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September 30, 2025

To: All Interested Organizations

From: Department of Children and Family Services

REQUEST FOR INFORMATION RELATED TO PARENT SERVICES

The County of Los Angeles (County), through its Los Angeles County Department of Children and Family Services (DCFS), is issuing this Request for Information (RFI) to gain familiarity with the current market, and gather general information related to the cost of an agency utilizing, or building, a network of trusted providers to serve DCFS families.

Organizations with two-year experience in collaborating both formally and informally with community-based organizations, County agencies, other community stakeholders and networks that accept referrals, provide referrals, linkages, and provide case navigation services, are encouraged to submit a RFI Response.

The release of this RFI is for planning purposes and does not commit the County to contract for any services. Pending the results, the County reserves the right to collaborate with qualified organizations, either to negotiate contracts, release a solicitation, or to take no further action.

Interested organizations are highly encouraged to submit a Response, as specified below by **12:00 p.m. Pacific Daylight Time (PDT) on October 22, 2025.**

"To Enrich Lives Through Effective and Caring Service"

**COUNTY OF LOS ANGELES
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

REQUEST FOR INFORMATION #25-0069

PARENT SERVICES



Issue Date: September 30, 2025

Responses Are Due:

October 22, 2025, at 12:00 pm, Pacific Daylight Time

**Department of Children and Family Services
Contracts Administration Division
510 South Vermont Avenue, 14th Floor
Los Angeles, CA 90020**

PURPOSE

The Department of Children and Family Services (DCFS) is gathering information to understand market capabilities in Los Angeles County related to service navigation for families with an open child welfare case. DCFS seeks to understand the market availability of Service Planning Area (SPA)-based organizations who serve clients in a pure navigator model. DCFS is referring to such organizations as a Navigator of Agencies (NOA). The NOA model that DCFS envisions is characterized by: (1) a person-centered approach that focuses on each client's specific needs as identified by the assigned Children's Social Worker (CSW); (2) personalized service connections that extend beyond providing clients with referrals; and (3) an NOA that does not provide direct services but instead focuses on building community-based networks of the services that are needed by the clients they serve.

The NOA must have an established network, consisting of service providers that have the capacity to provide court-ordered services. The services will include but are not limited to the following: parenting classes, intimate partner violence counseling, substance use disorder treatment, anger management programming, mental health treatment and other services. This model will support the parents and the CSWs by serving as a one-stop hub for referring and personally connecting parents to resources. The NOA's network will include experienced community-based organizations (CBOs) and providers with expertise in family support and service delivery. The success of the NOA model will be based on timely connection to appropriate services and improved outcomes for families with an open DCFS case.

NAVIGATOR OF AGENCIES (NOA)

The NOA acts as a coordinator to assist parents in accessing low-cost court ordered child welfare parent services. If low-cost services present a financial hardship to the family, services must either be no-cost or paid for by the County. The NOA will focus exclusively on building and managing a network of providers and will not be a direct service provider.

The NOA will partner with and support the assigned CSW in identifying, coordinating, and connecting parents to CBOs and to groups who provide resources, opportunities, services and supports to children and families within a SPA. In the event that a family is receiving Prevention & Aftercare services or Family Preservation services, the NOA will coordinate with any other assigned navigator to avoid duplication of services.

The NOA will track families' needs and the capacity of providers within their network to meet those needs. The NOA will inform DCFS of gaps in local service delivery systems and partner with DCFS to address those gaps. The NOA should have relationships with and knowledge of other CBOs, services and practices. The NOA will need to collaborate with CSW or above to facilitate communication between the service providers, agencies, organizations, and parents. The NOA will need to help address challenges the family experiences by engaging in services and communicating with the DCFS staff or assigned CSW about those challenges. Agencies or organizations that currently connect

individuals to services and supports via a network of CBOs or providers are encouraged to submit their response, including the attached Parent Services Questionnaire (Attachment A).

