



**Solicitation Information  
April 10, 2013**

**RFP# 7461409**

**TITLE: Youth Success 2 and New Opportunity Homes**

**Submission Deadline: May 16, 2013 @ 10:00 AM (EST)**

**PRE-BID/ PROPOSAL CONFERENCE: Yes**  
**DATE: April 23, 2013**                      **TIME: 2:00 PM (EST)**                      **MANDATORY: Yes**  
**LOCATION: Department of Administration, Division of Purchases (2nd fl), One Capitol Hill, Providence, RI – Conference Room C**

Questions concerning this solicitation must be received by the Division of Purchases at [david.francis@purchasing.ri.gov](mailto:david.francis@purchasing.ri.gov) no later than **April 25, 2013 @ 10:00 AM (EST)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**

**BOND REQUIRED: No**

David J. Francis  
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

**Note to Applicants:**

Offers received without the entire completed four-page RIVP Generated Bidder Certification Form attached may result in disqualification.

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

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## ANNOUNCEMENT OF REQUEST FOR PROPOSALS

### Section I Introduction

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Human Services, with funding from Temporary Assistance to Needy Families (TANF), is soliciting proposals from qualified vendors to provide two types of services. The first is evidence-based home visiting (EBHV) and wrap-around services to support pregnant and parenting teens in pursuit of defined goals as described herein, to be known as “Youth Success 2” (YS2). This solicitation also seeks residential placement and attendant supports for ten to twelve pregnant/parenting teen females, per year, who are not able to reside with a parent, legal guardian, or adult relative caretaker, to be known as “New Opportunity Homes” (NOH). High quality, integrated programs are sought that will provide service across the state and coordinate with existing evidence-based home visiting programs that are operating in accord with Rhode Island Department of Health certification standards or have received other federal or national approval as an evidence-based home visiting program. New Opportunity Homes must be run in conjunction with a YS2 program, but not every YS2 program must be associated with a New Opportunity Home. Potential offerors should respond in accordance with this Request and the State’s General Conditions of Purchase, which is available on the Internet at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

This is a Request for Proposals, not an Invitation for Bid: responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Office of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

### Instructions and Notifications to Offerors

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.

6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information,

contact the MBE Administrator at (401) 574-8253 or visit the website [www.mbe.ri.gov](http://www.mbe.ri.gov) or contact [charles.newton@doa.ri.gov](mailto:charles.newton@doa.ri.gov).

### **Rhode Island Department of Human Services Non-Discrimination Notice**

The Rhode Island Department of Human Services (DHS) does not discriminate against any person on the basis of race, color, national origin (Limited English Proficiency persons), age, sex, disability, religion, political beliefs, sexual orientation, gender identity or expression in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: Community Relations Liaison Officer, (401) 462-2130 or (for deaf/hearing impaired) (401) 462-6239 or 711.

### **Rhode Island Department of Human Services Vision and Goals**

Vision:

We are an organization of opportunity, working hand-in-hand with other resources in Rhode Island to offer a full continuum of services for families, adults, children, elders, individuals with disabilities and veterans.

Goals:

- Families are strong, productive, healthy and independent
- Adults are healthy and reach their maximum potential
- Children are safe, healthy, ready to learn and reach their full potential
- Elders and individuals with disabilities receive a full continuum of services to enhance their quality of life
- Veterans are cared for and honored

General principles pertinent to service provision:

- The most effective services are corroborated by evidence or grounded in emerging practices and maximize early identification and interventions to address problems early and prevent the need for more costly interventions later.
- All services should be delivered by culturally-competent professional staff, through appropriate linguistic methods, and be offered without regard to race, color, ethnicity, age, religion, political beliefs, national origin, gender, sexual orientation, gender identity or expression, or disability.
- Services promote and build individual and family strengths to promote self-sufficiency, are integrated with other service systems, and insure smooth transitions to adult services.
- Whenever healthy relationships are possible, fathers, or non-custodial parents, should be encouraged and supported to engage significantly with their children

## **Pre-Proposal Conference**

Yes, mandatory. Date and location indicated on page one of this solicitation.

## **Applicant Eligibility and Requirements**

Applicant eligibility is limited to community based organizations (CBO).

Applicants must ensure and provide evidence of the following for the organization's proposal to be considered:

- Letter granting 501 c 3 status if non-profit
- Organizational capability, whether proposing to deliver YS2 services or YS2 + NOH services. Note that an entity serving any region of RI could propose to operate only the YS2 without NOH, if limited need for NOH is asserted. Entities may apply either independently or through a consortium but one entity must be the contractual lead. All lead agencies must provide accountability and comply with all Federal, State and Local statutes, regulations and standards which apply to the provision of services. In short, New Opportunity Homes must be run in conjunction with a Youth Success 2 program; no stand-alone NOH will be approved. However, it is not required that every Youth Success 2 provider also provide an NOH home.
- Technical capacity, direct access to the Internet, and staff dedicated and capable of entering data into one or more databases and electronically transmitting it via the Internet and email, in order to support reporting requirements to DHS as determined by DHS. Providers must have internal systems capable of collecting, safeguarding, and storing data necessary to evaluate the effectiveness of the YS2 and NOH programs. Additionally, providers must use, for TANF youth only, the Employment Activity Referral and Response (EARR) system for the Department of Human Services. Systems to which YS2 and NOH providers may need to connect in the future are KIDSNET and Data, Evaluation, and Continuous Quality Improvement (DECQI) systems at the Department of Health. Data systems are expected to evolve throughout the term of any contracts resulting from this solicitation.
- Ability to reach and serve the population with sufficient intensity to make a measurable impact on educational persistence, parenting skills and understanding of child development, and specific life skills, as evidenced by organizational history, sufficient staffing with appropriate qualifications, previous experience with at risk youth and pregnant and parenting teens to be served, including previous experience within the community where the youth will be served, and previous experience networking with other community based organizations in the area to be served, such as the Home Visiting Network.
- Successful proposals will describe an evidence-based model or commitment to pursue an evidence-based model of teen service designed to achieve DHS goals as stated under the section on Purpose. Providers who are affiliated with Healthy Families America (HFA), or who demonstrate concrete plans to affiliate, would be well-positioned to respond to this solicitation but still need to address (2)

below. See

[http://www.healthyfamiliesamerica.org/about\\_us/critical\\_elements.shtml](http://www.healthyfamiliesamerica.org/about_us/critical_elements.shtml) for more information about HFA. Non-HFA proposers should describe their model and cite (1) specific evidence-based curriculums they will use to address parenting skills and prevention of rapid re-pregnancy [for potential programs, but not an exclusive list, see <http://mchb.hrsa.gov/programs/homevisiting/models.html> , [https://www.childwelfare.gov/pubs/issue\\_briefs/parented/programs.cfm](https://www.childwelfare.gov/pubs/issue_briefs/parented/programs.cfm)] and (2) which components of life skills they will deliver or arrange for teens to receive in collaboration with other providers who offer specific skill development, such as financial literacy or career exploration. Life skills would encompass topics such as self-confidence and assertive behavior, responsibility, respect for self and others, teamwork, time management, stress management, maintaining a positive attitude, study and test-taking techniques, problem solving and especially interpersonal problem-solving or conflict resolution. Life skills may extend into the vocational arena – and should do so as a function of planning for the transition to adulthood - and include planning for completing secondary education and planning for continuing education, completing applications for scholarships, grants, loans, or employment, resume development, and practicing for interviews, including preparing for difficult questions.

- A written description of how the offeror will carry out strategies for keeping teens in school, reconnecting teens to high school who have already dropped out of school, and use of other alternatives such as General Equivalency Diploma (GED) and apprenticeship training, to enable the teens to secure their high school level credentials.
- Offerors must describe how they will help specific teens receiving cash assistance to meet their TANF/RI Works work participation requirements and how they will verify hours of education and homework per week that must be entered biweekly in the DHS Employment Activity Referral and Response (EARR) system.
- Successful proposals will describe specific outreach and service strategies, to referred youth (whether YS2 or NOH) and to the non-custodial parents, of the children of the referred youth; specifically what strategies offeror(s) will use to (1) prevent rapid re-pregnancy, (2) keep teens in school, (3) connect teens who have dropped out of school with GED and/or eventual vocational education or apprenticeship programs leading to GED and/or employment, (4) assure full engagement in DHS-approved activities year round for the TANF teens, and (5) provide safe, supportive, supervised housing for those teens who cannot live at home.
- Successful proposals will describe how agency/agencies will interface with DHS social caseworkers to collaborate on service and employment plans for TANF youth and to jointly problem-solve immediate barriers to engagement. This communication is more urgent and beyond the periodicity of EARR.
- Successful proposals will offer evidence of collaboration with or attendance at meetings such as those of the RI Alliance, Early Learning Council, Home Visiting Network, or the Statewide Youth Forum administered by the Department of Labor & Training (DLT) throughout the various netWORKri one-stop career and youth centers, or other state-convened or local associations, councils, or committees primarily concerned with the well-being of teens and/or young children .

