



State of Delaware
**The Department of Services for
Children, Youth and Their Families**

RFP# CYF17-07

**Request for Proposals
For Professional Services
Bid under Title 29 Chapter 69 Section 6981**

SERVICE COMPONENTS

Wilmington Youth Response Unit Services

INFORMATIONAL BIDDERS CONFERENCE: January 17, 2018 at 1:30 pm ET

PROPOSALS DUE: February 14, 2018 by 2:00 pm ET

The RFP schedule is as follows:

Submit all questions to H. Ryan Bolles, DSCYF Procurement Administrator, at herbert.bolles@state.de.us by **COB February 7, 2018** to best ensure a response prior to proposal due date.

**BIDDERS
CONFERENCE**

A bidders' conference will be held on **Wednesday, January 17, 2018 at 1:30 pm ET** at:

Wilmington Police Department
Multi-Purpose Room
300 North Walnut Street
Wilmington, Delaware 19801

Parking at the Wilmington Police Department is limited. A secure parking lot is available at the corner of 3rd Street and Pine Street. Those arriving by 1:15 pm will be provided a ride to the bidders' conference by a uniformed officer.

**PROPOSALS
DUE**

Please submit 1 original complete proposal marked "ORIGINAL". Please submit 5 copies of your complete proposal marked "COPY". Please submit **1 electronic copy of your complete proposal on CD, DVD or flash drive.**

Proposals **must** be delivered by **2:00PM ET on Wednesday, February 14, 2018.**

Proposals arriving after 2:00pm ET will not be accepted.

Express Courier or hand deliver the sealed bids as follows:

**PROPOSAL
DELIVERY:**

State of Delaware
Ryan Bolles, Grants and Contracts
1825 Faulkland Road
Wilmington, DE 19805

Although it is not recommended to ship by the US Postal Service, if this is your preferred delivery method, please address as follows:

State of Delaware
Ryan Bolles, Grants & Contracts
1825 Faulkland Road
Wilmington, DE 19805

The proposing firm bears the risk of delays in delivery. The contents of any proposal shall not be disclosed to competing entities during the negotiation process.

As soon as possible

The Department will work diligently to complete the proposal review and selection process in an expeditious fashion. While DSCYF reserves the right to contact bidders for additional information proposals are expected to be able to stand alone based upon the written information submitted.

As soon as possible

Decisions are expected to be made and awards announced as soon as possible. Initial notification to all bidders will be by email.

Wilmington Youth Response Unit Service

I. Introduction

The Delaware Department of Services for Children, Youth and their Families' (DSCYF) Division of Prevention and Behavioral Health Services (DPBHS) is committed to providing a comprehensive behavioral health system for children and families as we continually strive to fulfill our vision: "Resilient Children and Families living in Supportive Communities."

DPBHS' goal is to achieve positive and sustainable outcomes for children and families. Our mission is: "To develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care." DPBHS embraces System of Care (SOC) approaches, and seeks providers that value and practice the following core principles:

1. Practice is individualized and includes Strengths-Based Solutions;
2. Services are Appropriate in Type and Duration;
3. Care is Child-Centered, Youth-Guided and Family-Focused;
4. Care is Community-Based and least restrictive;
5. Care is Culturally Competent;
6. Care is Seamless, within and across Systems; and
7. Care is planned and managed within a team-framework which includes the child; the family and whatever natural and systems supports that are available to them.

The objective of this Request for Proposals (RFP) is to improve client outcomes by providing an enhanced Wilmington Youth Response Unit, which was previously called Child Development Community Policing (CD-CP). DSCYF intends to award a single contract.

DPBHS has identified several ways in which the prior CD-CP program can be improved. Objectives for the Wilmington Youth Response Unit include closer alignment with current best practices in the field, improved integration with the continuum of behavioral health treatment services, improved integration with DPBHS prevention and other community-based family and natural support services, and fuller alignment with DSCYF's current System of Care approach.

The original Wilmington CD-CP Program was established on November 1, 2005.

DPBHS, City of Wilmington, Wilmington Police Department (WPD) and the Victim Services Unit (VSU) are collaborating to form the new Youth Response Unit (YRU) whose primary source of referrals will be from VSU.

The program will work in partnership with the City of Wilmington, the WPD, VSU and DSCYF/DPBHS to provide mental health support to children in Wilmington who have experienced traumatic events, as either victims or witnesses. The YRU is expected to provide rapid response and assessment for youth exposed to stress or traumatic events, and referral to other appropriate service(s) in order to prevent unnecessary escalation from traumatic response. The YRU will also offer support to community partners to be active response participants. It is the expectation that the YRU will improve individual and family functioning and resiliency and

address the impacts of traumatic response both for youth and for the community.

DPBHS expects the outcome of this RFP to result in a contract for YRU that embodies the SOC principles, as well as current best practices.

Evidence-Based and Appropriate Practices

Bidder responses should demonstrate the Bidder's ability and experience with **evidence-based clinical, early intervention and prevention interventions and practices**, and propose how such practices will be utilized to effectively provide the requested services. The empirical support for these approaches should be shown to effectively meet the diverse physical, emotional, cognitive, and behavioral needs of children experiencing a traumatic event and their families in their local community. Bidders should identify the specific evidence-based clinical intervention(s), practice(s) and assessment tools to be used in the proposed services, how staff is/will be trained in their use and how staff skills will be sustained.

The response should clearly demonstrate **cultural competence**, including recognition of the impact of poverty and violence. Wilmington is primarily but not solely a City of residents who are of racial minorities; competency in working with diverse populations will be required. A full understanding of and ability to operate effectively within an urban environment will be required.

For example, bidders should be knowledgeable about and skillful in the use of services, resources, and institutions and be available to serve multicultural communities. They shall be able to make culturally appropriate referrals with both formal and informal networks and shall be cognizant of, and work to address, service gaps affecting specific cultural groups.

