

HOME VISITING SERVICES
RFP # 063-2439802-LY

PROPONENT: Children and Families Commission of Orange County (CFCOC)

	E1	E2	E3	E4	E5
FORM D - Organization Experience					
Maximum Points Available 30					
PART A					
Score	5	5	4	4	4
PART B					
Question 1	5	5	5	5	4
Question 2	4	5	5	5	4
Question 3	5	5	5	4	4
Question 4	5	5	5	4	4
Question 5	4	5	5	4	4
Question 6	4	4	4	4	4
Total	32.00	34.00	33.00	30.00	28.00
Average Score	4.57	4.86	4.71	4.29	4.00
Points Awarded	27.42	29.16	28.26	25.74	24.00

FORM E - Services to be Provided					
Maximum Points Available 40					
PART A					
Question 1	4	5	4	5	4
Question 2	4	4	5	4	4
Question 3	4	5	4	4	4
Question 4	4	4	4	4	4
Question 5	4	5	5	4	4
Question 6	4	5	4	5	4
Question 7	4	4	5	4	4
Question 8	3	4	4	3	3
Question 9	4	4	4	3	3
Question 10	4	4	4	4	4
Question 11	5	5	4	5	4
Question 12	4	5	5	4	4
PART B					
Question 13	3	4	4	4	4
Question 14	3	4	4	3	4
Question 15	5	5	4	4	5
Question 16	5	5	4	4	4
Total	64.00	72.00	68.00	64.00	63.00
Average Score	4.00	4.50	4.25	4.00	3.94
Points Awarded	32.00	36.00	34.00	32.00	31.52

FORM F - Staffing					
Maximum Points Available 15					
Score	4	5	5	4	4
Points Awarded	12.00	15.00	15.00	12.00	12.00

FORMS G and H - Budget					
Maximum Points Available 15					
Score	3	4	4	4	3
Points Awarded	9.00	12.00	12.00	12.00	9.00

Total Points Awarded per Evaluator 80.42 92.16 89.26 81.74 76.52

Total Combined Points Awarded by all Evaluators 420.10

Average of All Points Awards - Final Proposal Score 84.02

HOME VISITING SERVICES

RFP # 063-2439802-LY

PROPONENT: Multi-Ethnic Collaborative of Community Agencies (MECCA)

	E1	E2	E3	E4	E5
FORM D - Organization Experience					
Maximum Points Available 30					
PART A					
Score	5	5	5	4	4
PART B					
Question 1	0	0	0	0	0
Question 2	0	0	0	0	0
Question 3	0	0	0	0	0
Question 4	0	0	0	0	0
Question 5	0	0	0	0	0
Question 6	0	0	0	0	0
Total	5.00	5.00	5.00	4.00	4.00
Average Score	0.71	0.71	0.71	0.57	0.57
Points Awarded	4.26	4.26	4.26	3.42	3.42

	E1	E2	E3	E4	E5
FORM E - Services to be Provided					
Maximum Points Available 40					
PART A					
Question 1	4	4	3	4	3
Question 2	4	4	4	4	3
Question 3	4	5	4	4	4
Question 4	4	5	5	4	4
Question 5	4	5	4	4	4
Question 6	4	4	4	5	4
Question 7	3	2	3	3	3
Question 8	4	4	3	4	3
Question 9	4	4	4	4	3
Question 10	4	4	4	4	4
Question 11	5	5	5	4	4
Question 12	3	3	3	3	3
PART B					
Question 13	4	4	3	4	4
Question 14	4	4	3	3	4
Question 15	4	4	4	3	4
Question 16	4	5	4	5	4
Total	63.00	66.00	60.00	62.00	58.00
Average Score	3.94	4.13	3.75	3.88	3.63
Points Awarded	31.52	33.04	30.00	31.04	29.04