I. SERVICES AND REQUIREMENTS

Organizations interested in providing Responses to the RFI shall submit their Response by completing the attached Parent Services Questionnaire (Attachment A) that includes details of the following:

- A. Demonstrate your organization has a two-year established network of service providers and maintains a strong community-presence within a specific SPA(s).
- B. Demonstrate your ability to employ a person-centered approach to refer and connect parents to CBOs and services as identified by DCFS and/or a court-ordered case plan through a network of service providers.
- C. Demonstrate your organization has at least two years of verifiable experience referring and linking clients to ALL of the following types of services: parenting classes, intimate partner violence counseling, substance use disorder treatment, anger management programming, mental health treatment and any other services to meet the parents' needs and support the well-being of the family. This does not include being a service provider.
- D. Demonstrate your ability to track needs and successful, timely connections to services. Additionally, describe how gaps and the need for capacity building will be identified and strategies that will be employed in partnership with DCFS to address gaps and build capacity.
- E. Provide a funding methodology plan that demonstrates what resources would be required to perform the duties and responsibilities set forth above. Including but not limited to: the cost for NOA, who will act as a coordinator, for a specific SPA, to assist parents in accessing free/low-cost court ordered child welfare parent services.
- F. Provide an example of a Performance-Based Quarterly Report with metrics such as but not limited to:
 - Number of service referrals
 - Percent of completed referrals
 - Timeliness of referral completion
 - Percentage (%) of parents required to pay for Family Maintenance and Family Reunification services by category
 - Percentage (%) of appropriate services to serve individualized needs of parents measured by service category (Parenting, Mental Health,

Substance Use Disorder, Anger Management, Intimate Partner Violence, etc.)

- Ability to provide services to parents in their preferred language

G. Your organization MUST be in good standing as evidenced by:

- Not prohibited from doing business in the State of California
- Not prohibited from doing business in the County of Los Angeles.
- In good standing with the Internal Revenue Service and the California Franchise Tax Board.
- Not suspended, debarred, ineligible, or excluded from contracting with Los Angeles County.

H. Demonstrate how your organization and/or network meets any or all of the following:

1. The ability to build families' protective factors and strengths through connection to resources and case management services provided by service providers who have Trauma Informed Care curriculum and training.
2. Two years of experience implementing court-ordered case plans or participating in DCFS Child and Family Team Meetings that are inclusive of the parents' team members and focus on identifying the parents' strengths, worries and needs.
3. Does not currently provide direct services nor do any subcontracted agencies provide direct services for the following: anger management, intimate partner violence, mental health, parenting, substance abuse or other parent services.
4.
 - a. Two years of experience with billing through Medi-Cal, California Advancing and Innovating Medi-Cal (CalAIM), and Managed Care Plan benefits to access no-cost/low-cost services for parents.
 - b. Knowledge of benefits through Medi-Cal and two years of experience with assisting individuals with accessing Medi-Cal benefits.
 - c. Knowledge of benefits through CalAIM and two years of experience with assisting individuals with accessing CalAIM benefits.
 - d. Knowledge of benefits through Managed Care Plans and two years of experience with assisting individuals with accessing Managed Care Plan benefits.
5. Has established at least two years of experience and processes to follow up with parents and service providers to confirm successful

connection to appropriate resources including tracking needs, linking clients to services, and tracking gaps in service delivery systems.

6. Utilizes an established or proprietary services management system to track providers, referrals, linkages, schedules, fees and payments and has the ability to provide updates to DCFS social workers in a manner that allows the social worker to input the information into the DCFS case management system with ease.
7. Knowledge and understanding of the Child Welfare Dependency Court and DCFS.
8. Cultural Competency, including language capacity. The ability to offer services either through onsite staff or via a third-party language line in the client's primary language.
9. Has at least two years of experience with the Integrated Core Practice Model, for more information see: [Get To The Core – An Evolution of Practice in Los Angeles County](#).
10. Has knowledge and/or training of the Child and Adolescent Needs and Strengths (CANS) Assessment tool utilized by DCFS.
11. Understands the County of Los Angeles payment process.
12. Provides performance related oversight to all service providers in your network.

