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June 24, 2016

**HCJFS REQUEST FOR PROPOSAL  
TRADITIONAL FAMILY FOSTER CARE AND  
TREATMENT FOSTER CARE PLACEMENT SERVICES**

**ADDENDUM 1**

**Questions asked before RFP Conference:**

- Q1.** For agencies who responded to the recent RFP for group home services, can the letters of reference be reused for the foster care RFP, assuming that the letter addresses foster care services?
- A.** Yes.
- Q2.** Will electronic copies of the cover letter and budget sheets be e-mailed as addendum?
- A:** Yes. All registered Providers will receive Cover Sheet – Attachment A, unlocked Excel budget, and all addenda electronically.
- Q3.** In a very quick review of the RFP just sent out for foster care, I noticed that the “SACWIS Contract” is not being utilized? (i.e., OAC 5101:2-47-23.1, now commonly being referred to as the “SACWIS Contract” that went into effect 4/30/16). Item “I” of OAC 5101:2-47-23.1 states, *“Each Title IV-E agency shall have until their next contract renewal or three years from the effective date of this rule, whichever come earlier to implement.”*

Perhaps I am misunderstanding something. Isn't this just released RFP the start of a new contract period? Does HCJFS have authorization from ODJFS to use a Contract other than the new one? Will a non-SACWIS Contract be valid?

**A:** The SACWIS contract is a state requirement. The Hamilton County contract is being included as there are local expectations for the delivery and management of the services reflected in the Hamilton County contract that are not included within the State form contract. This insures full disclosure of expectations for providers. We will be utilizing the state SACWIS contract, with addenda and exhibits reflecting our local requirements.



**Q4.** The last RFP included Butler and Clermont counties. Does this RFP include other counties, or just Hamilton?

**A:** Hamilton County only.

**Q5.** Can you clarify whether HC must give permission before agencies hire employees or use existing employees? If yes, how will this process work? And what is the process for submitting names and SS numbers of those having direct contact with customers (p.19 reference)

**A:** There are two separate issues you are asking about.

1. All staff, foster parents, and alternate caregivers/respite providers are to have the BCII completed as a condition of employment. No one is to work alone with our children and youth until a successful criminal records check clearance. This will be true for any existing or new staff. Verification of the criminal records checks are to be maintained in the employee's files.
2. Providers also must adhere to requirements found on page 16 of the RFP, where it explains your organization will need to submit name and social security number for all of your staff, foster parents, and alternate caregivers/respite providers for daily electronic screening through the Hamilton County clerk of courts criminal records files. This must also occur before these individuals can work alone with our children and youth. Detailed procedural instructions will be provided if your organization is selected for a contract through the proposal evaluation process.

**Q6.** Life skills training and supports for youth are listed as age 13 and above (p.6), age 14 and above (p.17), and age 16 and above (Sample Contract). Can you please clarify what age?

**A:** Age 14.

**Q7.** Please clarify requirement to provide lifebooks to HC annually and at discharge. Historically these have remained with the youth.

**A:** Please provide to caseworkers who can determine where and with whom the lifebook will reside.



**Q8.** Please clarify whether crisis plans are to be developed for all youth, or youth determined to be in need of a crisis plan. Example, should a crisis plan be developed for a 6 month old?

**A:** A crisis plan should be provided for all age appropriate children and youth.

**Q9.** Please clarify what is meant by following normalcy guidelines for planned respite care (pp 11 & 12). Our understanding was this was different from respite/alternative care.

**A:** That is correct they are different. Respite planning should be followed as on pages 11 & 12. Normalcy guidelines should not be used in lieu of respite planning.

**Q10.** Please expand on meaning/intent of no eject/reject standard pertaining to referrals.

**A:** For the emergency beds all referrals for children and youth will be accepted and the children and youth will be maintained in the placement until the next suitable placement is found.