Award Term

DSCYF expects that the successful bidder can anticipate a relationship of up to three years with two possible one year extensions dependent upon satisfactory performance and availability of funds. All contracts are subject to annual funding reauthorization and contingent upon satisfactory performance. **The first contract period is anticipated to begin in the first quarter of calendar year 2018.**

II. Scope of Services

Background

DPBHS provides a continuum of community-based treatment services through state-operated and contracted service providers. A comprehensive list of DPBHS' current community-based mental health and substance use treatment services can be found in Appendix A. DPBHS does not guarantee the continuation of any service on the current list, as it is currently defined or delivered.

DPBHS emphasizes the importance of keeping youth in their homes and schools and seeks services that support this mission to serve youth who are experiencing a behavioral health challenge in the community. Research shows that positive outcomes for youth are achieved when treatment is provided in home and community settings. Research also demonstrates that, in addition to the underlying trauma that may contribute to precipitation of a crisis and the stress and trauma associated with the crisis episode, the experience of removal from the home and

hospitalization can constitute additional trauma. For this reason, DPBHS seeks proposals that offer interventions that support and safely maintain youth in these settings as a top priority, specifying necessary intervention, treatment and support services to make this goal achievable.

YRU is designed to provide screening, evaluation and referral to a specific identified population who, while not requiring emergency crisis response, are experiencing severe environmental stress that calls for a faster response than a routine referral may receive. The program is designed to provide an in-person response, early intervention and referral assistance for children and families who are experiencing severe environmental stress and/or trauma and are referred by WPD and VSU.

These are primarily clinically non-acute cases. All acute, emergency, crisis situations are to be referred directly to the DPBHS Mobile Response and Stabilization Service (MRSS). The ongoing domestic violence, behavior issues resulting from past trauma or emotional distress or being a witness or victim of crimes are primarily non-acute cases. The Youth Response Unit may handle these situations or refer them into other services or longer-term treatment.

Again, acute cases should be primarily referred to MRSS. The bidders must be clear on how they will refer into MRSS, coordinate with MRSS, and respond to referrals from MRSS.

Bidder's staff may provide expert voluntary clinical service to children and their families by way of trauma assessments and short-term counseling services after a traumatic event. The therapist will work in collaboration with other services to provide access to social services and long-term counseling when needed.

Bidder's staff will provide community support during a traumatic event, canvas the community with the WPD /VSU to offer services to children and families after a crime, respond to the needs of schools and community centers by supporting students after an incident, giving them time to process a loss or violent event.

Bidder's staff will provide education on how trauma affects children and how to best support a community that is experiencing trauma. The staff will also provide community education and awareness on ACES and Toxic Stress to residents and organizations affected by traumatic events. This includes providing educational resources, and participating in activities and events in the community.

This project supplements the DPBHS Mobile response and Stabilization Service, and the DPBHS continuum of prevention, early intervention and treatment services. It does not duplicate existing services. It acts as a bridge and support system for families as they navigate the criminal justice and social services systems after a traumatic event. It increases supports for City residents, who have experienced and continue to experience significant violence within the City neighborhoods.

Wilmington Youth Response Unit Services

To repeat, DPBHS is now soliciting bids to replace its former CD-CP service with a Youth Response Service. This service is provided in the City of Wilmington only.

Specific required service components include:

- A. 24/7 telephone triage and in-person response to children who have experienced the most traumatic events. This is expected in YRU. (This will complement but not replace what is done by the Division of Family Services as part of their legal mandate.) This will include referral to/from and coordination with the DPBHS MRSS service as appropriate.
- B. Within 72 hours of receipt of referral from identified members of the VSU, a direct contact with the child and family will be made in collaboration with WPD / VSU staff when appropriate. Where this direct contact cannot be completed, diligent efforts to contact the family will be documented.
- C. Assessment to include, at minimum, a completed Trauma Screen. This will screen for suicidality/homicidality. If either of the latter are present, an immediate transfer to the MRSS service will occur.
- D. Clinical support in the form of face-to-face counseling for the child(ren) and family during the period the client is open with the project.
- E. Referral assistance and additional assessment as needed.
 - 1. For clients whom initial screening indicates the need for routine outpatient services, project staff will assist the family to make the referral to the appropriate outpatient provider.
 - 2. For clients who may require a more intensive level of care, project staff will gather additional assessment material as required by the DPBHS and will work with the child and family during the referral process.
 - 3. Coordination of referrals to MRSS.
- F. Follow-up to assure first appointments are kept by the clients prior to case closure and submission of this information monthly as part of client outcome statistics. Should be considered by bidders, as time allows.
- G. Communication with DSCYF worker(s) and reports as reasonably requested by DSCYF.
- H. Staff participation in activities designed to develop the partnership between the program and the Wilmington community. These may include but not be limited to:
 - 1. Outreach and ongoing collaborative community development, training and awareness of stress and trauma to recognize environmental risk factors that may lead to later emotional problems and how to interact with parents in assisting them to participate with the program.

2. Collaborative training, e.g., concerning various levels of DPBHS services, arranging for visits to DPBHS programs/providers in New Castle County, etc. and by identified WPD/VSU staff in the circumstances in which children may be traumatized such as ride-along training with police officers.
- I. Staff Direct-Service Expectations: Staff are anticipated to spend at a minimum of 40% of their time delivering direct services to those in need.
- J. At least 80% of all direct service will be provided in the community, e.g. home, school, DFS office as applicable and other locations that will maximize the amount of clinical information that can be gathered.
- K. Staff Indirect Service: This project has a high indirect service ratio in order to permit time for community outreach, trainings, and meetings.
- L. Bidder must be enrolled in Delaware Medicaid or eligible for enrollment.**
- M. Responsiveness to the Target Population: City of Wilmington children and adolescents ages 4 through 17 who are referred by the VSU because they have recently been victim of and/or witness to traumatic events in which the police were involved. Trauma can arise from many situations such as domestic violence, murder, suicide, felony level assaults, home invasions, and motor vehicle accidents involving serious injury or death.
- N. Fulfillment of service standards and practices: Winning bidder(s) will establish, in consultation with DPBHS, service standards with regard to documentation and recordkeeping, minimum staff qualifications for various tasks, response times, etc
- O. As previously noted, it is expected that responses will be provided primarily in client homes, or in other locations in the community, except in cases where client convenience, *client* safety issues or some other compelling consideration warrant service delivery in an agency office or other non-community setting.

