County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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November 24, 2026

To: Prospective Proposers and Interested Parties

From: Leticia Torres-Ibarra, Division Manager
Contracts Administration Division

ADDENDUM NUMBER FOUR TO PARTNERSHIP FOR FAMILIES REQUEST FOR PROPOSALS NO. 25-0047

Addendum Number Four is issued by the County of Los Angeles Department of Children and Family Services to all holders of the Partnership for Families Request for Proposals (RFP) No. 25-0047. Addendum Number Four amends sections in the RFP as provided below. Changes only apply to referenced sections and/or subsections that are amended or deleted; all other sections remain in full effect.

A Prospective Proposer's failure to address the requirements of this Addendum Number Four may result in the proposal being found non-responsive and not being considered, as determined in the sole discretion of the County.

Changes to wording in RFP sections in this Addendum Number Four include both deletions and additions. Deletions are indicated by strikethrough (~~strikethrough~~) and additions are underlined (underlined).

RFP section revisions are listed in sequential order as they appear in the document:

I. RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, Section 5.1, Motivational Interviewing (MI) Data Collection, **subsections 5.1.1.1 and 5.1.1.2** were added to read as follows:

5.1.1.1 Contractor must track the number of community families that had one (1) or more contacts a month.

5.1.1.2 Contractor must track the number of community pathway families where staff documented MI was used each month.

II. RFP, Appendix A, Sample Contract, Exhibit A, Statement of Work, **Section D, Performance Outcome Summary**, included in this Addendum as Attachment 1, has been revised as follows:

SERVICE CATEGORY TARGET GROUP The target population is children and families who are in need of services to prevent future child maltreatment and/or DCFS involvement.			
~~**DCFS OUTCOME**~~	~~**OUTCOME INDICATOR**~~	~~**PERFORMANCE TARGET PER YEAR**~~	~~**DATA COLLECTION AND MONITORING METHOD**~~
Goal: WELL-BEING	**OUTCOME INDICATOR**	**PERFORMANCE TARGET PER YEAR**	**DATA COLLECTION AND MONITORING METHOD**
Improve participating families' wellbeing by increasing their protective factors	1. Of the families who successfully complete PFF services, parent(s)/caregiver(s) will demonstrate increased knowledge and development of protective factors as measured by the Protective Factors Survey or other DCFS approved assessment tool.	~~1. Overall, protective factors must improve from pre-to-post survey scores for participants who successfully complete the program.~~ ~~2~~. 1. 70% of participants will agree or strongly agree that they gained knowledge, skills, and the ability to apply the protective factors in their daily lives.	1. Protective Factors Survey
~~Increased parent/caregiver engagement~~ Per ICAS, we need to remove this whole part and put it somewhere else as it is not a performance outcome.	~~Number of community pathway families that had one or more contacts a month.~~	~~N/A~~	~~Provider Outcomes & Fidelity Report Template completed each month~~
	~~Number of community pathway families where staff documented MI was used each month.~~	~~N/A~~	~~Provider Outcomes & Fidelity Report Template completed each month~~

III. RFP, Required Forms, **Exhibit 13, Business proposal (Narrative)**, included in this Addendum as Attachment 2, has been replaced in its entirety.

IV. RFP, Required Forms, **Exhibit 15, Line Item Budget**, included in this Addendum as Attachment 3, has been replaced in its entirety.

Community-Based Support Division (CBSD)
SECTION D – Performance Outcome Summary
PARTNERSHIPS FOR FAMILIES (PFF)

Performance Outcome Measures
Partnerships for Families

SERVICE CATEGORY TARGET GROUP The target population is children and families who are in need of services to prevent future child maltreatment and/or DCFS involvement.			
Goal: WELL-BEING	**OUTCOME INDICATOR**	**PERFORMANCE TARGET PER YEAR**	**DATA COLLECTION AND MONITORING METHOD**
Improve participating families' wellbeing by increasing their protective factors	1. Of the families who successfully complete PFF services, parent(s)/caregiver(s) will demonstrate increased knowledge and development of protective factors as measured by the Protective Factors Survey or other DCFS approved assessment tool.	1. 70% of participants will agree or strongly agree that they gained knowledge, skills, and the ability to apply the protective factors in their daily lives.	1. Protective Factors Survey

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.1.1.1 Proposer must demonstrate their agency's history of providing case management, monitoring, crisis intervention, linkage and advocacy; concrete supports for basic needs, psychotherapy, health, parenting and/or education programs, or resources; structured parent-child and/or family centered activities; domestic violence; mental health or substance abuse related needs; access to early childcare and education; and capacity building;

8.5.1.1.1 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.1.1.2 Proposers must describe their history of serving the different target populations of at-risk pregnant women and fathers; DCFS referred families with closed, inconclusive, or substantiated referrals with moderate to very high risk; and Alternative Response clients.