II. RESPONSE TO REQUEST FOR INFORMATION

Respondents to the RFI shall submit their response as described below. The Response shall include an Introduction Letter and a completed signed Parent Services Questionnaire (Attachment A). The Responses shall be submitted via email to Tanya Gharibian at: Gharit@dcfs.lacounty.gov by **12:00 p.m. Pacific Daylight Time (PDT) on October 22, 2025**.

1. **Introduction Letter** – The introduction letter must be on the organization's letterhead and include:
 - a. Organization's full legal name
 - b. Doing Business As name, if applicable
 - c. Employer Identification Number (Federal Tax Identification Number)
 - d. WebVen Number (if not applicable, state "WebVen Number not applicable")
 - e. 501(c)(3) status - Number, Active/In-Active or Not Applicable
 - f. Name and title of the individual authorized to make representations of behalf of the organization

- g. Organization's mailing address
 - h. Contact individual's name, title, telephone, and e-mail address
 - i. Brief background of the type of services your organization provides and when each service began
 - j. List cities, zip codes, SPAs and counties where services are provided
2. **RFI Parent Services Questionnaire** – Complete Attachment A, Parent Services Questionnaire. If attachments are included, label each attachment with the corresponding question number.
 3. **Electronic Submission** – The electronic Response shall be titled, **RFI for Parent Services – SPA #**, along with the name of the organization. The Response shall be compiled in the following order:
 - a. Introduction Letter
 - b. Parent Services Questionnaire (Attachment A)
 - c. Attachments

III. QUESTIONS TO THE REQUEST FOR INFORMATION

All questions regarding this RFI must be in writing and e-mailed with subject line **Questions for RFI – Parent Services** to: Tanya Gharibian at Gharit@dcfs.lacounty.gov. Each question shall include the references to the applicable section of this RFI or the questions number of Parent Services Questionnaire (Attachment A).

IV. DEADLINE AND SUBMISSION INSTRUCTION FOR REQUEST OF INFORMATION

All Responses shall be submitted via e-mail to Tanya Gharibian at Gharit@dcfs.lacounty.gov by **12 p.m. PDT on October 22, 2025**.

V. RESPONSE REVIEW

1. DCFS reserves the sole right to review all responses. As a result of this RFI, the County may:
 - a. Request further information, documents, presentations, and/or conference call(s) substantiating Organization's qualifications, experience, and ability to provide the services described in the RFI;
 - b. Develop and release a formal solicitation; or
 - c. Take no further action.

VI. COUNTY RIGHTS AND RESPONSIBILITIES

The County has the right to amend, re-issue, or cancel this RFI by written addendum. The County is responsible only for that which is expressly stated in this RFI and any authorized written addenda thereto. Such addendum shall be made available on the Internal Services Department and DCFS websites.

VII. COST OF RESPONSE PREPARATION

The cost of Response preparation shall be the responsibility of the Organization. In no event shall the County or DCFS be liable for any expenses incurred in the preparation and submission of the Response.

VIII. NOTICE REGARDING THE PUBLIC RECORDS ACT

Responses to this RFI will become the exclusive property of the County. Responses to this RFI become a matter of public record, except for those parts of each response which are justifiably defined as business or trade secrets, and, if by the Respondent, plainly marked as "Trade Secret," "Confidential," or "Proprietary."

The County will not, in any way, be liable or responsible for the disclosure of any such record or any parts thereof, if disclosure is required or permitted under the California Public Records Act or otherwise by law. A blanket statement of confidentiality or the marking of each page of the response to this RFI as confidential will not be deemed sufficient notice of exception. The Respondents must specifically label only those provisions of their respective response which are "Trade Secrets," "Confidential," or "Proprietary" in nature.

