

REQUEST FOR PROPOSALS

FOR

Senior Injury Prevention Programs

MEASURE A FUNDS

FISCAL YEARS 2010-2014

Administered by the:

**Alameda County Area Agency on Aging
6955 Foothill Blvd. Suite 300
Oakland, CA 94605**

RFP BIDDERS' CONFERENCE

February 10, 2010

9:00 – 10:30 AM

**6955 FOOTHILL BOULEVARD, SUITE 300
OAKLAND, CA 94605**

RSVP to Sandra Braxton: (510) 577-1907; sbraxton@acgov.org

RFP RESPONSE DEADLINE

March 5, 2010



**ALAMEDA COUNTY AREA AGENCY ON AGING
SENIOR INJURY PREVENTION PROGRAM**

**REQUEST FOR PROPOSAL
FISCAL YEARS 2010-2014**

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SECTION I – GENERAL INFORMATION

- A. **PURPOSE:** The Alameda County Area Agency on Aging (AAA) is soliciting proposals from public, nonprofit, or for profit organizations qualified to provide home and community-based services to Alameda County residents who are older adults (generally 60 years of age and older). Funding for this Request for Proposals (RFP) has been allocated to the AAA by the Department of Public Health, Measure A funding. Measure A is a ½ cent sales tax that was passed by the voters of Alameda County in March 2004. The mandate of Measure A includes support for public health prevention and support for vulnerable populations. The Alameda County Public Health Department has received a total of \$3 Million for health promotion and disease prevention and has directed a total of \$100,000 to the AAA to support injury prevention in older adults. The intent of these dollars is to direct funds to develop Senior Injury Prevention services in Alameda County. Programs under the AAA have an emphasis on service to low income, minority, and functionally impaired elders over the age of 75. The principal outcomes of services funded under these programs shall be to: 1) secure and maintain maximum independence and dignity in a home environment of older and functionally impaired persons capable of self-care with appropriate supportive services; 2) remove individual and social barriers to economic and personal independence for older persons; and 3) provide a range of services designed to meet the needs of all consumers who need our services: those who are independent, semi-dependent, and totally dependent.
- B. **MISSION:** The Alameda County Area Agency on Aging (AAA) is the primary agent for change that ensures and sustains a life free from need and isolation for all older Alameda County residents. Through leadership and collaboration, our community-based system of care will provide services that support independence, protect the quality of life of older Californians and persons with functional impairments, and promote senior and family involvement in the planning and delivery of services.
- C. **AGENCY GOALS:** The AAA has three stated goals in its Area Plan for 2009-2012:
- To develop and support a comprehensive and coordinated system of home and community-based care
 - To be a catalyst in providing an arena to focus on health and wellness issues for elders
 - To promote consumer and community participation and responsibility in the planning, delivery, and evaluation of services
- D. **OUTCOMES:** To carry out our missions we will provide and support programs and organizations which 1) identify and plan for services which respond to the changing expressed needs of elders, persons with disabilities, and their families; 2) maintain and enhance individual's existing abilities and strengths; 3) encourage independence and participation of all to the maximum level of his or her capability, regardless of impairment - physical, mental, or economic; 4) seek the counsel and wisdom of consumers and their families when creating, expanding, or implementing services; 5)

SECTION I – GENERAL INFORMATION

recognize and respond to the unique needs of older and people with disabilities of all ethnic, cultural, and social backgrounds; 6) actively work to create and reinforce positive perceptions of aging and the principles espoused by the Independent Living community.

It is the intent of the AAA to fund and support organizations who provide responsible stewardship for funds and programs and who approach services from the viewpoint of functional collaboration. Preference for funding will be given to agencies who can best demonstrate a commitment to these principles in serving their communities and in designing cooperative, integrated support systems for elders, the disabled, their families and caregivers. Specific questions in the proposals reflect our dedication to these values.

Additionally, the AAA is committed to the provision of cost-effective services across all areas of Alameda County. Specifications for all services have been developed with expectations for minimum standards of service delivery. Minimum targeting standards have also been established to reflect the requirement to set priorities for services in our community.

- E. **BACKGROUND:** Measure A is a ½ cent sales tax that was passed by the voters of Alameda County in March 2004. The mandate of Measure A includes support for public health prevention and support for vulnerable populations. The Alameda County Public Health Department has received a total of \$3 Million for health promotion and disease prevention and has directed a total of \$100,000 to the AAA to support injury prevention in older adults.

