Dear Prospective Bidder:

The Franklin County Family and Children First Council (FCFC) is accepting proposals from organizations that will provide Respite Camp services in order to provide services and supports to children involved in multiple systems and their parents.

The Franklin County Family and Children First Council will have approximately $140,000 in funds allocated from an Ohio Department of Mental Health and Addiction Services (OhioMHAS) for the purchase of Respite Services for the time period beginning July 1, 2016 and ending June 30, 2017.

Schedule

RFQ Issued September 7, 2016

Bidder’s Conference & Technical Assistance Session September 15, 2016
3:00 pm (approximate)
FCCS – Family Center
855 W. Mound Street Columbus, Ohio 43223

Submission of Proposals: EOB October 10, 2016 is the deadline to be approved for inclusion on the initial Authorized Respite Camp Provider List

Continuous Submission: Service Providers may submit a Respite Camp Services Qualification Packet at any time thereafter and, upon approval will be added to the list.

Priority review and contract execution will be given to submissions meeting the October 10, 2016 deadline. For bidders who will be submitting a proposal after the October deadline, please submit a Letter of Intent which includes the following:

• Name of Organization
• A brief statement of intent to submit a proposal
• An estimated date of when proposal will be submitted

Funding is for the time period July 1, 2016 – June 30, 2017. Because of this time-limited funding, proposals submitted after the October deadline will be subject to critical review based on the remaining time left in the grant period. Letters of Intent can be emailed to Melinda Donaldson at medonald@fccs.us.

Please refer to the following website to access the Request for Qualifications (RFQ), including the proposal guidelines at www.escofcentralohio.org and www.helpmykid.org.

A copy of the RFQ can be obtained at www.escofcentralohio.org and helpmykid.org or by sending an e-mail requesting an electronic copy to (medonald@fccs.us). Hard copies will be available at the Bidders’ Conference or can be obtained by calling Melinda Donaldson at 275-2511.

PLEASE refer to the complete Request for Qualifications (RFQ) for specific guidelines regarding how to submit a proposal for this program.

Thank you,

Jane Whyde, Executive Director
Franklin County Family and Children First Council
I. Background Information

Through the Ohio Department of Mental Health and Addiction Services (OhioMHAS) in partnership with Franklin County Family and Children First Council funding is available to provide respite camp services to youth under the age of 21. The purpose of these services is to assist Franklin County families who have children or youth who are involved in multiple youth serving systems (ADAMH, DD, Children Services, and/or Juvenile Court) and have a mental health diagnosis. The intention of the funding is to provide respite services which provide short-term, temporary relief to the informal, unpaid caregiver of eligible children and youth. The Franklin County Family and Children First Council (FCFC) seeks to establish a list of potential service providers who are qualified to provide Respite Camp services.

The FCFC is accepting Respite Camp Services Qualification Packets to identify providers that are interested in being included on this list and that have the qualifications required. The list will be established as of November 1, 2016. Providers are encouraged to submit Respite Camp Services Qualification Packets by October 10, 2016. However, Respite Camp Services Qualification Packets will be accepted on an ongoing basis.

Please refer to the attachment section of the RFQ to obtain the scope of services and other information pertinent to preparing a response to this RFQ.

Refer to Service Definitions for more details about the standards for the services listed above.

Referrals for Respite Camp services can be made by any agency, juvenile court, child welfare and any family voluntarily seeking services. Referrals must meet eligibility criteria established by OhioMHAS. Children and youth must be under the age of twenty-one, have a mental health diagnosis and have involvement in multiple child-serving systems. Children and youth who are in a foster care placement are not eligible as alternate funding is available. Please refer to the Eligibility Form in the attachment section of the RFQ.

