HAMILTON COUNTY JOB & FAMILY SERVICES

Board of Commissioners:
Denise Driehaus, Chris Monzel, Todd Portune
County Administrator: Jeff Aluotto, County Administrator
Director: Moira Weir
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
www.hcjfs.org
www.hcadopt.org
www.hcfoster.org

222 E. Central Parkway • Cincinnati, Ohio 45202
(513) 946-1408 • Fax: (513) 946-2384
E-mail: carsos01@jfs.hamilton-co.org

June 20, 2017

HCJFS REQUEST FOR PROPOSAL
INTENSIVE IN-HOME SERVICES
RFP SC05-17R

ADDENDUM 1

Questions asked before RFP Conference:

Q1. Are we allowed to use an Intensive In-home program that utilizes evidence-based practices, but in and of itself is NOT an EBP program?

A. In order to make a decision on this, we would need to see more details.

RFP Conference Attendees:

Abraxas Youth & Family Services
Agape for Youth, Inc.
Bair Foundation, The
Beech Acres Parenting Center
Camelot Community Care
Children's Home of Cincinnati, The
Child Focus, Inc.
In His Light, Inc.
Lighthouse Youth Services
Necco
NYAP
Ohio MENTOR, Inc.
Pressley Ridge
SAFY
St. Joseph Orphanage
Wernle Youth and Family Treatment Center

Questions asked <u>during</u> RFP Conference:

Q1. Will there be a time limit to services (i.e. certain number of sessions/interventions or certain length of time)? Or will success/termination point be a joint decision among JFS worker, Provider and family?

A: Yes, success/termination point will be a joint discussion among the team.

Q2. What is the anticipated average length of stay for IHB? Numbers?

A: Average length of stay is 6 – 12 months.

Q3. What evidence-based practices or models do you recommend?

A: Provider needs to identify which practices or models will be used.

Q4. Do you have an estimate of the number of families?

A: This is a new service and the number of families is to be determined.

Q5. Are you looking for Program Director (page 10) or Program Manager (page 24)?

A: Program Manager referenced on page 24 is standard boilerplate language. For this RFP, we are looking for Program Director.

Q6. Can multiple agencies submit a joint proposal?

A: One agency is preferred to reduce potential for fragmented care.

Q7. The RFP states that services must be delivered 3 times per week. Can that be backed down as services progress?

A: This will be determined on a case-by-case basis and mutually agreed upon by HCJFS and Provider.

Q8. What is the relationship, if any with IFIS/IFRS? Does this replace any current contract?

A: No, this does not replace this current contract.

Q9. Center for Study of Social Policy website has only 5 factors. What is basis for additional?

A: Health and Human Services Children's Bureau identified 6 factors including Nurturing and Attachment. Please see the below infographic.


Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families
Capacity Building
Child welfare practitioners use varied but complementary frameworks for assessing child safety and working with families. A shared understanding of definitions and common ground can help strengthen consistency in services for families.
PROTECTIVE CAPACITIES FRAMEWORK
Protective capacities[1] are caregiver characteristics directly related to child safety. A caregiver with these characteristics ensures the safety of his or her child and responds to threats in ways that keep the child safe from harm. Building protective capacities contributes to a reduction in risk.
COGNITIVE PROTECTIVE CAPACITY: Knowledge, understanding and perceptions that result in protection against danger
BEHAVIORAL PROTECTIVE CAPACITY: Actions and performance that result in protection against danger
EMOTIONAL PROTECTIVE CAPACITY: Feelings, attitudes, and identification with a child that result in protection against danger
PROTECTIVE FACTORS FRAMEWORK
Protective factors[2] are conditions or attributes of individuals, families, communities, or the larger society that reduce risk and promote healthy development and well-being of children and families, today and in the future.
NURTURING AND ATTACHMENT
PARENTAL RESILIENCE
SOCIAL CONNECTIONS
CONCRETE SUPPORT IN TIMES OF NEED
KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT
SOCIAL AND EMOTIONAL COMPETENCE
THE COMMON GROUND
Both frameworks are strength-based approaches to assess, intervene, and serve families. By promoting both protective capacities (at the individual level) and protective factors (at the individual, family, and community levels), we can best ensure child safety and promote child and family well-being.
Access more information through the Capacity Building Center for States at https://capacity.childwelfare.gov/states and Child Welfare Information Gateway at https://www.childwelfare.gov.
Children's Bureau

Q10. What type of “at risk” percentage are you envisioning?