- Successful proposals will demonstrate a plan to offer children and youth opportunities to gain skills and practice behaviors that lead them to productive adulthood. The plan should include specifics of what will be offered, to whom, how often, where, for how long and how skill gains are measured.
- Successful applicants will project its outcomes in accord with DHS requirements and show timelines for reaching those outcomes.
- Successful proposals will explicitly agree that agencies will participate in all training, data collections, reporting and evaluations conducted or authorized by the Department of Human Services and/or its Agents related to the applicant's program.
- Successful proposals will also describe how, and how often, the offeror will monitor its own progress in achieving program goals.

## **Section II      Background and Purpose**

### **Background**

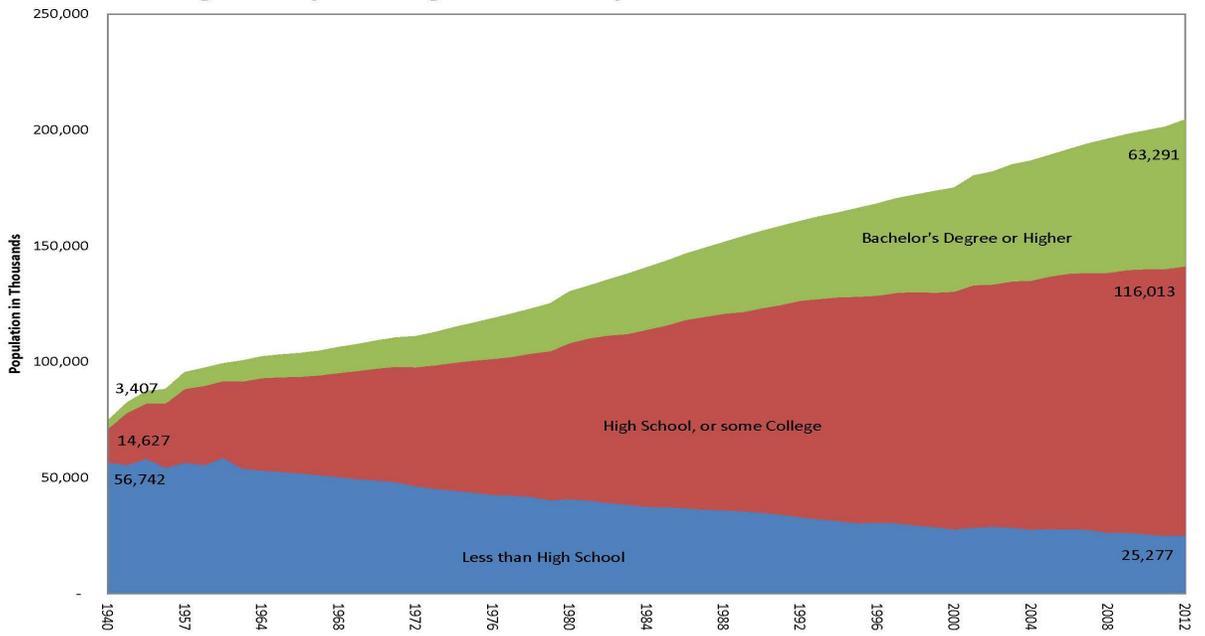
The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 [PRWORA, Public Law 104-193] was ground-breaking in its insistence that each State apply itself to the reduction of out-of-wedlock pregnancy and out-of-wedlock birth, especially noting the rise in pregnancies and deliveries of teenage mothers. The PRWORA also redefined the biological parent's role in providing supervision for their teens who become minor parents. A minor parent has been expected to reside within, and be supported by, their own legally responsible parent(s) since the PRWORA was implemented, unless specific findings are made that the parent does not provide an appropriate living situation for the minor parent and his/her child. In the case that the minor parent and his/her child cannot receive an appropriate living situation in the parental home, PRWORA requires that each State shall provide, or assist the teen parent in locating, an appropriate adult-supervised supportive living arrangement.

PRWORA required that each State ensure that any teen parent who had not completed the high school diploma, GED, or equivalent level of vocational or technical training, be mandated to attend satisfactorily a secondary school or a course of study leading to a certificate of general equivalence. High school education has been understood to be essential to self-sufficiency, which is the ultimate goal of the Temporary Assistance to Needy Families (TANF) program under PRWORA.

The Administration for Children and Families (ACF) noted in 1996, in Transmittal ACF-AT-96-1, that over half of all heads of household open to AFDC at that time had their first child while still a teen. Further in the same transmittal, the ACF reported that almost 80% of children under 18 who had been born to unmarried, teenage, high-school dropouts remained living in poverty. The correlation suggests that it is imperative that first pregnancy be delayed until adulthood/independence is achieved and that completion of the secondary school benchmark should be mandated to create adult self-sufficiency and familial self-sufficiency. The Family Support Act of 1988 [P.L. 100-485] had already required that parents under age 20 without a high school diploma participate in

educational activities leading to a high school diploma, unless education was deemed an inappropriate activity for the individual. This Act recognized the critical need to support teen parents in improving their parenting skills, obtaining education and developing adult daily living skills, self-esteem, and employment preparation skills (JOB Opportunities and Basic Skills Training program). Eight years later, PRWORA reaffirmed the need for these supports to be provided, and for these goals to be met, while expanding and revising the specific requirements.

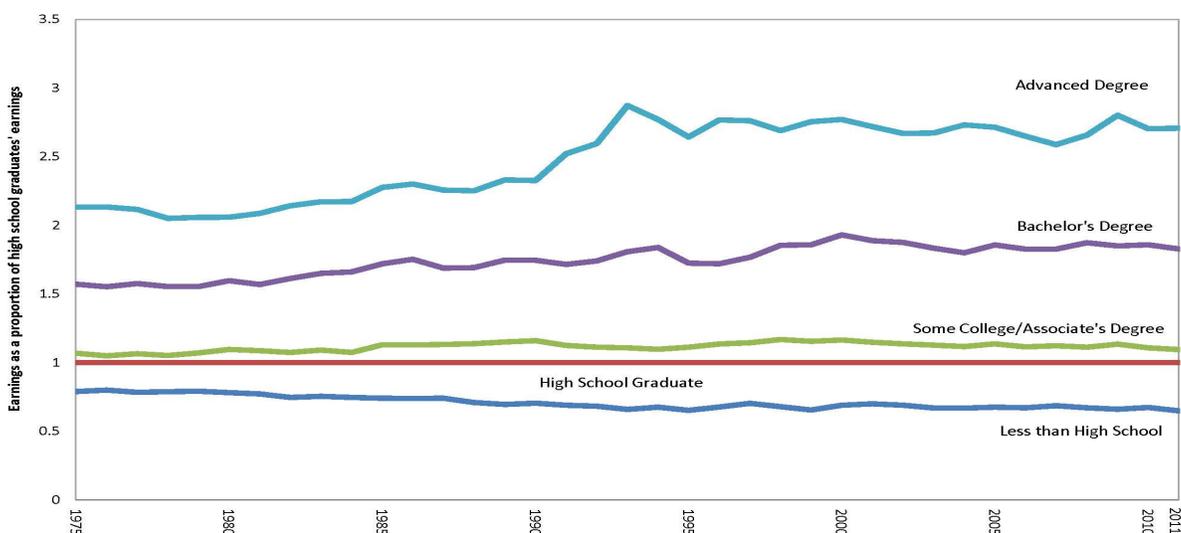
**Figure 1: Population Age 25 and over by Educational Attainment: 1940-2012**



Sources: U.S. Census Bureau. 1947, 1952-2002 March Current Population Survey, 2003-2012 Annual Social and Economic Supplement to the Current Population Survey; 1940-1960 Census of Population.



**Figure 10: Average Earnings of Full-Time, Year-Round Workers as a Proportion of the Average Earnings of High School Graduates by Educational Attainment: 1975 - 2011**



Sources: U.S. Census Bureau. 1975-2002 March Current Population Survey, 2003-2012 Annual Social and Economic Supplement to the Current Population Survey.



As the above charts from the US Census Bureau show, failure to complete high school has actually led to a relative decrease in earnings over the last 50 years. Conversely, the completion of high school, and preferably some college, has led to increased earnings. To break the cycle of poverty and generational use of public assistance, high school attainment is a clear, critical imperative.