	E1	E2	E3	E4	E5
FORM F - Staffing					
Maximum Points Available 15					
Score	4	4	3	3	3
Points Awarded	12.00	12.00	9.00	9.00	9.00

	E1	E2	E3	E4	E5
FORMS G and H - Budget					
Maximum Points Available 15					
Score	4	4	3	3	3
Points Awarded	12.00	12.00	9.00	9.00	9.00

Total Points Awarded per Evaluator 59.78 61.30 52.26 52.46 50.46

Total Combined Points Awarded by all Evaluators 276.26

Average of All Points Awards - Final Proposal Score 55.25

HOME VISITING SERVICES

RFP # 063-2439802-LY

PROPONENT: Young Men's Christian Association of Orange County (YMCA of OC)

	E1	E2	E3	E4	E5
FORM D - Organization Experience					
Maximum Points Available 30					
PART A					
Score	3	3	2	3	2
PART B					
Question 1	3	3	3	3	2
Question 2	4	4	4	4	3
Question 3	4	4	4	4	3
Question 4	3	3	2	3	2
Question 5	3	3	2	3	2
Question 6	3	4	4	3	3
Total	23.00	24.00	21.00	23.00	17.00
Average Score	3.29	3.43	3.00	3.29	2.43
Points Awarded	19.74	20.58	18.00	19.74	14.58

FORM E - Services to be Provided					
Maximum Points Available 40					
PART A					
Question 1	4	4	3	4	3
Question 2	4	4	3	4	3
Question 3	4	4	3	4	3
Question 4	5	4	5	4	4
Question 5	4	4	3	4	3
Question 6	3	4	3	4	3
Question 7	3	4	4	4	3
Question 8	3	4	4	3	3
Question 9	4	4	4	3	3
Question 10	3	3	3	3	2
Question 11	4	4	4	4	3
Question 12	5	5	4	5	4
PART B					
Question 13	3	2	2	3	2
Question 14	3	4	3	3	3
Question 15	3	3	3	3	2
Question 16	4	5	4	4	4
Total	59.00	62.00	55.00	59.00	48.00
Average Score	3.69	3.88	3.44	3.69	3.00
Points Awarded	29.52	31.04	27.52	29.52	24.00

FORM F - Staffing					
Maximum Points Available 15					
Score	3	3	2	2	2
Points Awarded	9.00	9.00	6.00	6.00	6.00

FORMS G and H - Budget					
Maximum Points Available 15					
Score	3	2	2	3	2
Points Awarded	9.00	6.00	6.00	9.00	6.00

Total Points Awarded per Evaluator 67.26 66.62 57.52 64.26 50.58

Total Combined Points Awarded by all Evaluators 306.24

Average of All Points Awards - Final Proposal Score 61.25

**HOME VISITING SERVICES
RFP # 063-2439802-LY
Summarized Scoring Sheet**

	E1	E2	E3	E4	E5	TOTAL SCORE	AVERAGE SCORE
PROPONENT'S SCORES							
Children and Families Commission of Orange County (CFCOC)	80.42	92.16	89.26	81.74	76.52	420.10	84.02
Multi-Ethnic Collaborative of Community Agencies (MECCA)	59.78	61.30	52.26	52.46	50.46	276.26	55.25
Young Men's Christian Association of Orange County (YMCA of OC)	67.26	66.62	57.52	64.26	50.58	306.24	61.25

**HOME VISITING SERVICES
RFP # 063-2439802-LY**

We hereby certify that all the scores above are true and correct.