DPBHS is open to creative, effective approaches. However, proposals must cover how bidders propose to meet A-O above.

Proposal Narrative - minimum requirements:

Description of the Agency or Practice - Provide an overview of the organization and describe the administrative, clinical and fiscal infrastructure that can support the volume of business being proposed. A description including relevant data and outcome work describing the agency's/practice's experience and success in providing the services being bid upon must be included.

Treatment Philosophy - Explain the philosophy of the organization and how this philosophy is consistent with *System of Care Principles*. Describe how this philosophy is used in the program and is consistent with evidence based practice. Describe the evidenced based practices that will be utilized.

Staffing - Describe staff qualifications and the staffing patterns of the program and the hiring criteria to be used for the clinical staff. In describing the staffing patterns of the program, include the relative availability and involvement of the various mental health disciplines, especially psychiatry. Describe how unlicensed and licensed staff will be supervised and how this will be documented. Describe any special training that is/will be consistently offered to staff, including topics such as safety, de-escalation techniques, care coordination, risk management and suicide prevention, trauma-informed care, post-intervention, person-centered care, recovery resiliency, and cultural competency.

Also, include the following:

- Whether part-time staff are to be used, how full-time and part-time staff will be supervised, with specific discussion of staffing and supervision for evening and weekend hours.
- The process of training and orientation for staff, including the minimum topic areas covered with each staff person.
- Once a worker has established a rapport and level of trust with a client, it can be important that whenever possible, subsequent follow-up contact and appointments continue with the same worker, and those appointments/commitments are kept. Bidders should describe a staffing pattern and program structure which will allow to the greatest extent possible the same worker who responded to a call to reliably follow up with the family and keep any appointments, without being called away to respond to another new call.

Evaluation/Quality Assurance – Describe how the effectiveness of the services provided under this RFP will be evaluated and quality assurance/improvement will be effected. Include proposed measures (focusing on outcomes) Process measures and benchmarks should be proposed, such as minimum time within which calls should be answered, response time depending on level of severity/urgency, minimum time within which full assessments are completed and elapsed time until client begins referred services. At a minimum, the following outcomes are to be measured:

1. Numbers of children, youth and families served.
2. Timeliness of response.
3. Consistency of providing 24/7 coverage.
4. Promptness of appropriate referral to MRSS.
5. Seamless coordination with MRSS
6. Documentation that meets Medicaid and industry standards.
 - Direct services/provided
 - Indirect services
 - Community activities
 - Child and family outcomes

7. Satisfaction with service.
 - Families
 - VSU
 - DPBHS

More details on the narrative follow:

Agency/Organization Description

1. The agency/organization's description provides the RFP Review Committee with an overview of the agency/organization's current structure and its ability to effectively provide the proposed service(s). To provide a comprehensive description for the RFP Review Committee, DPBHS is requiring all responses to (at a minimum): Briefly describe the organization's history, include information such as date of inception, purpose, major growth or development, current professional / service affiliations, etc.;
2. Describe the organization's experience and qualifications to provide treatment services and / or treatment support services for children with diverse cultural and ethnic backgrounds and with a focus on children with challenging behavioral health needs. Include the organization's experiences and effectiveness with clients in intact families, those in foster care, and those who have been involved with juvenile justice;
3. Describe the organization's adoption of system of care and trauma-informed care principles and practices.
4. Experience and/or knowledge of managed care procedures and requirements;
5. Description of quality monitoring and quality improvement process used or proposed to be incorporated;
6. Status and plans for use of electronic health record technology / systems (if applicable);
7. Description of the organization's structure, shall include:
 - a. Corporate board structure and members (if applicable);
 - b. Executive leadership team and qualifications;
 - c. Staff organizational chart; and
 - d. Definitions and responsibilities of each position (licensed and non-licensed) including supervisory mode and frequency.
8. Description of Organization's administrative and fiscal management structures;
9. Accreditation history (if applicable), including a copy of the last accreditation survey report and self-study report if the accreditation report was completed over 18 months prior to this proposals due date;
10. List one or more purchasing organizations served by the proposing agency (if applicable). Include contact name and phone number and type of service(s) contracted;
11. List all State of Delaware and Federal contracts currently held or held in the past three (3) years (if applicable). Include a contact name and phone number, the name of State or Federal Agency contracted with, and the type of service(s) provided;
12. Current DSCYF contracted providers must include their most recent DSCYF monitoring reports and Quality Improvement Plans; and

13. If you are a provider that does not currently contract with DSCYF but does contract with a division or department of government in Delaware or a different state, previous monitoring reports and Quality Improvement Plans must be submitted.
14. Identify any sanctions, legal actions, licensing corrective actions and current or pending litigation that the organization is currently (now or within the past 2 years) experiencing

Service Description(s)

The RFP Review Committee requires the Narrative Service Description to clearly articulate the proposed service(s) offered, and the target population(s) to be served. If the response includes questionnaires, forms, or other documents, please submit them as an appendix. The responses should be clear, specific, and address all areas/subjects requested.

Service Descriptions must include, at a minimum:

1. A clear and specific description of your service population;
2. Criteria for admission, service continuation, and discharge;
3. Basis for recommended scope and intensity of service(s) to be provided;
4. Proposed service delivery options (locations and times), service capacity and accessibility;
5. Service implementation plan, include possible need to transition clients from current services to proposed services (if appropriate);
6. Detailed description(s) of the treatment approach (or approaches) to be used to meet the needs of the population(s) to be served with details, including at a minimum:
 - a. Evidence-based practice(s) and/or innovative approaches to be used, and the specific needs targeted in approach;
 - b. Expected treatment outcomes for each service including median length, frequency, and intensity of service elements. DPBHS seeks highly individualized services with variable service lengths;
 - c. Identification of a specific process and/or assessment tool(s) used for determining necessary treatment for individual child and family needs and for progress toward achieving treatment goals;
 - d. Describe the Trauma-Informed Care approach and how it will be utilized in program design, policies, training and in the delivery of services;
 - e. Detailed description of the transition planning and discharge process that is child-centered and youth-guided with family, school, and community engagement, including coordination / collaboration with community based resources;
 - f. Description of efforts to increase continuity of care and avoid disruptions, and reduce the need for out of home or hospital services;
 - g. Description of crisis planning and services;
 - h. Define cultural competency and describe the efforts to implement and maintain a culturally diverse staff and culturally acceptant environment.
7. Proposed exclusion criteria for admission or participation of the service population(s) and the criteria used to justify the exclusion; and
8. Narrative descriptions of client service scenarios for the service(s) being proposed.

