
**LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH**



**REQUEST FOR INFORMATION (RFI)
Bid #DMH081507B1**

**FOR AN
ENHANCED EMERGENCY SHELTER PROGRAM
FOR TRANSITION AGE YOUTH (AGES 16-25)
UNDER THE
MENTAL HEALTH SERVICES ACT
SERVICES (MHSA)**

August 2007

REQUEST FOR INFORMATION (RFI)
ENHANCED EMERGENCY SHELTER PROGRAM FOR TRANSITION AGE YOUTH
UNDER THE MENTAL HEALTH SERVICES ACT (MHSA)

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1.0 INTRODUCTION

MENTAL HEALTH SERVICES ACT (MHSA)

The MHSA, adopted by the California electorate on November 2, 2004, creates a new permanent revenue source, administered by the California State Department of Mental Health (SDMH), for the transformation and delivery of mental health services provided by State and County agencies and requires the development of integrated plans for prevention, innovation, and system of care services.

On October 11, 2005, the County of Los Angeles (County) Board of Supervisors approved DMH's submission of its Community Services and Supports (CSS) Plan to SDMH. The CSS Plan, the first of five (5) substantive plans that must be developed to access available MHSA State funding, is a conceptual framework designed to create a culturally competent mental health system which promotes recovery and wellness for adults and older adults with severe mental illness and resiliency for children and youth with serious emotional disorders and their families. It was developed in accordance with Stakeholders' recommendations and SDMH requirements.

With SDMH approval of DMH's CSS Plan on February 14, 2006, DMH is moving from a planning and development phase into a design and implementation phase. This will transform and expand the delivery of mental health services from a system that focuses primarily on clinical services into one in which DMH can partner with clients, their families, and their communities to provide (under client and family direction) "whatever it takes" to enable people to attain their goals toward recovery.

Implementation of the CSS Plan will improve the efficiency and effectiveness of mental health operations across the entire service delivery system of directly-operated and contract providers, fee-for-service network providers, and hospitals with the following guiding principles:

- Provide significant increases in the level of participation and involvement of clients and their family members in all aspects of the community mental health system and programs;
- Provide changes in access and increased geographic proximity of services and programs;
- Enhance age-specific strategies for children and youth (ages 0-15), Transition Age Youth (TAY) (ages 16-25), adults (ages 26-59), and older adults (ages 60+);
- Increase community partnerships;
- Expand culturally competent services and programs; and
- Expand outcome monitoring and achievement of MHSA accountability goals.

OUTCOMES FOR ENHANCED EMERGENCY SHELTER PROGRAMS FOR TAY

The Los Angeles County CSS Plan identifies the following outcomes for TAY accessing the Enhanced Emergency Shelter Program:

1. Access to basic support services and linkages including: information related to emergency housing, employment, vocational training, education, and social and community activities;
2. Opportunities to build trusting relationships with staff who can, as the youth is ready, assist the youth toward recovery and wellness, through linkage to an array of community resources and programs;
3. Ensured access and linkage to services when TAY are open to receiving them;
4. Safe and adequate housing, including a reduction in homelessness;
5. A network of supportive relationships;
6. Timely access to needed help, especially during times of crisis; and
7. Maintaining or improving physical health as it relates to the achievement of the other outcomes for TAY.

2.0 PURPOSE OF REQUEST FOR INFORMATION

2.1 The purpose of this Request for Information (RFI) is to identify qualified organizations that can provide Enhanced Emergency Shelter Programs in Los Angeles County (County) to Seriously Emotionally Disturbed (SED) and Severely and Persistently Mentally Ill (SPMI) TAY ages 16-25.

*(**SED**) A child/youth is considered seriously emotionally disturbed (SED) if he/she exhibits one or more of the following characteristics, over a long period of time and to a marked degree, which adversely affects his/her functioning:

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations;
4. A general pervasive mood of unhappiness or depression;
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

[34 C.F.R. Sec. 300.8(c) (4)(i); 5 Cal. Code Regs. Sec. 3030(i).]

