JUSTIFICATION FOR EXCEPTIONS TO COMPETITIVE PROCUREMENT

Form ID: HHS-Sin-02/18/2020

It is the policy of the Board that the County conduct an open, fair and full competitive solicitation process for the procurement of goods and/or services, with exemptions for certain goods, services and classes of procurement, and case-by-case exceptions, subject to a detailed review and approval process. The residents of Santa Clara County are best served when sound business decisions are made through a full and open competitive bidding processes. There may be certain instances when exceptions are warranted and justifiable. When a County agency/department recommends that competitive bidding is not practicable or in the best interest of the taxpayers, appropriate justification supporting an exception must be submitted to the Procurement Department. Should you have any questions, please do not hesitate to contact: Theresa Therilus, Interim Director of Procurement at (408) 491-7401.

Date of Submission: 02/18/2020

Submit Document via Requisition Refer to the Contact and Commodity Assignment List for buyer code guidance.

SECTION I

Proposed Contractor/Consultant: Seneca Family of Services

Total Estimated Value of the Award: $270,402.00 Start Date: 04/01/2020 End Date: 06/30/2024

Description of Good/Service: Transitional Foster Home

User Budget Unit - Agency/Dept: 0415 - Behavioral Health Services Agency/Dept Abbreviation: HHS

Name of Requestor: Margaret Ledesma Phone #: (408) 802-0246

SECTION II

Mark appropriate box for Contract’s Signature Authority

☐ Board of Supervisors

☐ Delegated to Department Head or designee

☐ Director of Procurement

SECTION III

Pursuant to Board Policy 5.6.5.1 (D)(2), the following are EXCEPTIONS to competitive bidding. Select the appropriate exception. Agencies/Departments requesting an Exception must provide documentation to establish there is only one source or it is otherwise in the County’s best interest to waive the required bidding procedures.

☐ Sole Source: Pursuant to Board Policy 5.6.5.1 (D)(2)(a)(i) a Sole Source Procurement is a sourcing method used to procure a service without competition when it has been determined that there is only one source for the required service that is capable of meeting the requirements of the acquisition as defined in the Scope of Work or specification.

☐ Single Source: Pursuant to Board Policy 5.6.5.1 (D)(2)(a)(ii) a Single Source Procurement is a sourcing method used to procure a service from one source, without soliciting competition, even though there are other vendors that can provide the service as defined in the scope of work or specification.
**SECTION III (cont.)**

<table>
<thead>
<tr>
<th>Patent Rights:</th>
<th>Pursuant to Board Policy 5.6.5.1(D)(2)(b), competition is precluded because of the existence of patent rights, copyrights, secret processes, control of the basic raw material(s) or similar circumstances, and there is no equivalent item or service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absolute Compatibility:</td>
<td>Pursuant to Board Policy 5.6.5.1(D)(2)(c), the following are Exceptions to Competitive Procurement for Goods/Professional Services. Select the appropriate exception:</td>
</tr>
<tr>
<td>(i)</td>
<td>Replacement parts or components for equipment – performs the same function in the equipment.</td>
</tr>
<tr>
<td>(ii)</td>
<td>Replacement parts or components for equipment – prevent compromise of safety or reliability of product or void or invalidate manufacturer’s warranty or guarantee.</td>
</tr>
<tr>
<td>(iii)</td>
<td>Upgrades, enhancement or additions to hardware or software - compatibility</td>
</tr>
</tbody>
</table>

**SECTION IV**

**PURPOSE OF THE PURCHASE** - Please describe the minimum requirements and the benefits of making the acquisition.

The Office of the County Executive, the Social Services Agency Department of Family and Children’s Services (DFCS), the Behavioral Health Services Department (BHSD), and Probation Department are in the stages of a rapid transformation of the system of care for children and youth with complex needs that are entering the dependency system and may also be part of juvenile justice system. This program is part of several new program designs to address the closure of the Receiving Assessment and Intake Center (RAIC).