Documentation

- A. Direct Services. Face-to-face services to client, and/or family. Clinical documentation must be submitted to DPBHS for these services, according to Medicaid Standards for reimbursement.
- B. Indirect Services. Case related activities which are non-Medicaid reimbursable are also to be documented in the client record and will include the date, the time spent on the activity, the kind of activity provided. These will be signed by the person who completed the activity.
- C. Indirect Services which are not related to a case will be documented in a Monthly Activity Log which lists dates of other activities outreach and training with community centers and other stakeholders, weekly meetings, trainings and other activities listed above. This log will include date and length of time of the activity, staff participating and a brief synopsis of the meeting or activity. This log will be submitted with the provider's monthly bill.
- D. The CONTRACTOR will cooperate with the DSCYF in the implementation of direct provider input of data from this program into FOCUS.

Compliance with Clinical and Administrative Standards

- A. The CONTRACTOR will comply with the requirements published in the DSCYF Operating Guidelines for Contracted Client Programs and Services. The DSCYF will provide the CONTRACTOR with updates to this document as they become available.
- B. The CONTRACTOR will comply with the requirements published in the DPBHS Provider Manual, herein incorporated by reference and available online at <http://www.state.de.us/kids/cmhs.htm> (Click on Providers).

III. COMPENSATION

The maximum cost of this contract will not exceed \$165,000 annually. Bidders are required to submit with their proposal a completed 12-month DSCYF Budget Form, Salary Detail form with a budget narrative explaining each assumption and calculation for each line item cost. DSCYF considers an administrative cost rate of 10%-15% to be competitive. Please identify any in-kind costs you are able to bring to this project/service.

DSCYF will reimburse the CONTRACTOR on a monthly basis. This is a cost reimbursable contract. Each month invoices are submitted against the approved annual budget in the contract.

It is estimated that 40% of the total time will be for client specific services. That time is expected to be Medicaid or insurance reimbursable. Clinical documentation must be submitted to DPBHS for these services, according to Medicaid Standards for reimbursement.

The successful bidders must accept full payment by conventional check and/or other electronic means and/or procurement (credit) card at the State’s option, without imposing any additional fees, costs or conditions.

IV. Proposal Review

Proposals will be evaluated and rated by a panel of qualified professionals. DSCYF reserves the right to include non-DSCYF reviewers on the panel. Rating of proposals will be conducted on the following criteria:

Responses must have these mandatory requirement to be considered:	
All DSCYF Forms included in Appendix B of this RFP and online: <ul style="list-style-type: none"> • Bidder Fact Sheet (available in MS Word format for editing where this RFP is posted) • DSCYF Budget Form, Salary Detail (available in Excel where this RFP is posted) • Assurances (available in Appendix B) • Certifications, Representation, and Acknowledgements (available in Appendix B) • Employing Delawareans Report (available in MS Word where this RFP is posted) 	
Criteria for Evaluation/Rating of Proposals:	% Scale
Bidder experience in providing high quality Community-based Treatment / Treatment Support Services or similar services, as demonstrated by outcome measures.	10%
Experience, Reputation and Demonstrated Ability in providing treatment services and / or treatment support services: as indicated by reviews of accrediting body and/or state agencies, and/or State Medicaid offices, and/or other appropriate supporting documentation.	10%
Cultural Competency: in working in a high poverty area and with clients who may be economically distressed; in working <u>within the community and its varied neighborhoods</u> ; in working with a diverse population that is primarily of racial minorities; in working with youth and with families; in working with law enforcement, school systems, formal & informal support services.	15%
Compliance with RFP requirements: Appropriateness and quality of the proposed service model or approach considering: <ul style="list-style-type: none"> - the individual needs of the identified population, - use of evidence-based or other innovative practices, - use of a System of Care approach, and - incorporation of trauma-informed care. 	25%
Quality of staffing plan, including credentials, training policies and practices, etc.	15%
Quality assurance and continuous improvement plan, including outcome and other measures for assessing service effectiveness.	15%
Cost: Is the proposed Budget reasonable, competitive, within available total funds, clear, are there any in-kind services or costs identified	10%
Total	100%

APPENDIX A

DPBHS COMMUNITY-BASED TREATMENT SERVICES

Below is a brief overview of DPBHS' service continuum. DPBHS has developed a continuum of services to accommodate the children and families that are served. Providers under other contracts offer services statewide with extended hours to make these services available for those with varying needs.

Outpatient Services, Mental Health

Outpatient therapy is an individualized treatment which provides services in the least restrictive environment possible (office, home or community settings) to address a wide variety of concerns, from behavior problems, relational conflicts to mood issues like depression or anxiety. Presenting problems and symptoms are the focus of treatment, with discharge when the child is stable and treatment goals have been reasonably achieved. Outpatient therapy is intended to restore and enhance the child's capacity to find solutions, identify and utilize available resources. Family members and/or other caregivers are encouraged to participate in these services. Outpatient therapy providers will continually assess client needs and make referrals to community resources as appropriate as the client's needs change. Length of service will vary based on the individual's needs.

Outpatient Services, Substance Abuse

Outpatient therapy is an individualized treatment which provides services in the least restrictive environment possible (office, home or community settings) to address a wide variety of concerns, from substance use, behavior problems, and relational conflicts to mood issues like depression or anxiety. Presenting problems and symptoms are the focus of treatment, with discharge when the child is stable and treatment goals have been reasonably achieved. Outpatient therapy is intended to restore and enhance the child's capacity to find solutions, identify and utilize available resources. Family members and/or other caregivers are encouraged to participate in these services. Outpatient therapy providers will continually assess client needs and make referrals to community resources as appropriate as the client's needs change. Length of service will vary based on the individual's needs.