Referrals will be submitted directly to contracted providers identified through this RFQ process. Mental health providers will sign off on the Eligibility Form indicating that to the best of their knowledge that the referred child or youth has a mental health diagnosis. The mental health provider will also assist the parent or legal custodian on identifying which child-serving systems the youth is connected with to ensure that eligibility criteria are met. Once the Eligibility Form is completed, it will be sent directly to the contract respite camp provider of the family’s choosing. The vendor will choose to accept or deny the referral based on capacity and whether or not the child or youth meets eligibility criteria. Acceptance or denial will be communicated directly to the family and referral source. If accepted and services are provided, the vendor will send an invoice and a copy of the authorized Eligibility Form to Franklin County Family and Children First Council for payment per contract stipulations and timeframes. Please refer to the Payment Process guidance in section IV of this document.

II. General Information
Proposal Submission

For your packet to be considered, the following must be to be approved for inclusion on the Authorized Multi-System Community Based Provider List:

- The COLLATED original and Two (2) copies (total of 3) of the proposal including:
  - Transmittal Form
  - Multi-System Qualification Summary Form
  - Partnership Statement (If applicable)
  - Sub-recipient Statement (If applicable)
  - Project Narrative (three page maximum)
  - Program Attachments
    > Table of Organization for the Agency
    > Resumes, Vitae, and Licenses (If applicable) for Existing Staff
    > Job Descriptions for Vacant Positions
- The COLLATED original and TWO (2) copies (total of 3) of the Required Documentation

Mail to:

Franklin County Family and Children First Council
Sarah Book, Administrative Director of Multisystem Services
855 West Mound Street
Columbus, OH 43223

III. Considerations

This RFQ does not constitute an offer. Acceptance of proposals for review does not commit FCFC to award or enter into an agreement, nor is FCFC liable for any costs incurred in the preparation of proposals. FCFC reserves the right to award service agreements to a single bidder, multiple bidders, or to reject any and all proposals or parts of proposals received. FCFC reserves the right to negotiate services and costs on any and all proposals or to cancel this RFQ in part or in its entirety. Final service agreements will be subject to applicable rules and regulations under the funding requirements.

Proposals submitted in response to this RFQ must comply with the specifications stated herein. Failure to adhere to the formatting requirements may result in the proposal being determined non-responsive and may result in the elimination of the proposal from consideration. At the option of the Franklin County Family and Children First Council, any or all aspects of the successful proposal(s) will become service agreementual obligations if acquisition action ensues. Failure of the successful bidder to accept these obligations in the service agreement may result in cancellation of the award.

Final approval of a service agreement for these services depends on the availability of funds and the continued authorization of funds under current legislation.

IV. Proposal Evaluation Criteria

Each proposal that is submitted and which meets the requirements listed in this RFQ will be evaluated to determine the organization’s ability to perform the services. It is the bidder’s responsibility to clearly identify and describe the services being offered in response to this RFQ. Bidders are cautioned that the organization and thoroughness of their response are critical to the evaluation process. The RFQ documents must be legible and complete in their entirety, with all information presented in an organized, comprehensive, and easy to follow manner.

V. Service Agreement Award

FCFC will issue a letter of intent to award to the selected bidder(s) and will notify unsuccessful bidders as soon as they have been eliminated from consideration.
In the event that federal, state, or local funds become unavailable, the service agreement shall be cancelled in accordance with the RFQ and standard service agreement provisions. Until the selected bidder receives a fully executed and approved written service agreement from FCFC, there is no legal and valid service agreement, in law or in equity.

VI. Payment Process

Payment will be made for the authorized units of service provided, not by cost reimbursement or line item reimbursement. All service agreements will be based on negotiated units of service and the costs associated with the provision of the service.

The provider must certify that claims made to FCFC for payment of purchased services are for actual services rendered to eligible individuals.

Payment for services provided will be made upon submission of an invoice to FCFC by the 15th day following the month of service. Invoices received after the 15th day following the month of service will reflect negatively on the organization’s performance and may be disallowed. Invoices may be submitted only for services provided during the effective dates of the service agreement and must reflect the approved fixed unit cost for each unit of service. Units of service provided before or after the dates specified in the service agreement are not eligible for payment.

All claims for payment must be made in a timely manner. Any invoice received by FCFC more than 30 calendar days after the last date of the service agreement period is subject to nonpayment.