Older residents of Alameda County sustain serious and costly unintentional injuries every year. For example:

- In the year 2006, people 65 and older represented approximately 12% of the population of Alameda County. They also represented over 45% of all hospitalizations for unintentional injuries in Alameda County.
- Injury from a fall accounted for over 75% of hospitalizations from injury during that same year.
- The 60+ age cohort is the fastest growing population in Alameda County, and approximately 1/3 of older adults fall annually. Among persons over age 85, falling is 57 times more likely to occur compared to a young and middle-aged person.
- The cost for hospitalization for falls for older Alameda County residents in 2006 was approximately \$107 Million.

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Causes and Risk Factors for Falling

Falls are usually caused by an interaction between an extrinsic factor with one or more intrinsic risk factors that make the individual susceptible.

Several studies have identified risk factors for falling. These studies indicate that the most common risk factors include the following:

- Lower extremity weakness,
- Gait and balance disorders,
- Previous falls,
- Functional impairment,
- Dehydration,
- Visual deficits,
- Cognitive impairment,
- Depression, and
- Poly-pharmacy.
- Environment

Research-Based Recommendations for Reducing Fall Risk

The majority of falls can be prevented through proven methods. Multi-factorial fall risk assessments tied to individual treatment plans and follow-up have been identified as perhaps the most effective means of preventing falls.

A comprehensive **fall risk assessment** is usually performed by a health professional, but a trained lay person may be trained to use an abbreviated risk assessment tool. An adjunct to fall risk assessment includes bone density screening or referral. Osteoporosis and osteopenia are risk factors for up to 47% of women over 50, and screening and referral are significant medical interventions. *Peripheral Bone densitometry* of the heel as a central part of risk screening for osteoporosis is supported by the authors of the *National Osteoporosis Risk Assessment* (NORA) study (JAMA 2002).

The homes of older persons contain numerous hazards and problem areas and often lack supportive features. Evidence suggests **home modification** is an important element in a fall prevention strategy. Proven practices such as assessments and home visits by a professional can improve effective utilization.

Exercise programs have been shown in systematic reviews and evidence-based guidelines to provide the strongest evidence of the effectiveness of fall prevention strategies. According to the RAND meta-analysis review, exercise programs that included more than one type of exercise were the most effective in reducing falls. Exercises to improve cardiovascular endurance, muscular strength, flexibility and balance were all found to be effective. Data shows, however, that 34% of persons over age 65; and 35 – 44% over age 75 do not engage in *any* leisure physical activity.

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Group activities such as group exercise programs or educational programs enhance and promote successful behavioral change among individuals. Group education has proven effective in motivating seniors to change their behavior or their living environment to decrease the risk of falling. Existing research also shows that *targeted exercise interventions among the frail elderly* leads to significant improvement in overall function. Because functional gains made may be lost quickly once the intervention ends, findings suggest that interventions must foster sustained adherence.

Medication review is a crucial component in fall prevention program and in healthy aging in general. Medication review and adjustment is a common component of multiple intervention strategy studies. Particular attention to medication reduction and interactions should be given to older people taking four or more medications and those taking psychotropic medications.

Follow up is needed to promote adherence to prevention programs. Systematic follow-up is necessary, especially if potential medical problems are being addressed or life-style changes are being made.

SECTION II – OVERVIEW OF PROPOSAL REQUIREMENTS

A. GENERAL INFORMATION

The contract period for service delivery will be July 1, 2010 through June 30, 2014. All contracts awarded under the Request for Proposals (RFP) for the first year (July 1, 2010 through June 30, 2011) are subject to renewal for three additional one-year periods based on satisfactory performance and contract compliance. Actual contract awards are contingent upon the availability and receipt of funds from Federal, State and County government sources and are subject to the approval of the Alameda County Board of Supervisors. Therefore, **the AAA reserves the right to revise or withdraw any or all of the portions of this RFP at any time during this process, or during the actual contract period.**

All costs incurred in the preparation of the proposal for this RFP, including the applicant's travel expense to attend the Bidder's Conference are the responsibility of the applicant and are not subject to reimbursement by the AAA.

The AAA reserves the right to award a contract with or without further consideration in situations where there is a sole source applicant. If a proposal is considered non-responsive to this RFP, the AAA also reserves the right to disqualify the proposal from consideration during the process.

The selected bid/proposal shall be made part of the contract and the AAA may negotiate modification after the bid/proposal has been selected to ensure all necessary requirements are covered before the contract is signed.