Panel Members

Date: November 16, 2023

E1 - 

E2 - 

E3 - 

E4 - 

E5 - 

Prepared by: Leanne Yuasa

HOME VISITING SERVICES**RFP # 063-2439802-LY****PROPONENT:****Evaluator #****Individual Evaluator Scoring Form**

RFP QUESTIONS	SCORE
FORM D - ORGANIZATION EXPERIENCE (PART A)	
Table One - Experience with the County of Orange:	
Table Two - Experience with other than the County of Orange:	
Table Three – Failure to Complete Contract(s):	
Assess information provided in each table and score FORM D in its entirety for a combined score. Assess Proponent's: <ul style="list-style-type: none"> • County related experience that are the same or similar to services requested in the scope of work • Experience with other than County, in providing the same or similar to services requested in the scope of work • Failure to complete contracts 	
FORM D - ORGANIZATION EXPERIENCE (PART B)	
Question #1. In reference to services included above in Part A, describe your organization's experience in providing services that are the same or similar to services required in this RFP. Include experience in the following four (4) categories. Limit response for this question to no more than two (2) pages. <ol style="list-style-type: none"> Development Implementation Management Evaluation 	
Question #2. Describe your organization's experience in utilizing evidence-based practices; specifically, HomVEE approved parenting models as defined in Subparagraph 2.3 of Attachment A	
Question #3. Describe how your organization monitored its performance related to previous contracts and/or services and how management addressed those concerns.	
Question #4. Describe your organization's experience in providing services and strategies to populations similar to the population to be served such as those persons experiencing limited parenting skills, homelessness, mental health, substance abuse, and domestic violence, and clients who experience multiple barriers that may impede access to home visitation services such as unstable home environment, unemployment, and limited parenting skills.	
Question #5. Describe your organization's experience and process in assessing and prioritizing the needs of clients served by your organization.	
Question #6. Describe your organization's experience in retaining highly qualified staff.	
Total	0
Average Score	0.00
Points Awarded	0.00
FORM E (PART A) - DIRECT SERVICES TO BE PROVIDED	
Question #1. Population To Be Served [Attachment A, Paragraph 1]: <ol style="list-style-type: none"> Describe your organization's approach for providing services to families that meet the criteria described in Paragraph 1 of Attachment A. Describe your organization's strategy to engage the population to be served in a manner which will maximize desired goals specified in this RFP. Specify how Families, who may be resistant to participating in voluntary services, will be encouraged to fully participate in the program to achieve planned goals. Describe your strategy or strategies to ensure that participants located throughout the entire County of Orange will be served. Describe how the population to be served will be informed and referred to other services (e.g., local community-based organizations, faith-based organizations, family resource centers, local government agencies, etc.) to address their particular needs. Include what follow-up activities will occur to ensure the linkages are successful. Describe how your organization will engage the population to be served in their homes, including in-person meetings and through virtual or remote methods. Describe your organization's experience in coordinating services for the population to be served described in Attachment A. Provide examples of formal and/or informal partnerships with other County of Orange departments, community-based organizations and/or not-for-profit organizations that assisted in providing those services. 	