**Q11.** Regarding Adoptive Placement/Supervision rates, what criteria do we need to meet to qualify for adoptive placement payment? In what circumstances would this occur vs. placement remaining FC placement prior to adoption finalization?

**A:** HCJFS typically provides adoption supervision if a child is located out of state. If Adoption supervision is requested HCJFS will initiate a contract specific to this service. If a foster parent is adopting a child already in their care, HCJFS typically provides the foster care per diem until the date of finalization.

**Q12.** Please clarify requirements for verifying applicants' work history.

**A:** It is the Provider's responsibility to verify information on a potential hire's application is accurate, including contacting previous employer(s) and references.

**Q13.** On p. 23/24, Letter O, # 11 and # 16 are the same.

**A:** You are correct. Please remove number 16.



**Q14.** Section 2.0, Provider Proposal, pg 20: Each proposal should not exceed a total of 300 pages. Do “required attachments” count towards the 300 page limit? Could HCJFS clarify/list all the required attachments to be submitted with the RFP response, as well as, list any/all attachments that are to be provided after the submittal of the RFP response?

**A:** Yes, all attachments are included in the 300 page limit. All documentation listed in Section 2.8 – Proposal Documents must be submitted with proposal. Please see responses to questions 17, 18 and 19 below regarding documentation to be included after proposal submission.

**Q15.** Section 2.2.1, U, page 25. Are Items “V” through “LL” intended to be part of the response to “U”?

**A:** Yes. Please see response to Question 20 below.

**Q16.** Section 2.2.1, Items “U” through “LL”, page 25. Items “U” through “LL” are statements only. What are those responding to the RFP supposed to do with these statements?

**A:** Please see response to Question 20 below.

**Q17.** Section 2.6, Financial Documentation, pg 32: Does HCJFS want the Independent Annual Audit, and Form 990 attached to the RFP Response? If yes, do the pages of the Independent Annual Audit and Form 990 count towards the limit of 300 pages of the RFP response?

**A:** Section 2.6 – Financial Documentation does not need to be submitted with proposal. This documentation needs to be submitted if your proposal is accepted and prior to final approval by the Board of County Commissioners.

**Q18.** Section 2.7, Declaration of Property Tax Delinquency, pg 32: Is this form to be submitted with the RFP Response? Is this form part of the limit of 300 page count?

**A:** Section 2.7 – Declaration of Property Tax Delinquency does not need to be submitted with proposal. If your proposal is accepted, this form must be submitted during Contract negotiation.



**Q19.** Section 2.8, Proposal Documents, pg 34: Certificates of Insurance: Does HCJFS wish for this certificate to be included in the RFP Response or sent to the HCJFS Contract Specialist separately? If attached to the RFP response does this count towards the limit of 300 pages?

**A:** Certificate of Insurance must be submitted with proposal and is included in the 300 page limit.

**Q20.** Are the IL skills listed V – LL (p. 25) supposed to be under Section U, or are they separate sections?

**A:** You are correct. Please remove U – V V and replace with the following:

U. Provide a detailed curriculum and service delivery components designed to promote self-sufficiency and independence for child/youth age 16 or older. Describe how the child/youth's case plan goals will include goals for emancipation and address the following skills as described in Section 1.2.2 - 24.

1. Daily living.
2. Securing and maintaining a residence.
3. Home management.
4. Utilization of community services and systems.
5. Accessing and utilizing transportation.
6. Utilization of leisure time.
7. Personal care, hygiene and safety.
8. Pregnancy prevention.
9. Parenting skills.
10. Time management.
11. Decision-making and communication skills.