DISCLAIMER:

NOTHING IN THIS DOCUMENT SHALL BE CONSTRUED AS OBLIGATING THE COUNTY TO ISSUE A SOLICITATION OR TO NEGOTIATE A CONTRACT WITH DCFS.

REQUEST FOR INFORMATION #25-0069 PARENT SERVICES QUESTIONNAIRE

Date: _____

Organization Name: _____ Phone Number: _____

Organization Address: _____

Contact Person's Name: _____ Phone Number: _____

Contact Person's E-mail Address: _____

Question Number	Question	Response
I(A)	<p>Does your organization have a two-year established network of service providers and maintains a strong community-presence within a specific Service Planning Area (SPA).</p> <p>On a separate attachment, please provide a list of service providers within your network.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
I(B)	<p>On a separate attachment, please demonstrate your ability to employ a person-centered approach to refer and connect parents to CBOs and services as identified by Department of Children and Family Services (DCFS) and/or a court-ordered case plan through a network of service providers.</p>	
I(C)	<p>Does your organization have at least two years of verifiable experience referring and linking clients to ALL of the following types of services:</p> <p>a) Parenting Classes</p> <p>b) Intimate Partner Violence Counseling</p> <p>c) Anger Management Programming</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/> ____ years ____ months</p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/> ____ years ____ months</p> <p>c) Yes <input type="checkbox"/> No <input type="checkbox"/> ____ years ____ months</p>

	<p>d) Mental Health Treatment</p> <p>e) Substance Use Disorder Treatment or Services</p> <p>f) Any other categories (identify the service and the years of verifiable experience)</p> <p>If yes, for any of the above:</p> <p>On a separate attachment, please list the CBOs and services that are in your established referral network and, for each organization, indicate the length of time that organization has been in your network; the number of clients they have served in each of the service categories referenced above; and the number of clients they were unable to serve.</p>	<p>d) Yes <input type="checkbox"/> No <input type="checkbox"/> ___ years ___ months</p> <p>e) Yes <input type="checkbox"/> No <input type="checkbox"/> ___ years ___ months</p> <p>f) Yes <input type="checkbox"/> No <input type="checkbox"/> ___ years ___ months</p>
I(D)	<p>Does your organization have the ability to track needs and successful, timely connections to services.</p> <p>If yes, on a separate attachment, please describe how gaps and the need for capacity building will be identified and strategies that will be employed in partnership with DCFS to address gaps and build capacity.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
I(E)	<p>On a separate attachment, please provide a funding methodology plan that demonstrates what resources would be required to perform the duties including but not limited to the cost for Navigator of Agencies (NOA) who will act as a coordinator, for a specific SPA, to assist parents in accessing free/low-cost court ordered child welfare parent services.</p>	
I(F)	<p>On a separate attachment, please provide an example of a Performance-Based Contract quarterly dashboard with metrics such as:</p> <ul style="list-style-type: none"> • Number of service referrals • Percent of completed referrals • Timeliness of referral completion 	

	<ul style="list-style-type: none"> Percentage (%) of parents required to pay for Family Maintenance and Family Reunification services by category Percentage (%) of appropriate services to serve individualized needs of parents measured by service category (Parenting, Mental Health, Substance Use Disorder, Anger Management, Intimate Partner Violence, etc.) Ability to provide services to parents in their preferred language 	
I(G)	<p>Is your organization in good standing as evidenced by:</p> <p>a) Not prohibited from doing business in the State of California?</p> <p>b) Not prohibited from doing business in the County of Los Angeles?</p> <p>c) In good standing with the Internal Revenue Service and the California Franchise Tax Board?</p> <p>d) Not suspended, debarred, ineligible, or excluded from contracting with Los Angeles County?</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)1	<p>a) Does your organization have protective factors training?</p> <p>If yes, on a separate attachment, please provide the protective factor training that has been completed.</p> <p>b) Do service providers in your network have Trauma Informed Care curriculum and training?</p> <p>If yes, on a separate attachment, please provide examples of the Trauma Informed Care curriculum and training utilized by service providers in your network.</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)2	Does your organization have at least two years of experience implementing court-ordered case plans or participating in DCFS Child and Family Team Meetings that are inclusive of the parents' team members and focus on identifying the parents' strengths, worries and needs.	Yes <input type="checkbox"/> No <input type="checkbox"/>

