

**SHEBOYGAN COUNTY
HEALTH AND HUMAN SERVICES
REQUEST FOR PROPOSALS
FOR
WRAPAROUND & CRISIS RESPITE SERVICES**

**Sheboygan County Health & Human Service Department
Child and Family Services Division
1011 North 8th Street, Sheboygan, WI 53081 (920) 459-3251**

TIME TABLE (dates will be changed based upon our readiness to proceed)

January 15, 2019 – Request for Proposals (RFP) available to the prospective applicants

February 15, 2019 – Proposals due at the Sheboygan County Health and Human Service Department by 5:00 PM (seven copies)

March 15, 2019 – Announcement of Contract Award

March 15 – April 15, 2019 - Contract Review and Signing

May 1, 2019 – Program Start-Up

BACKGROUND

The Sheboygan County Health & Human Service Department provides funding for programming for Wraparound Services for families with children from age 0 – 18. These services have previously been provided by individuals with financial payment made through a Fiscal Agent provider. The Sheboygan County Health & Human Service Department would like to contract with an agency who will hire wraparound workers who in turn will provide services such as mentoring, supportive services, transportation as needed, work with children and youth on the Autism/PDD spectrum, serve cases with mental and behavioral health issues, and other wraparound needs that arise. Additionally, Sheboygan County would also desire for this contracted agency to provide Crisis Respite services for those youth that need this level of service.

DESIRED OUTCOME

This Wraparound and Crisis Respite Service will allow proper selection, training, and supervision of providers of the wraparound service, allow for more capacity as needs change and move with children and families, and add additional service in the area of Crisis Respite which is not currently provided in Sheboygan County.

CLIENT QUALIFICATION

The population served by Wraparound and Crisis Respite Services is children and youth age 0-18 who have a wraparound needed service that social work staff cannot provide themselves. In addition to the children, the program also serves both the custodial and non-custodial parents. Many of the children, youth, and families' circumstances may be considered "multi-problem" in nature. The child or youth may need a mentor to assist with proper role modeling, skill building, or supervision. The parent(s) in the families may have a diagnosed mental illness; may have a history of alcohol or drug abuse; may be developmentally disabled; may be the victim of domestic violence or other forms of trauma; and may have financial or employment problems.

REQUIREMENTS OF CONTRACTOR

The staff of the agency chosen will work directly with clients in the Wraparound Service or Crisis Respite Service that are open cases with Child and Family Services. The referrals to Wraparound Services or Crisis Respite Services will come from social workers from 3 Child Protection Units, 2 Juvenile Justice Units, and 1 Child and Family Resource Unit. The contract agency will work directly with these social workers, administrative professionals, supervisors, and accounting and contract staff.

A monthly listing of participants in the Wraparound or Crisis Respite Service will be given to the Sheboygan County Health & Human Service Department along with summary of the service provided and a monthly invoice for services rendered. Measurable objectives should be part of the case plan developed by the family and the assigned contract agency staff in coordination with the referring social worker.

SCOPE OF WORK

The Wraparound Service will take over those current service arrangements being provided by individual wraparound workers to include screening of existing wraparound providers, recruitment of new providers with the contract agency, training on an annual basis wraparound staff, and monitoring the case plans and service authorizations to assure the delivery of service to the case plan goals and authorization amounts.

The Crisis Respite Service would ideally be a licensed foster or treatment foster home that has the capacity to serve children and youth in crisis for a short term period per the State Statutes guiding provision of this service. The goal and scope of this service would be to divert unnecessary local hospitalizations or Chapter 51 placements if a diversion facility was existing in Sheboygan County. This service may also be used for a cooling off period for families or a step down from a higher level of hospitalization until case management and a service plan is arranged.

CONTRACTOR QUALIFICATIONS

It is expected that the agency overseeing the work and the workers assigned to these programs will have the education and training sufficient to perform the job duties of these programs.

It is expected that the agency have the ability to administer services in CCS to include knowledge of billing practices, documentation for CCS, and proper training of staff according to CCS rules.

Workers assigned to Wraparound Services may be required to meet with client families on weekends and in the early evening hours, depending upon the needs of the client families.

The contract agency will be expected to purchase training and/or equipment to meet the goals and objectives of the programs. The contract agency will also develop methods to document case activity and to monitor outcomes pertaining to developed goals.