<p>Question #2. Outcome Objectives [Attachment A, Paragraph 3]:</p> <p>A. Describe your organization’s approach to meeting performance outcome objectives as required in Paragraph 3 of Attachment A. (Limit your response for this question to no more than two (2) pages). The response must include, but are not limited to, the following:</p> <ul style="list-style-type: none"> i. Details of evaluation factors and processes; ii. Frequency with which specific evaluation processes will occur; and iii. Who will be responsible for developing and executing an action plan if outcomes are off-target. <p>B. Describe what measurement tools and instruments will use to screen/assess outcome objectives and goals based upon the HomVEE model propose to utilize. Limit your response for this question to no more than one (1) page.</p> <ul style="list-style-type: none"> i. Explain why these tools are valid and reliable measurement tools. ii. Provide examples of tools and instruments propose to utilize and provide statistics to support these tools and instruments. Sample statistical reports provided will not be counted toward the page limit described above in the instructions for this form. <p>C. Describe the frequency at which your organization will measure the outcomes of clients who receive services and the frequency to reach out to the client. Describe follow-up activities to be completed.</p> <p>D. Detail how your service delivery model will contribute to achieving objectives and desired outcomes as required in Subparagraph 3.1 of Attachment A. Limit your response for this question to no more than three (3) pages. The response must include:</p> <ul style="list-style-type: none"> i. Details of evaluation factors and processes; ii. Frequency with which specific evaluation processes will occur; iii. Who will be responsible to develop and execute an action plan if outcomes are off-target; and iv. Specify how service delivery will be: <ul style="list-style-type: none"> 1. Evidence-based; 2. Child/family-friendly and child/family-centered; 3. Conducted in a manner sensitive to literacy, language and socio-cultural issues that may impact the participant; and 4. Able to identify any immediate participant needs and barriers to service provision. <p>E. Describe how participant surveys and tests will be conducted to ensure the needs of the target population are addressed, and how this information will be reported to SSA as required in Subparagraph 3.2 of Attachment A.</p>	
<p>Question #3. Workload Standards [Attachment A, Paragraph 4]:</p> <p>A. Provide a clear and concise description of your organization’s evidence-based model and approach to be utilized as required in Subparagraph 4.1 of Attachment A. Your answer should demonstrate an understanding of the services required in this RFP and the target population to be served.</p> <p>B. Describe how familiar your organization is with HomVEE service models and CalWORKs guidelines for HVP services including training of staff as described in Subparagraph 4.1 of Attachment A.</p>	
<p>Question #4. Hours of Operation [Attachment A, Paragraph 5]:</p> <p>Describe your organization’s ability to provide services beyond the minimum service days and hours specified in Subparagraph 5.1 of Attachment A.</p>	
<p>Question #5. General Requirements [Attachment A, Paragraph 6]:</p> <p>Describe your organization’s process for acknowledging receipt of referrals within five (5) days from the date referral is received, as required in Subparagraph 6.1 of Attachment A.</p>	

<p>Question #6. Service Requirements [Attachment A, Paragraph 7]:</p> <p>A. Describe the support and resources your organization will provide to participating Families described in Subparagraph 7.1.1 of Attachment A.</p> <p>B. Describe your organization’s current collaborative network or partnership with other entities. The response must include the name of the agencies in your collaborative network or partnership, how long your organization has been a part of this network, and how your organization will collaborate with these agencies to improve outreach and services to the population to be served as described in Subparagraph 7.1.4 of Attachment A.</p> <p>C. Describe your organization’s experience in determining what formal and informal resources were available within Orange County. Include how your organization built and maintained relationships with community resource providers as required in Subparagraph 7.1.4 of Attachment A.</p> <p>D. Describe your organization’s policies and procedures to recruit, hire and retain culturally and linguistically appropriate staff which is representative of the population to be served and/or proposed service area, as required in Subparagraph 7.1.5 of Attachment A.</p> <p>E. Describe your organization’s ability to provide translation services for languages reflective of the population to be served so that all Families are provided services in their primary language, as required in Subparagraph 7.1.5 of Attachment A.</p> <p>F. Describe the assessment process your organization utilizes to develop individual case plans inclusive of clear, measurable goals and outcomes, directly connected to CDSS and HomVEE guidelines as required in Subparagraph 7.2 of Attachment A. Include any assessment tools used in the process. Limit your response for this question to no more than two (2) pages.</p> <p>G. Describe how your staff will actively engage Families in case management services including case planning and goal-setting, as required in Subparagraph 7.2 of Attachment A.</p> <p>H. Describe your organization’s process to address potential barriers for families to achieve case plan objectives and ensuring the provision of all services specified in the case plan as required in Subparagraph 7.2.1 in Attachment A.</p> <p>I. Describe your organization’s strategy to ensure families are aware of and utilize Material Goods as it relates to the care, health and safety of the child(ren) and family as described in Subparagraph 7.2.1 of Attachment A.</p> <p>J. Describe your organization’s process to monitor a Families progress in achieving case plan objectives, and ensure the provision of all services specified in the case plan as required in Subparagraph 7.2.3 of Attachment A.</p> <p>K. Describe how your organization will market/advertise and provide outreach to FAMILIES/Potential FAMILIES to enhance engagement of services (pre, during, and post program) as described in Subparagraph 7.3 of Attachment A.</p> <p>M. Describe how your organization will collect, evaluate, and report data on FAMILIES' demographics and relationships and evaluate effectiveness of services provision in increasing well-being outcomes of FAMILIES and children by race, ethnicity, national origin, primary and secondary language, and location within the county, as required in Subparagraph 7.3.3 of Attachment A.</p>	
<p>Question #7. Reporting Requirements [Attachment A, Paragraph 10]:</p> <p>Describe your organization’s process/system for collecting and compiling data elements, as required in Paragraph 10 of Attachment A.</p>	
<p>Question #8. Meetings [Attachment A, Paragraph 11]:</p> <p>Describe your organization’s approach to attendance and participation in meetings, as required in Paragraph 11 of Attachment A.</p>	
<p>Question #9. Budget [Attachment A, Paragraph 13]:</p> <p>Describe the number of monthly referrals that can be provided for Home Visiting Services that may be served within your organization’s proposed budget in Form G, Line Item Budget. Also describe the approximate number of families to whom services will be delivered.</p>	