B. COMPETITIVE PROCUREMENT ASSURANCES

The RFP process has been developed to assure the procedure that results in recommendation for awards complies with Federal, State and County regulations, is without bias and can withstand any appeal regarding the fairness of the proceedings. Although Federal regulations (Title 45, Part 74, Subpart P, paragraph 74.160(c)) state that competitive procurement procedure "does not apply to the acquisition of . . . services by one government from another . . .," the AAA agrees that this procedure will be applied to all available funds and program areas for which contract awards are to be made. This is the most effective way to assure the best service for the most reasonable cost.

C. REFERENCE DOCUMENTS

Applicants will be required to conform to all applicable provisions of the law and regulations. These shall include, but are not limited to the following:

- Alameda County Accounting Manual for Community-Based Organizations
- Alameda County Conflict of Interest Procedure, adopted September 13, 1988
- Alameda County Contracts Administration Manual

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- Alameda County Social Services Agency Language Access Requirements
- Americans with Disabilities Act, amended 2008
- Community Based Service Program Manuals*
- Federal Register, Code of Federal Regulations, Title 45, Part 74 (Administration of Grants)
- Mello-Granlund Older Californians Act of 1996*
- Older Americans Act, as amended November 2006*
- OMB Circulars A-87, A-102, A-110, A-122, and A-133
- Section 15630, Welfare & Institutions Code Reporting Requirements for Elder & Dependent Adult Abuse
- Title III and Title V State Regulations for Financial Management Policies*
- Title XXII, California Department of Aging Regulations*

The above materials will be available for review by appointment only, Monday through Friday, 8:30 a.m. to 5:00 p.m. All materials must be reviewed on the premises. Call the AAA at 510-577-1907 for an appointment.

D. CALENDAR

Date	Activity
1/22/2010	Release of RFP
2/10/2010	Bidders Conference
3/5/2010	Proposals Due
4/2/2010	Panel Review Recommendations mailed
4/12/ 2010	Recommendations presented to Advisory Commission on Aging
4/13/2010	Announcement of Intent to Award
4/20/2010	Letter of Appeal Due
4/26 – 4/30/2010	Appeals Review
5/10/ 2010	Advisory Commission on Aging Final Review
Mid-June 2010	Approval by Board of Supervisors
7/1/ 2010	Contracts Begin

SECTION II – OVERVIEW OF PROPOSAL REQUIREMENTS

Potential applicants are strongly encouraged to attend the Bidders' Conference indicated below. Please RSVP your attendance to Sandra Braxton, at sbraxton@acgov.org or (510) 577-1907.

February 10, 2010
9:00 – 10:30 AM
6955 Foothill Boulevard, Suite 300
Oakland, CA 94605

Bidders' Conference on February 10, 2010. – Staff of the AAA will explain the RFP process and answer any and all questions related to proposal preparation. A summary of questions and answers arising out of the Bidders' Conference will be sent to all potential applicants.

E. FUNDS AVAILABLE

The following funding will be available by Program Category for each fiscal year during the period of FYs 2010-2014. Funding levels are estimates based on current funding. Final funding levels will not be available until May, 2010.

AVAILABLE TO ALL COUNTY REGIONS:

Applicants for these funds may serve in any region(s) of the county

Measure A.....\$100,000

Geographic Distribution of Funds: The maximum funding available for each county region is articulated below. Proposals will be evaluated on the best use of these limited resources. The AAA retains the right to redistribute funds during contract negotiations if awards do not expend all allocated funding.

PROPOSAL SUBMISSION

All proposals must be submitted using the format shown (Appendix I & Appendix II), and include a signed cover sheet. Materials must be typewritten using a minimum of a twelve-point font. Please limit the narrative responses to the space provided. Please submit **one original proposal application signed in ink and 10 copies**. Please do not include brochures, annual reports, letters of support, etc., with your proposal. If more information is needed, your agency will be contacted.

