

July 12, 2021

Stark County Job and Family Services

CHILDREN SERVICES DIVISION

Request for Proposals (RFP) #21-02

**PURCHASE OF ALCOHOL and DRUG TESTING and TREATMENT
SERVICES**

for an approximate start date of October 1, 2021 through September 30, 2023

To be considered for funding, applicants must complete and submit one (1) signed original Proposal, with original signatures throughout, and three (3) identical copies (total of four), received by

4:00 pm on August 16, 2021.

SUBMIT PROPOSAL IN PERSON OR VIA U.S. MAIL, FEDEX, or UPS ONLY TO:

In person:

**Leah O'Connell, Administrative Assistant
Stark County Job and Family Services
221 Third Street SE
Canton, OH 44702**

Via U.S. mail, FedEx, or UPS:

**Leah O'Connell, Administrative Assistant
Stark County Job and Family Services
221 Third Street SE
Canton, OH 44702**

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GENERAL INFORMATION

PURPOSE

The purpose and release of this Request for Proposals (RFP) is to solicit competitive proposals from vendors qualified to provide alcohol and drug testing and treatment services to STARK COUNTY JOB AND FAMILY SERVICES (SCJFS), CHILDREN SERVICES DIVISION (SCCS) individuals and/or families who are involved with SCCS. Alcohol and drug testing and treatment services assist individuals and families by improving parent, child, youth, and/or family functioning in an effort to keep children and youth safe from abuse and neglect. Many children and youth can be safely protected and served in their own homes when they or their parents are provided with treatment services and supports that empower them to change their lives or cope with the stresses of daily living. Overall, SCCS envisions that alcohol and drug testing and treatment services would be designed to assist individuals in maintaining children in their own home or to facilitate reunification back into the original caretaker's home. SCCS is specifically seeking vendors to provide services which afford our customers opportunities to improve individual and family functioning.

FUNDING SOURCES

Funding for alcohol and drug testing and treatment services to individuals and families involved with SCCS will be provided through Federal Title IV-B and local tax dollars. The majority of the funding will come from the local Children Services levy.

It is first and foremost the responsibility of customers to pay for the services they need. Should the customer be eligible for Medicaid or have private insurance coverage, these resources are the payor of first resort. Please note that both Medicaid and private insurance coverage are considered by SCCS to be payment in full; SCCS will not supplement this coverage by paying co-pays, deductibles, etc., unless under order of the court. In the event that customers are unable to afford this expense based on poverty, limited income, or lack of insurance, then SCCS will consider making a payment for services on behalf of the customer. SCCS will only consider payment for services which have been prior-approved by SCCS. Additionally, SCCS will only pay service charges that would be assigned to the customer based on the provider's sliding fee scale (if applicable).

This RFP and all agency contracts are contingent upon the availability of funds.

VENDOR EXPERIENCE AND QUALIFICATIONS

The Board of Stark County Commissioners will prefer and/or offer the award of contracts to providers who are most advantageous in terms of cost efficiency, quality of services and have demonstrated measurable customer-based outcomes.

SCCS seeks providers, (whenever reasonable and appropriate in relation to the needs of individual service recipients), within close proximity to the residence of the individuals in need of service (Stark County).

QUALIFICATIONS

- The provider must show proof of experience or otherwise demonstrate the ability to provide quality care to the individuals the provider serves.
- The provider must submit three (3) professional references.
- The provider must submit copies of the provider's Certificates of Insurance as verification of adequate insurance (general, professional, and auto); \$1,000,000 for each type of coverage noted, or alternative comparable coverage that is acceptable to the Board of Stark County Commissioners.
- The provider must submit information regarding the eligibility of their services for insurance/Medicaid coverage.
- If applicable, the provider must submit a copy of their sliding fee scale based upon family income.
- The provider must submit proof of current license/certification in accordance with State Law. Further, the provider must be able to certify that all personnel or other resources incorporated in the programming and services offered by the provider are licensed or certified, as required, by the proper authority including, however not limited to, the Ohio Department of Job & Family Services, Ohio Department of Mental Health and Addiction Services, Ohio Department of Health, Ohio Department of Developmental Disabilities, and the Ohio Counselor, Social Worker and Marriage and Family Therapist Board.
- One or more of the following certifications is/are strongly preferred:
 - ODJFS, Ohio Department of Job & Family Services
 - OMHAS, Ohio Department of Mental Health & Addiction Services
 - DODD, Ohio Department of Developmental Disabilities (Community Alternative Funding System)
 - COA, Council on Accreditation
 - JCAHO, Joint Commission on Accreditation of Healthcare Organizations
 - NCQA, National Committee for Quality Assurance
- Provider must demonstrate compliance and cooperation with any Child Support Enforcement Agency regarding payment requirements.
- The provider shall include a statement affirming the provider is in compliance with federal laws and regulations, including a statement the provider does not discriminate in its employment practices.
- The provider certifies that provider is not subject to a finding of recovery under section 9.24 of the Ohio Revised Code or it has taken the appropriate remedial steps required

under ORC 9.24 or otherwise qualifies under that section to contract with the Board of Stark County Commissioners.

