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June 30, 2017

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

ADDENDUM 2

Questions asked after RFP Conference:

Q1. If HCJFS is going to have multiple Providers, how will referrals be made? Would it be in rotation?

A: Yes we anticipate awarding to multiple Providers – the referrals would be made using a round robin rotation based on multiple factors such as Providers' capacity, performance, and responsiveness.

Q2. Is Provider able to utilize any HCJFS resources (buildings/meeting rooms, vans, etc.)?

A: Providers will not be able to use any county vehicles but they may be able to use conference rooms for joint meetings or collaborative discussions. We do hope that most meetings would be scheduled in the community and preferably in the family home or at the Provider agency.

Q3. Can Provider house its staff for this program at HCJFS to facilitate communication opportunities between Provider and the assigned HCJFS workers?

A: No, there will be multiple Providers and our expectation is for them to provide services in the community where the family resides.



Q4. What will be Provider's role in court involved cases? Will Provider be required to attend court hearings frequently?

A: Yes, Provider will be expected to attend and participate in all court hearings, SAR's, ACR's, and other case related team meetings. Provider will provide testimony, provide information to the worker for court reports and be expected to have communication with GAL/Pro-Kids, and other parties to the case.

Q5. Please explain more about the transportation requirement. For example, RFP mentions providing transportation for visitations, but would transportation also include other HCJFS required activities (e.g. court hearings, recommended assessments, court-ordered treatment)?

A: Potentially, but we expect Provider to provide the assessments to the family which may or may not be in the family home. If at the Provider office they should assist with transportation.

Q6. Will Provider be responsible for making sure that parents/families follow through on court orders?

A: Yes, this will be part of the Provider's expectations along with the HCJFS worker. Provider should be delivering the integrated services for the family and should be engaging the family in these services while maintaining the safety of the children.

Q7. What role(s) does HCJFS anticipate the Provider would take with the family and what role(s) would the assigned HCJFS worker take?

A: HCJFS will have a caseworker assigned who will develop a case plan with the family and Provider. Provider would be responsible for ensuring the services are available to the family, continuity of services, no disruptions in services, and assistance with re-assessment of safety through the collection of information and behavioral changes by caregiver.

Q8. Provider will have a good amount of involvement in carrying out the case plan elements with the family but will have no real authority with the family. How does HCJFS plan to handle this?

A: See response to question 7 above.



Q9. How involved will the HCJFS worker be? Will he/she visit the family as well; have phone communication with the family; assist in developing the case plan, etc.? Or will Provider be “on the ground” with the HCJFS worker mainly providing oversight?

A: Caseworkers will still work with Provider to assure all services are in place and will continue to assess the safety of the children and family in conjunction with the network. Caseworkers will maintain visitation requirements per OAC.

Q10. What happens if the family refuses to cooperate with the HCJFS case plan?

A: Based on information and data from Provider, as well as other case documentation, HCJFS will consult with the Assistant Prosecuting Attorney’s (“APA”) office to determine if there is a need to file a motion in court.

Q11. How many families, on average, does HCJFS assign to its caseworkers now for this type of service?

A: Intensive In-Home services is a new service. HCJFS caseworkers do not currently have these services in their caseloads. HCJFS currently has over 2000 children in care, approximately 700+ transfers annually for ongoing active cases, and receives on average 800+ referrals monthly through the local child welfare hotline.

Q12. Is Provider able to limit total number of families served?

A: We will expect Providers to accept cases that are referred to them and provide services. We have over 2000 children in our care and we need to be able to facilitate safe transitions home or safely prevent removal of children with the assistance of selected Providers, who will need to be able to quickly expand capacity to manage the workload assigned.

Q13. For the financial risk element piece, when would Provider get paid for this? At the beginning of services, during services, upon completion of services?

A: There will be no payments made for risk elements prior to delivery of services. Typically, risk funds are paid at negotiated timeframes (i.e., quarterly, bi-annually, annually) after agreed upon performance benchmarks have been documented and verified.

Q14. Please clarify what “self-funded” means.

A: Not sure what this is referencing. Have reviewed the RFP and Addendum 1 and found no references to “self-funded”.



Q15. What is the process for obtaining placement for a youth when we are unable to support the youths' safety? Will we have someone from Hamilton County who we will work closely with when youth are not in placement?

A: See response to question 7 above. When there are safety concerns and decisions are needing to be made regarding removal of children and custody, the HCJFS caseworker will need to consult with the APA's office after a family conference/team meeting has taken place. We would expect that the child(ren) remain in the network of the Provider if they have placement options and for the Provider to continue to deliver integrated services to the entire family until permanency is established.

Q16. What is the process of case assignment? Round Robin?

A: See response to question 1 above.

Q17. Under Personnel Qualifications, we understand that submissions become public record and redacting information from resumes is at our discretion. However, if we are required to submit Professional References with our Personnel Qualifications to include the reference company name, contact name, phone number and scope/duration of program – this is considered personal information that should be redacted, therefore, do we not include the reference?

A: HCJFS' expectation is professional references will have business contact information listed, which is considered public information. Provider can mark page "confidential" and HCJFS will redact the page marked confidential. Redaction only applies to Section 2.5 of the RFP.

Q18. Where specifically does the Program Component Checklist go in the response?

A. Attachment A-1, Program Component Checklist, should be included after Attachment A, Cover Sheet.

Q19. Does the entire service need to fit within one EBP or can we provide an EBP with additional services for circumstances that do not fit within the model?

A: This is fine as long as the additional services are evidence-based or a promising practice with some evaluation of efficacy and are related to the safety of the child(ren) and family.



Q20. If awarded the contract, will there be time to hire staff post-award, or do we need to hire new staff prior to even getting a contract or referral?

A: HCJFS does not pay start-up costs. The begin date of contract can be negotiated. If awarded a contract, HCJFS' expectation is staff will be in place before referrals are made.



RFP# SC05-17R - Intensive In-Home Services RFP

Program Component Checklist

Please ensure all questions in Section 2.2.1 are answered and page numbers are listed by using checklist below.

Proper Answer: If YES - list page number where response can be found. If NO - list reason for not responding.

QUESTION #	YES	PAGE #(s)	NO	REASON FOR NOT RESPONDING
Question 1				
Question 2				
Letter a.				
Letter b.				
Letter c.				
Letter d.				
Letter e.				
Letter f.				
Letter g.				
Letter h.				
Letter i.				
Letter j.				
Letter k.				
Letter l.				
Letter m.				
Letter n.				
Letter o.				
Letter p.				
Letter q.				
Letter r.				
Letter s.				
Letter t.				
Question 3				
Letter a.				
Letter b.				
Letter c.				
Letter d.				
Letter e.				
Letter f.				
Letter g.				
Letter h.				
Letter i.				
Letter j.				
Letter k.				
Letter l.				
Letter m.				
Letter n.				
Letter o.				
Letter p.				
Letter q.				
Letter r.				
Letter s.				
Question 4				
Letter a.				

Letter b.				
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