The contract agency will be able to demonstrate experience and ability to offer Crisis Respite Services and have the means to properly license the Crisis Respite Home. Additionally, the Crisis Respite Home will have crisis respite supports and administrative backup for the home as needed.

ELIGIBILITY

Any state or local public agency, non-profit agency, or private for profit program operator may submit a written proposal in response to this Request for Proposal. Respondents may propose individual or comprehensive services as requested. Preference may be given to agencies currently providing Wraparound and Crisis Respite Services.

This is an RFP being put forth by the Sheboygan County Health & Human Service Department. Response information will be shared between the two agencies. Awards made by the Health and Human Services Department will go to the respondent(s) deemed most qualified in the opinion of the Department. All bids will be equally considered regardless of their profit/non-profit status and awards may be made separately or jointly depending on respondent status and proposals received.

Any agency interested in responding to this Request for Proposal **must provide** a brief narrative using the headings that follow and addressing the information requested:

a. Organizational Overview

Detail your organization/ business mission, history, scope of operations, record of accomplishment and any additional information you may wish to share.

b. Governance

Detail your incorporation status, officers, and board of directors as may apply. Include organizational charts as applicable in appendices.

c. Services to be Provided

Identify the target population(s) to be served and the proposed services to be delivered. Include information on any limitations or special conditions that may apply.

d. Quality Assurance and Outcomes Measures

Describe any quality assurance, quality improvement and/or outcome measurement activities currently in use, to be developed, or applied. Include examples of any recent measurement results as may be available in appendices.

e. Budget

Provide a narrative for any budget line items that may require detail or explanation (see form for budget on last page).

COORDINATION

All activities following awards made must be coordinated with the Sheboygan County Health and Human Services Department and their employees.

REPORTS REQUIRED

Completion of monthly client reports covering the contracted activities will be required. It is expected the vendor(s) awarded the contract(s) will provide any and all information in accordance with the state guidelines and local program requirements.

A proposal and budget for program operation, and an annual report on measurable goals and objectives of the program will be required.

CONTRACTUAL OBLIGATIONS

All aspects of the proposal from the successful applicant will become contractual obligations. The Sheboygan County Health and Human Services Department reserves the right to reject any or all proposals. The Sheboygan County Health and Human Services reserves the right to negotiate the contract amount, budget items, and programmatic content with the selected vendor(s) prior to entering into a contract.

Any resulting contract may be renegotiated in the event of (1) increased or decreased volume of services; (2) changes required by federal or state laws or regulations or court action; (3) monies available affecting the substance of the Contract; or (4) increases in unit charges.

All purchase of service contracts with Sheboygan County Health and Human Services are annual, calendar year, subject to continuous evaluation by department staff related to performance and continuing availability of funds.

EQUAL OPPORTUNITY, AFFIRMATIVE ACTION, DISCRIMINATION

In connection with the performance of work under this Request for Proposal, contractors agree to submit to the County a current copy of the Sub-recipient Civil Rights Compliance Action Plan for Meeting Equal Opportunity Requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title VI and XVI of the Public Service Health Act, the Age Discrimination Act of 1975, and Omnibus Budget Reconciliation Act of 1981, and the Americans with Disabilities Act (ADA) of 1990.

The Contractor also agrees to the following provisions:

1. No otherwise qualified person will be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, religion, sex, disability, or age. This policy covers eligibility for and access to service delivery and treatment in all programs and activities.
2. No otherwise qualified person will be excluded from employment, be denied the benefits of employment, or otherwise be subject to discrimination in employment in any manner or term of employment on the basis of age, race, religion, color, sex, national origin, ancestry, handicap (as defined in Section 504 and the Americans with Disabilities Act (ADA)), physical condition, developmental disability (as defined in s.51.05(5)), arrest or conviction record (in keeping with s.111.32), sexual orientation, marital status, or military participation. All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.
3. The contractor will post the Equal Opportunity Policy, the name of the Equal Opportunity Coordinator, and the discrimination complaint process in conspicuous places available to applicants and clients of services, applicants for employment, and employees. The complaint process will be according to County standards and made available in languages and formats understandable to applicants, clients, and employees.

4. The Contractor agrees that through its normal selection of staff, it will employ staff with special language skills or find persons who are available within a reasonable time and who can communicate with non-English speaking clients, train staff in human relations techniques and sensitivity to cultural patterns, and make the programs and facilities accessible, as appropriate through outstations, authorized representatives, adjusted work hours, ramps, doorways, elevators, or ground floor rooms.