Attachments

1. Service Definitions
2. Eligibility Form
3. 6 R’s/NME Key Points Document
4. Participant Eligibility
5. Responsibilities
6. Proposal Format
7. Budget
8. Required Documentation
9. Transmittal Form
10. Respite Camp Qualification Summary Form
11. Proposal/Required Documentation Checklist
12. Proposal Review Sheet

Service Definitions

<table>
<thead>
<tr>
<th>Service</th>
<th>Description/Purpose</th>
<th>Units</th>
<th>Minimum Experience of Service Provider</th>
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4 9/8/2016
Participant Eligibility

Eligibility for as established by the Ohio Department of Mental Health and Addiction Services is as follows:

- Children and youth under the age of 21
- Children and youth with a mental health diagnosis
- Children and youth involved in multiple child-serving systems
- Funds may not be used for children and youth in a foster care placement as alternative funding is already available.

An Eligibility Form which captures these requirements will be used and is available within the RFQ packet.
Name of child/youth ___________________________  Date of birth:______________________

Does the referred child/youth have a mental health diagnosis  YES  NO

Does the child/youth have multi-system involvement with any of the following?

- Please check all that apply
  - Franklin County Board of Developmental Disabilities
  - Franklin County Juvenile Court
  - Franklin County Children Services
  - Behavioral IEP through school district

- Is the child/youth currently in a foster care placement?  YES  NO

  (NOTE: Children and youth in a foster care placement are ineligible for this funding)

Mental Health Provider Signature: ______________________________________________________

By signing, I am ensuring to the best of my knowledge that the referred individual has a mental health
diagnosis and is involved with the child-serving systems endorsed above.

Parent/Legal Custodian Signature: ______________________________________________________

Respite Camp Provider Signature: ______________________________________________________

By signing, I am ensuring that to the best of my ability that the referred individual meets all eligibility
criteria as established by Ohio Department of Mental Health and Addiction Services in partnership with
Franklin County Family and Children First Council. Signature also indicates that the referral has been
accepted and services have been authorized.

6 R’s/NME Key Points
The Brain Architecture

- Brains are built from the bottom up
- Lower parts of the brain react to what is unsafe and unfamiliar based on past experiences
- Repetition is key for building new neural connections and changing behaviors
- Repetition increases predictability and minimizes the stress responses of those around us
- All learning/therapy occurs within the context of relationship

Regulation

- Somatosensory regulation means using the senses to help send the message that the environment is safe. The most powerful form of this is rhythm that mimics mom's heartbeat
- Relational regulation can be used once people feel safe
- Cortical regulation is the talking and reasoning that we try to do with ourselves and with others. It can work with someone with a fully functioning cortex, but will be ineffective with someone who feels unsafe. The younger the student, the less effective cortical regulation will be

The 6 R's

When designing optimal learning and therapeutic environments, consider:

- Rhythmic: our brains need rhythm to stay regulated. The more regulated we are, the easier it is to learn.
  - Have we incorporated rhythm?
- Repetitive: repetition is required to build neural connections and increases predictability.
  - Has there been sufficient repetition?
- Relational: learning and therapeutic environments occur more easily in context of relationship
  - Have we incorporated positive relationship?
- Relevant: the developmental age and chronological age of a person can be very different if the stress response system is activated or if there are skill deficits present.
  - Have we matched the developmental age of the
The Stress Response

- When people feel stress, their brains work differently than when they are calm and relaxed
- If information is filtered as unsafe or unfamiliar, the top parts of the brain are not able to work effectively because the bottom parts of the brain are acting to keep the person safe
- In order for a child to learn and respond better to therapy we must activate the stress response. It is important that we do so in small, tolerable doses so we do not overwhelm the brain
- When the caregiver feels stressed, children will quickly pick up on it and start to feel stressed also

The Stress Response

• Rewarding: we will be more likely to repeat actions that are enjoyable
  - Have we created an enjoyable experience?
  - Have we built a skill that can be used later?
• Respectful: brains are prepared to learn in a safe, nurturing, predictable environment/relationship
  - Have we removed all shaming, judging and sarcasm?
  - Are we being respectful of all children, families and cultures?