Another clear imperative relates to the experiences of the child in the critical earliest years, prenatally (even preconception) to age 3. A growing body of social and neuroscience research has led practice toward better and more intensive support of teens, young parents, and their children. In 1997, the RI General Assembly passed the Teen Pregnancy Prevention Partnership Act, PL 97, Chapter 176. A Partnership was formed between the Departments of Health, Human Services, Education, and Children, Youth and Families, to develop a comprehensive statewide plan to prevent and reduce the incidences of unintended pregnancies among adolescents. Over time, this Partnership grew to include local agencies, public health partners, juvenile justice efforts, community and faith-based organizations, and parents and youth. The Comprehensive Statewide Teen Pregnancy Prevention Plan was published in June 1999. The Recommendations Review Summary Report dated September 2004 reviewed the progress achieved during five years of the Partnership's efforts to prevent and reduce teenage pregnancies, and noted the goals yet to be met and revisions that seemed advisable.

The RI Teen Pregnancy Prevention Coalition was the offshoot of the Partnership which had begun in 1997, and the Partnership/Coalition remained active through 2009. In 2010, the Partnership, then Coalition, became The Rhode Island Alliance, framed around a

mission to increase awareness of teen pregnancy and parenting in Rhode Island and to gather, maintain and disseminate data related to these issues, to prevent teen pregnancy and to empower young families. In January 2012, the RI Alliance issued its Strategic Plan for 2012, “Changing the Lens: A Reframed Approach to Teen Pregnancy Prevention.” The plan can be viewed at [http://www.rialliance.org/Portals/0/Uploads/Documents/Public/RIA\\_Strategic\\_Plan\\_1-12.pdf](http://www.rialliance.org/Portals/0/Uploads/Documents/Public/RIA_Strategic_Plan_1-12.pdf)

The Strategic Plan delineated eight objectives that would address the goals of the mission:

1. Reframe teen pregnancy as a public health issue,
2. Adopt a social determinates of health approach to teen pregnancy prevention,
3. Give youth access to confidential care and contraception,
4. Focus attention and resources on the provision of health and reproductive services to older youth,
5. Strengthen school-based sexuality and family life education,
6. Increase educational attainment for teen parents,
7. Increase the number of youth development strategies in programs, and
8. Support empowering young families.

Objectives numbered three through eight have been primary foci of the DHS programs serving pregnant and parenting teens, historically. Service has been delivered to teen youth until the age of 20, encouraging that the youth plan to prevent both first and repeat pregnancies. Services have been provided within the school setting where partnerships have been established, or in other locations, including the home. The primary focus of the work has been and continues to be to stabilize the pregnant or parenting teen so that the educational benchmarks that create financial independence may be attained, thereby empowering the young family to become fully self-sufficient. Services through DHS programs have been delivered statewide, and provided through many different forms of outreach and support.

In 2012 the RI Department of Health received funds to implement an evidence-based model of in community settings to reduce the rate of teen pregnancy, the program is called the Teen Outreach Program (TOP) and will be implemented in 11 community agencies in communities with high rates of teen births in 2013

In addition, over the last five years, Rhode Island, in step with national direction, has increased the capacity of evidence-based home visiting programs. The first was the Nurse-Family Partnership, launched in 2008-2009 under the auspices of Rhode Island Kids Count, in collaboration with the Departments of Health, Children, Youth and Families, and Human Services. Federal funding for evidence-based home visiting was subsequently mandated in the Affordable Care Act in 2010 and is now incorporated in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The Department of Health, in its introduction to its 2012 MIECHV solicitation, noted:

“Rhode Island has long given careful attention to the health and developmental needs of its young children. Many Rhode Island children experience multiple risk factors for poor

development including living in poverty, living in neighborhoods with high rates of crime, living in households headed by a single parent, and living with mothers who have low levels of education. Moreover, evidence shows that living with such risk factors also contributes to an increasing number of very young children who are at risk for abuse and neglect.

*Goals of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*

The goals of the MIECHV Program are to:

- 1: Strengthen and improve the programs and activities carried out under Title V.
- 2: Improve coordination of services for at-risk communities.
- 3: Identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.”

The goals of the Department of Human Services’ Youth Success 2 and New Opportunities Homes program significantly overlap with MIECHV goals. The evidence-based home visiting programs that Health has selected (Healthy Families America/HFA, Nurse-Family Partnership/NFP, and Parents as Teachers/PAT) are on a continuum of programs (relative to intensity and primary focus) from which TANF and Medical Assistance-funded pregnant and parenting teens are benefitting to achieve both their personal and child well-being and their educational and self-sufficiency goals. The Department of Human Services has specifically funded the Nurse-Family Partnership (NFP) and TANF and non-TANF youth are served within NFP. Beyond common goals and financial investments, the Department of Human Services seeks to ensure that DHS clients are served by evidence-based home visiting programs that will best fit individual parent needs. Programs that serve TANF youth must also report attendance and progress of TANF youth, and the Department of Health is encouraging all MIECHV-funded programs to do so. As the State departments move toward coordinated referral and service, participation in MIECHV local implementation meetings will be required of Youth Success 2 and NOH Coordinators so that YS2 and NOH Coordinators become well-acquainted with other evidence-based home visiting programs and can facilitate appropriate referrals and transitions from one program to another, when needed.

Another goal shared by state and federal departments is the accurate reporting and analysis of data to feed continuous improvement in our programs. To that end, YS2 providers will be expected to use data systems either existing or evolving from the Department of Human Services or the Department of Health as the field of EBHV grows. YS2 providers will be trained to use any such system(s) by the respective state departments. Details of data that must be collected and reported, aside from attendance and progress for TANF parents over EARR, may be found in the subsection on Outcomes under the section on Youth Success 2 in Section III, Scope of Work.

For more information about the efficacy of home visiting, see <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=115&articleid=2850>. See also *Zero to Three*, Journal of Zero to Three: National Center for Infants, Toddlers, and Families, January 2013, Volume 33 No. 3 which is dedicated to research and programs undertaking evidence-based home visiting programs.

## Purpose

The major purpose of this Request for Proposals is to assist the State of Rhode Island and the Department of Human Services to procure critical services for a special population as required and defined within both RIGL 40-5.2-10 and RIGL 40-19.1, within the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 [P.L. 104-193], and within the federal Temporary Assistance for Needy Families (TANF) Program. As such, these special services are intended to:

1. engage referred youth (and non-custodial parents whenever possible) through individual assessment and reassessment and through sufficiently frequent home visiting, intensive case management and service coordination to prevent second pregnancy and optimize the well-being of parents, infants and toddlers in the YS2 and NOH programs,
2. help teens to succeed in school, graduate high school, obtain their GEDs, complete secondary education, and/or complete training programs resulting in measurable gains in employment readiness and certificates which increase employability,
3. develop teens' mastery of personal daily living and parenting skills which increase stability, especially preventing child neglect, abuse, and second pregnancy,
4. assist teens to prepare for and become economically self-sufficient and socially independent adults who are more likely to avoid long-term dependence on public assistance by providing or arranging for life skills training on multiple topics and by actively planning with each youth for transition to adult responsibilities from the date the youth enters YS2 or NOH residential services, &
5. provide an approved adult-supervised supportive living arrangement, as defined in the DHS Code of Rules, Sections 1414.05.20 – 1414.05.25 which coordinates services effectively with any EBHV program with which each teen is involved.

## **Section III Scope of the Work**

### Population to Serve

In general, the population to be served under YS2 are those Rhode Island children and youth (under 20 years of age) who are receiving a public benefit (primarily cash assistance, or child care to complete education, and secondarily Medical Assistance (MA)). To avoid duplication, YS2 teens should not also be served by another EBHV program. The goal is to create a network of evidence-based home visiting programs throughout RI to which pregnant and parenting teens in need of support can be referred, each according to their level of need, to achieve self-sufficiency, prevent early re-pregnancy, and optimize child and parent healthy development.

The Department has stated as its goal for this set of services, that **all pregnant and custodial parenting children and youth** requiring and/or requesting assistance in all

regions of the state be provided services. For comparative purposes, during the calendar year of 2010, 1,066 teens were reported served, while during calendar year 2011, 1028 were reported served. This included TANF, MA, and Child Care Assistance Program (CCAP) teens as well as at-risk teens. Under this Request for Proposals, the Department wishes to focus first on pregnant and parenting teens receiving TANF and/or child care to complete high school, and then MA applicants and recipients, most of whom attend school. To the extent feasible, the engagement of non-custodial parents in the growth and development of their children is also expected.

The population to be served under the New Opportunity Home Program (NOH) will be a subset of the above, ten to twelve pregnant or parenting female teens and their children, who are not able to live with a parent, legal guardian, or other adult caretaker relative, as described in the DHS Code of Rules, Section 1414.05.15.

