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December 8, 2020

**HCJFS REQUEST FOR PROPOSAL
FOR FAMILY PRESERVATION CONTINUUM SERVICES
RFP SC10-20R**

ADDENDUM 1

Questions asked before RFP Conference:

Q1. Who are the current Providers for family preservation, what is their unit cost and are they also billing Medicaid for services?

A. Current Providers are National Youth Advocate Program and SJO Kids dba St. Joseph Orphanage. They are billing Medicaid for Medicaid reimbursable services and HCJFS is billed and paying for those services when they are rejected by Medicaid.

HCJFS set the following rates for non-Medicaid services. Court testimony \$100/hour, Case Management services \$60/hour and Homemaker services \$30/hour.

Q2. What evidence-based practices are being used by current family preservation Providers?

A. In 2017 Intensive In-Home Based Services providers provided evidenced-based services based on interventions that we knew or had known at the time. With the passage of Family First Prevention Services Act in 2018, States had the option to use Federal funds for approved, evidence-based services to prevent children from entering foster care. As time passes and new laws change to improve outcomes for children our abilities to provide in-home bases services to families have increased. With the passage of The Family First Prevention Act that will go into effect in October 2021 we anticipate the evolution of even more opportunities to safely keep children in their families or with relatives and prevent them for going into foster care. Evidence based practices include mental health therapeutic services, substance abuse treatment, improved parenting skills, trauma based therapeutic interventions, adult/ child/caregiver conflict resolution,

interventions that addressed suicidal ideation and domestic violence to name a few. Further interventions in 2017 included:

- Understand, integrate, and contribute information for routine ongoing safety and risk assessment and determination of family needs, strengths and well-being;
- Obtaining core support services (childcare, family visitation, respite care, employment, housing, on-going mental health services, etc.);
- Parent Child Interaction development – including understanding child development, empathy for their children, and how they affect parenting and discipline;
- Focus on development and enhancement of parent child attachment, and connection;
- Evaluation and expansion of positive family supports;
- Coordination of community resources for the family;
- On-going case evaluation and monitoring to assure effective service delivery;
- Family living skills, and household and family management (Homemaker services);
- In person family crisis intervention;
- Comprehensive holistic case coordination;
- Individual, Couple, and Family Therapy;
- Healthy relationship training;
- Parent self-care, emotional regulation, judgment and decision making, roles and responsibilities of parents, abilities to adapt and put aside own needs;
- Parent partner programs;
- For parents who are abusing substances or with mental health needs, these services also include coordination with their organization's Qualified Behavioral Healthcare Professionals (QMHP), or HCJFS's behavioral health care service network;
- Assure that families are involved with Provider at service planning level, and will hold at least one stakeholder feedback meeting per year to solicit input and feedback from families and children. Reports shall be submitted to HCJFS;
- Deliver services to children and families which are culturally competent and are responsive to their unique needs;
- Services ensure for the safety, stability and well-being of children and families during the referral period; and
- Assistance in removing barriers to treatment is also provided, and may include family support, domestic violence services, child-care, transportation, housing or other supportive services as identified.

Intensive home-based treatment (IHBT), recognized by the State of Ohio as an evidence-informed Medicaid billable service, provides formal standards for the delivery of in-home services.



IHBT Certification allows providers to offer continuity of in home supports and services for families who may benefit from continuing in-home services after JFS closes a case.

For more information on existing standards, visit <https://mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/Intensive-Home-based-Treatment>

Reference: State of Ohio 5122-29-28 Intensive home-based treatment (IHBT) service.

<https://mha.ohio.gov/Portals/0/assets/HealthProfessionals/About%20MH%20and%20Addiction%20Treatment/IHBT/5122-29-28-ihbt-service.pdf?ver=2018-11-26-111835-813>

In our current RFP, we have been more prescriptive in our expectations and have broken down the structure to include a continuum of services for family response and support which encompasses an array of services to enhance family preservation. That will rely on intensive and frequent intervention and will rely on Mobile Response and Stabilization Services (MRSS) more therapeutic services. See pages 5-11 of RFP.

Q3. What needs are not being met by current Providers? What enhancements could a new Provider offer?

A. The Providers of the Intensive In-Home services have been responsive to the needs of families in accordance to the current contract expectations. HCJFS has expanded and provided additional expectations in the scope of work for the Family Preservation Continuum to reflect advancement of these services and enhance practice to support Family First Prevention Services legislation being implemented in Ohio in October, 2021. We have enhanced services that strengthen families and help prevent out of home placements of children and families or provide early reunification services. New enhancements that a new Provider could offer include the three tiers of service for family response and support, which encompasses a continuum of services to enhance family preservation. Further, a Provider can offer how they will execute providing these services in a home-based setting where their client is not the individual per se, but the family members as a whole that could include a paramour or other frequent visitors to the home, such as extended family members who can be a support to the family dynamic (see pages 5-12 of the 2020 RFP).

Q4. How much funding is available through this RFP and what are the current numbers served?

A. \$400,000.00 per year for the service. We anticipate that there will be more than 1 provider so the amount per provider will depend on the number selected. Families involved during the last twelve-month period; December 2019 through November 2020 was studied. 111 families were referred, and 181 families served during this time period. We had two Providers.

Q5. What is the largest file size that this RFP contact email can receive?

A. As outlined in Section 2.0 of the RFP, the maximum file size for proposals being submitted is 24MB.

Adult Protective Services (421-LIFE) • Cash & Food Assistance • Medicaid • Child Care Services
Child Support Enforcement • Children’s Services (241-KIDS) • Workforce Development



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