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December 17, 2020

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

**ADDENDUM 3**

**Questions asked after RFP Conference:**

**Q1.** Is there an expectation that all proposed services are to be Medicaid reimbursed?

**A.** Yes, please refer to Addendum 2, question 4 for details.

**Q2.** Do agencies have to apply to provide all three tiers - the full continuum of services? Or can agencies target 1 or 2 tiers?

**A.** HCJFS desires that all Providers that respond to the Family Preservation Continuum RFP address all Tiers in their proposal. HCJFS is hoping to provide a consistent approach for families involved in this service and knows that at any given time a family can move from one Tier to another, but the Provider will stay the same. This service is seen as a fluid service, but the Provider will remain with the family.

“Provider must answer, in narrative format demonstrating capacity to perform service.” (Please refer to page 12 Section 1.2.2 of the RFP.) See also Letter B. Please detail how Provider would address all three tiers of In-Home Services and meet the minimum requirements. (See p. 16 of the RFP).

The Board of County Commissioners, Hamilton County, Ohio (BOCC reserves the right to award Contracts for these services to multiple Providers and to award contracts for all or any portion of these services requested.

**Q3.** What percent of families will be Medicaid eligible?

**A.** When a family begins working with Children’s Services, we don’t necessarily know whether that family is eligible for Medicaid (through a Managed Care Plan) or whether they receive private insurance.

Once the service is established, the applicable available insurance, if available, is vetted and applied to the service type within that service delivery. And of course, if the child ends up in agency custody, then the availability of Medicaid/managed care is all but guaranteed.

We know that 97-98% of children in care were already on a type of Medicaid before they came into custody. We are mandated to provide Medicaid for all children in care with the exception on Non-US Citizens and children that are not Qualified status.

**Q4.** How does the County delineate between referrals for Tier 2 and Tier 3?

- a. How does the Crisis Stabilization (60 days) differ from Intensive In-Home?
- b. Do Tier 3 cases transition into Tier 2?

**A.**

- HCJFS has identified three tiers of service for family response and support which encompasses a continuum of services to enhance family preservation. Tier I is identified as “Family Reunification Services,” and focuses on families that are experiencing child welfare involvement, and are court involved and children are living outside the home via foster care or kinship placement. **Tier II is “Intensive Family Support” and works with families experiencing child welfare involvement and includes a child/ren are at risk of removal.** Tier III is identified as the highest level of intensity and frequency and will rely on Mobile Response and Stabilization Services (MRSS). **Tier III would work with families experiencing child welfare involvement and is in an immediate crisis.** Although, any family can move through the Tiers of service depending on their need at the time. **The family can make the referral, or it is identified by HCJFS staff including during a safety plan creation, active removal or response to 241-KIDS call.**

MRSS empowers families involved in child welfare to request their own services. From a quality and clinical perspective, children, youth, young adults, and families benefit from **MRSS because they get to initiate care based on a self-defined crisis.** “Crisis” means different things to different families; it is important to use the family’s own definition, based on their own needs and strengths. A significant percentage of persons seen by MRSS providers have not previously received behavioral health treatment. A first experience in receiving crisis services can be daunting. Engaging families in a culturally and linguistically competent crisis response is essential, not just for reducing risk in the current crisis and preventing future crises, but also for developing trust; if a family’s



priorities are not respected, they may choose not to seek services in the future.

Bottom line the biggest difference with Tier 3 is response time, frequency and intensity. Tier 3 also accepts referrals from child welfare involved families and HCJFS staff, where the other two are solely referrals from HCJFS staff. (See pages 17- 18 of the RFP Section 1.2.2 Service Components.)

Tier 2:

2.e. "Provider should provide a plan to mitigate safety concerns in the home **within 6 months**. ( 1.22. Service Components- pg. 17).

Tier 3

3.d. "Provider will be expected to work with the family in the home 3-5 days a week, and for no more than 60 days.

3. e." Provider will be expected to create a transition plan with the family for ongoing support beyond the **intensive 60 days** (1.2.2 Service Components- pg. 18)

- A family could transition from Tier 3 to Tier 2 once the "crisis is addressed and if the family needs continued services, the family can be provided supportive services from JFS and move into a less intensive service. However, if the family develops new coping mechanism and does not need continued support from and the children are not in JFS custody, the family can be closed out with services being met by the community Provider, ie: receiving behavior health treatment. In this scenario, the Provider would have to document the family transition plan with JFS and any providers outside of JFS.

**Q5.** Do you have a target number of Providers you're aiming to contract with? Or how many Providers do you want to contract with?

**A.** At this time, we do not have a target number of Providers we are aiming to contract with. In past years we have awarded the contract to three Providers due to the proposals submitted. We can award contracts for these services to multiple Providers and/or award contracts for all or any portion of the services requested herein.

**Q6.** On page 18 of the RFP, Section 1.2.2 – Service Components – B-3(b) states "Provider is expected to respond within 1 hour, unless otherwise identified by the family or caseworker, but no less than 72 hours." We are wondering if it should be "no more than 72 hours" rather than "no less than 72 hours." Can you please clarify the response time?

**A.** HCJFS desires that all Providers of the contract are expected to respond to mobile crisis that families may experience. Families in crisis need immediate

response time. We want Providers to respond within 1 hour of being contacted and continue to respond to the family crisis within a 72-hour time frame.

MRSS tries to incorporate family decision-making too. That is why there is a window of time.

Provider is expected to respond within one hour, unless otherwise directed by HCJFS staff or the family, but no more than 72 hours.

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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