A: This is to be determined.

Q11. What does “risk adjusted” mean on the CFSR data?

A: As defined by the Federal Register with regard to the CFSR:
Risk Adjustment: The model we propose to use will incorporate some risk adjustment. By incorporating risk adjustment, the multi-level model takes into account and controls for factors that differ across the states and that can affect outcomes regardless of the quality of services the state provides. The goal of risk adjustment is to minimize differences in outcomes that are due to factors over which states have little control, such as the age of children coming into foster care. For example, for the statewide data indicator of *permanency in 12 months for children entering foster care,* a state may discharge 40% of its children to permanency by 12 months. Forty percent is the state's observed performance, and is simply the number of children discharged to permanency by 12 months divided by the number of children eligible for such an exit. But this state's risk-adjusted performance might be 45%. That the state's risk-adjusted performance is higher than its observed performance means permanency was achieved for more children than expected, given the state's case mix and how other states, on average, performed with a similar case mix.

Q12. Is there any consideration of a “reward” system for achieving goals?

A: We are using a risk model.

Q13. Section 2.8 attachments; do these count in the 300 page limit?

A: Yes.

Q14. What is the number of clients envisioned?

A: Refer to answer for question 4 of this addendum.

Q15. What are you expecting to see as Medicaid role in funding these services? Is there an envisioned split?

A: We expect providers to bill Medicaid for all eligible and billable Medicaid services.

Q16. Are you expecting Provider to be a Medicaid Provider to assist with cost?

A: Yes.

Q17. What qualifications do you expect your direct service in-home worker to have?

A: A minimum of Bachelor's degree. Refer to Section 1.3 (1) of the RFP for further details regarding requirements.

Q18. How long will the length of service be for each family?

A: 6 - 12 months.

Q19. What is the grant dollar amount being offered?

A: Intensive In-Home services procured through this RFP is not a grant. It is a contract reimbursed after services are rendered. This is a new service. HCJFS expects Providers who plan to submit a proposal tell us how much it will cost for your agency to provide the service.

Q20. Are we expected to coordinate service delivery for the parents and children together when children are in an out-of-home placement?

A: Yes.

Q21. Will you pay for staff training in child welfare practices? Staff time? Training fees?

A: Yes, and it must be built into budget.

Q22. Are you open to collaborate agency proposals?

A: Refer to answer for question 6 of this addendum.

Q23. Are you seeking more than one Provider for this service?

A: Yes.

Q24. Can a member of Hamilton County Juvenile Court provide a reference for a Provider?

A: Yes. Only reference letters from HCJFS or its employees will not be accepted.

Q25. What is the time frame to start services? Will you allow time to hire and train staff?

A: HCJFS anticipates services will begin between September 1, 2017 and December 1, 2017. HCJFS will not pay start-up costs.

Q26. Referred to as a risk sharing contact, do you have an example of what you would like that to look like?

A: This is a new service. At-risk contracts are currently not being used. HCJFS is asking Provider to tell us what services your agency is willing to put at risk.

Q27. Section 2.2.1 (2)(c) of the RFP outlines obtaining core support services. One this is visitation. Does this mean setting up supervised visitation services such as Family Nurturing Center; or does the HCJFS caseworker still do this?

A: No. Provider must do this.

Q28. Section 2.2.1 (2)(q) of the RFP reports that 1 stakeholder planning session per year should be held. Is the thought by HCJFS that families will be involved in this intensive service for a year?

A: This is an annual performance evaluation mechanism.

Q29. Section 1.2 of the RFP indicates staff have to be trauma certified. Are you requiring certification, or if staff is trained in trauma-informed care, is that sufficient?

A: Certification is preferred and must demonstrate competence.

Q30. Section 1.2.2 of the RFP mentions services at least 3 times per week. Is this required across the "life" of the intervention with the family, or can frequency decrease, if appropriate, over time?

A: Refer to answer for question 7 of this addendum.

Q31. Attachment A, page 2: which column should we put a unit rate into?

A: You can add a column.