## **Planning and Collaboration**

### **Collaboration among YS2, NOH, and MIECHV Programs**

Lead agencies will be chosen in part to assure availability of services for each region of RI (as described in Addendum 1). Community-based organizations (CBOs) may sub-contract to provide specific funded services to specific populations in specific cities/towns within a region, within several regions or statewide. Since RI's population is diverse, it is important to assure racial and ethnic minorities are served by organizations that are linguistically competent and culturally sensitive to special target groups, such as Hispanic, African-American, Native American, or Southeast Asian families. Consortiums of non-profit organizations in the region(s) are strongly encouraged. This allows a larger number of participants to be served and may allow for both specialization and neighborhood level access. Signed sub-contracts must be included as an adjunct to the DHS Budget Summary and Narrative submitted by each grant-funded lead agency.

The agency or agencies (and their sub-contractors) who propose to offer New Opportunity Homes services and YS2 services will ensure the full range of YS2 services are also provided to NOH residential youth. The lead agency person who is tasked with overseeing the effective coordination of YS2 and NOH programs will be expected to be an active participant in monthly Coordinators' meetings held at DHS or other designated sites. Cost savings are anticipated when an agency or consortium of agencies are awarded a contract for both YS2 and NOH, as management will be shared (staffing may also overlap), and other line items such as office supplies, auditing, trainings and so on, will not require the duplication that would be inherent in two separate bid proposals.

Program Coordinators are expected to attend local MIECHV implementation meetings, in order to facilitate the development of a statewide system of evidence-based home visiting programs. The agency or agencies awarded contracts will work collaboratively with agencies funded under MIECHV and will determine each new referred parent's strengths and deficits and the needs of the family into which a newborn has been born. A "best fit" to an evidence-based program will be determined, based on the new parent's developmental level, economic background, as well as other risk factors. As this

framework is built, the Youth Success 2 program (which currently serves the largest proportion of home-visited clients in RI) is expected to be integral to the high quality, integrated programming Rhode Island is committed to providing for all of its at-risk youth.

### **Collaboration with Schools and Community Resources**

A collaboration that is critical to the success of YS2 and NOH is that with schools. Education is the key to self-sufficiency, and to that end, successful proposals will explicitly list all middle and high schools in their proposed region(s) of coverage and note with which ones they have a working relationship. Offerors should include, as a means of demonstrating leveraged service, support letters from local school districts, from after-school programs, from adult education and workforce development agencies, and from any other collaborative partners or employers that are specific about what role or services those entities have played or will play/provide for YS2 and/or NOH youth.

### **Memoranda of Agreement and Subcontracts**

If a lead agency in a consortium will utilize TANF funding under this solicitation to secure YS2 or NOH services from another agency, a tentative/draft subcontract with budget should be included in the proposal. If the lead agency already has a Memoranda of Agreement (MOA) for some or similar services with a community partner but no additional funding under this solicitation is expected to be utilized, the MOA(s) must be included as evidence of collaboration between the regional lead agency and each collaborator in that region providing services to the population. The purpose of a MOA is to better assure that the program participants receive the services they need to ensure independence and self-sufficiency.

The proposal must be clear as to whether the collaboration is to become a subcontract or an MOA. Clarity is needed for all parties with regard to regular communication between subcontractors and lead agencies, members of the consortium or service collaboration, with a plan through which to resolve dissatisfaction or complaints, resolve conflicts, or under which circumstances a subcontract or MOA could be dissolved. The lead agency must indicate its path through corrective action plans to discontinuation of a subcontract, should there be any breach of contract. All staff should be clear to whom they are responsible, and from whom they receive guidance and support. To that end, one or more organization charts are required.

MOAs and proposed subcontracts that not only clarify the burden of responsibility and the rules under which agencies of a consortium or collaboration co-exist, but also describe in detail the ways in which agencies can complement each other's provision of services, will be most highly rated. No one agency can provide all services to every client. It is critical to identify and acknowledge which collaborative partner agency will provide support when a need is identified that cannot be met at the teen's primary or assigned place of service.

MOAs will be signed by all participating member agencies, and will be reviewed by the consortium at least annually to determine if there are amendments needed to further the smooth collaboration between member agencies.

## **Services to be Provided**

### **Youth Success 2**

The lead agency/agencies will implement with fidelity an evidence-based program or programs, or describe a plan to pursue an evidence-based model, specifically named in the respondent's proposal and subject to approval by the State, which will address the common barriers faced by clients of the Department. This model (or these models) will be chosen with all of the first four purposes (as outlined in Section II, Purpose) in mind, with a goal of reducing repeat pregnancies, facilitating high school completion, increasing life skills and employability, and increasing family functioning. All clients served by the YS2 and NOH programs will receive the interventions of an evidence-based home visiting program or be served by a YS2 provider whose program is on a clear path toward becoming evidence-based. The Department of Health through MIECHV, and potentially other partners, do offer different models and those models may constitute the best fit for any individual client's need. It is expected that potentially up to 1000 teens statewide per year may have services coordinated through YS2 or evidence-based home visiting programs.

The following elements must be integrated into each participant's plan:

1. **Assessment:** All Youth Success 2 program participants must be assessed initially and periodically, using standardized tools, and must receive services based on each youth's need to achieve outcomes stated under this request. Contact hours are recorded for each and every youth encompassing assessment/re-assessment, training modules, and intensive case management services. All youth, therefore, shall be assessed for independent living skills, parenting, social-emotional development and/or life skills, including job readiness, and shall be reassessed on a schedule no less frequent than six months, for growth in knowledge, skills and abilities associated with independent living, parenting, social-emotional development and/or life skills, including job readiness. One potential life skills assessment tool is Case Life Skills, which, along with its companion resources guide, are viewable at <http://www.casey.org/cls/assessments/LifeSkills.pdf> and <http://www.casey.org/cls/resourceguides/ResourcestoInspire.docx>, respectively.
2. **Special Assistance to Rhode Island Works Program (RIW) Recipients:** All participants in the Youth Success 2 Program who receive cash assistance must be assisted in complying with the Work Participation requirements. This means that although both RIW and Medical Assistance only teens would greatly benefit from full engagement throughout the year, the RIW teens must have full engagement averaging not less than 20 hours per week year round. During school vacations in December, February, April and over summer or whenever the GED program provider is closed, the YS2 provider must ensure the teen is engaged in

educational or employment preparation activities or in public service, work experience, or paid employment for not less than 20 hours per week. The offeror must describe in the proposal exactly how this requirement will be met and such activities may include monitored/evaluated on-line assignments, homework, workshops or other opportunities for teens to gather and learn from one another and from mentors/instructors. The agency/agencies must cooperate and communicate with DHS regarding the teen's participation in required activities, including attendance compliance, and regarding needed supportive services such as childcare and transportation assistance. It is most important that participants' enrollment is maintained; therefore addressing obstacles to compliance is mandatory.

3. **Case Management/Intensity of Service:** All participants must receive gender specific, culturally sensitive and linguistically specific case management services in order to benefit best from this program. Although MA referred youth are not mandated to participate, it is desired that each MA participant, and it is expected that TANF participant, must have direct in-person contact, at minimum twice monthly, primarily through provider in-home visits made at the participant's residence, supplemented by visits to the youth's school/training setting, and in community settings. Collateral contacts with the youth's parents, youth's child(ren), other family members, peers, school, medical and community resources must be maintained to ensure the youth's and their infant/toddlers' well-being. Parental permission for engagement with minor referred youth is required. Collateral case management contacts are supplementary to the minimum twice monthly contact with the youth. Of primary import are a) ensuring the youth and her/his child(ren) maintain medical care, including immunizations, b) ensuring each participant remains engaged in education, training or employment as a foundation for adult success and that of the next generation, c) that proper referrals are made and coordinated for any issues or concerns that arise, such as are inevitable at the time of transition to adulthood and independent living, including housing, further education, training, and child care, and d) ensuring each participant makes gains in relationship and life skills.
4. **Paternity, Child Support and Domestic Violence:** All participants in Youth Success 2 must receive paternity and child support information and services. If any evidence of domestic violence is noted, attention to that issue must be paid and appropriate referrals/intervention must be offered to the teen. It is expected that the awarded agency/agencies will develop and maintain a good working relationship with the providers for the Family Violence Option Advocacy Program.
5. **Adult Supervised Living Arrangements:** Pregnant and parenting minors applying for and/or eligible for public assistance cash benefits must be assisted in identifying, locating and maintaining appropriate adult-supervised living arrangements as required by law. When requested, providers will complete a home study of a minor's current living arrangement, and provide a recommendation to DHS as to the arrangement's appropriateness. Ongoing

observation/evaluation of the home environment will be kept, and as needed, referrals to the New Opportunity Homes will be made.