SECTION II – OVERVIEW OF PROPOSAL REQUIREMENTS

The ORIGINAL PROPOSAL must include these additional documents:

1. All Applicants (nonprofit and profit making agencies)

- a. A signed Statement of General Project Requirements and Assurances (Appendix I; page 3).
- b. A signed Acknowledgment of the Appeals Process (Appendix I; page 5).
- c. An executed resolution from the Board of Directors, or legal entity authorizing submittal of the application. (Special conditions will be considered).
- d. An organizational chart.
- e. Roster of Board of Directors (including name, business and address)
- f. Copies of minutes of the last two Board of Director's meetings
- g. Copy of Adult Day Care License or status of application (if applicable)

2. Nonprofit Agencies Not Currently Funded by the AAA

- a. Nonprofit Determination Letter (501[c][3])
- b. Articles of Incorporation
- c. Most recent Bylaws

SECTION II – OVERVIEW OF PROPOSAL REQUIREMENTS

The original proposal and ten copies must be in the offices of the area agency on aging by **5:00 p.m. on March 5, 2010**. All proposals will be time and date stamped. **Postmarked, faxed or e-mailed submissions are not acceptable. Proposals submitted after 5:00 p.m. will not be considered.** Deliver the original and ten copies of the proposal to:

**Alameda County Area Agency on Aging
6955 Foothill Blvd, 3rd Floor
Oakland, California 94605
Telephone: (510) 577-1907
Attention: Sandra Braxton**

Note: The applicant shall submit the proposal, understanding that it will become a part of the official file on this matter without obligation to the AAA. Following the award decision, if requested by a member of the public, it shall be subject to disclosure.

F. BUDGETARY REQUIREMENTS

Applicants must complete a detailed Line Item Budget (using the format provided in Appendix II) that includes **ALL** projected revenues and operating costs for the proposed program or project.

G. MANAGEMENT INFORMATION SYSTEMS (MIS) AND OTHER REPORTING REQUIREMENTS

All contractors are required to provide reports by the 7th working day following the month of service. Programs delivering registered services are also required to enter MIS and Client Demographic data in the Social Assistance Management System (SAMS) by the 7th working day following the month of service. Each program is required to maintain documentation for all program and client information submitted to the AAA. Programs are expected to make every effort to submit MIS and Client data in a manner that conforms to the format required by the Area Agency on Aging.

All contractors shall maintain accountability of all statistical and financial data in order to document and assure the accuracy of the data presented in the required program and financial reports.

All contractors shall comply with Section 15630 of the Welfare & Institutions Code as it relates to the mandatory and non-mandatory reports of abuse of elders and dependent adults.

All contractors are required to attend regularly scheduled Provider Meetings scheduled by the AAA.

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I. SERVICE DELIVERY REQUIREMENTS

1...Service Areas

For distribution of OAA, Alameda County has been divided into four geographic areas as follows:

.....North:..... Albany, Alameda, Berkeley, Emeryville, Oakland, and Piedmont. For Nutrition Services this area has been subdivided into (A) Albany, Berkeley, and Emeryville, and (B) Alameda, Oakland, and Piedmont.

.....Central:... Hayward, San Leandro, Castro Valley, Ashland, Cherryland, Fairview and San Lorenzo

.....South:..... Fremont, Newark, and Union City

.....East: Dublin, Livermore, Pleasanton and Sunol

..... See EXHIBIT B for a map of Alameda County Service Areas.

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2. Targeting Practices

AAA: Due to the mandates of the OAA, applicants are asked to show both intent and planned methodology for serving the needs of persons who are 75 years of age and older, low-income, minorities, or functionally impaired. By virtue of belonging to one or more of these groups, it is presumed that these persons are in greatest social and/or economic need. The OAA requires that minorities (African American, Asian/Pacific Islander, Hispanic, Native American/Alaskan Native, two or more races or "some other race") be served **at least in proportion to their representation in the local 60+ population.**

Based on demographic analysis of the senior population and current service levels in Alameda County, **minimum** targeting standards have been set. The Alameda County AAA wishes to give special emphasis to these populations by targeting services. Targeting services means serving **beyond** the minimum representation of these populations for the proposed service. The targeting percentages, by geographic region, are as follows:

North		Central	
75+	39%	75+	41%
Low-Income	23%	Low-Income	14%
Functionally Impaired	45%	Functionally Impaired	39%
Minorities	53%	Minorities	46%
South		East	
75+	29%	75+	30%
Low-Income	13%	Low-Income	3%
Functionally Impaired	25%	Functionally Impaired	32%
Minorities	55%	Minorities	20%

For Services that are provided countywide, the following targeting goals must be met:

75+	37%
Low-Income	17%
Functionally Impaired	40%
Minorities	45%

3. Outreach Requirements

AAA: Applicants must demonstrate the ability to reach out to the targeted populations. Outreach is the ability to provide information and encouragement about existing services and benefits to elders and their representatives in the community.