Therapeutic Support for Families (TSF)

Therapeutic Support for Families provides psycho-educational, therapeutic and supportive services for parents/ caregivers and child who are participating in treatment services from the Division of Prevention and Behavioral Health Services. TSF services are delivered in conjunction with other medically necessary treatment services. TSF goals will be included in the child and family's treatment plan and will include the projected frequency and length of service along with the specific interventions and activities (with purpose) to be incorporated in the attainment of these goals. TSF services will provide parent education and skill building services for identified caregivers and child and therapeutic intervention and support for child and families as they strive to achieve treatment success.

TSF services may be provided individually or in family and/or group settings. TSF services are tailored to meet the unique needs of the child and family. Often these services will be required during specific times of day (such as in the morning, evening or bedtime) so availability of

resources must allow for services to be provided at the times identified by the caregiver. Structured outings and activities should be scheduled which include both the child and caregivers, allowing them to demonstrate acquisition of skills and practice applying these skills in real life situations with support and coaching from the TSF, as appropriate. These services are delivered by trained, skilled paraprofessionals. Length of service will vary based on the individual's needs.

Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) is an evidence based outpatient service. It has been empirically validated for adults and the emerging literature shows great promise for treating adolescents. This has been an effective treatment for a variety of conditions such as borderline personality disorder, depression, post-traumatic stress disorder (PTSD), substance abuse, self-injurious behaviors and eating disorders. Treatment is used to aid adolescents in managing problem behaviors (self-harm, self-injury, suicidal planning, gestures, actions, impulsive decision making, and avoidance) used maladaptive to manage stressful life situations. Treatment includes 24/7 phone coaching, 2 group sessions per week, individual, family and parent groups. Average length of service is 6 to 12 months.

Multi-Systemic Therapy (MST)

Multi-Systemic Therapy (MST) is a home-based intensive family and community-based treatment that addresses multiple aspects of serious conduct related behavior in adolescents. MST typically targets chronic, aggressive youth who are at high risk of out-of-home placement. MST recognizes that many "systems" (family, schools, neighborhood/community, and peers) play a critical role in a youth's world and impacts their behavior. Each system requires attention when effective change is needed to improve the quality of life for youth and their families.

MST strives to promote behavior changes in the youth's natural environment, using the strengths of each system to facilitate change. Therapeutic contacts emphasize the positive and use systemic strengths as levers for change. Interventions promote responsible behavior among family members and are present-focused, action-oriented and developmentally appropriate. In addition, the interventions target specific, well-defined problems and are designed to require daily or weekly effort by family members. They incorporate strategies that promote treatment generalization and long-term maintenance of therapeutic change. Service is available 24/7 (on call system). Average length of service is 3 to 5 months with an average of 2-4 hours of direct service per week.

Family Based Mental Health Services (FBMHS)

The Family Based Mental Health Services are designed to service children between 3 and 17 years of age and living with their parents, guardians, or caretakers and have a serious mental illness or emotional disturbance. These children are also at risk for out-of-home placement into residential treatment facilities, psychiatric hospitals or foster placements due their symptomatic behaviors and/or the dysfunction of the family system that contributes to the behaviors. Family Based Mental Health Services (FBMHS) are able to treat these children and adolescents in their homes, communities and schools thus allowing the youth to remain in the home.

FBMHS is a team delivered service rendered in home, community and school settings. It is designed to integrate mental health treatment, the family, family support services, the surrounding system, and casework so that families may continue to care for their children and adolescents with a serious mental illness or emotional disturbance in their home. These children and adolescents experience depression, anxiety, chronic acting out behaviors, aggression, social, coping and skill deficits, drug and alcohol abuse, and school truancy. These children are frequently described as “hard to manage” by their parents. Often times, their personality traits and their parents’ management skills are frequently in conflict with each other which lead to a youth/family’s involvement with multiple systems. Services are available 24 hours per day and 7 days a week via on call therapist from the FBMHS program. Average length of service is 32 weeks.

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is a short-term, family-focused, community-based treatment for youth who are either “at risk” for, or who manifest, antisocial behavioral problems such as conduct disorder, oppositional defiant disorder, disruptive behavior disorder, violent acting-out and substance abuse disorders. Co-morbid behavioral or emotional problems, such as anxiety or depression, may also exist as well as family problems, such as communication and conflict issues. FFT has been applied to a wide range of families with at-risk, pre-adolescent and adolescent youth in various multi-ethnic, multicultural contexts. Interventions are conducted at home, in school, in or outpatient settings and at times of transition, from a residential placement.

FFT incorporates specific intervention phases which include engagement, motivation, assessment, behavior change and generalization. FFT is designed to improve within-family attributions, family communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behavior. Parenting skills, youth compliance, and the complete range of behaviors (cognitive, emotional, and behavioral) domains are targeted for change based on the specific risk and protective factor profile of each family. FFT provides approximately 2.5-3 hours of service weekly which includes face to face and collateral contact, travel, case planning. Average length of service is 3 to 4 months.

Partial Hospital Program (PHP)

Day Treatment is a 5-full-day intensive program that provides developmentally appropriate intervention for seriously disturbed children or adolescents who are unable fulfill the functional requirements of his developmental stage without this level of intensive service. Average length of service is 1 to 2 weeks.

Inpatient Hospital

Inpatient treatment services provide an out-of-home, twenty-four hour psychiatric treatment milieu under the direction of a physician. Within the medical context of an inpatient facility, clients can be safely evaluated, medications can be prescribed and monitored, and treatment interventions can be intensively implemented. Inpatient treatment services represent the most restrictive and intensive intervention available within the DPBHS continuum of services. Average length of stay is 3 to 10 days.

Residential Treatment, Mental Health

Residential Treatment Center (RTC) service provides a 24 hour, supervised, residential living arrangement with intensive psychiatric services for children and adolescents with Mental Health and Substance Abuse disorders that impair their ability to be successful in community settings. Youth requiring RTC services are diagnosed with varying Mental Health disorders and may present with as a risk to themselves or others, require intense supervision, have difficulty self-regulating their behaviors and have not been successful in the less intensive treatment services. Services will be delivered in a trauma informed environment in conjunction with other evidence based practices. The focus of treatment is to resolve the primary presenting problems that necessitated the youth's need for this type of structured residential treatment service. Average length of stay is 3 to 5 months.