** (**SPMI**) For TAY ages 16-25 may include significant functional impairment in one or more major areas of functioning (e.g., interpersonal relations, emotional, vocational, educational, or self-care) for at least 6 months due to a major mental illness. The individual's functioning is clearly below that which had been achieved before the onset of symptoms. If the disturbance begins in childhood or adolescence, however, there may be a failure to achieve the level of functioning that would have been expected for the individual rather than deterioration in functioning.

- 2.2 The Enhanced Emergency Shelter Program contained in the MHSA CSS Plan is to serve the immediate housing (IMH) needs of the SED/SPMI TAY population in all eight (8) Service Areas and to ensure countywide coverage and geographic accessibility. The objective is to provide temporary shelter for TAY clients in a supportive housing environment for up to 20 nights while pursuing the long-term goals of secure, permanent housing. The Enhanced Emergency Shelter Program will offer a warm, clean and safe place to sleep; hygiene facilities; food (breakfast, lunch, and dinner); and case management services. Since placement in the Enhanced Emergency Shelter Program is very short-term, a plan for transitioning the TAY client into stable housing should be made at the time of placement into the program. This will primarily be the responsibility of the Transition Age Youth Housing Specialists staff of DMH.
- 2.3 This RFI is used for information purposes and does not constitute a Request for Proposals or an offer of a contract. Using the responses to this RFI, the County may do one of the following: (1) issue a Request for Proposals (RFP) to select contractors for this Enhanced Emergency Shelter Program, (2) contract by negotiation with a limited number of vendors with demonstrated capability who express interest in this Enhanced Emergency Shelter Program, or (3) take no further action at this time on this Enhanced Emergency Shelter Program.

NOTHING IN THIS DOCUMENT SHALL BE CONSTRUED AS OBLIGATING THE COUNTY TO ISSUE A RFP OR NEGOTIATE A CONTRACT FOR THE ENHANCED EMERGENCY SHELTER PROGRAM FOR TAY.

3.0 BACKGROUND ON THE ENHANCED EMERGENCY SHELTER PROGRAM FOR TAY

The countywide homeless count conducted by the Los Angeles Homeless Services Authority (LAHSA) in January 2005 found 83,347 homeless individuals and families on any given night. Including additional homeless count figures from Glendale, Long Beach, and Pasadena, the total number of homeless individuals in Los Angeles County on any given night is approximately 91,000. Of the 83,347 homeless individuals, 34,898 (42%) were estimated to be chronically homeless, 28,431 (34%) to be severely mentally ill, and 39,038 (47%) to be chronic substance abusers.

Furthermore, the LAHSA analysis found 7,551 families among the homeless. Most experts familiar with the Los Angeles County homeless population believe this number under represents families, particularly single parents with children. None would disagree that the need to provide housing for homeless families is a paramount concern.

It is the desire of DMH to provide temporary shelter accommodations for SED/SPMI TAY (ages 16-17 who are emancipated and ages 18-25), specifically targeting those individuals who are indigent, homeless, or at risk of being homeless and are capable of living independently in a community setting. The Enhanced Emergency Shelter Program represents a vital outreach and engagement tool in which a trusting relationship with the unserved and underserved SED/SPMI TAY population throughout the County is established. A TAY System Navigator or Housing Specialist will be the gatekeeper responsible for identifying the housing needs of a TAY youth, verifying that he/she meets

the target TAY population as described above. A TAY System Navigator or Housing Specialist will then authorize admission to a Enhanced Emergency Shelter Program site, informally screening the TAY client to determine the level of services needed, and if needed, arranging for a referral to either a Full Service Partnership (FSP) agency or appropriate community-based agency. A case manager will be responsible for keeping in regular contact with the TAY client, working towards establishing benefits, stabilizing the TAY client, preparing each TAY client's treatment plan, assisting in the placement of each TAY client in more permanent living arrangements, and keeping the referring DMH TAY System Navigator or Housing Specialist abreast of the progress that is being made with the TAY client.

4.0 CONTRACT SPECIFICATIONS

The County will not guarantee a Contractor a specific or minimum number of referrals or funding amount, as this will be based on current client needs and the geographic desirability of the location. Providers will be reimbursed monthly, in arrears, based on the contract daily rate per TAY client day for each day that a TAY client stays (overnight) at an enhanced emergency shelter site. Although all cases must be addressed on an individual basis, the expectation is that the maximum stay is 20 days and that most SED/SPMI TAY will require far fewer days.

