



**Clark County Department of Job & Family Services**  
**By and through the authority of the Board of Clark County Commissioners**

**REQUEST FOR PROPOSALS**

RFP: 17-SFY-03

**FOR: On-Site Child Advocacy Center Trauma-Focused Mental Health Therapy Services**

**PROGRAM DATES: October 1, 2016 through September 30, 2018**

**RELEASE DATE: Monday, August 22, 2016**

**RESPONSES DUE: Tuesday, September 6, 2016 at 2:00 p.m.**

The Board of Clark County Commissioners ("Board") is seeking proposals and intends to award one contract to a vendor to provide On-site Child Trauma-Focused Mental Health Therapy Services at the Clark County Child Advocacy Center ("CAC"), a part of The Clark County Department of Job & Family Services ("Department"). 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 to view](#)). There will be no changes to the contract unless agreed upon by all parties. Board reserves the right to reject any or all proposals or to waive any defect in a proposal which does not materially alter the contract document.

**CONTRACT AWARD:** The contract will be awarded to the responsible vendor whose proposal is most advantageous to Board. A potential vendor's failure to address all items in its proposal may result in its rejection. Board retains the right to cancel this RFP at any time prior to a contract being awarded. Potential vendors will be notified at the earliest possible opportunity. Only Board has the authority to bind Department into a contract. Since Board maintains binding authority and has the right to refuse any proposal, no costs may be recovered for proposal preparation or any process during the RFP process or thereafter.

**EVALUATION:** Potential vendors will be evaluated based on, in order of importance:

1. Demonstration of Experience;
2. Completeness of all required information and forms requested in this RFP;
3. Appropriate licensure;
4. Ability to meet County insurance requirements;
5. Price; and
6. Business references.

Vendors may be disqualified for failure to meet any of the above requirements. Proposals will be evaluated on all six (6) criteria, which are listed in the order of importance, with vendor experience being the most important evaluation factor. The selected vendor will be chosen based on the price and terms that are most advantageous to Department. Board reserves the right to reject any proposals in which the potential vendor takes exception to the terms and conditions of the RFP; fails to meet the terms and conditions of the RFP, including but not limited to, the standards, specifications, and requirements specified in the RFP; or submits prices that the contracting authority considers to be excessive, compared to existing market conditions, or determines to exceed the available funds of the contracting authority. Board reserves the right to reject, in whole or in part, any proposal that Board has determined, using the factors and criteria Board developed pursuant to this section, would not be in the best interest of the County.

**INQUIRY PERIOD:** Vendors shall contact Amber Mullaly at [Amber.Mullaly@jfs.ohio.gov](mailto:Amber.Mullaly@jfs.ohio.gov) or (937) 327-1746 with any questions regarding this RFP. If the question is submitted via email, the subject line of the email must be "2016 CAC Mental Health Services RFP," in order to ensure timely receipt. The inquiry period opens upon release of the RFP, and closes at 2:00 p.m. on September 6, 2016. Department reserves the right to disregard any questions that are not properly or timely submitted. Any questions or answers deemed to be material to all vendors will be sent to all vendors at the email address the RFP was initially distributed to; any other questions or answers will not be distributed to all vendors. Board may conduct discussions with vendors who submit proposals for the purpose of clarification or correction regarding a proposal to ensure full understanding of, and responsiveness to, the requirements specified in the RFP.

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

**BUSINESS REFERENCES:** Interested vendors' proposals shall include a list of at least three (3) companies or organizations with which it has had contracts, agreements, or professional business relationships for mental health or counseling services within the past two (2) years. The contracts or relationships must not have been terminated prior to the end date due to poor performance and/or acts of negligence. This list shall include the name and phone number of a contact person who is familiar with the vendor's job performance. Neither Department nor Board may be used as a reference. There is a limit of one (1) reference from any other Clark County government agency or department (including Utilities, Courts, Sheriff, etc.). Board may verify the vendor's experience based upon the list of business references submitted and any other sources which Board deems appropriate.