- The provider certifies that it is in full compliance with all statutes and regulations pertaining to the Americans with Disabilities Act of 1990 and with section 504 of the Rehabilitation Act of 1973.
- The provider certifies that it is not excluded from doing business with federal contracts.
- The Provider agrees to comply with all ODJFS licensing rules for completing background checks and will continue to do so with new hires.

SCOPE OF WORK AND SPECIFICATIONS

SCCS is seeking providers for the following:

Alcohol and drug testing and treatment services for individuals and/or families involved with SCCS whose family case is open for one or more of the following primary reasons:

- Abuse/Neglect
- Dependency
- Delinquent/Unruly Behavior
- Abusive Reactive/Sex Offending
- Behavior/Control Issues
- Emotional Problems
- Mental Illness
- Developmental Disabilities
- Physical Disabilities
- Substance Abuse/Chemical Dependency
- Independent/Transitional Living

Providers of alcohol and drug testing and treatment services are sought that will offer one or more of the following programs/services:

- Personal Counseling (individual and/or group), including but not limited to the following areas:
 - Alcohol and drug addiction/dependency
 - Substance use education
 - The effects of substance use on family development and functioning, relationship building, positive child development
- Assessment, evaluation and testing services, including but not limited to substance use

AND include the following conditions:

- Out-come based services involving children and their parents
- Transition/discharge planning
- Agree to negotiate a standard contract as established by SCCS and approved by the Board of Stark County Commissioners for agreed upon services and rates
- Cost containment
- Culturally competent and sensitive programming
- Collaboration with other area service providers
- Testimony in court as requested

PROPOSAL CONTENT, FORMAT AND SUBMISSION

1. The Proposal must include a narrative description of the provider program(s). Multiple programs will require separate descriptions. The program description should include all services and the frequency of the services provided. Include educational and health related services. Include credentials of staff associated with the program(s) or service(s).
2. Identify and describe any treatment modality and the population intended to benefit from the services. Identify anticipated outcomes (efforts to reduce symptoms, increase functioning) and goal related time frames to meet outcomes as identified. Describe the measurements that are applied to the individual or family’s progress in meeting the anticipated outcomes and how that information will be conveyed to SCCS.
3. Explain how and where the needs of each individual or family will be met. Identify any additional or specialized services or resources that will be made available as appropriate to the individual or family’s needs.
4. Provide a listing of the cost(s) associated with the specified service that is to be provided. Presumably, the cost will be reflected as an hourly or unit rate. The rate is identified as the current customary cost applied to SCCS.
5. The proposal must be signed by an individual who is authorized to contractually bind the provider and include the names of individuals authorized to negotiate with SCCS. The signature must indicate the title or position the individual holds in the provider’s organization. Any and all unsigned proposals will be rejected.

CONTACT INFORMATION

Contact Person:	Denise Smith
Address:	402 2 nd St SE Canton, OH 44702
Telephone Number:	(330) 451-8840
Fax Number:	(330) 451-8706
Email address:	Denise.Smith@jfs.ohio.gov

PROPOSAL FORMAT

To simplify the process for evaluating proposals, and to assure each proposal receives the same review, proposals must be submitted in the following format and contain all items listed.

Proposal sections must be identified according to the following format:

- A. Cover Letter:** Submit a cover letter representing the provider, identifying the type of organization (such as: individual, non-profit corporation, profit-making corporation, or other legal entity) that includes a brief statement describing the provider organization.
- **Also include identifying information:** provider legal name as it appears in articles of incorporation [identify other name(s) if applicable – doing business as...(DBA)]; business address and services address if applicable; telephone; fax; email; World Wide Web address. Include a statement identifying the organization's mission and goals. Provide the name of a contact person relating to this proposal including the person's title, address, telephone number, fax number, and email address. Provide the federal tax identification number.
 - **The letter must be signed** by the person authorized to legally bind the provider along with the position the signer holds in the organization, presumably the Director, CEO, or President.
- B. Rate Sheet:** For each program offered by the provider, include a separate rate sheet demonstrating the cost of the component services provided within the program.
- C. Proposal:** Based on information provided above, and in response to the description of the proposal and finally, in consideration of the proposal evaluation and rating categories that SCCS will apply; present a narrative that represents the services and programs the provider is proposing that SCCS purchase. **The entire proposal including any attachments must not exceed 20 pages. The proposal must contain sufficient information for the RFP reviewers to make an informed judgment as to the quality and cost of the services proposed.** SCCS will not compensate the vendor for any expenses incurred as a result of the RFP process. All proposals become the property of SCCS and are considered public information.

