entrepreneurship to be utilized
 - the experience and qualifications of the certified small entrepreneurship(s)
 - the anticipated earnings to accrue to the certified small entrepreneurship(s)

If a proposer is not a certified small entrepreneurship as described herein, but plans to use certified small entrepreneurship(s), proposer shall include in their proposal the names of their certified Veteran Initiative or Hudson Initiative small entrepreneurship subcontractor(s), a description of the work each will perform, and the dollar value of each subcontract.

During the term of the contract and at expiration, the Contractor will also be required to report Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship subcontractor or distributor participation and the dollar amount of each.

The statutes (R.S 39:2171 *et. seq.*) concerning the Veteran Initiative may be viewed at <http://legis.la.gov/lss/lss.asp?doc=671504>; and the statutes (R.S 39:2001 *et. seq.*) concerning the Hudson Initiative may be viewed <http://legis.la.gov/lss/lss.asp?doc=96265>. The rules for the Veteran Initiative (LAC 19:VII. Chapters 11 and 15) and for the Hudson Initiative (LAC 19:VIII Chapters 11 and 13) may be viewed at <http://www.doa.louisiana.gov/osp/se/se.htm>.

A current list of certified Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship may be obtained from the Louisiana Economic Development Certification System at https://smallbiz.louisianaforward.com/index_2.asp. Additionally, a list of Hudson and Veteran Initiative small entrepreneurship, which have been

certified by the Louisiana Department of Economic Development and who have opted to register in the State of Louisiana LaGov Supplier Portal https://lagoverpvendor.doa.louisiana.gov/iri/portal/anonymous?guest_user=self_reg may be accessed from the State of Louisiana Procurement and Contract (LaPAC) Network <http://wwwprd.doa.louisiana.gov/osp/lapac/vendor/srchven.asp>. When using this site, determine the search criteria (i.e. alphabetized list of all certified vendors, by commodities, etc.) and select SmallE, VSE, or DVSE.

CERTIFICATION STATEMENT

The proposer hereby acknowledges by submission of this form that she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including attachments.

OFFICIAL CONTACT. The Agency requests that the Proposer designate one person to receive all documents and the method that the documents are best delivered. Identify the Contact name and fill in the information below: (Print Clearly)

Date	
Official Contact Name	
Email Address	
Fax Number with Area Code	
Telephone Number	
Street Address	
City, State, and Zip	

Proposer certifies that the above information is true and grants permission to the Agency to contact the above named person or otherwise verify the information provided.

By its submission of this proposal, proposer certifies that:

1. The information contained in its response to this RFP is accurate;
2. Proposer accepts the procedures, evaluation criteria, contract terms and conditions, and all other administrative requirements set forth in this RFP.
3. Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP.
4. Proposer's technical and cost proposals are valid for at least 120 days from the date of proposer's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have _____ business days from the date of delivery of initial contract in which to complete contract negotiations, if any, and execute the final contract document. The Department has the option to waive this deadline if actions or inactions by the Department cause the delay.
6. Proposer certifies, by submitting a proposal for \$25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133. (A list of parties who have been suspended or debarred can be viewed via the internet at www.epls.gov).