Contractors will be required to execute an Enhanced Basic Living Support Services for Transition Age Youth Agreement, substantially similar to the attached sample agreement (Attachment B). The County reserves the right to revise and/or add terms and conditions to the Agreement, as deemed to be in the best interest of the County, prior to execution of the Agreement.

Please note that each Contractor shall be required to comply with the County's Indemnification and Insurance provisions that specify a minimum of \$2 million General Liability with \$1 million for each occurrence as well as \$1 million Workers' Compensation Insurance. A County program, known as "SPARTA" (Service Providers, Artisan and Tradesman Activities) is administered by the County's insurance broker, Municipality Insurance Services, Inc., and may be able to assist potential Contractors in obtaining affordable liability insurance. For additional information, please call (800) 420-0555 or contact them through their website: www.2sparta.com.

It is the County's policy to conduct business only with qualified, responsible organizations that have demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience to satisfactorily perform the contract.

5.0 PROGRAM SPECIFICATIONS

5.1 To qualify, an agency must meet the following program specifications:

An agency must have a minimum of three (3) years of recent experience providing basic support and/or shelter services to homeless, indigent TAY and SED/SPMI clients.

An agency must have staff who are available to provide services on a twenty-four (24) hours per day, seven (7) days per week basis.

An agency must have general 24 hour oversight of all referrals by properly trained personnel, to strengthen safety, support, and supervision of youth in residence and minimize potential for abuse and/or victimization.

An agency must provide a safe and clean living environment with adequate lighting, toilet and bathing facilities, hot and cold water, and a change of laundered bedding at least once a week or for each new occupant.

An agency must provide access to a public telephone.

An agency must provide three (3) balanced and complete meals each day, either directly or through meal coupons/vouchers. Meals must be consistent with United States Department of Agriculture (USDA) dietary guidelines, including accommodations for special diets; at least two (2) meals should be hot meals.

An agency must provide appropriate toiletries (e.g., comb, toothbrush, hygiene products, etc.), as needed, and access to laundry facilities.

An agency must comply with all health and safety requirements, including passing facility inspection by County's Department of Health Services and local fire department.

An agency must have the ability to provide separated housing/accommodations for TAY ages 16-17 from those ages 18-25 and up.

An agency must provide all services at no cost to the TAY clients.

An agency must have no Patient Rights violations in the past year.

An agency must report by telephone all special incidents to DMH and shall submit a written special incident report within seventy-two hours. Special incidents include, but are not limited to suicide or attempt or other psychiatric emergency; unauthorized absence from Contractor's facility; death or serious injury; criminal behavior (including arrests with or without conviction); positive results of substance abuse from urine screenings; court actions, such as court order returning client back to State hospital or State prison; and any other incident which may result in significant public or media attention to the program.

An agency must register in the County's WebVen. The WebVen contains the Agency's business profile and identifies the goods/services the business provides. Registration can be accomplished online via the Internet by accessing the County's home page at http://lacounty.info/doing_business/main_db.htm.

5.2 Desirable Factors for an agency providing Enhanced Emergency Shelter Voucher Program to SED/SPMI TAY clients:

An agency should have outdoor space.

An agency should provide for the transportation needs of its TAY clients, including public transportation, tokens, etc.

An agency should provide clothing (new, used, or donated).

An agency should have staff trained in First Aid and CPR.

An agency should have the capacity to respond to TAY clients in crisis either directly or through collaboration with other health and/or human service providers.

An agency should have staff knowledgeable about substance abuse and/or co-occurring disorders (COD).

An agency should have single rooms available to TAY clients.

An agency should be located near Transition Resource Centers and/or other community-based health and/or human services organizations that serve the SED/SPMI TAY population.

An agency should have collaborative relationships with other health and/or human services organizations that serve the SED/SPMI TAY population.

6.0 FUNDING

The total amount of MHSA funding is \$1,210,000, with annual funding for Enhanced Emergency Shelter Program for TAY at \$605,000 for Fiscal Years (FYs) 2007-2008 and 2008-2009. Agencies responding to the RFI for Enhanced Emergency Shelter Program for TAY shall submit a daily bed rate budget consistent with the actual costs per bed for the proposed program and TAY population served.