Residential Treatment, Substance Abuse

The Joint Commission accredited residential treatment services purchased under this Contract comprise one element of the continuum of mental health treatment services provided by the DEPARTMENT'S DPBHS for children and adolescents. Services at this level are characterized by the provision of a 24-hour residential living environment, which is deliberately designed to create a structured therapeutic milieu, and which forms the basic foundation around which clinical treatment services are organized and integrated. Within the residential treatment level of the DPBHS continuum, programs and services are differentiated along several key dimensions:

- The restrictiveness of the milieu, in terms of both the physical characteristics of the environment and its proximity to the community;
- The nature and extent of clinical resources deployed in support of the milieu;
- The ratios of child care staff-to-clients, and the nature and extent of client supervision and care provided; and
- The extent to which educational services are provided within the program, versus reliance upon the public school system.

Length of stay will vary based on the individual's needs.

Mobile Response and Stabilization Service

Crisis staff receive crisis calls directly from the published crisis number and respond in-person to crises as appropriate. Crisis response begins with the first face-to-face contact response with a youth experiencing a mental health emergency involving up to three contacts (face to face interactions) within a 72 hour period. Crisis intervention services continue for up to four weeks. Crisis services are community based (home, school), short term therapeutic intervention to assist the child and their family to improve coping mechanisms, identify and address the issues that precipitated the crisis, and plan in conjunction with DPBHS for further treatment if necessary. Average length of service is 2 to 4 weeks.

Crisis Bed

Crisis beds provide a temporary supervised setting which provide safety, supervision and treatment and for a child in a crisis situation. Average length of stay is 1 to 3 days.

APPENDIX B:

**REQUIRED BIDDER'S FORMS
AND INSTRUCTIONS**

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES

Submission

Instructions

Failure to follow Departmental procedures may disqualify a bidder organization.

I. FORMAT

Proposals must be printed on 8 1/2" x 11" paper and should be formatted with 1" margins using **size 12** Times New Roman font. To be considered responsive all proposals must be submitted in writing and respond to the items outlined in this RFP. Videos will not be presented to the panel. **Binders, color graphics and extensive attachments are unnecessary.** **Double-side copying** is strongly encouraged.

To be considered, bidders must submit a complete response to this RFP. An official authorized to bind the bidder to the proposal must sign proposals. The successful bidder must be in compliance with all licensing requirements of the State of Delaware if applicable.

Bidders may be called, only at the discretion of the State of Delaware, for an interview concerning their proposal. The State reserves the right to reject any non-responsive or non-conforming proposals.

II. QUESTIONS

All questions shall be submitted as instructed on page 2 of this RFP. RFP updates and answers to substantive content questions will be posted on the State's solicitation portal at www.bids.delaware.gov. Please check for updates regularly.

III. ETHICS LAW RESTRICTIONS

Neither the Contractor, including its parent company and its subsidiaries, nor any subcontractor, including its parent company and subsidiaries, may engage, directly or indirectly, any person who, while employed by the State of Delaware during two years immediately preceding the date any Contract entered into as a result of this request for proposals, gave an opinion, conducted an investigation, was directly involved in, or whom otherwise was directly and materially responsible for said service described herein in this request for proposal in the course of official duties as a state employee, officer or official. The Department shall determine, at its sole discretion, whether a person was directly and materially responsible for said program, project, or contract or any other program, project, or contract related to the service described in any contract entered into as a result of this request for proposals.

IV. PROPOSALS BECOME STATE PROPERTY

All proposals become the property of the State of Delaware and will not be returned to the contractor. Proposals to the State may be reviewed and evaluated by any person other than competing vendors at the discretion of the State. The State has the right to use any or all ideas presented in reply to this RFP. Selection or rejection of the proposal does not affect this right.

V. RFP AND FINAL CONTRACT

The contents of the RFP may be incorporated into the final contract and become binding upon the successful bidder. If the bidder is unwilling to comply with the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the State.

VI. PROPOSAL AND FINAL CONTRACT

The content of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The content of the successful proposal may be included by reference in any resulting contract. All prices, terms, and conditions contained in the proposal shall remain fixed and valid for ninety (90) days after the proposal due date. Contract negotiations will include price re-verification if the price guarantee period has expired.

VII. MODIFICATIONS TO PROPOSALS

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

VIII. COST OF PROPOSAL PREPARATION

All costs of proposal preparation will be borne by the bidding contractor. All necessary permits, licenses, insurance policies, etc., required by local, state or federal laws shall be provided by the contractor at his/her own expense.

IX. EVALUATION REQUIREMENTS AND PROCESS

The Proposal Review Committee shall determine the firms that meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981, 6982. The Committee may interview at least one of the qualified firms. The Committee may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The Committee shall make a recommendation regarding the award to the contracting Division Director of this RFP, who shall have final authority, subject to the provisions of this RFP and 29 Del. C. § 6982 to award a contract to the successful firm in the best interests of the State of Delaware. The Proposal Review Committee reserves the right to award to one or more than one firm, in accordance to 29 Del. C. § 6986.

The Proposal Review Committee shall assign up to the maximum number of points as stated above for each Evaluation Item to each of the proposing firms. All assignments of points shall be at the sole discretion of the Proposal Review Committee.

The Proposal Review Committee reserves the right to:

- Select for award or for negotiations, a proposal other than that with the lowest

costs.

- Accept/Reject any and all proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all contractors during the review and negotiation.
- Negotiate any aspect of the proposal with any bidder and negotiate with more than one bidder at the same time. The Department reserves the right to award with more than one bidder.

All proposals shall be evaluated using the same criteria and scoring process. The criteria stated previously in the RFP shall be used by the proposal review committee to review proposals. Bidders may be scheduled to make oral presentations in support of their written proposals. The Review Panel will assess the strength and clarity of any oral presentation and combine the evaluations of both written and oral presentations (when applicable) in determining the overall evaluation of the proposal and in making recommendations. A summary of the Panel's recommendations will be available for review upon request.