RECORDS

Contract agencies will maintain records and financial information as required by state and federal laws, rules, and regulations, and will allow inspection of these records by representatives of the County, the Wisconsin Department of Children and Families and its authorized agents, or federal agencies.

Fiscal records must conform to state allowable cost policies. A certified annual audit will be required. The use or disclosure by any party of information concerning eligible participants for any purpose not connected with administering responsibilities under the contract is prohibited, except with informed, written consent of the participant.

The Sheboygan County Health and Human Services Department reserves the right to reject any and all proposals.

QUESTIONS REGARDING THIS SOLICITATION

Questions regarding this solicitation are to be addressed to the Sheboygan County Health and Human Services Department, Child and Family Services, 1011 North 8th Street, Sheboygan, WI 53081 to the attention of:

Scott Shackelford, Child and Family Services Manager – 920 459-3251

PROPOSAL SUBMITTAL

In order to be considered, Contractors should submit to the Health and Human Services Department, Child and Family Services, 1011 North 8th Street, Sheboygan WI 53081 at total of (7) seven identical copies of their proposal.

Proposals should be marked to the attention of Scott Shackelford, Child and Family Services Manager.

**Proposals must be on file no later than 5:00 PM on
February 15, 2019**

TERMS AND CONDITIONS

- 1) Sheboygan County reserves the right to reject any and all proposals received, in whole or in part, cancel this solicitation at any time, waive any informality associated with the proposal process, and award the contract in a manner which best meets the needs of the county.
- 2) All proposals shall remain in effect for a period of not less than sixty (60) days following the published due date of the proposal.
- 3) Neither Sheboygan County Health and Human Services nor Sheboygan County shall be responsible for any costs associated with the development or submittal of the response to this solicitation by the vendors.
- 4) Any proposals received after the published due date & time shall not be considered and shall be returned un-opened to the submitter.
- 5) The successful vendor shall be required to contract with Sheboygan County for the services proposed in a period of not more than sixty (60) days following the due date of the response.
- 6) The provider shall be required to provide Sheboygan County with a certificate of insurance as well as other required licensure documents prior to the commencement of any programs.
- 7) The contract document shall include language allowing Sheboygan County the ability to terminate the contractual relationship, without cause, upon serving written notice to the provider of such action no less than sixty days previous to the effective date of such termination.

BUDGET FORM

Complete a separate budget form and supporting schedule for each program or service proposed.

1. Round all financial information to the nearest dollar.
2. Use brackets () to indicate negative amounts.
3. Base all figures on a calendar year (January to December) period.
4. Identify all staff positions, full time equivalencies to be assigned under the contract, employees and wages for the proposed year.
5. For this RFP, only complete the information in column (3)

If you need assistance in completing the budget form, Department staff is available for general consultation. Questions may be directed to:

Kim Pagel, Business Analyst
(920) 459-3212
kim.pagel@sheboygancounty.com

PROVIDER IDENTIFICATION FORM

PROVIDER NAME: _____

Form Completed by (name/title): _____

Completed on: _____

CONTACT & COMMUNICATION INFORMATION

CONTRACT ADMINISTRATION:

Contact Name/Position: _____

Contract Mailing Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Fax: _____ Email: _____

PAYMENT AND BILLING COMMUNICATION:

Contact Name/Position: _____

Payment Mailing Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Fax: _____ Email: _____

Organization is: Non-Profit: _____ For Profit Entity: _____

IDENTIFY PARENT ORGANIZATION, IF PROVIDER IS SUBSIDIARY:

Parent Organization/Contact Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Fax: _____ Email: _____

Purchase Authorizations should be sent to or email/faxed to:

Contacts: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Fax: _____ Email: _____

Instructions and Forms for Non-Residential Services

These instructions and forms pertain to non-residential services.

1. Complete a separate budget form and supporting schedule for each program or service proposed.
2. Round all financial information to the nearest dollar.
3. Use brackets () to indicate negative amounts.
4. Base all figures on a calendar year (January to December) period.
5. Identify all staff positions, full time equivalencies to be assigned under the contract, employees and wages for the proposed year on Supporting Schedule 1.

If you need advice, Department staff is available for general consultation. Questions may be directed to:

Kim Pagel, Business Analyst
(920) 459-3212
kim.pagel@sheboygancounty.com

It is recommended that the budget be completed by a qualified, experienced accountant.