6. **Fatherhood Outreach:** Proposals should recognize that young fathers are integral to child development, assuming healthy relationships are in place, and build plans to work with both parents as the standard of intervention. The offeror must describe its plan to engage both custodial and non-custodial fathers in service. In order that fathers assist in providing for their children and enjoying healthy relationships as their children grow, the offeror should describe what it would do to improve the young man's parenting skills, adult daily living skills (ADLs) and employability. Proposals should describe how the offeror will connect the father to resources that the offeror does not itself provide, in regard to parenting, ADL skill development, and employability. Plans may include father-child only activities, father-only workshops, inclusion of fathers in the home visits with the enrolled mothers, or father-family outings. Awarded agencies should have functioning programming that engages every reachable young father possible, for each baby identified on its caseload. If a father is not engaged, there must have been demonstrable and measurable attempts to have engaged the young man and/or evidence that doing so would not be in the best interest of either the teen mother or her child. Such information must be included in the case records as father engagement efforts will be among the performance measures by which the success of the contract(s) is judged.
7. **Data to be Collected toward Outcomes and Performance Measures:** Providers are expected to show measurable gains in multiple areas for all youth who are served a minimum of six months. To do this, providers must track and be prepared to report on all referred youth whether the outreach was successful or not and regardless of how long the youth could be engaged. For showing measurable gains for youth who were engaged six or more months, pre-testing and re-assessment around the following will be needed: independent living skills, parenting skills, social-emotional development and/or life skills, including job readiness. To track and report on all referred youth, providers should use a spreadsheet format, using separate spreadsheet tabs for TANF and MA youth, and reflect all of the following: (1) name, (2) SSN, (3) date of referral for all referred youth – NOTE a separate spreadsheet tab is recommended to be kept for the referred youth who do not engage, but at least items (1) through (3) should be included in that tab while a separate spreadsheet tab contains detail for youth who do engage, including, (4) date of initial meeting, (5) demographics at initial assessment (a) age, (b) race, (c) language, (d) need for interpreter services, (e) gender, (f) status as pregnant or parenting, (6) home or living arrangement at initial assessment, (7) non-custodial parent status as engaged or not engaged at initial assessment or "father unknown", (8) name of school or GED program teen is attending at initial assessment, or "not in school", (9) reported highest grade completed at initial assessment, (10) presence or absence of DCYF or "system of care" active involvement at initial assessment, (11) presence or absence of a history of DCYF involvement prior to assessment or at any time in the teen's prior life experience, (12) presence or absence of indication of substance or

alcohol abuse through use of standardized tools, such as the Alcohol Use Disorders Identification Test (AUDIT), at initial assessment, or through teen statement which suggests the need for use of a standardized tool at subsequent visit, (13) presence or absence of indication of depressive symptomology or other behaviors suggestive of a potential mental health diagnosis, through use of standardized tools, such as the Patient Health Questionnaire (PHQ-9), at initial assessment, or through teen statement which suggests the need for use of a standardized tool at subsequent visit, (14) parent report of use of tobacco at initial assessment, (15) presence or absence of indication of domestic violence based on structured interview questions at initial assessment, such as “Is anyone close to you threatening or hurting you? Is anyone close to you hitting, kicking, choking or hurting you physically? Is anyone forcing you to do something sexually that you do not want to do?” (16) presence or absence of indication of infant-toddler delay or parent concerns about infant-toddler delays, for participants who are parenting at initial assessment through use of standardized tools such as the Ages and Stages Questionnaire, 3<sup>rd</sup> edition (ASQ-3) and Ages and Stages Questionnaire: Social Emotion (ASQ-SE) or through teen statement which suggests the need for use of a standardized tool at subsequent visit, (17) employment status at assessment, and if employed (a) name of company, (b) hours/week on average, (c) wage (d) month/year of job start, (18) whether the teen has a drivers license at assessment, (19) primary transportation method used at assessment, (20) whether the pregnant teen will need child care or parent has child care at assessment and if so (a) where or by whom, (b) for what activities, (c) constituting approximately how many average hours per week of care, (21) (a) primary source of income and (b) secondary source of financial support. For purposes of measuring growth and progress, the provider must also track and report, although the initial pre-test may not be at first assessment but must occur within the first three months after referral (22) a job readiness assessment, (23) specific life skills assessments, wherein up to five areas needing remediation are named and addressed as (a)-(e), (24) periodic re-assessment of items within (6)-(22) above, (25) contact hours such that they can be periodically tallied as a measure of intensity of service and correlated by evaluation between initial assessment and subsequent re-assessments, (26) high-school graduation or GED/EDP acquisition, (27) high-school drop out numbers, (28) second pregnancies, (29) termination by termination reasons (non-compliance or rules violation, voluntary withdrawal, or, for RIW parents only, completion due to (a) reached age 20 or (b) reached defined measures of transition readiness, and (30) the ability to track additional measures as may subsequently be required by the Department of Human Services.

8. Opportunities for peer interaction. Providers must periodically sponsor group activities and/or arrange for YS2 participants to voluntarily gather for workshops and to share their experiences, concerns, hopes and goals, and plans in a supportive, supervised environment. Opportune times may be when school or educational programs are in recess. For these sessions, YS2 providers should expect to have to facilitate transportation for any teen wishing to participate who

does not have and cannot arrange transportation.

9. Record-keeping. Providers must assure that they have written standards, policies, procedures, and instruction regarding (a) the expected content of case files, (b) the expected quality of case management notes and the frequency with which case notes are made, (b) regular supervisory review of case files with written supervisor review notes in the same files, and (c) the protection of client confidentiality and client files, written and electronic.
10. Staffing requirements. Providers must show, for (a) and (b) below, through resumes or job descriptions, and for (c) below, through organizational charts and planned service numbers, that (a) YS2 case managers have a minimum of an Associates degree in Human Services, Child Development or a closely-related field and at least two years experience working with pregnant and parenting youth or at-risk teens with barriers to employment, or have a minimum of a Bachelors degree in a closely-related field and at least six months of experience working with pregnant and parenting youth or at-risk teens with barriers to employment; (b) YS2 Supervisors or Coordinators have a minimum of a Bachelors degree in Human Services, Child Development or a closely-related field, at least 5 years experience working with young children and families, especially pregnant or parenting youth or at-risk teens with barriers to employment, and prior staff supervision responsibilities, or have a Masters degree in a closely-related field with at least 2 years experience working with the target population and at least six months of prior staff supervision responsibilities; (c) case manager staff to client ratios will be no higher than 1:40 (although they may be temporarily elevated due to the transition process with successfully-engaged parents or due to unforeseen circumstances) and Supervisor/Coordinator to case manager ratios will be no higher than 1:8; (d) YS2 case managers are full-time on project while Supervisors/Coordinators and Administrators at the organizational level above Supervisors/Coordinators should be assigned no less than 50% and 10% time, respectively, to support and provide reflective supervision to the case managers and to evaluate and manage YS2 to assure quality of service, program integrity and continuous improvement, (e) background checks required of staff serving children and assurance that all YS2 and NOH staff have successfully completed background checks prior to providing services.
11. Staff training and evaluation. (a) qualified licensed or nationally-certified staff are expected to be supported by their agencies, at least through release time, to maintain their credentials; (b) agencies are expected to have trained their staff sufficiently well to carry out the duties associated with YS2 and NOH programming; (c) the Department of Health and Department of Human Services will supplement agency training by inviting YS2 and NOH staff to relevant training and peer-to-peer sessions that may be offered to state staff; (d) providers will document the training provided to each home-visiting staff person and maintain a professional development plan for each, and (e) providers must maintain written policies and procedures regarding staff evaluation, corrective

action or discipline, and recognition of superior performance in order to retain the most highly qualified workforce for Rhode Island's most vulnerable families.

### **New Opportunity Homes**

New Opportunity Homes program must provide adult-supervised supportive living arrangements, licensed by the Department of Children, Youth and Families (DCYF) for ten to twelve pregnant minor girls per year, and/or parenting minor girls and their children. DCYF must be a part of the planning, maintenance and ongoing operation of New Opportunity Homes. DCYF representation is required on a Multidisciplinary Intake Team for NOH. Any facility serving as a NOH must show evidence of licensure upon operation, by meeting or exceeding the standards and requirements for health and safety set forth in Child Care Regulations, State of Rhode Island Regulations for Child Care Programs issued by DCYF.

All staff working within any NOH residence are required to have the following education/experience: each staff person must have an Associates degree in a human service or related field and experience employed in a caretaking setting involving responsibility for providing care, supervision and guidance of clients and/or patients. , The on-site manager of the NOH site must have at minimum a Baccalaureate in a human service or related field and at least two years experience in social work, case management, or therapeutic group home work, OR Associates degree in a human service or related field and experience that shall be substantially equivalent to the above education and experience.

