

# Summarized Scoring Sheet and RFA Questions

## Counseling and Parent Education RFA # 1920-13

	E1	E2	E3	TOTAL SCORE	AVERAGE SCORE
<b>PROPONENT'S SCORES</b>					
<b>ACM</b>	74.00	71.00	76.00	<b>221.00</b>	<b>73.67</b>
<b>BGCGG</b>	86.00	85.00	80.00	<b>251.00</b>	<b>83.67</b>
<b>CDLF</b>	90.50	89.50	86.50	<b>266.50</b>	<b>88.83</b>
<b>CHANCES</b>	81.00	86.00	80.00	<b>247.00</b>	<b>82.33</b>
<b>FACES</b>	75.00	80.00	75.00	<b>230.00</b>	<b>76.67</b>
<b>KC SERVICES</b>	83.50	86.00	82.50	<b>252.00</b>	<b>84.00</b>
<b>NCADD OC</b>	89.00	87.00	91.00	<b>267.00</b>	<b>89.00</b>
<b>NEW HORIZONS</b>	74.00	67.00	78.00	<b>219.00</b>	<b>73.00</b>

**COUNTY OF ORANGE  
SOCIAL SERVICES AGENCY**

**ATTACHMENT A - APPLICATION TO CONTRACT  
Counseling and Parent Education Services (RFA #FY1920-13)  
July 1, 2021 – June 30, 2024**

All references in the application are to Paragraphs and Subparagraphs in RFA #FY1920-13.

**Application with all the following items must be received by Social Services Agency through U.S. postal mail or hand delivery NO LATER THAN 4 p.m. on November 10, 2020:**

- Two (2) originals completed and signed application.
- Attach copies of updated staff résumés and counseling licenses for all staff listed on page 5 of 8.
- Attach a copy of the Applicant's Board Resolution on agency's letterhead with signature authorization to page 8 of 8.
- Attach a copy of Parent Education Curriculum.
- Five (5) sets of copies of the completed, signed application with all attachments as listed above.

**Applications received without copies of staff résumés, licenses for counseling staff, authorized signature, and/or Board resolution for authorized signature, will not be evaluated.**

**Faxes of application packets or any part thereof will NOT be accepted**

**AGENCY GENERAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Private Non-Profit    Nonprofit Corporation    Private For-Profit    Other

Employee Identification Number (EIN) \_\_\_\_\_ Or Tax Identification Number (TIN) \_\_\_\_\_

DUNS Number \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
If different than contact name above:

Director/CEO: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ TelephoneNo.: \_\_\_\_\_

**I. AGENCY QUALIFICATIONS**

1. Complete the table below that briefly addresses each question:

- a. Are you currently providing or have you provided counseling and parent education services, as described in Paragraph 8, in Orange County, within the last five (5) years?
- b. How long have you been providing counseling and parent education services in Orange County and/or vicinity?
- c. Based on the number of staff to be assigned and/or hired for this project, indicate the estimated number of clients to be served per month, broken down by language (Subparagraph 8.1.20).

Service	a) Providing now or within the last 5 years	b) Years of experience	c) Estimated number of clients to be served on a monthly basis				
			Spanish	English	Vietnamese	Other	Total
Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Parent Education	<input type="checkbox"/> Yes <input type="checkbox"/> No						

2. Complete the table below for contracting history in the past five (5) years.

Service Beginning and End Dates	Type of Service	Population Served	Dollar amount of Contract	Location of Services (City, County & state)	Name of Awarding Agency

3. Respond and briefly explain any YES answers:

- a. Has your agency or any of your agency’s programs ever been placed on any type of corrective action plan or “hold” due to administrative and/or programmatic deficiencies, or any other reason(s)?  No  Yes
- b. Has your agency ever failed or refused to complete, or rescinded from a contract prior to the end of the contract’s term?  No  Yes
- c. Has your agency ever terminated or had a contract terminated by the other party prior to the end of the contract’s term?  No  Yes If Yes, disclose details including but not limited to service(s) terminated and reason for termination.