Transitional Foster Homes (TFH) with specialty mental health services and can be accessed twenty-four (24) hours a day, seven (7) days a week. TFH will provide home-based placement options with caregivers where treatment needs can be individualized for each youth. This program will serve children and youth with behaviors and mental health needs that interfere with the immediate be placement with family or kinship relationships. There is an emphasis on care coordination and interventions to support children and youth that have been removed from home and acute reaction to separation from caregivers. The TFH home will provide in home treatment that will support stability, safety and improve well being for each child or youth by integrating specialty mental health services. These services will serve twenty-four (24) youth annually.

In addition to the foster families who DFCS currently supports directly, there are a number of additional foster homes that are overseen and supported by Foster Family Agencies (FFA). This Agreement will allow for FFA’s to provide specialty mental health services to youth.

Minimum requirements specific to TFH include the following:
- The Contractor must qualify as one of the few identified FFA, which are recognized community-based organizations that both license foster homes and ensure caregivers have the resources and support needed to meet the needs of the children in their care; and
- The Contractor must have licensed clinical staff associated with the FFA.
JUSTIFICATION FOR EXCEPTIONS TO COMPETITIVE PROCUREMENT

SECTION V

MARKET RESEARCH - Please describe your market research and the results thereof. This should include a description of similar sources or products available in the market, if any, and why they are not acceptable.

In October 2019, County Counsel and the Office of the County Executive hosted a series of standing meetings with the Executive Leadership of BHSD, Juvenile Probation, and DFCS to facilitate development/design of a new system of care that would serve children and adolescents entering the Child Welfare system with the depth to address the need of youth at the RAIC. Treatment and development of placement option will be individualized to optimally address any specialized client needs and support each client's permanency goals.

Board Report 99403 states that the DFCS and the BHSD have communicated with and engaged three identified FFA (Seneca Family of Agencies, Rebekah’s Children’s Services, and Uplift Family Services) that provide specialty mental health services, requesting that they expand their capacity in anticipation of the closure of the RAIC. The DFCS, the BHSD, and the Probation Department believe that these three (3) FFA are in the best position to expand the number of foster homes to meet the needs of high-needs children who received temporary care at the RAIC. Each of these agencies has expressed a willingness to provide expanded services to meet this need.

On November 5, 2019, the Board of Supervisors (BOS) issued a referral to Executive Administration from the DFCS, the BHSD, and Probation Department regarding alternative solutions for the moratorium on client placements and the phasing out of the RAIC. On November 19, 2019, the BOS approved delegation of authority to County Counsel (Report 99403), that allows the BHSD to execute contracts with community-based organizations to improve the system of care for children entering the dependency system or needing new long-term placements.

The report mandated the permanent and immediate closure of RAIC as soon as the facility is vacant and sufficient alternative temporary placements have been established by mid-January 2020. Building out services to support this transformational change is required to create a more robust, well structured, and efficient continuum of care as part of rapid transition efforts following the immediate closure of the RAIC.

Both County Counsel and the Office of the County Executive noted that the expansion of contracts related to the RAIC closure is urgent given the closure of the RAIC, and there isn’t sufficient time to conduct a full fledged RFP. For many of the services needed, the BHSD shall build out certain components of existing services, developing a system of care that is more robust and has the breadth necessary to meet the needs of 98% of children with more moderate needs and 2% of children with highly complex needs. A key struggle for the child welfare system in counties across California is developing the full continuum of services necessary to meet the needs of all children, while not diverting an overly disproportionate share of resources to meet the needs of the very small number of children requiring around-the-clock specialized care from highly qualified professional caregivers. Striking this balance in a manner that provides a robust, supportive, and appropriate set of services and supports to each child and youth is an ongoing challenge. However increased coordination, system assessment, and planning would allow the County to meet these needs more effectively.
JUSTIFICATION FOR EXCEPTIONS TO COMPETITIVE PROCUREMENT

SECTION VI
BEST INTEREST OF THE COUNTY – Please provide a detailed description as to why a waiver of formal bidding is in the County's best interest (e.g. product standardization, compatibility, proprietary access or distributorship and the consequences of not doing so. NOTE: A lack of advance planning, loss of funding, or insufficient time are not an acceptable justification for exceptions.)

