

By and through the authority of the Board of Clark County Commissioners

REQUEST FOR QUOTES

Intensive SUD/MH Treatment Services

22 RFQ 08

Request Date: Tuesday, May 17, 2022

Response Due Date: Friday, June 3, 2022, at 2:00 p.m.

The Board of Clark County Commissioners ("Board") is seeking quotes from qualified Behavioral Health Partners for Intensive SUD/MH treatment services which meet the requirements of the Ohio START Program and Family Peer Mentorship for the Clark County Department of Job and Family Services ("Department"). The program and services must meet the requirements of Ohio START Program and the providers must become a member of the Ohio START Team in Clark County.

Department intends to partner with one qualified Behavioral Health Partner to provide services to families who are experiencing both SUD, are involved in the child welfare system and have voluntarily been enrolled in the Ohio START program at Clark County Family and Children Services.

Department will be administering the contract once executed by all parties. Interested vendors are required to follow the procedures outlined below. A sample contract can be viewed online ([click here](#)). There will be no changes to the contract unless agreed upon by all parties. Board reserves the right to reject any or all quotes or to waive any defect in a quote which does not materially alter the contract document.

SCOPE OF WORK: Department is requesting pricing for Intensive SUD/MH treatment Services which meet the requirements of the Ohio START Program and Family Peer Mentorship.

"The Ohio START program provides an evidence-based child welfare led intervention for families that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental substance abuse disorders. This model is designed to transform the system of care with and between child welfare and behavioral health agencies; it also engages the judicial system and other family servicing agencies. The broad goal of this model is to keep children safely with their parents whenever possible and promote parental recovery and increased capacity to care for children." (Ohio START Program, 4-29-2019)
Requested services include:

- 1. Behavioral Health Treatment Services:** Must be able to provide SUD/MH Assessment and a range of treatment options for parents, when their primary concern is substance abuse. The Behavioral Health Partner will team with Clark County Children Services in an effort to improve outcomes for both parents and children affected by child maltreatment and substance abuse disorder. In addition, partner in a joint effort to keep children safely with their parents whenever possible and promote parental recovery and capacity to care for their children. The identified Behavioral Health Partner will provide the following services to families who are voluntarily enrolled in the Ohio START Program:

- Immediate SUD/MH Assessment along with completion of the ACE screen with the Ohio START participant within 4 days of a referral from Clark County Children Services. *(Please consider any options to provide “mobile” SUD/MH assessments to aid families in receiving timely and convenient services.)*
- Notify the Ohio START team of the results of the SUD/MH assessment within 24 hours of the assessment date.
- Enroll Ohio START participant in the appropriate level of treatment within three (3) days of the SUD/MH Assessment recommendation
- Provide weekly reports on progress of treatment for the Ohio START participant to the Ohio START team
- Designated treatment professional will attend Family Team Meetings and additional meetings as scheduled with the Ohio START team
- Behavioral Health Partner will need to attend all required START trainings.

2. Recruit & Retain Family Peer Mentors: Behavioral Health Partners will be responsible to have Family Peer Mentors available to work with Ohio START Families. A Family Peer Mentor must have had real life experiences with substance abuse disorders and the child welfare system while also providing hope and motivation to promote healing to keep children and families together. The Family Peer mentor will guide the family through the child welfare system and the recovery process. The Family Peer Mentor’s roles and responsibilities include:

- Family Peer Mentor will be hired, certified and supervised through the Behavioral Health Partner
- Be a member of the Ohio START team at Clark County Children Services
- Participate in initial meetings, weekly status meetings, and Family Team Meetings to review families progress and child safety in their assigned cases
- Conduct home visits with families weekly for the first thirty (30) days and bi-weekly thereafter
- Support the parent(s) in achieving personal independence
- In coordination with the child welfare worker, link families to community resources
- Teach families skills to effectively navigate the child welfare system
- Coordinate and provide assistance in crisis intervention and stabilization of families
- Identify barriers to full participation in community resources and develop strategies to overcome these barriers
- Provide input in meetings and court hearings
- Provide input on the development of the case plan and child safety
- Work with a caseload of no more than 10-12 families (range of 10-30 hours per week)
- Be on location at Clark County Children Services for easy access to the Ohio START team

In addition, the Family Peer Mentor must meet a designated job description defined by the Ohio START program, Behavioral Health Partner and Clark County Children Services and should include the following minimum standards:

- Demonstrate long term recovery (recommended 3 years) from a SUD
- Have a high school diploma or equivalent GED
- Demonstrate no ongoing criminal activity
- Have lived experience with the child welfare system either as a parent or child, with the case closed at least one year or if do not have direct CPS experience, be able to describe how your substance use affected your children and family
- Must have a current driver license and active insurance at all times
- Meet state training and certification requirements, including Ohio MHAS certifications

The START Family Peer Mentor should have skills in:

- Knowledge of AOD services, HIPAA laws, and local resources and services
- Skills in Advocacy, Coaching, Crisis Intervention and have excellent Written and Verbal Communication Skills

- Provide transportation to families to aide in accessing quick services.
- Maintain a current driver's license
- Ability to effectively work with agency employees, outside contacts, and a diverse client population
- Ethics, Diversity, Signs of Child Abuse and Neglect and Trauma Informed Care

CONTRACT AWARD: The contract(s) will be awarded to the responsible vendor(s) whose quote is most advantageous to Board. A potential vendor's failure to address all items in its quote may result in its rejection. Only Board has the authority to bind Department into a contract.

