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**HCJFS REQUEST FOR PROPOSAL  
RESIDENTIAL TREATMENT SERVICES**

**ADDENDUM 1**

**Question asked during RFP Conference:**

**Q1.** Can we accept referrals for these beds from outside referrals and outsider funders? For example, can we have contract youth and commercial youth? Can we contract with other counties?

If yes, do we have to commit a certain number of beds available for HCJFS?

If yes, does HCJFS purchase the beds per day or do they only pay for beds that are currently filled?

**A.** Yes, if your proposal is accepted, HCJFS recommends Providers receive funding from other sources, i.e. other counties or agencies. HCJFS cannot guarantee placements. HCJFS will only pay for the bed we are using from the day of placement. HCJFS is not able to just hold beds.

**Q2.** What is the projected need at each level of care? How many beds do you expect to have at each level?

**A.** The average usage to date per month (from Nov 2015 to date) has been:

RT-unlocked 56

RT-locked 36

**Q3.** When a client needs to change level of care, is it simply a matter of the score on the level of care tool, or is there a consultation necessary?

**A:** There is always consultation before a child's LOC is changed.



**Q4.** Is the level of care tool mentioned in the RFP mandated or can other instruments be used?

**A:** The LOC tool prescribed by the RFP is the one to be used at this time.

**Q5.** What age ranges should be served at each level? Is there an openness to focus on specific age ranges? Example: 6-12 or 13-18?

**A:** HCJFS would prefer to serve youth in residential care however, will and has placed children as needed. Providers may choose to serve a population based on age, etc. as they see fit.

**Q6.** What restraint/seclusion model should be used? Is there an openness to various models?

**A:** Please follow ODJFS rules for permissible restraint/seclusion models.

**Q7.** Is there an anticipated length of stay or range for length of stay for each of these care levels?

**A:** HCJFS is striving to limit the length of stay in RT to 120 days.

**Q8.** Can you provide any additional detail on the specific differences between levels of care?

**A:** The delineation is RL1 and RL2. RL1 is staff secured and RL2 is locked.

**Q9.** Can these programs exist in a physical location with other programs? For example, can a crisis and a closed resident live in the same building?

**A:** Yes.

**Q10.** Are you open to newly established programs from an established organization, offering similar if not exact services?

**A:** Yes, please. We are open to new and creative programs that can meet the needs of the children and youth.



**Q11.** If an organization wants to provide residential treatment services but the facility will not be ready until after the contract start date, will the organizations proposal still be considered (i.e. the facility will require construction)?

**A:** HCJFS accepts all proposals. However, facility must be operational by the time the Contract has been executed by all parties.

**Q12.** Page 17 D: used to be 7-day supply of clothes at discharge, now 14?

**A:** Yes. This is correct, youth were not able to manage with 7 days of clothing in lower levels of care so we increased the expectation to 14 days.

**Q13.** We are constructing a crisis stabilization unit on our campus. Should we suggest/identify separate unit rate for this service? This service will not be open until winter 2017/spring 2018.

**A:** Your budget should contain all services and the respective unit rates you are proposing even if the services are currently not available, but will be available within the Contract period.

**Q14.** Could you elaborate on “other direct service” column? Are we identifying foster care in this column?

**A:** Other Direct Services consist of all other program services your agency provides. If Foster Care is one of those programs, then it should be listed under Other Direct Services.

**Q15.** Regarding the budget, is the information for narrative adequate, or do you need a more detailed, separate budget justification?

**A:** The budget narratives assist in assessing each line item expense by providing a description of the expense. For example, if \$50,000 is allocated to conferences under Travel expenses, there should be an explanation of what that entails. A separate budget justification is not needed.



**Q16.** Is it accurate to say that Section 2.6 and Section 2.7 do not need anything for submission?

**A:** Yes, you are correct. Section 2.6 – Financial Documentation and Section 2.7 – Declaration of Property Tax Delinquency are not required with proposal submission. Section 2.6 needs to be submitted if your proposal is accepted and prior to final approval by the Board of County Commissioners. Section 2.7 is only required if your proposal is accepted. This form must be submitted during Contract negotiation.

**Q17.** Section 2.8 G – Job Descriptions, “tailor these to meet the needs of services being purchased.” We have more encompassing job descriptions (i.e. position not just written to residential program. Are these ok?

**A:** Please remove “tailor these to meet the needs of services being purchased” from job descriptions. Including this statement in the RFP was in error.

**Q18.** Are “supervisors” considered program “administrators” in the resume required section?

**A:** Yes, please include supervisors if they will be working directly with the program.

**Q19.** Why did you, and how did you come up with the decision to identify the client’s identified gender to them during treatment? What about sleeping arrangements and bathrooms?

**A:** It has been our experience that youth are better served when we identify them by the gender they prefer. This is an evolving area for us and we are still learning how best to manage transgendered youth. As it comes to bathrooms and sleeping arrangements we are following ODJFS rules however, we are encouraging providers to be creative wherever possible.

**Q20.** You mentioned reducing disruptions; do you have program specific data over the last several years?

**A:** During 2016 we had 55 children who disrupted from RT and needed another RT center.



**Q21.** What is the current average length of stay?

**A.** The following is the average length of stay by month for 2016:

Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
209.7	224.1	216.5	284.9	327.5	241.8	240.3	260.7	370.0	268.0

**Q22.** ILS services start at age 14 (page 9) but say for youth “16 and older” on page 25, #7.

**A:** This is an error. 14 is the correct age.

**Q23.** Please explain #4 on page 19.

**4. Employee Confidential Information:** HCJFS may request that the Provider not use an employee or prospective employee based on confidential Children’s Services information known to HCJFS. To this end, Provider shall provide to HCJFS the name and social security number of all individuals having direct contact with customers prior to providing services. Provider shall not use an employee or prospective employee unless approved by HCJFS.

**A:** This is in reference to what we call “instant Notification” reviews (Hamilton County Clerk of Courts information) and other similar file reviews potential and existing employees are fully vetted utilizing all available sources to promote safety of youth.

**Q24.** Page 22 #8, do you want a blank discharge plan or a narrative of a successful discharge?

**A:** Please use whichever method best describes your discharge process/planning to us.

**Q25.** Resumes are to have no personal information, yet you want reference information in the resume. Can it simply say, “References available from agency human resources department??

**A:** RFPs and all attachments are public documents and are available for general viewing. It is the proposing agency’s option to redact all “personal” information from resumes. The information we are requesting regarding “professional” references to be included on your resume is to verify references. You may opt to include the job title of the human resources contact person vs the name