8.5.1.1.2 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.1.1.3 Proposers must describe their experience with using a strength-based approach, such as use of the Protective Factors Framework, and incorporating it into their service delivery model.

8.5.1.1.3 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.1 Proposer must describe how they will assess and strengthen the family's Protective Factors.

8.5.2.1 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.2 Proposer must describe how they will address issues related to disproportionality within the target population to be served with DCFS referrals.

8.5.2.2 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.3 Proposer must describe and clearly specify a plan regarding the case management approach, including proposer's plan on how general counseling, PFF service planning, crisis intervention, linkage services and advocacy services will be provided.

8.5.2.3 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.4 Proposer must describe their plan to deliver psychotherapy services, including appropriate staff requirements.

8.5.2.4 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.5 Proposer must demonstrate approach to providing health, parenting, and/or other education programs or resources and structured parent-child and/ or family-centered activities.

8.5.2.5 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.6 Proposer must demonstrate their plan to identify special family needs such as domestic violence, mental health and substance abuse issues and to collaborate with appropriate resource agencies.

8.5.2.6 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.7 Proposer must demonstrate how they will incorporate Motivational Interviewing into their service delivery plan.

8.5.2.7 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.2.8 Proposer must describe their plan to providing Early Care and Education (ECE) and their plan to collaborate with ECE programs and providers.

8.5.2.8 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.3.1 Proposer must describe how they will address the issue of self-monitoring to ensure that the required services are provided, documented, and adapted as needed.

8.5.3.1 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.3.2 Proposer must describe how their Quality Assurance Plan incorporates corrective actions to address the following (1) the time a problem was first identified;(2) a clear description of the problem; (3) the time elapsed between identifying the problem; (4) completing action to correct the problem; and (5) the ability to provide the County with its status upon request.

8.5.3.2 Continued

REQUIRED FORM – EXHIBIT 13

Partnership for Families Request for Proposals #25-0047

Narrative Form

8.5.3.3 Proposer must describe their protocol to ensure uninterrupted services to DCFS in the event of a work stoppage, pandemic, or emergent staffing shortage due to illness, vacation and absences.

8.5.3.3 Continued

REQUIRED FORMS - EXHIBIT 15

PARTNERSHIP FOR FAMILIES SAMPLE LINE ITEM BUDGET SUMMARY

Proposer must develop a line Item budget and adjust line items as necessary in order to fully demonstrate how they will provide services.

BUDGET SHEET FOR _____Proposer Name_____

DIRECT COST (List each staff classification)

Salaries and Wages:	FTE*	Monthly Salary
Employee Classification	_____	$_____
Employee Classification	_____	$_____
Employee Classification	_____	$_____
Others (Please continue to list)		

Total Annual Salaries and Wages $_____

*FTE = Full Time Equivalent Positions

Employee Benefits (EB)	Monthly Cost per FTE
Medical Insurance	$_____
Dental Insurance	$_____
Life Insurance	$_____
Other (list)	$_____

Total Annual Benefits $_____

Payroll Taxes (List all appropriate, e.g., FICA, SUI, Workers' Compensation, etc.)

_____	$_____
_____	$_____
_____	$_____
_____	$_____

Total Annual Payroll Taxes $_____

Services & Supplies

Auto/Travel	$_____
Supplies	$_____
Purchased Services	$_____
Office Equipment	$_____
Telephone/Utilities	$_____
Insurance not listed under EB	$_____
Rent	$_____
Other (please continue to list)	

Total Annual Services & Supplies $_____

TOTAL ANNUAL DIRECT COSTS $_____

INDIRECT COST

TOTAL ANNUAL INDIRECT COSTS $_____

Indirect Annual Cost as it relates to Total Annual Cost (Please enter a percentage) **%_____**

Reminder: Contractors may utilize a maximum of ten percent (10%) of expenses of their Maximum Annual Contract Sum for administrative/indirect costs.

(Provide a full breakdown of costs in the Narrative)

TOTAL DIRECT AND INDIRECT ANNUAL COST $_____

TOTAL PROJECTED NUMBER OF FAMILIES TO BE SERVED _____