	If yes, on a separate attachment, please list the DCFS regional offices and the contact person for the CFTs attended.	
(H)3	<p>Is your organization or any of your affiliates a direct provider of any of the following services:</p> <p>a) Anger Management:</p> <p>b) Intimate Partner Violence:</p> <p>c) Mental Health:</p> <p>d) Parenting:</p> <p>e) Substance Use Disorder:</p> <p>f) Other: (please specify on a separate document)</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>f) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)4a	<p>Does your organization have two years of experience with billing through:</p> <p>a) Medi-Cal</p> <p>b) California Advancing and Innovating Medi-Cal (CalAIM)</p> <p>c) Managed Care Plans</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)4b	<p>a) Does your organization have knowledge of benefits available through Medi-Cal?</p> <p>b) And two years of experience with assisting individuals with accessing Medi-Cal benefits?</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)4c	<p>a) Does your organization have knowledge of benefits available through CalAIM?</p> <p>b) And two years of experience with assisting individuals with accessing CalAIM benefits?</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)4d	<p>a) Does your organization have knowledge of benefits available through Managed Care Plans?</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p>

	b) And two years of experience with assisting individuals with accessing Managed Care Plan benefits?	b) Yes <input type="checkbox"/> No <input type="checkbox"/>
(H)5	<p>Does your organization have two years of experience in the following:</p> <p>a) Tracking needs</p> <p>b) Linking clients to services</p> <p>c) Tracking gaps in service delivery systems</p> <p>If yes for any of the above: On a separate attachment, please include an example of your organization's direct experience.</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)6	<p>Does your organization utilize a service management system to track providers, referrals, linkages, schedules, parent services completed, and other services related information (i.e. fees and payments), including following up to ensure successful connection to appropriate resources?</p> <p>If yes, on a separate attachment, please provide an example of your service management system or tracking process.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(H)7	<p>Does your organization have knowledge and understanding of:</p> <p>a) Child Welfare Dependency Court</p> <p>b) DCFS</p> <p>If yes, on a separate attachment, please list training and/or experience.</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)8	<p>Is your organization trained in cultural competency, including language capacity.</p> <p>If yes, on a separate attachment, please list the training and/or examples of cultural competency used in practice.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(H)9	<p>Does your organization have at least two years of experience with the Integrated Core Practice Model?</p> <p>If yes, on a separate attachment, please provide examples of curriculum and/or training utilized to become informed.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)10	<p>a) Does your organization have knowledge of the Child and Adolescent Needs and Strengths (CANS) Assessment tool utilized by DCFS?</p> <p>b) Does your organization have training in the CANS Assessment tool utilized by DCFS?</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)11	<p>Does your organization understand the County of Los Angeles payment process?</p> <p>If yes, on a separate attachment, please provide examples of your experience with the payment process.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(H)12	<p>Does your organization provide performance related oversight to all service providers in your network (Network refers to all services providers that clients are referred to)?</p> <p>If yes, on a separate attachment, please provide an example and number of years of experience.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
13	<p>Does your organization have two years of experience in working with any specialized populations:</p> <p>a) Children 0-5</p> <p>b) Parenting youth</p> <p>c) Immigrant communities</p> <p>d) Incarcerated parents</p> <p>e) Military and veterans</p> <p>If yes, for any of the above: On a separate attachment, please provide which specialized populations and your experience.</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e) Yes <input type="checkbox"/> No <input type="checkbox"/></p>

14	On a separate attachment, please list any additional information or services, other than those mentioned above that your organization provides.	
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Name of Executive Director or designee

Signature of Executive Director or designee

Date