Responsibilities

Should a service agreement be developed, the FCFC and selected provider will have the following responsibilities:

Provider:
- Provide all services within the terms of the agreement
- Follow all rules and regulations governing the implementation and provision of selected services
- Provide invoices and reports according to the guidelines established by the FCFC
- Permit site visits from the FCFC staff in order to monitor files, financial records, and program implementation
- Cooperate with evaluation process of services delivered
- Ensure compliance with federal, state, and local guidelines for funding sources and program policies
- Collect data and provide programmatic and fiscal reports as required by FCFC
- Maintain fiscal records in accordance with standard accounting practices and provide FCFC with specified financial reports designed to verify and analyze expenditures
- Participate fully in any program evaluation conducted by FCFC or a consultant hired by FCFC or the Ohio Department of Mental Health and Addiction Services (OhioMHAS)
  - Cooperate with FCFC regarding any reports due to the State
  - Ensure that any certification or licensure requirements and personnel standards are met
  - Ensure that all staff attend and complete required trainings
  - Ensure that families receive services according to the approved plan
  - Maintain client records for 10 years after services are discontinued
  - Ensure that all staff providing respite camp services to youth funded by this grant will meet mandatory training requirements as established by FCFC
Franklin County Family and Children First Council:
  • Monitor and review program performance in relationship to stated program goals

Proposal Format – Multi-System Services

Bidders must submit a separate proposal and budget for each service that is proposed.

The Franklin County Family and Children First Council (FCFC) reserves the right to disqualify all proposals that do not comply with the following instructions:
  • Follow the format EXACTLY as outlined in this RFQ
  • All components of the Proposal and Required Documentation should be held together by binder clips at the upper left corner
  • Include PAGE NUMBERS on EVERY page of the proposal and required documentation
  • All pages should be ONE (1) sided
  • Do not submit the Proposal or Required Documentation with paper clips or in binders, folders, or any format that will make photocopying difficult
  • All documents requiring signature should be signed in BLUE ink
  • Minimum font size is Times New Roman 12

Transmittal Form
The proposal must include the Transmittal Form, signed in blue ink by the individual authorized to bind the bidder legally to fulfill the program requirements.

Statements of Cooperation
If, in the design of the proposal, more than one agency/business will be providing services, the bidder must identify if the other party (ies) will be a partner or a sub-recipient and submit a Partnership or Sub-recipient Statement. These are NOT letters of support.

A. Partnership Agreement – If Applicable
If the program is designed as a partnership, the proposal will not be reviewed or considered for funding unless it is accompanied by a Partnership Agreement signed by an authorized representative of the partner organization that verifies the partnership and includes the following:
  • Outline of the relationship between the partners
  • Clear definition of the role that each partner will assume in the implementation of the project
• Name and contact number for the authorized representative in order to confirm the details of the relationship

B. Sub-recipient Agreement – If Applicable
If the bidder plans to utilize a sub-recipient, the proposal will not be reviewed or considered for funding unless it is accompanied by a Sub-recipient Agreement signed by an authorized representative of the sub-recipient that verifies the relationship. The statement should include the following:

• Outline of the relationship between the bidder and the sub-recipient
• Clear definition of the role that each agency will assume in the implementation of the project
• Name and contact number of the authorized representative in order to confirm the details of the relationship

Project Narrative – 3 page maximum

Please refer to the Service Definitions as a guide for preparing the proposal narrative, which must contain the following components:

Program Design

1. Describe the service that is being proposed and how:
   • The service will be structured to allow for timely access and response to families in need of the service
   • The provider of this service will work with others providing services to the family to insure continuity of care
   • The services that are provided will be documented
   • The service will be adapted to meet the needs of families having diverse cultural backgrounds
2. If applicable, describe the curriculum that will be used as part of the service delivery. Include justification of why the curriculum was selected and if it is an evidenced based or a promising practice as defined in literature or research.
3. Describe how 6 R’s and NME Key Points will be incorporated into the service delivery (see document in attachments section) and how the identified training video will be used to train staff providing the respite camp service.
4. Describe staff qualifications and training required to provide the service being proposed (attach resumes of existing staff that will provide the serviced defined and/or job descriptions for vacant positions)
5. Provide a list of agency accreditations and the accrediting entity

