



REQUEST FOR PROPOSALS

BOARD CERTIFIED BEHAVIOR ANALYSTS SERVICES

SUBMISSION WINDOW CLOSSES JULY 11, 2022 AT 12PM

**DOOTHAN CITY SCHOOLS 1665 Honeysuckle Road, Suite 1
Dothan, Alabama 36305**

PROCEDURES FOR SUBMISSION

INTRODUCTION

The Dothan City Schools System is comprised of several schools and approximately 9,500 students and is seeking to contract with agencies or individuals to provide additional professional services in the area of student problematic behavior. The purpose of this request is for Dothan City Schools (the District) to receive current rates and information on agencies or individuals that provide these services. The District has an ongoing strategic plan which includes collaborative efforts to provide specialized instruction and related services to students on District campuses. The District is seeking to augment services with a Board-Certified Behavior Analyst to achieve increased student achievement, increased attendance, and decreased student behavioral events. The District may contract with one agency for these services or multiple agencies for these services.

DUE DATE

Complete Proposals are due in physical form by noon July 11, 2022 and must be submitted to Alicia Hales, Director of Exceptional Student Services, located at Dothan City Schools Central Office, 1665 Honeysuckle Road, Suite 1, Dothan, AL 36305. The RFP packet should include all required information requested below, with subtitles labeled for clarity. Proposals that are received after the date/time specified, missing any required information, or are disorganized will not be considered for approval for the upcoming school year. Dothan City Schools is not responsible for late proposals. Any proposal delivered after this date and time will be returned unopened and will not be reviewed.

EXPECTED SERVICES

The consulting Company/Agency/Individual would be retained to provide the following Scope of Behavioral Services to the District:

- Collaborating with the district and school staff on each campus
- Meeting with students/teachers to observe and assess student behavior
- Meeting with families, teachers or doctors to discuss the student's interventions and progress and recommend ways to address behavioral issues
- Developing individual plans to correct, maintain or improve certain behaviors
- Keeping detailed notes of student meetings and progress
- Using methods such as reinforcement and conditioning to correct or reduce aggressive, harmful and anti-social behaviors and to encourage positive behaviors
- Providing research (when requested) and applying findings to their work

RESPONSE PACKAGE CONTENT

Each response packet must contain the following described elements or evidence that the company meets or exceeds the requirements stated in this Proposal. Please submit information in order listed below:

- Name of agency/individual/company
- Address
- Telephone, Fax Number and Email Address of contacts
- Form of Company (sole proprietor, partnership, corporation, non-profit)
- Background Check on all employees who would work with students
- Copy of current Malpractice Insurance

- Date Company formed or incorporated
- Company Principals including President, Chairman, Vice President, Secretary, Chief Operation Officer, Chief Financial Officer, General Manager
- FEIN (Federal Employee Identification Number) of proposer or SSN (Social Security Number) in case of sole ownership
- Licenses to conduct business in the state of Alabama
- Size of company with number of staff
- Location of office that will provide services if not at a school site
- Requested templates for functional behavior assessment (FBA) reports, behavior intervention plan (BIP), data collection sheets, and temporary BIP

SIMILAR ENGAGEMENTS WITH OTHER GOVERNMENT ENTITIES/REFERENCES

Individuals/Agencies should list the most significant services (minimum of 3) performed in the last five years that are similar to the scope listed in this Proposal. The list should indicate the scope of work, dates, engagement partners, total hours and the name and telephone number of the principal client(s) contact.

COST/RATES

Individuals/Agencies must submit Exhibit A in its entirety to be considered. Individuals/Agencies shall furnish, but not be limited to labor, materials, equipment, supplies, and expertise necessary to provide the services as outlined in this Proposal.

AGREEMENT

The District requires all contractors to enter into an agreement for the duration of this project. A copy of such agreement should be provided with the Proposal if Individuals/Agencies have their own agreement.

APPROVAL

Upon review of all proposals, the Department of Exceptional Student Services will approve those meeting qualifications to be allowed in the schools for observations, evaluations, consultation, training, and intervention, pending their following the guidelines set forth in the DCS Policy Manual.

All agencies or individuals who submit an RFP will be notified if they were approved by email by the first day of the new school year.

DCS GUIDELINES TO CONSIDER

Please include the following in your proposal that correlates with our requests. After meeting to discuss what is most legally defensible, we wish to request the following compliance guidelines:

- **Temporary BIP**
An example of your “temporary and immediate” consultative plan for the teacher to initiate while you are obtaining an FBA. Data can also be collected during this time, of course, but it will target just the things the teacher has reported as an issue before your formal FBA. We often find that by the time the school is requesting BCBA involvement, they have exhausted their remedies and need guidance from an outside entity. Provide an example in your proposal request.
- **Separate FBA and BIP**
DCS requests that the FBA and BIP be separated to ensure ease of access to teachers and staff who are implementing the BIPs. Please provide a template for your FBA and BIP components.

- **Timeline Following the Request for Evaluation and Plan**
 Our system requests a turnaround time of 40 calendar days for a student to receive a Functional Behavioral Analysis and a written Behavior Intervention Plan. The IEP case manager is responsible to coordinate an IEP meeting to implement the plan once approved.
- **Shared Database**
 Our ESS administration requests a centralized and secure web-based storage system. This should be in the form of an easily accessible database (e.g. Google Drive) for housing Data Collection, FBA and BIP submission, Consultative Notes, Parent and Staff Training Documentation, and Paraprofessional Integrity Checks.
- **Staff Training and Parent Training**
 DCS has developed a form for the contracted BCBA agency to document all training conducted with parents, school, and contracted staff.
- **Integrity Checks**
 DCS provides Registered Behavior Technician training to all paraprofessionals and teachers involved with the resource rooms that focus on behavior or autism. Although not required to complete the actual exam to become an RBT, these staff members must have integrity checks documented, as determined by the system.
- **Updated Data and Plans for Annual IEP Meetings**
 DCS requests for updated data before IEP meetings in which teams plan to discuss behavior progress or lack thereof. Before annual IEP meetings, the contracted agency will provide progress monitoring updates and a new BIP for the upcoming school year. If the BCBA determines no FBA is warranted for the updated BIP, then a statement will be included on the new BIP to state this and why. Due to the nature of an IEP, this information should be provided to each case manager and the district office one week before the IEP meeting is scheduled.
- **Quarterly Meetings with DESS**
 DCS will request meetings with the BCBA agency to encourage constant communication regarding student, school, and system needs and allocated resources.

**PROPOSAL
EXHIBIT A
COST/RATE FORM**

Date: _____

Company/Individual Name: _____

The undersigned, have carefully examined the request for Proposal for BCBA Services for Dothan City Schools, hereby submits the following rates for said services. This page must be signed by the authorized agent of this firm.

PROFESSIONAL FEES

HOURLY RATES

1. \$ _____ Per hour rate for counseling individuals
2. \$ _____ Per hour rate for preparing materials
3. \$ _____ Per hour rate for any other services (Specify)

OTHER EXPENSES

1. \$ _____ Additional other services (Specify)

Authorized Agent Signature:

Printed Name/Title:
