



Juvenile Welfare Board

Investing in children. Strengthening our community.

RESPIRE SERVICES RFP

**PRE-PROPOSAL CONFERENCE
DECEMBER 21, 2021**

AGENDA

- Welcome and Introductions
- Scope of Work
- RFP Timeline
- Proposal Submission, Proposal Format, and Forms
- Evaluation, and Award and Agreement
- TSL/Methodology Completion Instruction
- Questions and Answers
- Collaborations and Partnerships

WHAT IS RESPITE?

- Main goals are to strengthen the family unit, reduce stress, and keep the family intact and stabilized
- Provides temporary relief which is time limited
- Clinical oversight and assessment
- Providing additional family/caregiver support and advocacy

BACKGROUND

JWB's FY21-FY25 Strategic Plan Goal

Prevention of Child Abuse and Neglect: Children will grow up and thrive in safe and healthy environments.

➤ **Strategy 4.3: Research evidence-based and evidence-informed programming to procure and implement high-quality respite services.**

BACKGROUND

- JWB team researched best practices and surveyed providers
- JWB staff recommended a more comprehensive respite system offering varied levels of service and additional supports for families/caregivers
- An important element is clinical oversight and assessment to determine risk and needs

BACKGROUND

The results of JWB's evidence-based and evidence-informed research identified the following:

- Family-Centered Approaches
- Comprehensive Assessments and Ongoing Monitoring
- Services must be age-appropriate, culturally appropriate and trauma-informed
- Appropriate caregiver training/qualifications

OBJECTIVE

- JWB is seeking proposals from agencies with the capacity and experience to provide evidence-based/evidence-informed and clinically sound respite care program(s) to JWB's identified target population across varying levels of care.
- JWB has identified a need for in-home respite care, along with group respite care or center-based care, overnight and weekend care, and/or family- selected caretakers.

OBJECTIVE

- Each agency may submit one Proposal for one or more sites in Pinellas County and providing one or more of the modalities
- JWB encourages Proposers to build and extend collaborations and partnerships in response to this RFP:
 - 1) shared expertise,
 - 2) leveraging of existing community resources and facilities,
 - 3) providing a systems approach,
 - 4) enhanced program quality,
 - 5) and access to services for program participants' unique needs.

OBJECTIVE

- Collaborative Proposals must be submitted by one lead entity and include the details of the legal and contractual relationship between the parties in the narrative.

TARGET POPULATION

Limited to participants who meet the following criteria:

- a. Caregivers of children within the age range of 0-13,
- b. Children must have a physical disability, socioemotional challenges, or developmental delay or caregiver is experiencing acute situational stressors leading to a strained family system.
- c. Children may have an underlying medical condition however they must be medically-stable, not requiring medical care during respite services, as confirmed by a qualified health care practitioner.
- d. Caregiver must reside within Pinellas County.

TARGET POPULATION

- Respite services must be limited to the Target Population but, Proposals will be accepted that include further limitations, if necessary, in order to align with Proposers capacity and experience to develop and implement evidence-based respite care services.
- For example, a Proposal may further limit the target population to children ages 5 - 13 for families residing primarily in South Pinellas County.

QUALIFICATIONS

- a) The agency's mission, values, and services must align with the proposed program.
- b) The agency must have experience providing community-based services to the target population.
- c) The agency must have the financial capacity to support the commitments set forth in response to the RFP.

QUALIFICATIONS

- d) The agency must have an annual operating budget over \$500,000 or operate under an Administrative Services Organization (ASO) or collaborative as determined in JWB's sole discretion to ensure the proper administration of JWB funding.
- e) The agency must NOT operate under the exclusive jurisdiction of the public school system, pursuant to JWB's Special Act, 2003-320.

QUALIFICATIONS

- f) For collaborative proposals, the lead entity must have demonstrated leadership experience and the ability to convene and collaborate with multiple agencies towards a single goal.
- g) The agency must have a broad base of experience developing integrated support plans following the principles of wraparound service delivery and providing ongoing care coordination to families with multifaceted needs.

QUALIFICATIONS

- h) Program staff must have experience conducting a clinically-oriented centralized intake process that includes community and home-based clinical assessments, developing multi domain formulations and determining level of care requirements.
- i) Program supervisory staff must hold a Masters level qualification or above in the field of mental health, child development or a related discipline

QUALIFICATIONS

- j) Oversight of the program must be provided by an individual holding licensure in Social Work or a closely related field.
- k) Program staff experience in the provision of trauma informed care is highly desirable and at a minimum training in the principles of trauma informed care must be provided to program staff.

PROGRAM REQUIREMENTS

The following are the minimum service requirements of all modalities of respite care programming across the continuum:

- a) Evidence-Based/Evidence-Informed Services
- b) Systems of Care Approach
- c) Intake and Assessment
- d) Ongoing assessment of families
- e) Individualized Sustainability Plans
- f) Duration of Care
- g) Ongoing Care Coordination

PROGRAM REQUIREMENTS

h) Respite Services

- i. Licensing**
- ii. Family Engagement and Support**
- iii. Trauma-Informed Care**
- iv. Nutrition**
- v. Family-Selected Caretaker**
- vi. Service Hours**
- vii. Program Fees**

i) Staffing and Professional Development

j) Responsiveness to Unexpected/Unforeseen Circumstances

IMPLEMENTATION

- The program must start serving participants no later than October 1, 2022.
- There may be a need to transition participants from JWB's current Respite program, which will end by September 30, 2022. This process will be facilitated by JWB staff.

EVALUATION & PERFORMANCE MEASURES

a) Evaluation

b) Performance Measures

The following represent the central performance measures:

- i. 95% of children will have no new verified report of abuse and/or neglect during program participation as measured by independent verification with Florida Safe Families Network (FSFN)

EVALUATION & PERFORMANCE MEASURES

- ii. 95% of children who completed the program will have no new verified report of abuse and/or neglect for a period of twelve (12) months after case closure as measured by independent verification with Florida Safe Families Network (FSFN)
- iii. 95% of children will not experience an out-of-home placement during services as measured by independent verification by the Florida Safe Families Network (FSFN)
- iv. 95% of children who have completed the program will not experience an out-of-home placement for a period of twelve (12) months following case closure as measured by independent verification by the Florida Safe Families Network (FSFN)

EVALUATION & PERFORMANCE MEASURES

The addition of the following performance measures will also be included:

- i. 90% of families will demonstrate improved functioning across multiple life domains during 12 months of program involvement
- ii. The program will maintain at least quarterly direct contact with 100% of families served
- iii. The program will convene biannual parent engagement/support groups
- iv. The program will also convene biannual parent advisory groups focused on the gathering of information to improve services from the perspective of program participants

EVALUATION & PERFORMANCE MEASURES

JWB also welcomes the addition of other performance measures and outcomes chosen by the program or collaborative.

c) Data Entry

- Agency staff must provide financial data in a designated JWB database.
- JWB program and participant data must either be entered into JWB's designated database or directly uploaded to JWB. Both methods require adherence to JWB's Data Quality Manual.

MINIMUM CONTRACT TERMS AND CONDITIONS

- Sample Agreement (Attachment 1)
- Exceptions to any of the terms contained in the Sample Agreement must be identified in Form 5 and will be considered during the selection process.
- If no exceptions identified, it will be deemed an acceptance of all JWB's contractual terms and Proposer shall not object to including any such terms in a resulting contract.

FORM 5 - CONTRACT TERMS & CONDITIONS COMPLIANCE CHECKLIST

FORM 5 - CONTRACT TERMS & CONDITIONS COMPLIANCE CHECKLIST

Proposers are to mark the Comply, Exception, or Not Comply column for each Minimal Contract Term and Condition in Attachment 1. *Comply* indicates the Proposer understands and agrees to comply fully. Exceptions must be fully explained below.

#	Title	Comply	Exception	Not Comply
I	Purpose			
II	Staff			
III	Services			
IV	Funds			
V	Method of Payment			
VI	Termination			
VII	Commencement of Payment			
VIII	General Conditions			
1	Agreement Revisions			
2	Fiscal Responsibility			
3	Audit and Management Letter			
4	Other Financial Support			
5	Program Monitoring and Data Quality			
6	Board Members and Training			
7	Nondiscrimination			
8	Publicizing of JWB Support-Endorsements			
9	Not Used			
10	Assignments and Subcontracts			
11	Confidential Information			
12	Public Records			
13	Return of Funds			
14	Special Situations and Incidents			
15	Provider Staff Membership on Board			
16	Waiver			
17	Provider & Program Data Maintained in 2-1-1 Database			
18	Provider Staff Background Checks			
19	Attendance			
20	Link to JWB's Websites			
21	Drug-Free Workplace			
22	Public Entity Crimes			
23	JWB Policies and Procedures			
24	Conflict of Interest			
25	Insurance Requirements-Basic Provisions			
26	Insurance Requirements-Additional Coverages			
27	Indemnification			

Respite Services RFP

28	Certification that Provider is legally able to contract with JWB			
29	E-Verify			

For all items marked as "Exception", Proposer must list the Exception by number and title and fully explain the exception below:

Respite Services RFP

INSURANCE

- Insurance requirements can be found in Attachment 1.
- Certificate of Insurance must be provided within 10 days of formal contract.
- **Auto Insurance Requirements:** *To be determined based on Provider transportation practices, see auto insurance requirements found at <https://www.jwbpinellas.org/wp-content/uploads/2021/09/Automobile-Insurance-Requirements-1.pdf>)*

RFP Timeline

- 12/10/21: RFP Released
- 12/21/21: Optional Pre-Proposal Conference
- 12/31/21: Deadline for Receipt of Questions by Noon
- 01/07/22: Written Responses to Questions Released
- 01/25/22: Technical Assistance
- 01/31/22: Proposal Submission Due Date **by Noon**
- 03/04/22: Evaluation Committee Meeting
- 03/23, 03/24, & 03/25/22: Interviews with Top Proposers
- 03/30/22: Best and Final Offer
- 04/06/22: Evaluation Committee Meeting
- 05/12/22: Board Action to Award
- 05/13/22: Announce Intent to Award
- On or before 06/01/22: Execute Agreements

PROPOSAL SUBMISSION

Proposals Must:

- Be signed by the authorized company officer;
- Use the required format
- Be sent by email to rfp@jwbpinellas.org which must include “Respite Services RFP – [Proposer’s Name]” in the subject line, where [Proposer’s Name] represents the Proposer’s agency’s name.
- Received on or before **Noon on January 31, 2022.** Late submissions will not be considered.

PROPOSAL SUBMISSION

Other Important Submission Information:

- The maximum email size JWB can receive is 10MB.
- If the submission email, including any attachments, is greater than 10MB, please send multiple separate emails which are less than the 10MB maximum.
- It is the responsibility of the Proposer to ensure that the Proposal is received by JWB on time at the right location. JWB will reply to confirm receipt of all Proposals.
- JWB is not responsible if technical difficulties are encountered during the submission process.

PROPOSAL FORMAT

The following documents must be emailed to JWB as attachments with the naming and electronic file formats shown below:

1. Respite Services RFP – Proposal [Proposer's Name].pdf
2. Respite Services RFP – Form 3- FY22 Proposed Start-Up Budget [Proposer's Name].xlsx
3. Respite Services RFP – Form 3- FY23 Proposed Annual Budget [Proposer's Name].xlsx

PROPOSAL FORMAT

The Proposal must be assembled in the following order. Be sure to number each page, including attachments.

Format

Signed Addenda, if issued

Form 1 - Proposal Signature Form (signed)

Table of Contents

Form 2- TSL/Methodology

Narrative Response

Attachments:

a) Organizational Chart

b) Job Descriptions

c) Data Quality Manual

d) Proposed Implementation Plan

e) Standardized and Empirically Valid Instrument(s) Samples

f) Current Year Adopted Budget

Form 4 - Non-Collusion Affidavit (signed)

Form 5 - Contract Terms & Conditions Compliance Checklist

Form 6 - IRS W-9

Attachment 2-Proposal Checklist provided in RFP to assist Proposers.

TSL/METHODOLOGY

- Proposer is to complete and submit one Form 2-TSL/Methodology, along with required attachments.
- Form 2 is a separate fillable attachment to the RFP document.
- The Form should be filled out as directed in the Instruction given towards the end of this Pre-Proposal Conference.

PROPOSED PROGRAM BUDGET

Proposer is to complete and submit two Excel Proposed Program Budgets: Start-Up (06/01/2022-09/30/2022) and Annualized (10/1-9/30), which must contain the following:

1. Start-Up Budget must include any start-up costs and reflect a program start date no later than October 1, 2022.
2. Annualized Budget must reflect a complete fiscal year of programming.
3. Ensure that all tabs are completed within the workbooks.
4. Both budgets must include all expenses for the project, regardless of the funding source.

PROPOSED PROGRAM BUDGET

5. All Budgets must be developed in accordance with JWB's Financial Policies and Procedures for Funded Programs at <https://www.jwbpinellas.org/wp-content/uploads/2021/06/JWB-Financial-Policies-and-Procedures-for-Funded-Programs-05.04.21.pdf>
6. Additional instructions for the Proposed Program Budget can be found on the first tab of the Excel document labeled Instructions.

MINIMUM CRITERIA

- The Proposal is received by the due date and time of **NOON on 01/31/2022**;
- The Proposal Signature Form is signed by an authorized company officer;
- Proposer must not be on Florida's convicted vendor list for public entity crimes (See section 1.19)
- Proposer must not be on Florida's scrutinized companies list (See section 1.20)

ROUND 1: EVALUATION

<u>Evaluation Criteria</u>	<u>Points</u>
Program Design	25%
Assessment/Selection of Standardized Instruments	25%
Experience and Qualifications	20%
Proposed Budget	20%
<u>Proposed Evaluation Approach</u>	<u>10%</u>
Total Potential Points	100%

ROUND 2: EVALUATION

The Top Proposers in the Round 1 Evaluation may proceed to an additional level of due diligence that will include:

- Follow-up questions and answers with the Proposers;
- An interview of staff proposed to be assigned to these services; and
- A review of Proposer's Financial Resources

ROUND 2: EVALUATION

Top Proposers will be evaluated on all information collected to date against the following criteria with the total possible points shown for each:

<u>Evaluation Criteria</u>	<u>Points</u>
Program Design	25%
Assessment/Selection of Standardized Instruments	25%
Experience and Qualifications	20%
Proposed Budget	20%
<u>Proposed Evaluation Approach</u>	<u>10%</u>
Total Potential Points	100%

BEST AND FINAL OFFER

- Proposers may be asked for a Best and Final Offer post-interview.
- JWB reserves the right to award a contract without a Best and Final Offer.
- A high evaluation score does not guarantee that a Proposal will be funded. Access to a variety of respite services across Pinellas County will also be considered during the ranking and recommendation.

AWARD AND AGREEMENT

- JWB's intent is to award up to \$2.65 million.
- It is anticipated that multiple awards may be made. Award amounts may differ from what was requested based upon the dollars available and the type of service being proposed.
- The Notice of Award will be posted on JWB's website and emailed to all Proposers.
- It is anticipated that the agreement will remain valid for a period of sixteen (16) months from date of issuance unless terminated earlier in accordance with the agreement terms.

Information can be found on
our website

www.jwbpinellas.org

Any changes in meeting
date/time and written
responses to questions will be
posted on the website

Please direct all
communication concerning
this solicitation to:

Lorrayne Hayes

lhayes@jwbpinellas.org

727-453-5654

TSL/ METHODOLOGY COMPLETION INSTRUCTION

FY - FY TSL/Methodology

Agency:

Effective:

Program Name:

Strategic Result Area(s):

Program Subtype:

PROGRAM SHORT DESCRIPTION:

In 500 words or less, please include the short description that is included in your contract and list all program goals if applicable.

OUTREACH AND RECRUITMENT OF PROGRAM PARTICIPANTS:

In 500 words or less, briefly describe the outreach and recruitment process for program participants.

ELIGIBILITY CRITERIA:

Please indicate whether or not your program has eligibility criteria for each designated area, check all that apply. Provide specifics when applicable.

Age Criteria: ☐ N/A

Check all that apply:

☐ 0-3

☐ 4-5

☐ Elementary School

☐ Middle School

☐ High School

☐ Adult

Gender Criteria: ☐ N/A

If applicable, please specify.

Geographic Area Served ☐ County-wide

If other, please specify.

Income Criteria: ☐ N/A

If applicable, please specify.

Special Population: ☐ N/A

If applicable, please specify.

ACCEPTANCE AND INTAKE:

In 750 words or less, please describe the intake process for program participants, including if participants are required to prove eligibility at intake. If applicable to your program, please describe the eligibility criteria for re-entry into your program and the process for re-entry.

TRANSPORTATION:

If applicable, in 500 words or less, please describe all forms of transportation provided by your program (i.e. school pick up, field trips). If sites pick-up for certain schools, please list.

☐ N/A

Unduplicated Annual Targeted Service Levels			
Number of unduplicated Adults (including Teen Parents)	_____	Does not apply	☐
Number of unduplicated Youth (Birth to High	_____	Does not apply	☐
School) Number of unduplicated Groups/Events	_____	Does not apply	☐

Service Component (i.e. Academic Support): This area should name the service component that is expanded upon below						
Outputs (What)	Program Activities & Duration (How)	Responsible Parties (Who)	Expected Outcomes (Why/ Performance Measures)	Indicator Measurements (Evidence)	Data Source (Where)	Time of Measurements (When)
This column should list the targeted number of people in this service area, and a general description of services. Ex: Participants served with youth development services.	This column should list the activities completed in the program, the frequency and duration of the activities and the service modality (i.e. individual vs group). Ex: Tutoring services one hour twice per week in a group of five participants.	This column should indicate the responsible parties providing the services listed in the previous column. Ex: Youth Development Staff	This column should include the performance measures listed in your contract that are relevant to this service area. Ex: 50% of participants will achieve a learning gain on the FSA ELA exam as indicated by Pinellas County Schools.	This column should line up with the performance measures, and indicate how the data for the performance measure is gathered. Any qualifications should be included (i.e. only grades 3-10). Ex: A participant has achieved an increase in the FSA ELA raw score.	This column should list where the data comes from. Ex: Pinellas County School Data.	This column should indicate frequency of measurement within the program and as reported to JWB. If analyzed by JWB, please specify. Ex: FSA ELA testing is once per year, in April & May dependent on grade level. Data is reported after close of fiscal year. Analyzed by JWB.
Equation: How did you arrive at the number served above? Typical variables include staff size, length of stay, staff participant ratios, licensing guidelines, historic service levels, etc.						
Comments: Please include any other comments to help clarify the above.						

AVERAGE LENGTH OF STAY, SERVICE COMPLETION, AND CLOSURE

In 750 words or less, please include information regarding average length of stay in the program, criteria for service completion, and process for closure.

Please check this box if participants receive follow up services: If applicable, please provide details on follow-up services below. ☐

SERVICE AVAILABILITY:

☐ Site information changes regularly ☐ Attached program close days

Please list all sites associated with this program. If your sites change regularly, please submit an attachment with the additional site information. If applicable, please submit an attachment of program closed days. Site type definitions:

Administration - A site that houses agency administrative staff.

Program Site - A site where program administration staff are housed and service delivery may occur. This would include the office where home visiting or community staff are based.

Service Delivery Site - A site where participants are served on-site at the location.

Site Name	Site Type	Service Component(s)	Contact Information	Days of the Week	Hours of Operation
	Please Select	Name(s) from Service Component chart(s) here.	Address and Phone Number here	Please use initials (i.e. M, Tu, W, Th, F, Sa, Su).	
	Please Select				
	Please Select				
	Please Select				
	Please Select				

REQUIRED ATTACHMENTS

Please check each box indicating that the required attachments are included as addenda.

☐ Organization Chart ☐ Job Descriptions ☐ Data Quality Manual

Program Representative Date: _____

Senior Program Consultant Date: _____

Senior Program Evaluator Date: _____

Chief Program Officer Date: _____

PEM/PAM Initials

Questions and Answers