System of Evaluation

1. Staff Supervision
   • Detail the process for staff supervision
   • Explain how your agency will address staff turnover or medical leave to ensure that no interruption of service occurs for participants
   • Describe how you will insure quality services are provided to families and how supervision and training will be utilized for continuous quality improvement
   • Discuss how periodic program evaluations will be completed, who will be responsible for the evaluations, and how needed changes will be addressed

History and Experience of Provider – Complete for each entity (bidder, partner, and sub-recipient)

1. Describe how this program fits within your agency mission and describe your agency in terms of programs, services, and experience with the target population
2. Include a Table of Organization for this project (not included in 3 page limit)

Cost

1. Provide the cost of the service being proposed in the RFQ response.
2. Provide the established rate that your organization charges other partner systems (Franklin County Children Services, Franklin County Board of Developmental Disabilities, Franklin County Alcohol, Drug Addiction and Mental Health Services Board, and Franklin County Juvenile Court) or the published rate for public or private consumers of this service.
3. If the rate being proposed in the RFQ response is greater than the costs listed in number two of this section, please provide a justification of the rate.

TRANSMITTAL FORM

FRANKLIN COUNTY FAMILY AND CHILDREN FIRST COUNCIL
855 West Mound Street
Columbus, Ohio 43223
FAX: 614.351.2010

TO: JANE WHYDE, Executive Director, Franklin County Family and Children First Council

RFQ: Respite Grant Services

The ___________________________ does not discriminate in its employment practices
(Agency/Organization)

With regard to race, color, religion, sex, sexual orientation, age, disability, national origin, Vietnam-era veteran’s status, ancestry, health status, or need for health services.

• Our agency/organization is a legal entity registered with the State of Ohio.
• Our tax status is ____________________________.
• Our tax ID # is: ____________________________.
• Our agency/organization is willing to accommodate on-site visits to our facilities and any facilities of our sub-recipients and/or partners by FCFC and/or its designees.
• Our agency/organization will comply with Title VI and any other requirements of the funding source.
• Our agency attests that funds awarded as a result of this RFQ will not be used to supplant existing federal, state, or local funds.

The following individual(s) prepared this proposal:

Our agency/organization will welcome announced and unannounced visits by the FCFC staff and/or their designees at all of our facilities.

This proposal does not deviate from the specifications and requirements of the RFQ. Should any occur, a detailed explanation is attached.

By signing this form, I do hereby affirm that all of the information provided is accurate.
Respite Camp Qualification Summary Form

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<th>Name of Organization:</th>
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<td>Address:</td>
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<td>Contact Person/Title:</td>
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<td>Telephone Number:</td>
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<tr>
<td>Email Address:</td>
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<td>FAX Number:</td>
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<th>Service:</th>
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<tr>
<td>Cost:</td>
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<td>Cost Justification:</td>
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</table>

Please submit a separate summary form and application packet for each service.
Required Documentation

- Current list of names and addresses of the bidder's Board of Directors including names, addresses, and affiliations (if applicable)
- Letter of Authorization from the bidder's Board of Directors or other appropriate entity identifying the individual who is empowered to sign a contract, including his/her title
- Copy of the bidder's Written Accounting System Policies and Procedures describing the following: cost allocation methodology, separation of duties, accounts payable, accounts receivable, petty cash, cash receipts, disbursement, payroll, travel, cell phones (if applicable), credit cards, and procurement
- A COPY of the bidder’s most recent independent audit of financial statements and auditor's opinion and management letter addressing internal controls or the bidder’s most recent financial statement – Do NOT submit a bound original – THIS MUST BE A ONE-SIDED COPY OF THE ENTIRE DOCUMENT

NOTE: If the agency expends $750,000 or more in federal awards within its fiscal year, the agency is required by OMB Uniform Guidance CFR 200 to have a single audit completed for that year. All federal funds, from whatever source, are added together to determine whether or not an agency meets the $750,000 threshold.