X. REJECTION OF PROPOSALS

DSCYF reserves the right to reject any/all proposals received in response to this RFP. Any information obtained will be used in determining suitability of proposed support. Any proposal called "not accepted" will mean that another proposal was deemed more advantageous or that all proposals were not accepted. Respondents whose proposals were not accepted will be notified as soon as a selection is made, or if it is decided, that all proposals are not accepted.

Any proposal failing to respond to all requirements may be eliminated from consideration and declared not accepted.

The proposal must conform to the requirements of the Proposal Procedures and the Required Information Sections of the RFP. The State specifically reserves the right to waive any informalities or irregularities in the proposal format or content.

XI. RESERVED RIGHTS OF THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

Notwithstanding anything to the contrary, the Department reserves the right to:

- Reject any and all proposals received in response to this RFP
- Select for contract or for negotiations a proposal other than that with the lowest costs
- Waive or modify any information, irregularities, or inconsistencies in proposals received
- Consider a late modification of a proposal if the proposal itself was submitted on time; and, if the modifications make the terms of the proposal more favorable to the Department, accept such proposal as modified

- Negotiate as to any aspect of the proposal with any proposer and negotiate with more than one proposer at the same time
- If negotiations fail to result in an agreement within a reasonable period of time, terminate negotiations and select the next most responsive proposer, prepare and release a new RFP, or take such other action as the Department may deem appropriate
- Negotiate a renewal of the contract resulting from this RFP with appropriate modifications.

XII. STANDARDS FOR SUBCONTRACTORS

The prime contract with the contractor will bind sub or co-contractors to the terms, specifications, and standards of this RFP, resulting prime contracts, and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the Department under this RFP with respect to the services to be performed by the sub or co-contractor. Nothing in the RFP shall create any contractual relation between any sub or co-contractor and the Department of Services for Children, Youth and Their Families.

All sub or co-contractors must be identified in the Contractor's proposal. The proposal's work plan must also state which tasks the sub or co-contractor will perform. Approval of all sub and/or co-contractors must be received from the Department prior to the contract negotiation.

The prime bidder will be the State's primary contractor.

XIII. CONTRACT TERMINATION CONDITIONS

The State may terminate the contract resulting from this RFP at any time that the Contractor fails to carry out its provisions or to make substantial progress under the terms specified in this request and the resulting proposal.

The State shall provide the Contractor with 15 days' notice of conditions, which would warrant termination. If after such notice the Contractor fails to remedy the conditions contained in the notice, the State shall issue the Contractor an order to stop work immediately and deliver all work and work in progress to the State. The State shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

With the mutual agreement of both parties, upon receipt and acceptance of not less than 30 days written notice, the contract may be terminated on an agreed date prior to the end of the contract period without penalty to either party.

Notwithstanding any other provisions of this contract, if funds anticipated for the continued fulfillment of this contract are at any time not forthcoming or insufficient, through the failure of the State of Delaware to appropriate funds or through discontinuance of appropriations from any source, the State of Delaware shall have the right to terminate this contract without penalty by giving not less than 30 days written

notice documenting the lack of funding.

XIV. NON-APPROPRIATION

In the event that the State fails to appropriate the specific funds necessary to continue the contractual agreement, in whole or in part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

XV. FORMAL CONTRACT AND PURCHASE ORDER

The successful firm shall promptly execute a contract incorporating the terms of this RFP (unless renegotiated in the contract) within twenty (20) days after the award of the contract. No bidder is to begin any service prior to approval of a State of Delaware Purchase Order properly processed through the State of Delaware. The Purchase Order shall serve as the authorization to proceed in accordance with the bid specifications and the special instructions, once the successful firm receives it.

XVI. INDEMNIFICATION

By submitting a proposal, the proposing firm agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, DSCYF, its agents, and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the firm, its agents and employees' performance of work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, in whole or in part, to the State, its employees or agents.

XVII. LICENSES AND PERMITS

In performance of this contract, the firm is required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful firm. The firm shall be properly licensed and authorized to transact business in the State of Delaware as defined in Delaware Code Title 30, Sec. 2502.

XVIII. INSURANCE

Bidder recognizes that it is operating as an independent contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the bidder's negligent performance under any resulting contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the bidder in its negligent performance under any resulting contract.

The bidder shall maintain at its own cost for the term of any resulting contract and all extensions such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this contract. The vendor is an independent contractor

and is not an employee of the Department of Services for Children, Youth and Their Families.

During the term of any resulting contract, the successful bidder will, at its own expense, also carry insurance minimum limits as follows:

a.	Commercial General Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
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And at least one of the following, as outlined below:

b.	Medical or Professional Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
c.	Misc. Errors and Omissions	\$1,000,000 per occurrence / \$3,000,000 aggregate
d.	Product Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate

The successful bidder must carry (a) and at least one of (b), (c), or (d) above, depending on the type of Service or Product being delivered.

If the contractual service requires the transportation of DSCYF clients or staff, the successful bidder shall, in addition to the above coverages, secure at its own expense the following coverage:

a.	Automotive Liability (Bodily Injury)	\$1,000,000 per occurrence / \$3,000,000 aggregate
b.	Automotive Property Damage (to others)	\$25,000

The bidder shall provide a Certificate of Insurance (COI) as proof that the bidder has the required insurance. The COI shall be provided prior to DSCYF prior to any work being completed by the awarded bidders(s).

The Department of Services for Children, Youth & Their Families shall be named as an additional insured.

Should any of the above described policies be cancelled before expiration date thereof, notice will be delivered in accordance with the policy provision.

IX. NON-DISCRIMINATION

In performing the services subject to this RFP, the firm agrees that it will not discriminate

against any employee or applicant for employment because of race, creed, color, sex or national origin. The successful firm shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

X. COVENANT AGAINST CONTINGENT FEES

The successful firm warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees and/or bona-fide established commercial or selling agencies maintained by the bidder for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul the contract without liability or at its discretion and/or to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

XI. CONTRACT DOCUMENTS

The RFP, the Purchase Order, and the executed Contract between the State and the successful firm shall constitute the Contract between the State and the firm. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: Contract, Contract Amendments, RFP, Purchase Order and Vendor Proposal. No other documents shall be considered. These documents contain the entire agreement between the State and the firm.