CRITERIA FOR EVALUATION AND SELECTION

ACCEPTANCE OR REJECTION OF PROPOSALS

All providers must carefully review their final proposals. Once opened, proposals cannot be changed; however, SCCS may request additional information.

The Board of Stark County Commissioners reserves the right to reject any or all proposals, to waive any informalities or irregularities in the proposal received, and to accept any proposal or combination of proposals which are deemed most favorable to Stark County at the time and

under the conditions stipulated. The decision of the Board of Stark County Commissioners will be final.

PROPOSAL REVIEW PROCEDURE AND AWARD OF CONTRACT

The review process will be conducted in two (2) parts: initial review and final review.

Initial Review

The initial review ensures the proposal meets the minimum requirements (and mandatory conditions) specified in the RFP. Proposals not meeting the minimum requirements will be rejected. Proposals submitted in response to the RFP must meet the following requirements:

- The proposal must be received in a timely fashion.
- Required number of copies submitted.
- Proposal signed by an authorized representative of the provider.

Proposals that pass the initial review will be considered valid and will move on to the final review.

Final Review

- All valid proposals will be reviewed, evaluated, and rated by the Review Committee (RC). The RC will be composed of SCCS staff or designees of the Board of Stark County Commissioners thereof.
- The RC will evaluate each proposal against the criteria in the RFP. During the review, the RC may request additional information from the provider. Provider's responses must always be in writing.
- All qualified proposals shall be reviewed by the RC using the attached Rating Criteria sheet tailored specifically to this RFP. The number of evaluation points for each section varies according to the value assigned for that particular segment of the program.

RC rating sheets will be used to focus discussion. The final composite Evaluation Rating Sheet will be maintained on file by SCCS.

PROPOSAL SELECTION AND NOTIFICATIONS

Based upon the results of the evaluation, SCCS will recommend provider(s) for the services that it determines to be the most advantageous with price and other factors considered. SCCS will work with that provider to finalize the details of the contract document.

All providers will be notified of their non-selection immediately after the preferred provider(s) is/are notified. If the successful provider fails to execute the contract, the Board of Stark County Commissioners may award the contract to another provider whose proposal met the requirements of the RFP and any addenda.

The decisions made by the Board of Stark County Commissioners are final. However, questions, clarifications, and additional information in regard to the decision or in regard to this RFP and the completion of a Proposal may be directed to the RFP contact person.

CONDITIONS AND OTHER REQUIREMENTS

CONTRACT REQUIREMENTS

The contract will incorporate the requirements of the RFP, the provider's proposal, and all other agreements that may be reached. If the provider proposes a sub-contract approach, the contract must clearly describe the responsibilities of each party and the assurances of the performance offered. Provider must adhere to the applicable code of federal regulations regarding cost principles, administrative requirements and audit authority.

CONTRACT PERIOD & INVOICING

Contract will be written for a period of approximately two (2) years. Payment for services rendered is made on a monthly basis and within 45 days of receipt of an accurate invoice and required documentation.

CONFLICT OF INTEREST

No provider will attempt to influence an employee of SCCS in violation of any procurement policies of the agency, the Ohio Revised Code, or Federal Procurement Regulations.

PROVIDER DISCLOSURES

Provider must provide a disclosure of any pending or threatened court actions and/or claims against the provider. This information may not cause rejection of the proposal, but withholding the information may be cause to reject the proposal.

CONFIDENTIALITY

Provider that has access to confidential information will be required to keep that information private, classified and confidential.

REPORTING REQUIREMENTS

Provider shall provide written documentation to the SCCS on a monthly basis, including but not limited to: service recipient progress reports indicating attendance, compliance, progress, and performance on outcomes, results, goals, and objectives; special interventions or incidents; program completion, graduation, or dismissal. Reports are to be submitted with monthly invoices or under separate cover to SCCS.

RATING CRITERIA

RFP RATING SHEET

Evaluation Criteria	Maximum	
Initial Review requirements met (If “yes,” continue; if “no,” stop here)	Yes/No	(not a weighted item)
Strength and stability of the provider to provide the requested services	10 points	
Overall responsiveness and completeness of the proposal as well as the likelihood that the proposal best meets or exceeds the specifications	20 points	
Scope of service being proposed	15 points	
Outcomes and measurement of service(s)	10 points	
Price of proposed service(s)	25 points	
Experience with a similar project/program	15 points	
Other factors considered relevant by SCCS and demonstrated by the bid proposal or investigation by SCCS	5 points	
Total	100 points	

*NOTE: A rating of at least 75 out of 100 possible points is required for further consideration.

Signature of Reviewer

Date