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

ADDENDUM 2

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

25. 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.
26. 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.



Adult Services/421-LIFE • Cash Assistance • Child Care Services
Child Support Services • Children's Services/241-KIDS • Employment and Training
Food Stamps • Medicaid •

Questions asked during RFP Conference:

Q1. ODJFS rules require foster parents to complete child checklist identifying youth they are willing to work with. If they are unwilling to work with the LGBTQ youth or do not want children with significant trauma why do they need to be required to attend training they will not use?

A. Our expectations for training are that staff and foster parents are best prepared for providing responsive services to meet *all* of our children's and youths' needs, including children and youth who have experienced significant trauma or who's sexual orientation and or gender identity is lesbian, gay, bisexual or transgendered. It is our hope that when staff and foster parents receive formal training supporting LGBTQ youth and trauma informed care and responses establishes as a culture that will result in the foster care organization's ability to better manage foster child/youth's behaviors leading to better outcomes, including placement stability, functional stability, and decreased disruptions. This culture also improves the well-being of our youth and the homes in which they live.

Q2. Will the SACWIS contract be the first 21 pages of the final contract?

A: Yes and possibly no, depending on how SACWIS functionality places any addenda and exhibits within the form contract. Hamilton county is working with our Prosecuting Attorney's office to formulate addenda/exhibits so that all local requirements will be incorporated into our contract documents utilizing the new SACWIS IV-E contract.

Q3. On page 24 of the RFP, what's the difference between outcome #11 education outcomes for child/youth and #16 educational outcomes?

A: Please remove question 16.

Q4. Section 1.2 Scope of Service: HCJFS seeks service Providers who are able to create partnerships with schools and community Providers. Is this weighted higher? Given the inclusion of an adoptive placement services component, will the weighting be higher for agencies that have dual licensure?

A: There is no weighting of answers or responses Provider's proposals are evaluated/rated by the team. Providers are typically rated higher who have demonstrated relationships with the education community or who are dually licensed for foster care and adoption services.



Q5. Section 1.2.2 Service Components: within the foster care environment should include an array of individual supportive services that are responsive to the unique needs of children/youth and families. Are all of the services listed hard requirements, i.e. transportation?

A: Yes, they are “hard” requirements.

Q6. In Section 1.2.2, it states the following components shall be provided to youth in care (this section is for information only and Providers don't need to address in their proposal). How will you know a Provider does or does not offer all of these services if we don't have to mention it?

A: All of your information will be shared in section 2.2.1

Q7. Page 66 regarding Provider warrants and represents all other sources of income, since Medicaid redesign and managed care implementation hasn't been finalized, how can we accurately determine off-setting income for future periods?

A: Providers will have to do the best they can with anticipating future Medicaid revenues. We fully understand that there are many unknowns with respect to behavioral health programming and financial support.

Q8. The new FLSA wage and hour change that takes effect December 1, 2016 will have an impact on our cost structure. How is the county preparing to handle these additional costs from Providers?

A: We will have to all live with the new environment with the federal requirements. We are not yet sure of what the full financial impacts will be for the county. Providers are to include these costs clearly in the proposed budgets.

Q9. Can you please make available a list of contacts that include caseworker, supervisor and UM? This is very hard to find when needed?

A: Yes we can work on this. In the meantime if you have a question about staffing of a case please feel free to call or e-mail Nadine Hudgins or Donna Lang.



Q10. Do Providers included on the program/LOC sheet within the budget a cost for the referrals of no eject, no reject; or will these youth come with an LOC?

A: As this is a new program/concept we will be figuring this out as we go and believe that these children/youth will be TFC-SN, however please include an emergency rate so that there can be discussion at contracting time.

Q11. For emergency placements, is 7 days the most the child will ever need the placement? Can this be extended, and if so by when/what is the extension procedure?

A: It is our desire to keep these beds fluid so that they are always available for emergencies. We are sure however, that there will be times when exceptions will need to be made.

Q12. Are there a certain number of contracts that you are prepared to offer?

A: No.

Q13. On page 8 of the RFP – can you define the “no reject no eject” standard for referrals? This seems to conflict with our matching process.

A: In fact, we would prefer to make the best possible matches possible, however, in emergency situations we are not afforded this opportunity. With these beds we are hoping to get more information about the child/youth in order to then be able to make a better match for the next placement.

Q14. Will there be higher per diem rates for emergency placements? We pay staff to be on-call in these cases and would consider a higher per diem for foster care parents the first day.

A: Please propose your rates based upon anticipated costs and include a column on your budget dedicated to line item expenses for the emergency services if they will be expensed at a different rate than the other services your organization is proposing.



Q15. On page 10 of the RFP – for monthly progress reports, could we instead submit reports twice per year? They are only reviewed twice per year by HCJFS staff.

A: No, for the RFP we are not willing to negotiate a change. In the future, at the correct time and place, we are willing to enter into a conversation discussing the appropriateness of changing the reporting timeframes of TFC-T notes only

Q16. On page 12 of the RFP, please define a crisis support plan.

A: A crisis support plan should support a child/youth by understanding their needs and triggers in order to reduce the number of crisis incidents that young person may have. Working with the child/youth's team the plan should address issues that prevent a young child from having a temper tantrum or an adolescent from going AWOL or needing a psychiatric hospitalization. Pro-active, trauma responsive, interventions should be planned, documented, and shared with foster parents. The goal of a crisis plan is to decrease/prevent the number of crisis oriented situations that a foster parent faces without direction and support by arming them with the knowledge of triggers and interventions they can look for and utilize.

Q17. Can you explain more about expectations for adoption services?

A: This will be answered in an upcoming addendum.

Q18. How many adoptions were completed during the last year?

A: This will be answered in an upcoming addendum.

Q19. How many adoptions are expected per year going forward?

A: This will be answered in an upcoming addendum.

Q20. Where in the RFP response should Providers who are dually licensed for adoption talk about their qualifications/activities specifically for adoption services?

A: This will be answered in an upcoming addendum.

Q21. Section 2.2.1 – VV, what does Individual Aid services mean?

A: This will be answered in an upcoming addendum.



Q22. Section 2.4 for references, are we allowed to use GALs and CASAs that work with children placed through HCJFS?

A: Yes.

Q23. Are references supposed to be from our consumers, or from organizations and personnel from organizations we partner with?

A: Reference letters should be from organizations your agency has worked with in the past.

Q24. Is a proposal going to be excluded if the program manager does not have 3 years' experience managing a program?

A: No, this is not part of Stage 1 mandatory requirements. However, this is a baseline created by HCJFS to ensure the safety and stability for children/youth.

Q25. Will you accept a federal indirect cost approved rate in the administration section of the budget?

A: Yes.

Q26: We are not currently licensed for adoptions but are planning to apply and hope to be licensed by January 1, 2017. How should we respond to the RFP?

A: Please put in your proposal that you are not currently licensed for adoptions but are willing to provide adoption services and are submitting paperwork to the State to become licensed. Since HCJFS is setting the adoption rates, they can be added to the contract after January 1, 2017 via contract amendment if a provider is not licensed by the contract start date.