NOH must provide a gender-specific environment which comprehensively addresses the special needs of young women, and which supports the goals of the YS2 program, and is based on the following principles:

- Space that is physically and emotionally safe and provides girls with opportunities to address their needs and goals
- Opportunities for girls to talk and voice their ideas, feelings and challenges
- Opportunities to learn about and develop healthy relationships (within and outside the program), modeling positive behavior of program staff and peers
- Opportunities to process family dynamics, trauma and victimization
- Opportunities for empowerment and self-growth beyond the experience of victimization
- Opportunities to learn about female development, health and sexuality
- Opportunities for girls to understand their culture and appreciate and respect the cultures of others
- Mentors who share experiences that resonate with the realities of girls' lives and who exemplify survival and growth
- Gender-specific programming and curricula
- Staff training and program policies that are gender and culturally sensitive

Such an environment will ensure positive relationships between and among residence staff, household members, their families, the YS2 program, the neighborhood and the community as a whole and will, whenever possible and appropriate, include ongoing positive interaction between the resident's child and his/her father.

All youth residing in a NOH residence will also be provided case management by a YS2 case manager. As these staff will be co-located within the same agency, and will share a supervisory hierarchy, where coordination of service will work in the resident's best interests.

The YS2 case manager will provide wrap-around services to address reducing the risk of a repeat pregnancy, will improve the youth's social skills and character development by assisting the youth in reaching decisions and goals, while moving toward self-sufficiency, and will encourage and support the youth's completion of educational benchmarks that will make the youth more employable.

The NOH staff will assist the youth in development of daily living skills which include personal hygiene and grooming, housework, medication management as needed, shopping for food and preparation of food for the youth and her child, basic parenting skills, transportation access, safety procedures and so on.

Other matters, such as, health management and maintenance, budgeting, workshops and therapeutic interventions will be covered and supported by the team of the YS2 case manager and the NOH staff together .

Youth in residence at an NOH should be regularly assessed by pre- and post-tests, in collaboration with YS2 staff, using valid and reliable assessment instruments, to determine skill development, by review of medical or treatment reports, school reports and through observation of participants' behaviors.

Each agency serving as lead agency over NOH homes must document outcomes of young parents who are taught daily living skills and parenting skills within the home(s). Progress would be reflected in YS2 assessments and reassessments.

Lead agencies must provide supportive services such as emergency transportation or transportation to medical/clinical appointments or school, if needed on occasion, and to any planned YS2 group meetings.

Offerors for NOH service should attach their Operations Policy, Procedures and any key documentation. The appendix at minimum should contain evidence of the following: A written description of *policy and procedure*, which defines and explains assessment, intake, house rules and regulations, and consequences for noncompliance; rules governing household amenities (TV, computers, washer/dryer, kitchen space, closets); a residency agreement; rules on administering medication, parental authorization for medical treatment; obtaining confidential medical information/ history; parental (or DCYF) approval for placement; parental (or DCYF) approval of visitors; off-site trips and overnights; on-site/off-site child care; and transportation, emergency care, and

disaster plan. *Documents* to include should be the intake form, discharge form, teen resident satisfaction survey, NOH residency agreement/contract, release of confidential information, a model to show the agreement for service from the youth's parent, parent's authorization for medical treatment, monthly process and outcome summary, annual process and outcome summary, evaluation forms, after-care follow-up form, and so on.

New Opportunity Homes must be residences with appealing features, located in neighborhoods where many families would enjoy living. The program must represent a very real "new opportunity" for teen parents, where they can feel safe and secure in their home, neighborhood and school. Teens must find their continued residency a rewarding and positive experience. Applicants must identify and provide regular opportunities for non-monetary but tangible rewards for residents' participation in required activities, skills acquired, per leadership characteristics observed, and other accomplishments during their residency. A "bonus" (monetary or non-monetary) upon their graduation from NOH should also be included in the incentive package.

**Multidisciplinary Review Team:** A team of professionals must be identified to meet regularly in review of NOH applicants. This team should include representatives from all NOH sites, representatives from the Youth Success 2 case management teams, the Department of Human Services, Department of Health, and the Department of Children, Youth and Families. Together the team will consider all health and safety concerns for residents and applicant(s) and decide to accept or reject each application to enter NOH.

### **Report Deliverables**

All reports will be submitted electronically via secure USB flash drive or via the Internet. The approved agency/agencies will be responsible to submit the following documents to the DHS State Coordinator for Youth Success 2/NOH.

1. EARR Participant Enrollment/Activity Status Reports: Enrollment must be confirmed on referred TANF individuals and detail regarding attendance (bi-weekly) and progress (monthly) must be submitted via the EARR system. All milestones, objectives and outcomes achieved must be noted within the EARR reports. Further, any lack of compliance must be reported immediately over EARR but also by e-mail for individual DHS Social Caseworker prompt intervention, with a cc to the DHS State Coordinator for YS2.
2. Vendors will be required to submit quarterly narrative and numeric reports on DHS form 1002 to include:
  - The unduplicated number of all program participants who were active during the quarter, differentiated as RI Works or MA only, and NOH
  - The number of new referrals and the number of new participants each quarter, differentiated as RI Works or MA only, and NOH
  - The average number of contact hours per active participant during the quarter, differentiated as RI Works or MA only (contact hours not needed for NOH),

- The average number of months that participants have been in the program, differentiated as RI Works, MA only, and NOH
- The number of participants graduating high school, the number acquiring their GED each quarter, as well as the number dropping out of high school or the GED program in which they had been active during the quarter
- The number of second pregnancies among all youth served during the quarter, differentiated as RI Works, MA only, and NOH
- The number of terminations by termination reasons differentiated as RI Works, MA only, and NOH. Termination reasons may be non-compliance or rules violation, voluntary withdrawal, DHS termination (for RIW parents only), or completion due to (a) reached age 20 or (b) reached defined measures of transition readiness,
- The number of youth initially assessed and the number of youth re-assessed during the quarter and for those who were re-assessed, the numbers showing gains in (a) independent living skills, (b) parenting skills, (c) social-emotional development and/or life skills, including specifically (d) job readiness.

As per item 7 under Services to be Provided above, twice annually providers will submit their cumulative spreadsheet of all youth referred who did not engage (a separate tab) and all youth who did engage and were served a minimum of one visit or assessment at any time during the period. The list will be unduplicated unless the parent was re-referred more than six months from the date of prior termination after at least an initial assessment had been done. Any such re-referred, re-engaged parents should be highlighted for easy identification.

3. New Opportunity Homes Quarterly Process Reports: Submitted for each NOH home site, this report will list the names of new and continuing residents, provide demographic and resident transition data, and report any significant changes in personnel, in home maintenance or in licensing status. Not less often than annually, the provider will survey residents for their concerns regarding their home physical environment, policies, and services.
4. Billing Forms and Request for Payment Forms must be submitted monthly.
5. Each agency serving as lead agency over NOH homes will be mandated to inspect all properties on a regular basis (no less than quarterly), documenting objective, observable measures such as bed utilization, minimum housing standards, repairs required and completed, and licensure. These inspection reports will be held by the lead agency and will be provided to DHS as part of the quarterly process report for NOH

#### **Section IV Funding, Maximum Number of Awards, Contract Terms, Payments**

The Rhode Island Department of Human Services has available \$2,100,000 per year for all services sought herein. Through a combination of TANF grant funds (\$1,600,000) and by fee-for-service funds (\$500,000), both **Youth Success 2** and **New Opportunity**

**Homes** programs will be supported. It is anticipated that up to \$600,000 of grant funds per year may be needed to support New Opportunity Homes, but it may be less. Therefore, it is anticipated that \$1,500,000 of combined grant and fee-for-service funds are available to support YS2 teen services. As described in Section VII, there will be cost comparisons among proposers of YS2 based on the per person costs, therefore, proposers should make no distinction in their budgets between the grant versus fee-for-service funds. The distinction is noted here only for billing purposes. For any proposer prepared to serve as both lead agency for NOH and to provide YS2 services within one or more communities or regions, separate budgets will be required in order to permit calculation of per person costs of the YS2 only services.

Up to four community-based organizations (or consortia) may potentially be funded under this bid. Targeted services must be provided in each of the three regions of the state – Northern Rhode Island, Providence Region, and Southern Rhode Island, as defined in Addendum 1. Agencies may bid to serve one, two, or all three regions. No more than four lead agencies will be allowed. The contract(s) are expected to begin on, or about, July 1, 2013 and will continue until June 30, 2015, contingent upon performance and upon availability of state and federal funding. Contracts may be extended for an additional two years, based on performance, program effectiveness as determined by the Department in consultation with an independent evaluator, and availability of federal and state funding, and the Department's and State's need for such services. The services provided under this contract and the number of beneficiaries served under this contract may be changed, particularly in view of the evolving statewide system of evidence-based home visiting and early intervention services.