Given that the closure of the RAIC is urgent, TFH will be part of the continuum of care which will address the immediate need to support youth clients affected by the pending closure of the RAIC. TFH and other new program designs will have a positive impact on children and youth through the Safe and Stable Families indicator by developing a system of care that will provide individualized care with the goals of planned permanency and family connections.

Some of these children have developmental disabilities in addition to physical and/or behavioral health needs that make finding a new living situation especially challenging. For most of these minors, unlike other children in the dependency system, primary responsibility for identifying appropriate placements is the responsibility of the San Andreas Regional Center (SARC), under a contract with the State. In 2019, SARC had difficulty identifying any placement willing to accept several of these children, even with substantial assistance from the DFCS and the BHSD.

A competitive procurement would delay the start date of this critical component to develop system of care. A consequence of negative action would result in delayed care to affected youth clients who have experienced significant trauma, including:
(1) children for whom primary service and placement responsibility resides with SARC;
(2) commercially sexually exploited children (CSEC) entering the dependency system;
(3) children experiencing education-related delays on account of 504 educational plans, Individual Educational Plans (IEPs), and the need for educational assessment; and
(4) children with co-occurring substance use and mental health needs.

SECTION VII
FUTURE PLANS - Please describe the actions the department/agency will take to overcome the present barriers to competition prior to any future purchases of this product or service if this exception is approved.

The BHSD shall conduct a Request for Proposals seeking vendors who serve the target population at the end of the single source cycle.
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SECTION VIII
SCOPE OF WORK/SPECIFICATIONS - Please provide all scopes of work or stated specifications. Information will be posted as an Advance Notice of Intent to Waive Competition to the public. Use an attachment for additional pages. SOW must include these elements: Objective (well-defined, quantifiable expected results include any significant deliverables & milestones) and Scope (what the work should or should not include; brief description of services desired; location of work). Do not include contract language, vendor information or pricing.

I. Services
A. The Contractor will provide services in a TFH for children and youth with complex needs and behaviors which may include, but are not limited to, sexually exploited or victimized youth, youth with co-occurring disorders of mental health and substance use, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) youth, and youth with a history of sexualized or fire-setting behaviors. Services will be at a higher level of care than regular resource homes to match the complex needs of these clients.
B. The Contractor will provide comprehensive, intensive, culturally and trauma-informed mental health services that meet the unique needs of children and youth that require services provided in more intensive resource family homes.
C. The Contractor will complete an initial assessment and develop a personalized treatment plan within five (5) days of each client’s admission to the program. The treatment plan will be tailored to fit the client’s diagnosis and treatment needs and will include measurable and time-bound goals, objectives, and intervention plan.
D. The Contractor will provide services using the Integrated Core Practice Model (ICPM) service model and the Child and Family Team (CFT) process which includes CFT meetings to identify needs, strengths, and resources.
E. The Contractor must qualify as one of the few identified FFA, which are recognized community-based organizations that both license foster homes and ensure caregivers have the resources and support needed to meet the needs of the children in their care.
F. The Contractor must have licensed clinical staff associated with the FFA.