**DEMONSTRATION OF EXPERIENCE:** Interested vendors shall submit with its proposal demonstration of previous experience in delivering this, or similar, services. Vendor shall include descriptions and examples of at least two (2) projects or contracts completed in the past five (5) years that demonstrate appropriate experience.

**HOW TO SUBMIT A PROPOSAL:** After reviewing the sample contract ([click here to view](#)), vendor shall prepare a written proposal statement that addresses how all parts of the Scope of Work section below will be provided, and completely fill in a copy of the five (5) page response sheet and included forms listed below (the forms can also be found [online here](#)). The forms can be completed electronically and printed for signature, or printed and completed by hand.

In its written statement, vendor shall indicate all-inclusive per-unit pricing for all categories specified below. No costs other than those specified in vendor's proposal will be paid by Department unless agreed to in writing in advance of purchase or work being completed.

| CATEGORY                     | PRICE |
|------------------------------|-------|
| Normal Hourly Rate           |       |
| Emergency / After-Hours Rate |       |
| Other costs (please specify) |       |

Return the statement of work, pricing, and all required forms to Clark County Department of Job & Family Services, Attention Amber Mullaly, 1345 Lagonda Avenue, Building C, Springfield, Ohio 45503, on or before 2:00 p.m. on Tuesday, September 6, 2016. Proposals can be mailed or hand delivered to the receptionist in Building C Lobby. Mailed proposals must be received by the stated deadline. Proposals shall be clearly marked on the outside of the envelope in the lower left hand corner as follows: "2016 CAC Mental Health Services RFP." The name and address of the vendor submitting the proposal shall also appear on the outside of the envelope. Late proposals will NOT be accepted.

**SCOPE OF WORK:** The selected vendor will be retained to provide on-site trauma-based mental health counseling, supportive, and outreach services for abused children with an emphasis on sexually abused children and their families including appropriate referrals, crisis, and follow-up services. Trauma-informed care refers to services that are based on the best available knowledge of trauma and its impact on children. A trauma-informed provider of services is aware of the child's trauma history and understands the connection between the child's trauma and his/her behavior. This knowledge is then used by the provider to offer the most appropriate interventions to the child to alleviate the traumatic symptoms.

**CONTRACT TERM:** Two-year initial term; up to three additional one-year extensions by and through written amendment executed by, and at the discretion of, Board.

**POSITION TITLE:** Child Therapist

**HOURS OF SERVICE:** Not to exceed 30 hours per week on average (not to exceed 1,456 hours total per contract year). Services are requested for the period of October 1, 2016 through September 30, 2018.

**PRICING:** Unit rate(s) must be all-inclusive to provide one hour of all required services under the contract. Actual unit billing to be invoiced in quarter-hour increments.

**THERAPIST QUALIFICATIONS:** Must have a Master's Degree in counseling or social work and have licensure in the state of Ohio. Must have a minimum of fourteen hours of specialized, trauma-focused mental health training. Must have demonstrated experience in working with child abuse victims. Prefer knowledge of Children's Services, casework methods, available community resources, and the law enforcement system. Prefer experience in court testimony and/or qualified as an expert witness.

**The selected vendor must have the ability to:**

1. Provide one or more therapist to deliver counseling services on-site at CAC offices to child and adolescent victims of sexual abuse, severe physical abuse, and witnesses of violent crime and their non-offending family members and caregivers\*.

- a. This statement should include the experience of the proposed child therapist in performing the duties listed in the position description below. A resume should be submitted for each potential child therapist listing education and relevant work experience.
- b. If more than one therapist will be utilized:
  - i. The individuals must work non-overlapping hours; and
  - ii. Client continuity of care must be ensured, except in emergency situations.

2. Provide services that will include:

- a. Comprehensive trauma assessments;
- b. Counseling / treatment plans with measurable objectives;
- c. Individual, family, and group therapy; and
- d. Crisis counseling as needed including as part of the post forensic process when requested.

3. Maintain appropriate documentation regarding client's participation, progress, and treatment plans.

4. Provide closed-ended group therapy sessions up to three times per year\*.

5. Participate in case staffing pertaining to child abuse investigations, progress in therapy, and treatment recommendations.