AWARD INFORMATION: Funding for the Ohio START program is supported by Federal Funds, grant number G-2021-06-0415.

EVALUATION: Quotes will be evaluated, and a contract awarded to the vendor based on the following criteria:

- Vendor must have the ability to perform service as requested.
- Vendor must provide descriptions of programs and services
- Vendor must provide budget for services that includes services that can be billed to Medicaid

Department will also ensure that the selected vendor has provided complete quote information including required response forms, demonstration of experience, and the ability to meet Board insurance requirements.

INQUIRY: Vendors shall contact CCDJFS at Clark_Contract_Development@jfs.ohio.gov with any questions regarding this request for quotes. If the question is submitted via email, the subject line of the email must be "Ohio START," in order to ensure timely receipt of all questions. Any questions or answers deemed to be material to all vendors will be sent to all vendors at the email address the RFQ was initially distributed to; any other questions or answers will not be distributed to all vendors. Board may conduct discussions with potential vendors who submit quotes for the purpose of clarifications or corrections regarding a proposal to ensure full understanding of, and responsiveness to, the requirements specified in the RFQ.

INSURANCE REQUIREMENTS: Interested vendors must meet Board insurance requirements in order to be considered an eligible vendor (see page 5 of response forms below).

DEMONSTRATION OF EXPERIENCE: All interested vendors shall submit with their quotes, samples of their past experience, Accreditations, Certifications and Training requirements.

HOW TO SUBMIT A QUOTE: Vendor shall completely fill in all five (5) pages of the response sheet and forms included below. The forms can be completed electronically and then printed for signature or printed and completed by hand. Vendor may attach additional sheets, if necessary, to fully provide information regarding quote and scope of work.

Return all completed required forms via email to Clark_Contract_Development@jfs.ohio.gov on or before **2:00 p. m. on Friday, June 3, 2022**, or one original hard-copy can be mailed or hand delivered to the Clark County Department of Job & Family Services, Attention: Contract Development, 1345 Lagonda Avenue, Building C, Springfield, Ohio 45503. If quote is hand-delivered, please see receptionist in Building C Lobby. Quotes shall be clearly marked on the outside of the envelope in the lower left-hand corner as follows: "**Ohio START**" The name and address of the vendor submitting the quote shall also appear on the outside of the envelope.

COST BREAK-DOWN: Vendor shall provide all-inclusive budget and financials for each service type listed to perform all functions of the contract.

No costs other than those specified in vendor's quote will be paid by Department unless agreed to in writing in advance of purchase.

CONTRACT TERM

Two-year initial term beginning approximately July/August 2022; with two (2) possible one-year optional extensions, by and through written amendment executed by, and at the discretion of, Board provided Department receives sufficient allocations from the State. The initial contract length and optional extension will be dependent upon available funds and total cost of contract.

THE FOLLOWING FIVE (5) PAGES MUST BE INCLUDED AS PART OF VENDOR'S RESPONSE.

Intensive SUD/MH Treatment Services

RESPONSE SHEET

VENDOR NAME & CONTACT INFORMATION (include vendor name, contact name, address, email address, phone number):

VENDOR'S FEDERAL TAX ID NUMBER:

NUMBER OF YEARS IN BUSINESS:

NON-COLLUSION AFFIDAVIT

STATE OF _____)

SS:

COUNTY OF _____)

_____, being first duly sworn, deposes and says that he/she is
(NAME)

_____ for _____,
(POSITION) (COMPANY NAME)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the Clark County Commissioners or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

AFFIANT

Sworn to and subscribed before me, a Notary Public, on this _____ day of _____, 2022.

NOTARY PUBLIC

My commission expires _____, _____

BIDDER'S PERSONAL PROPERTY TAX STATEMENT

(See Section 5719.042, O.R.C.)

STATE OF _____)

ss:

COUNTY OF _____)

I, _____, having been duly sworn, state that I am competent to testify to the following:

(COMPLETE APPLICABLE STATEMENT)

() On _____, I submitted a bid to Clark County, Ohio, to provide the County with _____ . On said date, I owed no personal property tax to the Clark County Taxing District, and, after checking with said District, I have personal knowledge that I have not been charged with having any delinquent personal property tax owed to said District.