II. Deliveries and Milestones
A. Time to access initial services is not more than twenty-four (24) hours from time of referral.
B. Services shall be provided on an outpatient basis which best meets the needs of the youth and caregiver. The clients shall be provided with support services and linkage as needed to improve their behavioral health needs and avoid needing a higher level of care or disruption in placement. Services will support planned permanency, wellness and recovery.
C. Services provided shall meet the cultural and linguistic needs of the clients and their family.
D. The Contractor shall provide thorough information about treatment, including comprehensive progress updates and/or summaries and treatment goals to the client’s team of providers such as the client’s DFCS Social Worker and or JPD probation office and BHSD Care Coordinator and/or representative, and other members of the CFT team. This information shall be provided on a regular and ongoing basis to ensure communication and consultation on treatment progress.
E. The Contractor shall provide regular updates to the placing agent and BHSD Care Coordinator regarding the estimated length of treatment needs in the Transitional Foster home after initial assessment, and on an ongoing basis to update progress in treatment.
F. The Contractor shall report within twenty-four (24) hours any changes to the client’s medical or mental health condition requiring higher level of care including medical intervention and/or psychiatric hospitalization to the BHSD Care Coordinator.
G. The Contractor shall work with the client’s CFT to allow for the smooth transition of services from the Transitional Foster home to a planned permanent living situation and provide a plan to meet the identified client needs, including but not limited to the following: health, education, behavioral health services, and referrals for any on-going treatment support.
H. The Contractor shall complete the Child and Adolescent Needs and Strengths (CANS) assessment and the Pediatric Symptom Checklist (PSC-35) within the first sixty (60) days of admission to the program.
I. Based upon their most recent CANS assessment, 80% of clients will discharge with an improved score in at least one of the six domains (“Life Functioning”, “Strengths”, “Cultural Factors”, “Caregiver Resources and Needs”, “Behavioral and Emotional Needs”, and “Risk Behaviors”).
J. Upon discharge, 65% of clients shall transition to a home-based setting and remain stable in placement for a period of six months.
K. Upon discharge, 80% of clients shall have partially or fully met their goals as stated on the Transformational Care Plan.

II. Performance Standards:
A. The Contractor’s staff shall coordinate and monitor treatment for the client and will consult with other providers as needed.
B. The Contractor shall contact the BHSD Care Coordinator immediately regarding any unusual occurrence, including but not limited to medical intervention and suicide attempt. The Contractor shall complete the BHSD Incident Report and complete the BHSD notification instructions.
C. The BHSD reserves the right for periodic visitations to the facility for the purpose of care coordination, monitoring of services, and to ensure that the clients are receiving the highest level of quality care.
D. The Contractor shall meet all licensure and regulatory requirements, including but not limited to timeliness and access standards.
E. The Contractor will provide consistent, scheduled, and structured clinical supervision integrating principles of reflective practice facilitation and in accordance with the BHSD Clinical Supervision Best Practice Recommendations standards. Proof of training will be required to be provided to the BHSD Contract Monitor on an annual basis during quarterly program meetings.

IV. Staffing Standards
A. The Contractor's staff shall be appropriately trained and meet the qualifications of the Licensed Practitioner of the Health Arts (LPHA) as well as meet discipline specific licensure requirements. In addition to licensing requirements, the Contractor's staff is required to have the experience, training and skills in the following areas: diverse levels of client acculturation and multicultural experience; trauma-informed practice; local community resources available to the client population; clinical issues related to child abuse and neglect; substance abuse, domestic violence; communication; crisis management; parenting skills; behavior management; and parent engagement strategies.
B. The contractor's staff shall reflect the percentage of ethnic make-up, and services provided shall be culturally and linguistically appropriate for, the target population.
# JUSTIFICATION FOR EXCEPTIONS TO COMPETITIVE PROCUREMENT

## SECTION IX

<table>
<thead>
<tr>
<th>Requesting Agency/Department Contracts Manager:</th>
<th>Requesting Agency/Department Director:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name: Evonne Lai</td>
<td>Print Name: Toni Tullys, MPA</td>
</tr>
<tr>
<td>Signature: [Signature Image]</td>
<td>Signature: [Signature Image]</td>
</tr>
<tr>
<td>Phone: (408) 885-3289</td>
<td>Email: <a href="mailto:Evonne.Lai@hhs.sccgov.org">Evonne.Lai@hhs.sccgov.org</a></td>
</tr>
</tbody>
</table>

## SECTION X

### Decision and Required Steps Following Decision (to be completed by OCCM or Procurement)

- **Approved**: Attach to Legislative File  
  - Attach to Delegation of Authority Coversheet  
  - Attach to Service Agreement Checklist  
  - Attach to PO/Contract File  
- **Approved with Conditions**: Comments:  
- **Additional Information Required**: Comments:  
- **Denied with Recommended Action**: Comments:

## SECTION XI

<table>
<thead>
<tr>
<th>Office of Countywide Contracting Management/Procurement Department Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theresa Therilus-Interim Director of Procurement</td>
</tr>
</tbody>
</table>

Revision Date – December 2019