6. Provide court testimony in civil and criminal cases pertaining to clients seen at CAC.

7. Maintain current knowledge of other professional mental health providers /resources, which may be appropriate for referral.

8. Collaborate with CAC staff in development and tracking of client treatment outcomes.

9. Provide at least two (2) hours of services after 2:00 p.m. every week, to accommodate the needs of CAC clients.

10. Ensure therapists are able to attend bi-weekly team review meetings at CAC.
 

- a. Note: therapists are not expected to work during Department office closures, which include all Federal Holidays.

11. Supply all necessary therapeutic supplies and laptop computers, if connection to databases outside Department is required.

12. Make available at least one back-up therapist named in the unlikely event emergency services are required and the therapist assigned to provide regular services under the contract is not available.

13. Adhere to the following Reporting Requirements:
 

- a. In addition to required monthly invoice and quarterly reporting, vendor will be required to report on the following, as they occur:
  - i. Initial psycho-social assessments completed, within fourteen (14) days;
    - 1. Any releases completed as part of intake process are to be included as part of the psycho-social assessment report;
  - ii. Psychiatric referrals made, within fourteen (14) days; and
  - iii. Discharge summaries completed, within thirty (30) days;
    - 1. Trauma outcomes are to be included as part of the discharge summary.

\* *Individual and group therapy will focus on enhancing trauma recovery, coping skills, and decreasing the risk of re-victimization.*

**VENDOR SELECTION:** After proposals are reviewed per EVALUATION section above, a recommendation will be made to Department Director to award contract(s) to one or more vendors. Director will make a final selection to recommend to Board, and may consider proposal quality, reasonableness and appropriateness of proposed budget, funding available, and past contract/subgrant performance. Board reserves the right to accept or reject Director's recommendation. All vendors who submit a proposal will receive a Letter of Intent at the email address provided on the Response Sheet, regardless of vendor selected.

**PROTESTS:** Potential vendors may file a protest on any matter relating to the process of soliciting proposals. Protests shall be in writing and must be submitted to: Virginia K. Martycz, Ph.D., Director, Clark County Department of Job & Family Services, 1345 Lagonda Avenue, Springfield, Ohio 45503. All protests relating to alleged improprieties or events which were known or could have been reasonably discovered prior to the closing date for the RFP shall be filed no later than the deadline for receipt of proposals; protests relating to award of contract or rejection of proposals must be received by 9:00 a.m. of the 7<sup>th</sup> day after the issuance of the Letter of Intent. When a timely protest is filed, a contract award shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless Board determines that a delay will severely disadvantage Board. Vendor(s) who would have been awarded the contract(s) shall be notified of the receipt of the protest. Board shall issue written decision on all timely protests and shall notify any vendor who filed an untimely protest as to whether or not the protest will be considered.

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

**2016 CAC MENTAL HEALTH SERVICES RFP**  
**RESPONSE SHEET**

NAME OF VENDOR:

CONTACT INFORMATION (include name, address, email address, and phone number):

VENDOR'S FEDERAL TAX ID NUMBER:

TOTAL AMOUNT OF PROJECT / AMOUNT OF FUNDING REQUESTED (include any applicable unit rates):

THREE PROFESSIONAL REFERENCES (include address, email address and phone):

1.

2.

3.

**NON-COLLUSION AFFIDAVIT**

STATE OF \_\_\_\_\_)

SS:

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_, being first duly sworn, deposes  
(NAME)

and says that he/she is \_\_\_\_\_ for  
(POSITION)

\_\_\_\_\_, the party making the fore-  
(COMPANY NAME)

going 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 \_\_\_\_\_, 2016.

\_\_\_\_\_  
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.

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DATE

BIDDER

Sworn to and subscribed before me, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

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NOTARY PUBLIC

My commission expires \_\_\_\_\_,

## **AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13 OF THE OHIO REVISED CODE**

STATE OF OHIO

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 \_\_\_\_\_, 20\_\_\_\_

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.
- f. Professional liability or errors and omissions insurance for a minimum of \$1,000,000 per incident.
- g. Liability coverage for abuse and molestation in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

\*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