MHSA FUNDING FOR ENHANCED EMERGENCY SHELTER PROGRAM FOR TAY		
FY 2007-2008	FY 2008-2009	TOTAL
\$605,000	\$605,000	\$1,210,000

Please note that this MHSA funding may be subject to change or revision.

7.0 COUNTY PROCESS TO IDENTIFY QUALIFIED AGENCIES

The Los Angeles County Department of Mental Health (DMH) is requesting the completion of an Introduction letter and Questionnaire (Appendix A) from qualified agencies to implement and operated an Enhanced Emergency Shelter Voucher Program for SED/SPMI TAY, ages 16-25.

7.1 Introduction Letter

An Introduction Letter should be on the Agency's letterhead, be brief, concise, no more than three (3) pages, and typed. The introduction letter must include: (1) The Agency's exact legal business name and type of organization (e.g., partnership, corporation, etc); (2) the Agency's Director's name; (3) the name, email address, mailing address, FAX and telephone number of the person who is authorized to act on behalf of the Agency in connection with this RFI; (4) an introduction of the Agency and history; (5) the Service Area (SA) for which the Statement of Interest is being submitted; and (6) the original signature(s) of the person(s) authorized to sign on behalf of the Agency and bind the Agency in a contract.

7.2 Questionnaire (Appendix A)

Agencies must fully complete the Questionnaire (Appendix A) and attach all of the requested documents (Appendix B). If the agency's Introduction Letter and its response to the Questionnaire meet the minimum qualifications of the program, a representative of DMH will visit the proposed Enhanced Emergency Shelter program site to confirm the qualifications and view the facility. Pending the review and if County decides to contract by negotiation with a limited number of qualified applicants, such applicants will be invited to begin discussions with DMH with the intent of negotiating a contract.

7.3 Format for Submission

The Introduction Letter, Questionnaire (Appendix A) and all attachments (Appendix B, Exhibits 1 - 12) submitted in connection with this RFI shall be securely bound in a three-ring binder which can be easily opened and closed, for the removal of material by County. No paper clipped, stapled, or rubber banded submission shall be accepted.

False, misleading, incomplete, deceptively unresponsive questionnaires and missing documents/exhibits in connection with this RFI shall be sufficient cause for rejection.

DMH will host a Question and Answer Session following the release of the RFI on September 7, 2007, as detailed in the Cover letter. Attendance at the Question and Answer Session is highly recommended. Upon request, a recording of the session will be available to those who did not attend the session.

8.0 TIMELINE FOR RESPONDING TO THE QUESTIONNAIRE

The County is interested in submissions from qualified agencies with the capability to implement and operate this Enhanced Emergency Shelter Program for eligible SED/SPMI TAY. County will accept Questionnaire responses to this RFI on a continuous basis beginning August 13, 2007 through June 30, 2009. Review and approval of Questionnaire responses will normally occur within 90 days of receipt of the response. Only during the initial phase of this RFI, Questionnaire responses received with 30 business days after the release of the RFI, or by September 28, 2007, will be reviewed between September 2007 and October 2007. Questionnaire Responses to this RFI should be in writing and submitted to:

Richard Kushi
Director of Contract Development and Administration Division
Los Angeles County - Department of Mental Health
550 South Vermont Avenue, 5th floor
Los Angeles, CA 90020

9.0 DISCLAIMER

The County shall not in any way be liable or responsible for cost incurred in responding to this RFI.

All information received in response to this RFI becomes the exclusive property of Los Angeles County. All responses to this RFI become a matter of public record and shall be regarded as public records. Exceptions will be those elements in the California Government Code, Section 6250 et seq. (Public Records Act) and which are marked "trade secret," "confidential," or "proprietary."

The County shall not in any way be liable or responsible for the disclosure of such records, including, without limitation, those so marked, if disclosure is required by law, or by an order of a court of competent jurisdiction.

10.0 RESPONSES TO THIS RFI

This RFI has been mailed to potential respondents known to DMH and published for the public at large through various newspapers and on County departmental websites. Please feel free to share the RFI with any interested person, organization, or agency.