OR

() On _____, I submitted a bid to Clark County, Ohio, to provide the County with _____ . I presently am delinquent in the payment of personal property tax to the Clark County Taxing District, and, after checking with said District, I have personal knowledge that my name appears upon the records of said District as delinquent in the payment of personal property tax as follows:

_____ owed in delinquent taxes, and
_____ owed as penalties assessed against said delinquency. As part of the consideration for a contract to perform the above stated bid, I hereby agree that this form be incorporated into said contract to perform work, and further agree that proceeds from said contract shall be paid to Clark County Taxing District in the amount of said delinquent tax and said assessed penalty prior to any payments being made to the bidder or other person under the contract.

DATE

BIDDER

Sworn to and subscribed before me, a Notary Public, on this _____ day of _____, 2022.

NOTARY PUBLIC

My commission expires _____, _____

AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13 OF THE OHIO REVISED CODE

STATE OF _____

COUNTY OF _____ SS:

Personally appeared before me the undersigned, as an individual or as a representative of

_____ for a contract for _____
(Name of Entity) (Type of Product or Service)

to be let by the County of Clark, who, being duly cautioned and sworn, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under Ohio Revised Code Section 3517.13, and further states that the undersigned has the authority to make the following representation on behalf of himself or herself or of the entity (corporation, business trust, partnership, other unincorporated business [including labor unions], association [including professional associations], estate, or trust):

1. That none of the following has individually made within the previous 24 months and that, if awarded a contract for the purchase of goods or services in excess of \$10,000 (aggregated) in a calendar year, none of the following individually will make, beginning on the date the contract is awarded and extending until one year following the conclusion of the contract, as an individual, one or more campaign contributions (on or after April 4, 2007) totaling in excess of \$1,000, to any member of the Clark County Board of Commissioners or their individual campaign committees:
 - a. myself;
 - b. any partner or owner or shareholder of the partnership (or other unincorporated business);
 - c. any shareholder of the association;
 - d. any administrator of the estate;
 - e. any executor of the estate;
 - f. any trustee of the trust;
 - g. any owner of more than 20% of the corporation or business trust (if applicable);
 - h. each spouse of any person identified in (a) through (c) of this section;
 - i. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (g) of this section (only applicable to contributions made on or after January 1, 2007).
2. That none of the following have collectively made within the previous 24 months, and that, if awarded a contract for the purchase of goods or services in excess of \$10,000 (aggregated) in a calendar year, none of the following collectively will make, beginning on the date the contract is awarded and extending until one year following the conclusion of the contract, one or more campaign contributions (on or after April 4, 2007) totaling in excess of \$2,000, to any member of the Clark County Board of Commissioners or their individual campaign committees:
 - a. myself
 - b. any partner or owner or shareholder of the partnership (if applicable);
 - c. any shareholder of the association;
 - d. any administrator of the estate;
 - e. any executor of the estate;
 - f. any trustee of the trust;
 - g. any owner of more than 20% of the corporation or business trust (if applicable);
 - h. each spouse of any person identified in (a) through (c) of this section;
 - i. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (g) of this section.

Signature: _____

Title: _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2022

Notary Public: _____

My Commission Expires: _____

CERTIFICATION OF COMPLIANCE WITH COUNTY INSURANCE REQUIREMENTS

The following is a list of required insurance policies:

- a. Worker's Compensation Insurance as required by Ohio law and any other state in which work will be performed, or letter of exemption.
- b. Commercial General Liability Insurance for a minimum of \$1,000,000 per occurrence with an annual aggregate of at least \$2,000,000, including coverage for subcontractors, if any are used.
- c. Umbrella or Excess Liability* insurance (over and above Commercial General Liability and Auto Liability) with a limit of at least \$2,000,000.
- d. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$1,000,000 Combined Single Limit.
- e. "The Board of Clark County Commissioners" must be named as "Additional Insured" on the policies listed in paragraphs b, c, and d above, as well as the Certificate Holder on all Certificates of Liability insurance.

*Note: Umbrella/Excess Liability coverage may be waived if the following limits are carried for Commercial General Liability and Auto Liability:

1. Commercial General Liability Insurance for a minimum of \$3,000,000 per occurrence with an annual aggregate of at least \$4,000,000, including coverage for subcontractors, if any are used.
2. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$3,000,000 Combined Single Limit.

I, _____, certify that I have reviewed the above insurance requirements, and:

(_____) I certify that as an individual/company/organization submitting a proposal, I am able to meet the above insurance requirements.

OR

(_____) I am not able to meet the above insurance requirements, and would like to request a waiver of the following policies:

_____.

The insurance policies currently held by this individual/company/organization are:

_____. A copy of the current insurance policies is attached.

Signed:

Date

Printed Name, Title