12. Assistance in obtaining a high school diploma or GED, evaluating personal educational goals, and planning preparation for post-secondary education and training.
  13. Securing and maintaining employment.
  14. Planning for job and career development.
  15. Planning for ongoing and emergency health care needs, including education about avoidance of drug and alcohol abuse, risky sexual behavior and smoking.
  16. Building positive self-esteem and self-image.
  17. Building positive adult relationships and support systems.
- V. Describe how Provider will assist older child/youth with transitioning into adult services (i.e., Adult case management, DD, MH and Drug Treatment).  
Assist child/youth with locating employment, learning Independent Living skills, having adequate housing options, accessing health care systems and connecting to appropriate systems of care including but not limited to Mental Health, DD, and drug/alcohol abuse services as described in Section 1.2.2 – 20.
- W. Describe what interventions will be used to support child/youth through a crisis in a safe manner as described in Section 1.2.2 - 20. Provide specific strategies that will reduce reliance on police interventions and psychiatric hospitalizations.
- X. Describe how your organization will support and ensure visitation occurs according to the child and family's needs, is flexible and in the least restrictive setting as described in Section 1.2.2 – 4, 18 and 20.



- Y. Describe Provider's experience with delivering evidence-based services and treatment models, and successful history of effectively working with child/youth who have complex mental health, learning and behavior disorders. Include crisis management and support to the child and foster family.
- Z. Describe how Provider will ensure all child/youth receive timely routine and specialized medical, vision and dental care in accordance with OAC, and how documentation will be submitted to HCJFS for child's case records as described in Section 1.2.2 – 19.
- AA. Demonstrate how Provider will accommodate sibling sets and traditional family foster care placements as described in Section 1.2.2 – 1 and 18.
- BB. Provide a narrative detailing the scope of activities performed as case management functions and for the purpose of providing support, coordination, treatment and permanency planning activities for the child and family as described in Section 1.2.2– 7.
- CC. Describe practices to work with collaboration with a child/youth's caseworkers, families and other treatment team members to achieve legal permanence or long term connections and supports for child/youth as described in Section 1.2.2 - 7, 18, 20 and 24.
- DD. Describe how Provider will respond to emergent, urgent and routine placement needs during business hours, after hours and on weekends as described in Section 1.2.2 – 1.



EE. Individual Aid Service - Describe what additional services will be provided to a child/youth including the type of contact and frequency.

Adult Services/421-LIFE • Cash Assistance • Child Care Services  
Child Support Services • Children's Services/241-KIDS • Employment and Training  
Food Stamps • Medicaid • Mt. Airy Shelter • Tuberculosis Control





- **Section 3.1 – Program Schedule.** Remove Section 3.1 from Traditional Family Foster Care and Treatment Foster Care Placement Services RFP SC01-16R and replace with Section 3.1 included as part of Addendum 1.

### 3.1 Program Schedule

ACTION ITEM	DELIVERY DATE
RFP Issued	June 16, 2016
RFP Conference	June 24, 2016 1:30 p.m. – 3:30 p.m.
Deadline for Receiving Final RFP Questions	July 1, 2016, noon
Deadline for Issuing Final RFP Answers	July 8, 2016, noon
Deadline for Registering for the RFP Process	July 1, 2016, noon
Deadline for Proposals Received by RFP Contact Person	July 22, 2016, by 11:00 a.m.
Oral Presentation – if needed	Week of August 15, 2016
Anticipated Proposal Review Completed	Week of August 15, 2016
Anticipated Start Date	January 1, 2017



- **Section 1.2.2 – Service Components. Add the following:**

21. Computers and internet access - Must be available to children and youth for use for education, social access and employment needs in the foster home. All internet use should be monitored appropriately by foster parents.
22. Staff Training – All staff and foster parents will receive formal training related to trauma that will result in the families' ability to better manage children/youth leading to better outcomes including placement stability, functional stability and decreased disruptions within 1 year of hire/licensure. All staff will receive formal training related to the goals, laws and roles of the child welfare system within 6 months of hire or 1 year of licensure for foster parents. Additionally, staff and foster parents are to be educated on the importance of meeting the needs of LBGTQ youth and to address youth as the gender they most identify with and without regard to personal beliefs, bias, etc.