## II. CAPACITY FOR COUNSELING AND PARENT EDUCATION SERVICES

1. Describe your agency's experience serving clients and families who have experienced, or have been identified as being at risk of experiencing, child abuse or maltreatment (Paragraph 6), with the provision of:
  - a. Counseling services, as described in Subparagraph 8.3 and
  - b. Parent education services, as described in Subparagraph 8.4.
2. Describe your agency's training and/or experience in trauma-informed treatment.
3. Describe how your agency plans to engage/re-engage non-responsive/no show clients.
4. In order to ensure full compliance with clinical and administrative duties as described in Paragraphs 8, 9, 10, 12, 13 of the RFA and Subparagraph 24.2 of Attachment E, describe how your agency will train and supervise:
  - a. Counseling staff
  - b. Parent Education staff
5. What plan does your Agency have in place to hire and retain sufficient number of qualified staff to provide the services as outlined in the RFA?
6. How many full-time equivalents (counselors) do you propose to meet the services as outlined in the RFA?
7. How many referrals do you propose being able to receive and provide services on a monthly basis?
8. For Counseling Services only: Describe how your agency will assign referrals to counseling staff, considering case sensitivity and complexity as well as staff expertise and other factors.
9. For Parent Education Services: Describe how your Parent Education program meets requirements outlined in Subparagraph 8.4.

**III. ADMINISTRATION OF COUNSELING AND PARENT EDUCATION SERVICES**

Describe how your agency will:

1. Track referrals and case records, and ensure timely submission of Assessment and Treatment Plans, Protective Factors Pre-Test and Post-Test Surveys , and Termination Reports (see Subparagraphs 8.1.3, 8.3.2, 9.1 and 9.5). Specify administrative staff to provide support for these tasks.
  
2. Set up systems to comply with timely monthly reporting and invoice billing, as specified in Subparagraph 8.1.22 of the RFA and Subparagraph 18.2 of Attachment E. Specify administrative staff to provide support for these tasks.
  
3. Ensure timely oral and written communication with client, assigned SSA Senior Social Worker, and SSA administrative staff.
  
4. Collect client fees and third-party reimbursement as specified in Subparagraphs 21.1 and 21.2 of Attachment E. Explain current and/or past experience in this area.

**IV. STAFFING FOR COUNSELING AND PARENT EDUCATION SERVICES**

Proponent must complete the table below for all staff who will provide services. If needed, add/delete rows as necessary using the same format. Refer to Paragraph 11 for staff minimum qualifications, and Subparagraph 8.1.20 for language capabilities. Attach copies of staff résumés (and counseling licenses for counseling staff, when applicable). If staff is yet to be hired, please indicate so.

Counseling Staff Name(s)/Title(s)	Licenses and/or Degree(s)	Indicate “S” if bilingual in Spanish, “V” if bilingual in Vietnamese	For each staff:			
			Child abuse or neglect	Domestic Violence	Substance Abuse	Specify experience in other counseling specialty area and/or foreign language
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Parent Education Staff Name(s)	Degree(s)	Check if bilingual		Indicate evidenced-based/informed Parent Education curriculum the staff currently teaches or has experience teaching.
		Spanish	Vietnamese	
1				
2				
3				
4				
5				

**V. SCHEDULE AND LOCATION(S) FOR COUNSELING AND PARENT EDUCATION SERVICES**

- Specify times to be allocated for service in the table below under the corresponding day.  
 For Counseling, indicate the number of therapists assigned in parenthesis ( ) next to each time entered. For example: 8-12pm (2), 5-8pm (4). For PE, indicate if English and/or Spanish classes in parenthesis ( ) next to each time entered. For example: 4-6pm (Eng.), 6-8pm (Span.).

Counseling						
Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 8-12 English						
Morning 8-12 Spanish						
Afternoon 12-4 English						
Afternoon 12-4 Spanish						
Evening 4-8 English						
Evening 4-8 Spanish						

Parent Education						
Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 8-12						
Afternoon 12-4						
Evening 4-8 English						
Evening 4-8 Spanish						

2. List each location where services will be provided (Paragraph 7). Note: If any location is not currently in place but in progress, specify estimated date of availability.

Service	Location(s) Full Address(es) (Street, City, Zip Code)	Access to Public Transportation - specify details for nearest bus stop and bus routes, proximity to freeway, and/or major cross streets.
Counseling		
Parent Education		

I certify that:

- Agency will comply with all requirements set forth in the RFA, with the following exceptions:  
 Not Applicable     See additional letter attached with a list and explanation of requested exceptions
- The information provided in this application is true and correct to the best of my knowledge.
- I have been duly authorized by the agency's governing body or other authority to file this application.

(Attach a copy of the Board Resolution on agency's letterhead authorizing this signature on agency's behalf.)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_