Payment of the grant award will be made to lead agency/agencies. The State may make the first pro-rated payment, for purposes of start-up costs if demonstrated need is shown, following issuance of a purchase order by the State's Chief Purchasing officer or his/her designee at the Department of Administration, Division of Purchases. Thereafter, the balance of the grant will be paid each month on a cost-reimbursement basis, following receipt of required program reports and a Request for Payment (DHS forms R-1 and E-2), by the Department of Human Services. In the circumstances of pre-approved sub-contracted services, lead agency/agencies are responsible for timely payment to their sub-contractors.

Payment of the fee-for-service monies will also be made to the lead agency/agencies. The agency/agencies will submit a Request for Payment for services rendered to each youth assessed and/or engaged monthly in the amount of \$137.50 per pregnant/parenting youth per month, as fee-for-service billings, with an annual cap on the total amount payable to the lead agency/agencies of \$500,000. It will be a requirement for payment, that TANF youth be in compliance with the Work Participation Requirements that month, or (unless good cause can be shown) that the youth will have been immediately referred back to the DHS Social Caseworker for conciliation and/or sanction. This information is verifiable through EARR. In the circumstances of pre-approved sub-contracted services, lead agency/agencies are responsible for timely reporting by their sub-contractors and timely payment to their sub-contractors.

**The State reserves the right to negotiate budgets and deliverables.**

## **Section V Technical Proposal**

The technical proposal should address specifically each of the required elements:

1. Quality of the Written Proposal
  - a. A one-page Program Summary should highlight the contents of the proposal and provide State evaluators with a broad understanding of the offeror's technical approach and ability and include (i) whether the proposal is for only Youth Success 2 or for New Opportunity Homes, as well, (ii) what communities the offeror plans to serve, (iii) a short description of the goals and purposes of the organization's program and how they relate to the needs and experiences of the target population, (iv) a succinct overview of the strategies the offeror intends to use to meet the goals of the Youth Success 2 and the New Opportunity Homes Programs, and (v) if the offeror is using or pursuing an EBHV model.
  - b. A section on Needs and Resources which describes the needs of youth, especially the target population, both male and female, in the community(ies) proposed to be served and (i) notes both community strengths which will assist and community barriers, such as lack of resources for youth, which will impede the goals for the Youth Success 2 and/or YS2 and New Opportunity Homes Programs, (ii) describes the offerors plans to include the community and overcome community barriers
  - c. A substantive Program Description should describe the offeror's understanding of the State's requirements, including the results intended and desired, the approach and/or methodology to be employed. Program descriptions must include program models of all sub-contractors, unless they are the same as the offeror's, then, if the same, offeror must so state. The Program Description should also include (i) proposed outcomes of the program and indicators of successful achievement, such as increasing HS diploma and GED acquisition rates and propose timelines for reaching outcomes, (ii) the approach/curricula and standardized tools to be used for each major area of responsibility in teen services (assessment/re-assessment, intensive case management primarily delivered in-home, targeted toward parenting and life skills trainings, including job readiness), (iii) how outreach and recruitment of referred pregnant and parenting teens will be conducted, including participation at MIECHV local implementation meetings to assure proper program fit for individual teens, (iv) planned collaboration and coordination with schools and community-based organizations for adult education, life skills training and transition to adulthood, including employers, the Family Violence Option

Advocacy Program, other evidence-based home visiting programs, and supervised, supportive living arrangements (NOH), if applicable), (v) plans to assure culturally and linguistically appropriate services and evidence of effort to match staff and teens culturally and linguistically as may be needed, (vi) plans to engage non-custodial parents in the lives of their children whenever feasible and appropriate, (vii) plans to arrange opportunities for teen gatherings, (viii) plans to provide TANF/RIW teens with countable activity between school sessions and plan to verify hours of engagement in any countable activities, and (ix) strategies for communication with DHS Social Caseworkers beyond EARR.

## 2. Capability and Capacity to Effectively Administer

- a. Chart of the numbers of youth expected to be referred, assessed, engaged, trained in parenting and in life-skills, retained in educational settings that lead to high school diploma or GED, the number of youth in occupational skills training, internship or apprenticeship or employment, and the number of youth expected to through referral and assessment to successful completion of program elements that facilitate transition to adulthood.
- b. A typical timeline for youth served, from referral, outreach, and assessment through to successful completion of various program elements that facilitate transition to adulthood.
- c. A schedule of upper management internal project review and evaluation of program effectiveness, including a review of progress made toward implementation of an evidence-based home visiting model, if not affiliated at start of contract (such internal reviews should be reported on quarterly DHS 1002 reports).
- d. Evidence of collaborations through MOAs, organizational charts, and sub-contracts, as may be applicable.
- e. Description of organizational strengths with target populations
- f. Description of organizational capacity to deliver assessments using standardized tools and capacity to deliver intensive case management in home and community settings
- g. Description of technical capacity for collecting, managing, analyzing and reporting on multiple data elements, noting whether the offeror has prior experience with EARR, KIDSNET, or any other data system
- h. Evidence of offeror's present involvement in state or local councils, committees, or associations concerned with the well-being of teens and/or young children

- i. For NOH offerors, evidence of home location(s) and licensure, schedule of home inspection, and evidence of differentiation of duties between NOH staff and YS2 staff
  - j. Assurance the offeror has policies and procedures regarding confidentiality, and how case management notes, case files and records are to be kept
3. Qualifications of Staff and Staffing Plan
- a. Evidence of meeting staffing requirements relative to background checks, education and experience
  - b. Plan for service and supervision ratios
  - c. Discussion of adequate and reflective supervision practices and of professional development
  - d. Inclusion of resumes, job descriptions, and organization charts.

### **Section VI Cost Proposal A separate**

Budget Summary, utilizing DHS formatting, and accompanying Narrative must be submitted with annualized line-item costs, reflecting all costs from the grant to be charged to any resulting contract. Sub-contractors' itemized budgets for their grant funding must be attached as well. With the exception of agency overhead, all other costs should reflect the direct costs of implementing the proposal. Agency overhead (indirect) includes general supervision, support, occupancy and other agency costs that are distributed in a prorated way to all agency programs. If agency overhead exceeds 10.0% of direct costs, the basis for this must be explained. The budget narrative should also describe, by funding source and amount, any additional funding that will directly supplement this proposal. Leveraging of other funding and resources is desired and should be reflected in this section.

### **Section VII Evaluation and Selection**

Proposals will be reviewed by a Technical Review Committee comprised of staff from multiple state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 52.5 points (75%) out of a maximum of 70 technical points. Any technical proposals scoring less than 52.5 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration. Those offerors who propose to provide NOH and YS2 services will address both in their technical proposals, but they will need to submit separate cost proposals for the two components in order to permit the Review Committee to fairly compare YS2 to YS2 proposals and YS2+NOH to YS2+NOH proposals.

Proposals scoring 52.5 or more technical points or will be evaluated for cost and assigned up to a maximum of 30 points in the cost category (or categories, if also proposing to provide NOH services). For those proposing only YS2 services, the potential maximum score would be 100 points. Although offerors proposing both YS2 and NOH will have their cost proposals reviewed separately (to permit comparisons with others offering both services), the maximum points would remain at 100, with the average of the YS2 and NOH budgets becoming the basis for the final total score.

The Department of Human Services and Division of Purchases reserve the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s). Proposals will be reviewed and scored based upon the following criteria:

<b>Criteria</b>	<b>Possible Points</b>
<b>Quality of the Written Proposal</b>	<b>25 Points</b>
1-page summary, including HFA affiliate status	5 Points
Needs and resources in the communities proposed to be served	5 Points
Substantive program description, detailing plans for outreach, assessment, curriculum, collaboration, coordination, etc.	15 Points
<b>Capability/Capacity to Effectively Administer Program and Services</b>	<b>25 Points</b>
Numbers, Milestones Charts/timeline, with management review schedule	5 Points
Organizational strengths with target population and how culturally and linguistically appropriate service will be provided, MOAs, and organization chart(s)	5 Points
Assessment, use of standardized tools, and case management depth/breadth	5 Points
Collecting, managing, analyzing, reporting using data systems	5 Points
Evidence of policy and procedures regarding confidentiality, records maintenance and case management notes, and for NOH, evidence of house location, licensure, and home inspection schedule	5 Points
<b>Staff Qualifications</b>	<b>10 Points</b>
Inclusion of resumes and job descriptions with corresponding education and experience, and for NOH differentiation of duties between YS2 staff and NOH staff; inclusion of organization chart	5 Points
Plan for service and supervision ratios	2 Points
Evidence of reflective supervision practices and professional development	2 Points
Evidence of policy regarding background checks	1 Point
<b>Total Possible Technical Points</b>	<b>70 Points</b>
Cost calculated as lowest responsive cost proposal per person divided by (this cost proposal) times 30 points *	30 Points
<b>Total Possible Cost Points</b>	<b>30 Points</b>
<b>Total Possible Points</b>	<b>100</b>

\*The Low bidder (relative to cost per person for YS2 services) will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: For YS2 services, if the low bidder (Vendor A) bids \$1000 per person and Vendor B bids \$1500 per person and the total points available are thirty (30), vendor B's cost points are calculated as follows:

$$\$1000 / \$1500 * 30 = 20$$

Similarly, for NOH services, if the low bidder (Vendor A) bids \$50,000 per bed, per year as the cost of providing services and Vendor B bids \$55,000 per bed, per year, and the total points available are thirty (30), vendor B's cost points are calculated as follows:

$$\$50,000 / \$55,000 * 30 = 27$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal. Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal.