**QUESTIONNAIRE
ENHANCED SPECIALIZED EMERGENCY SHELTER PROGRAM
FOR TRANSITION AGE YOUTH (TAY) - AGES 16 – 25**

Date: _____

Agency Name: _____

Address of Agency Headquarters: _____

Address of Shelter(s), if different: _____

Supervisorial District(s): _____

Service Area(s): _____

Name of Agency Contact Person: _____

Title: _____

Telephone Number: _____

Email Address: _____

Current DMH Contractor: Yes ____ No ____ . If yes provide contract number and type. _____

TOTAL CAPACITY OF SHELTER: _____

Total Beds Available for DMH SED/SPMI TAY Clients: _____

Indicate number of TAY DMH clients that can be served in each category:

Single males: _____ (age 16 – 17) _____ (age 18 – 25)

Single females: _____ (age 16 – 17) _____ (age 18 – 25)

Physically disabled males: _____ (age 16 –17) _____ (age 18 – 25)

Physically disabled females: _____ (age 16 -17) _____ (age 18 – 25)

TAY with Families: _____

Other (please specify): _____

Note: Respondent’s completion of the Questionnaire in response to this RFI does not bind, nor purport to bind, the County or respondent in any way. Any subsequent, resultant contract with the County shall require the completion of required contract negotiation documents. A legally binding contract shall be executed only after formal approval by and authorization of the County of Los Angeles Board of Supervisors.

8. Describe furnishings provided to TAY clients at the shelter.

9. Describe how each client is provided with clean linens, towels, bedding, and toiletries. How often are they washed?

C. SERVICES

1. Describe the agency's intake criteria and hours.

2. Describe the agency's discharge criteria.

3. Describe how the agency delivers culturally and linguistically appropriate services to all clients/residents.

4. Describe the agency's substance abuse policies.

10. Describe written and posted emergency/disaster plan procedures.

D. STAFFING

1. Describe experience and training that staff have in working with SED/SPMI TAY individuals who are homeless or at risk of being homeless.

2. Indicate staff degrees, licenses, certifications etc. Provide copies of CPR/First Aid certificates for all staff.

3. Describe how the agency will ensure that at all times there will be at least one staff member with CPR/First Aid training on duty.

4. Describe what languages are spoken at the shelter and how the agency will address the language needs of the TAY population not available through staff at the shelter.

5. Indicate the agency policy and procedure for securing fingerprints or a “Live Scan” of all personnel employed by the agency and the policy your agency follows if an employee is found convicted of a felony or a child-related crime.

6. Describe the agency’s Confidentiality Policy and the procedures in place to ensure SED/SPMI client’s Protected Health Information (PHI) is safeguarded.

E. MONITORING AND FISCAL MANAGEMENT

1. Describe the agency procedure for recording and tracking each client’s length of stay to ensure accurate invoices are submitted to DMH.

2. Describe procedure for ensuring accountability for DMH resident’s funds, valuables, and other personal property that shelter may be holding.

F. HEALTH

1. Describe type and location of any First Aid equipment available, on-site, in case of an emergency

2. Describe procedures for making appropriate medical referrals, when necessary

3. Indicate name, address, and proximity of nearest emergency room

4. Indicate how and where client's medication is stored, and describe what assistance is available for clients in accessing their medication(s).

5. Describe policy for control of infectious diseases.

G. OPERATIONS

1. Indicate how the agency informs residents of shelter rules, residents' rights, and residents' responsibilities.

2. Indicate how the agency informs residents of grievance procedures for addressing potential violation of their rights.

I. BUDGET

Provide a budget similar to the following that reflects the daily cost/rate of each shelter bed type (e.g. single, family, disabled, individual room, etc.). Break down the “Enhanced Services” costs and describe the costs and services of enhancing the shelter bed program for the population to be served.

Type of Shelter Bed	Board & Care Rate	Enhanced Services	Total Cost
Single Bed	_____	_____	\$ _____
Individual Room	_____	_____	\$ _____
Physically disabled	_____	_____	\$ _____
Family (up to 2 children)	_____	_____	\$ _____