XII. APPLICABLE LAW

The Laws of the State of Delaware shall apply, except where Federal law has precedence. The successful firm consents to jurisdiction and venue in the State of Delaware.

XIII. SCOPE OF AGREEMENT

If the scope of any provision of this Contract is too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

PLEASE SIGN AND SUBMIT WITH THE PROPOSAL

ASSURANCES

The bidder represents and certifies as a part of this offer that:

The organization will complete or provide any information necessary for enrollment in Medicaid requested by the Department, concerning, but not limited to, such areas as licensure and accreditation, Medicaid rates paid by other states for services provided by the organization, the usual and customary charges for medical services, and/or past sanctioning by the Centers for Medicare and Medicaid Services (CMS).

The organization will maintain records, documents, and other required evidence to adequately reflect the service under contract.

The organization agrees to maintain or to make available at a location within the State, such records as are necessary or deemed necessary by the Department to fully disclose and substantiate the nature and extent of items and services rendered to the Department clients, including all records necessary to verify the usual and customary charges for such items and services. Organizations that show cause may be exempted from maintaining records or from making such records available within the State.

The organization understands that all records shall be made available at once and without notice to authorized federal and state representatives, including but not limited to Delaware's Medicaid Fraud Control Unit, for the purpose of conducting audits to substantiate claims, costs, etc., and to determine compliance with federal and state regulations and statutes.

The organization shall retain medical, financial, and other supporting records relating to each claim for not less than five (5) years after the claim is submitted.

The organization will maintain accurate accounts, books, documents, and other evidentiary, accounting, and fiscal records in accordance with established methods of accounting.

In the event that the Contract with the organization is terminated, the organization's records shall remain subject to the Department's regulations.

The organization will physically secure and safeguard all sensitive and confidential information related to the service given. This includes service activities and case record materials.

The organization shall comply with the requirements for client confidentiality in accordance with 42 U.S.C. 290 and/or 290 cc-3.

The organization will cooperate with designated program monitors, consultants, or auditors from the Department of Services for Children, Youth and Their Families or the Criminal Justice Council in connection with reviewing the services offered under contract.

The organization will comply with all applicable State and Federal licensing, certification, and accreditation standards, including the Department's Generic Program Standards, and it will submit documentation of annual renewals of applicable licenses/certifications at whatever point they are renewed during the contract year.

The organization will not let subcontracts without prior approval from the contracting Division.

The organization will attempt to obtain all supplies and materials at the lowest practicable cost and to contain its total cost where possible by competitive bidding whenever feasible.

The organization will, upon signature of the contract, provide written assurance to the Department from its corporate counsel that the organization is qualified to do business in Delaware.

The organization agrees to comply with all requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Federal Equal Employment Opportunity and Non-Discrimination regulations, and any other federal, state, or local anti-discriminatory act, law, statute, regulation, or policy along with all amendments and revisions of these laws, in the performance of the contract. It will not discriminate against any applicant or employee or service recipient because of race, creed or religion, age, sex, color, national or ethnic origin, handicap, or any other discriminatory basis or criteria.

The organization shall comply with: the Uniform Alcoholism and Intoxication Treatment Act (16 Del.C., Chapter 22 as amended; Licensing of Drug Abuse Prevention, Control, Treatment, and Education Programs (16 Del.C., Chapter 48 as amended); Drug Free Work Place Act of 1988.

The organization shall comply, when applicable, with the Methadone Regulations (21 CFR, Part III), which prohibit use of methadone for children and youth.

The organization will establish a system through which clients receiving the service under contract may present grievances. Clients will be advised of their appeal rights by the organization.

The organization agrees that it is operating as an independent contractor and as such, it agrees to save and hold harmless the State from any liability which may arise as a result of the organization's negligence.

The organization will abide by the policies and procedures of the Department and will comply with all of the terms, conditions, and requirements as set forth in the contract. The organization understands that failure to comply with any of the terms, conditions, and provisions of the contract may result in delay, reduction, or denial of payment or in sanctions against the organization. The organization also understands that penalties may be imposed for failure to observe the terms of Section 1909, Title XIX of the Social Security Act.

Name of Organization's Authorized Administrator

Signature of Authorized Administrator

Date

PLEASE SIGN AND SUBMIT WITH THE PROPOSAL

CERTIFICATION, REPRESENTATION, AND ACKNOWLEDGEMENTS

By signing below, bidding contractors certify that:

- They are an established vendor in the services being procured
- They have the ability to fulfill all requirements specified for development within this RFP
- They have neither directly nor indirectly entered into an agreement, participated in any collusion, nor otherwise taken any action in restraint of free competitive bidding in connection with this proposal
- They are accurately representing their type of business and affiliations
- They have included in their quotation all costs necessary for or incidental to their total performance under contract
- Within the past five (5) years neither your firm, any affiliate, any predecessor company or entity, owner, Director, officer, partner or proprietor has been the subject of a Federal, State, or Local government suspension or debarment

The following conditions are understood and agreed to:

- No charges, other than those shown in the proposal, are to be levied upon the State as a result of a contract.
- The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

Name of Organization's Authorized Administrator

Signature of Authorized Administrator

Date

PLEASE COMPLETE AND SUBMIT WITH THE PROPOSAL

EMPLOYING DELAWAREANS REPORT

RFP Title: CYF 17-07 Wilmington Youth Response Unit

Bidder Name:	
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As required by House Bill # 410 (Bond Bill) of the 146th General Assembly and under Section 30, No bid for any public works or professional services contract shall be responsive unless the prospective bidder discloses its reasonable, good-faith determination of:

1.	Number of employees reasonable anticipated to be employed on the project:	
2.	Number of such employees who are bona fide legal residents of Delaware:	
3.	Percentage of such employees who are bona fide legal residents of Delaware:	
4.	Total number of employees employed by the bidder:	
5.	Total percentage of employees who are bona fide resident of Delaware:	
If subcontractors are to be used:		
1.	Number of employees who are residents of Delaware:	
2.	Percentage of employees who are residents of Delaware:	

“Bona fide legal resident of this State” shall mean any resident who has established residence of at least 90 days in the State.