## **SECTION VIII PROPOSAL SUBMISSION**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [David.Francis@purchasing.ri.gov](mailto:David.Francis@purchasing.ri.gov) no later than the date and time indicated on page one of this solicitation. Please reference **RFP #7461409** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered. Responses (**an original plus six (6) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7461409: Youth Success 2 and New Opportunity Homes**" to:

RI Dept. of Administration  
Division of Purchases, 2nd floor  
One Capitol Hill  
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

## **RESPONSE CONTENTS**

Responses shall include the following:

1. A completed and signed four-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
2. One completed and signed W-9 (included in the original proposal) downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to 20 pages, excluding appendix, and proposals shall be typed and single-spaced with one-inch margins and twelve-point or larger font. All pages should be numbered and include a table of contents that identifies each of the required sections, as well as any appropriate attachments.
4. **A separate, signed and sealed Cost Proposal** (or proposals is applying to provide both YS2 and NOH services) reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CDRom, diskette, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

## **CONCLUDING STATEMENTS**

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

If successful respondents to this RFP do not, singly or in combination, offer service covering all 39 cities and towns of Rhode Island, the State may negotiate with successful respondents to provide broader coverage than had been proposed.

**Appendix 1: Potential Regional Configurations**

**Potential regional configurations, but alternatives may be proposed**

<u>Regions</u>	<u>Cities/Towns Served</u>
1	Burrillville, Central Falls, Cranston, Cumberland, East Providence, Foster, Glocester, Johnston, Lincoln, North Providence, North Smithfield, Pawtucket, Scituate, Smithfield, and Woonsocket.
2	Providence
3	Barrington, Bristol, Coventry, Charlestown, East Greenwich, Exeter, Hopkinton, Jamestown, Little Compton, Middletown, Narragansett, New Shoreham, Newport, North Kingstown, Portsmouth, Richmond, South Kingstown, Tiverton, Warren, Warwick, West Greenwich, West Warwick, and Westerly.

**Note.:** The State will prefer proposals that restrict provider assignment to one agency per city or town, with the exception of Providence, which could be split between two agencies.

**Appendix 2: New Opportunity Homes Quarterly Process Reports**

Reporting Period: JAN/FEB/MAR \_\_\_\_\_ APR/MAY/JUN \_\_\_\_\_  
JUL/AUG/SEP \_\_\_\_\_ OCT/NOV/DEC \_\_\_\_\_

Year: \_\_\_\_\_

NOH Residence: \_\_\_\_\_

Capacity: Teens \_\_\_\_\_ # Children \_\_\_\_\_ #

Current Residents: Pregnant Teens \_\_\_\_\_ # Teen Mothers \_\_\_\_\_ # Infants/Toddlers \_\_\_\_\_ #

Current DCYF Involved: Pregnant Teens \_\_\_\_\_ # Teen Mothers \_\_\_\_\_ # Infants/Toddlers \_\_\_\_\_ #

Total Current DCYF Teen Residents: \_\_\_\_\_ # ( \_\_\_\_\_ %)

All items below relate to the three-month reporting period, as noted above. Totals may exceed capacity.

Total Residents during Quarter:

Pregnant Teens \_\_\_\_\_ # Teen Mothers \_\_\_\_\_ # Infants/Toddlers \_\_\_\_\_ #

Total DCYF Involved Teens during Quarter: \_\_\_\_\_ # ( \_\_\_\_\_ %)

While reporting for the quarter, from this point forward, count pregnant/parenting teens only, not their children.

Residents Enrolled in Youth Success: \_\_\_\_\_ # ( \_\_\_\_\_ %)

Residents Participating Successfully in YS: \_\_\_\_\_ # ( \_\_\_\_\_ %)

Discharged Residents Continuing with YS: \_\_\_\_\_ # ( \_\_\_\_\_ %)

Average Length of Stay for All Residents from Intake to Current Date: \_\_\_\_\_ months

Average Length of Time to Link to Education: \_\_\_\_\_ days

Average Length of Time to Link to Child Care: \_\_\_\_\_ days

During this quarter –

Graduated: \_\_\_\_\_ # ( \_\_\_\_\_ %)

Discharged before Graduation: \_\_\_\_\_ # ( \_\_\_\_\_ %)

Discharged to DCYF Placement: \_\_\_\_\_ # ( \_\_\_\_\_ %)

Discharges (Add additional discharges on the back of this report.):

Resident's Name \_\_\_\_\_

Discharge Date \_\_\_\_\_ Length of Residency \_\_\_\_\_

Person/Agency Supervising TEEN after Discharge \_\_\_\_\_

Person/Agency Supervising CHILD after Discharge \_\_\_\_\_

Reason for Discharge: Aged out \_\_\_\_ Parent Signed Out \_\_\_\_ AWOL \_\_\_\_

Hospitalization \_\_\_\_ Noncompliance w/Rules \_\_\_\_ Child Abuse/Neglect \_\_\_\_

Assault \_\_\_\_ Assault w/Weapon \_\_\_\_ Other \_\_\_\_\_

Reported by: \_\_\_\_\_ Dated: \_\_\_\_\_

	Teen Name 1	Teen Name 2	Teen Name 3	Teen Name 4	Teen Name 5	Teen Name 6
Participant ID						
Teen's DOB/age						
City of Origin						
School / Grade Level						
IEP / Sp. Ed? Y / N						
Primary Language						
Date of NOH Entry						
Baby's DOB/age						
Due Date, if PG						
DCYF involved? Y / N						
If so, legal status?						
Hx of Substance Use?						
If so, in treatment?						
MH Treatment? Y / N						
If so, where?						
FOB involved? Y / N						
If so, who?						
Financial Literacy Trg Completed?						
Parenting Training Completed?						
Adult Daily Living Skills? (first aid, personal documents in teen's possession, etc.)						
Nutritional Guidance Completed?						
Driver's License / Bus Competence						
Sexual Health / Safety Trained?						
Job Readiness Skills?						
Self-Advocacy Skills?						
Other Needs Identified:						
Outside Resources Needed:						

Have there been changes in residence's personnel during the last quarter? If so, who left and/or who joined the staff? For any new staff, attach résumé.

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Have there been significant home maintenance or repair issues in the last quarter? If so, what happened, what was repaired, and what remains needing attention?

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Have there been issues around the licensing status of this residence, during the last quarter? If so, what was the issue and what has been done to address the issue? Are there any matters still remaining to be addressed?

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Accomplishments towards program goals:

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Major changes, implemented or planned, in program or services:

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Other comments:

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**Appendix 3: DHS Budget Form**

**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES**

**BUDGET**

NAME OF AGENCY: \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

EXECUTIVE DIRECTOR: \_\_\_\_\_

TIME OF PERFORMANCE: FROM \_\_\_\_\_ TO \_\_\_\_\_

**BUDGET SUMMARY**

	<b>COST CATEGORY</b>	<b>AMOUNT</b>
1.	PERSONNEL	_____
2.	CONSULTANT AND SUB CONTRACT SERVICES	_____
3.	TRAVEL	_____
4.	SPACE	_____
5.	SUPPLIES	_____
6.	EQUIPMENT	_____
7.	OTHER COSTS	_____
	<b>TOTAL FUNDS REQUESTED:</b>	<u>          \$0.00          </u>



**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES**

**BUDGET DETAIL**

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES			
BUDGET DETAIL			
CONSULTANTS & SUB CONTRACT SERVICES	TYPE, NAME, HOURLY RATE, NUMBER OF HOURS, ETC		COST
	Enter on page 1, line 2		CATEGORY TOTAL→
TRAVEL	PURPOSE, RATE, NUMBER OF MILES, ETC		COST
	Enter on page 1, line 3		CATEGORY TOTAL→
SPACE	DESCRIPTION	COST PER MONTH	COST
	Enter on page 1, line 4		CATEGORY TOTAL→
SUPPLIES	DESCRIPTION	COST PER MONTH	COST
	Enter on page 1, line 5		CATEGORY TOTAL→
EQUIPMENT	PURCHASE, LEASE, RENTAL		COST
	Enter on page 1, line 6		CATEGORY TOTAL→
OTHER COSTS	DESCRIPTION	COST PER MONTH	COST
	Enter on page 1, line 7		CATEGORY TOTAL→