<p>Question #10. Staffing Requirements [Attachment A, Paragraph 14]:</p> <p>A. Describe what resources and/or methods your organization has utilized in recruiting for direct services staff positions or similar projects where recruitments were involved. Indicate factors and action plan to attract the most qualified candidates, the outcomes of such recruitments and what changes were made to better the process as described in Subparagraph 14.2 of Attachment A.</p> <p>B. Describe your organization’s plan and timeline to ensure all proposed positions (in Part C of Form F) will be filled and ready to provide services by the effective date of the resulting contract.</p>	
<p>Question #11. Training [Attachment A, Paragraph 15]:</p> <p>Describe your organization’s approach to training, including, but not limited to participation in SSA training, delivery of required training to staff, and tracking of training activities as required in Paragraph 15 of Attachment A.</p>	
<p>Question #12. Quality Assurance/Quality Control [Attachment A, Paragraph 16]:</p> <p>Submit a comprehensive Quality Control Plan to be utilized by your organization as a self-monitoring tool to ensure required services are provided as specified in Paragraph 16 of Attachment A. The Quality Control Plan shall include, but not be limited to, the following:</p> <p>A. The method for ensuring the services, deliverables, and requirements defined in the Contract are being provided at or above the level of quality per this Contract.</p> <p>B. The method for assuring that the professional staff rendering services under this Contract has the necessary qualifications.</p> <p>C. The method of identifying and preventing deficiencies in the quality of service as defined by COUNTY policy.</p> <p>D. The method for providing SSA with a copy of CONTRACTOR’s case reviews, a clear description of, and corrective action taken, to resolve identified problems.</p> <p><i>*Please note the Quality Control Plan is not included in the page limitation for Attachment E.</i></p>	
<p>FORM E (PART B) - MANAGEMENT OF DIRECT SERVICES TO BE PROVIDED</p>	
<p>Question #13. Describe how your organization ensures effective management and administrative services of day-to-day operations. Include: (Limit your response for this question to no more than two (2) pages).</p> <p>a. Description of the span of control for all management and supervisory positions to be involved in the delivery of services under the resulting contract.</p> <p>b. Description of existing and/or proposed organizational structure within, and where applicable, outside Orange County.</p> <p>c. Relationship between the existing or proposed Orange County organization and Proponent’s headquarters, if located outside of Orange County.</p>	
<p>Question #14. Describe the method(s) your organization will use to self-evaluate the management of services to be provided.</p>	
<p>Question #15. Identify all project start-up activities necessary and potential timeline to begin service delivery on the effective date of the resulting contract.</p>	
<p>Question #16. Describe how management is informed and updated on effective practices, which are based on current theory, research, and evaluation data for the purpose of positively impacting service delivery in the resulting contract.</p>	
<p style="text-align: right;">Total</p>	0
<p style="text-align: right;">Average Score</p>	0.00
<p style="text-align: right;">Points Awarded</p>	0.00
<p>FORM F - STAFFING</p>	
<p>Part A – Staff Summary:</p>	
<p>Part B – Details of Staff Already Hired:</p>	
<p>Part C – Details of Staff to be Hired:</p>	
<p>Assess information provided in each table and score Form F in its entirety for a combined score. Assess:</p> <ul style="list-style-type: none"> • whether education, credentials, and experience of required service staff are in accordance with RFP requirements • did proponent provide detailed responses in qualifications of key personnel • ability of Proponent to provide experienced/qualified staffing to fulfill the services outlined in the Scope of Work • did Proponent provide any in-kind staff • did Proponent propose more/less staffing than the minimum required in the Scope of Work • does proposed staff have bilingual capabilities to meet the needs of the population to be served 	