- Current Certificate of Liability Insurance
- COMPLETE copy of the bidder’s Articles of Incorporation
- Most recent Certificate of Continued Existence
- Equal Employment Opportunity (EEO) policy statement – can be copied from handbook
- Copy of Current Worker’s Compensation Certificate showing risk number
- SIGNED and NOTARIZED Delinquent Personal Property Tax Affidavit – THIS MUST BE SUBMITTED BY EACH BIDDER

Proposal/Required Documentation Checklist

Agency: ____________________________  Date: ____________________________  

9/8/2016
PART ONE – PROPOSAL:

Submit the COLLATED original and ONE (1) copy of the following

1. ___ Transmittal Form
2. ___ Respite Camp Qualification Summary Form
3. _____ Partnership Statement (If applicable)
4. ___ Sub-recipient Statement (If applicable)
5. ___ Project Narrative: 3 page maximum
   a. ___ Program Design
   b. ___ System of Evaluation
   c. ___ History and Experience
   d. _____ Cost
6. ___ Program Attachments
   a. ___ Table of Organization for the Project
   b. ___ Resumes, Curricula Vitae, and Licenses (If applicable) for Existing Staff
   c. ___ Job Descriptions for Vacant Positions

Proposal/Required Documentation Checklist

Agency: _______________________________ Date: __________________________

9/8/2016
PART TWO – REQUIRED DOCUMENTATION:

Submit the COLLATED original and TWO (2) copy of the following (total of 3):

1. _____ Current list of names and addresses of the bidder’s Board of Directors including names, addresses and affiliations (if applicable)

2. _____ Letter of Authorization from the bidder’s Board of Directors or other appropriate entity identifying the individual who is empowered to sign a contract, including his/her title

3. _____ Copy of the bidder’s Written Accounting System Policies and Procedures describing the following: cost allocation methodology, separation of duties, accounts payable, accounts receivable, petty cash, cash receipts, disbursement, payroll, travel, cell phones (if applicable), credit cards, and procurement

4. _____ A COPY of the bidder’s most recent independent audit of financial statements and auditor’s opinion and management letter addressing internal controls or the bidder’s most recent financial statement – Do NOT submit a bound original – THIS MUST BE A ONE-SIDED COPY OF THE ENTIRE DOCUMENT

   NOTE: If the agency expends $750,000 or more in federal awards within its fiscal year, the agency is required by OMB Uniform Guidance CFR 200 to have a single audit completed for that year. All federal funds, from whatever source, are added together to determine whether or not an agency meets the $750,000 threshold.

5. _____ Current Certificate of Liability Insurance

6. _____ COMPLETE copy of the bidder’s Articles of Incorporation

7. _____ Most recent Certificate of Continued Existence

8. _____ Equal Employment Opportunity (EEO) policy statement – can be copied from handbook

9. _____ Copy of Current Worker’s Compensation Certificate showing risk number

10. _____

11. _____ SIGNED and NOTARIZED Delinquent Personal Property Tax Affidavit – THIS MUST BE SUBMITTED BY EACH BIDDER

12. _____ SIGNED W-9 - THIS MUST BE SUBMITTED BY EACH BIDDER

PROPOSAL REVIEW SHEET – STAFF REVIEW

Agency Name Reviewed: 

Date: 

Reviewer: 

Agency of Reviewer: 

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<tr>
<th>RECEIVED</th>
<th>PROPOSAL</th>
<th>COMMENTS</th>
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<tr>
<td>Q1. Proposing agency submitted the correct number of packets (the original proposal with budget + two copies; the original required documentation + one copy).</td>
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<td>Q2. The proposal format was followed according to the guidelines required in the RFQ and all required information was provided.</td>
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<td>Q3. The costs appear reasonable for the services being provided and, if cost is greater than published rates or greater than other county partner rates, the justification is acceptable.</td>
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<td>Q4. All required documentation was submitted, including Partnership and/or Sub-recipient Agreements (if applicable).</td>
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<tr>
<td>Q5. The proposal provides a service description that meets all the criteria outlined in the service definitions.</td>
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Reviewer Signature: 

Date: 