Points Awarded	0.00
FORMS G - LINE ITEM BUDGET and H - BUDGET NARRATIVE	
Form G - Salaries and Benefits: Assess whether direct service and administrative positions (including language capabilities, FTEs, weekly hours, maximum hourly rates, monthly salaries, benefits, and annual budget) are reasonable, justified, and appropriate for proposed services.	
Form G - Services and Supplies: Assess whether proposed costs are reasonable, justified, and appropriate in relation to activities to be conducted and services to be provided.	
Form G - Operating Expenses: Assess whether proposed costs are reasonable in relation to service to be provided.	
Form G - Subcontracts: Assess whether proposed subcontracted services should be of a concern.	
Form G - Indirect Costs/Profit/In-Kind Match: Was the table completed? Does it specify indirect costs, profit, and in-kind match (as applicable)? Assess whether proposed costs are reasonable.	
Form H - Benefits: Assess whether benefit costs are fully explained and are reasonable in relation to the proposed salaries.	
Form H - Services and Supplies Detail: Assess whether proposed costs are fully explained and in alignment with expenses identified in Form G.	
Form H - Operating Expenses (Facility and Non-Facility): Assess whether proposed costs are fully explained and in alignment with expenses identified in Form G.	
Form H - Indirect Cost/ Program Income/In-Kind Match/Profit/Revenue: Assess whether proposed indirect cost is reasonable. Assess value added of Program Income (if applicable) and proposed in-kind match (if applicable) as it relates to proposed services. Assess whether proposed Profit (if applicable) is reasonable.	
Form H - Revenue and Budget Variances from Year-to-Year: Are current and projected revenue sources and amounts listed? Is lack of revenue sources a concern? If budget variances are identified, is an explanation for the differences provided including how budgetary changes may impact services?	
<p>Committee members should take the following into consideration when scoring the Line-Item Budget Form:</p> <ul style="list-style-type: none"> •Proposal is completed in its entirety with blank areas explained. •Calculations are error free or have minimal, non-consequential errors. •Cost Proposal descriptions align with the business proposal. •An understanding of costs expected with service required is demonstrated. •Spans of control are clearly delineated and reasonable. •Ratio of direct service cost compared to administrative costs is reasonable. •Salaries are comparable to industry levels. •Budgets reflect anticipated increases in hourly rates and monthly salaries for future years. •Is the proposed budget reasonable? •Is the budget reflective of all services being proposed? (Are the following reasonable: Salaries, Benefits, Services & Supplies Detail, Operating Expense for Non-Facility and Facility, Indirect Costs, Program Income, In-kind Match, Profit, Revenue, and Budget Variance) •Committee members can consider lack of detail/specificity in the proposed line item budget and narrative. •Committee members should note services offered in addition to RFP requirements and how those costs will be covered, and/or lack of services required in the RFP. 	
Points Awarded	0.00

Total Points Awarded 0.00