

**Child Life History**

**STATEMENT OF NEED**

**March 1st, 2021**

**Schedule of Events**

**Child Life History Schedule of Events**

The schedule of events set out herein represents the Division of Family and Children Services’ (DFCS) best estimate of the schedule that will be followed. However, delays to the procurement process may occur which may necessitate adjustments to the proposed schedule. If a component of this schedule, such as the close date, is delayed, the rest of the schedule may be shifted as appropriate. Any changes to the dates up to the closing date of the Statement of Need will be publicly posted prior to the closing date. After the close of the Statement of Need, DFCS reserves the right to adjust the remainder of the proposed dates, including the dates for evaluation, award, and the contract term on an as-needed basis with or without notice.

|  |  |  |
| --- | --- | --- |
| **Description** | **Date** | **Time** |
| Release of Statement of Need | 3/01/2021 | 5:00 p.m. ET |
| Application Informational Meeting  Join on your computer or mobile app Click here to join the meeting:  **Join on your computer or mobile app**  [Click here to join the meeting](https://gcc02.safelinks.protection.outlook.com/ap/t-59584e83/?url=https%3A%2F%2Fteams.microsoft.com%2Fl%2Fmeetup-join%2F19%253ameeting_ZDhjYzY1Y2YtNzg1Mi00OWQwLThiYzktNWY5ZGNkMTE4N2Rj%2540thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522512da10d-071b-4b94-8abc-9ec4044d1516%2522%252c%2522Oid%2522%253a%2522e7290c49-c2cf-4c34-96f2-ab3fc5276e56%2522%257d&data=04%7C01%7CAdrian.Owens%40dhs.ga.gov%7C259fbd9902474d7f8e2208d8dd9a7aee%7C512da10d071b4b948abc9ec4044d1516%7C0%7C0%7C637503002851420017%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=vBlmQN2NTwVO8kISuBfqKfgO4g36kfINnzZlR%2F2gNIg%3D&reserved=0)  **Or call in (audio only)**  [+1 470-344- 9228,,368493873#](tel:+14703449228,,368493873# ) United States, Atlanta  Phone Conference ID: 368 493 873#  [Find a local number](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdialin.teams.microsoft.com%2F871590d9-1dc4-4772-b5b3-914d4cb5bcf0%3Fid%3D368493873&data=04%7C01%7CAdrian.Owens%40dhs.ga.gov%7C259fbd9902474d7f8e2208d8dd9a7aee%7C512da10d071b4b948abc9ec4044d1516%7C0%7C0%7C637503002851429976%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=x%2FXs%2B%2BkfK6%2FfrLkUkYJ6%2Buu8w%2BZB2vtLM1YjTpRMnBM%3D&reserved=0) | [Reset PIN](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmysettings.lync.com%2Fpstnconferencing&data=04%7C01%7CAdrian.Owens%40dhs.ga.gov%7C259fbd9902474d7f8e2208d8dd9a7aee%7C512da10d071b4b948abc9ec4044d1516%7C0%7C0%7C637503002851429976%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=k%2BprIYa3%2BRNcBvVMPfPBWd2WLSZvMqpiqU9xLM1VNGI%3D&reserved=0) | 3/08/2021 | 10:00a.m. ET -to-12:00p.m. |
| Deadline for written questions sent via email to: [**PreAdpt.ChldLifeHist@dhs.ga.gov**](mailto:PreAdpt.ChldLifeHist@dhs.ga.gov) \_\_\_\_\_\_\_\_\_. | 3/13/2021 | 5:00 p.m. ET |
| Responses to Written Questions | 3/20/2021 | 5:00 p.m. ET |
| Proposals Due/Close Date and Time. Proposals must be sent to: [**PreAdpt.ChldLifeHist@dhs.ga.gov**](mailto:PreAdpt.ChldLifeHist@dhs.ga.gov) | 4/01/2021 | 5:00 p.m. ET |
| Proposal Evaluation (TBD) | 3 to 4 Weeks after Closing | TBD |
| Notice of Award [NOA] | TBD | TBD |

**General Information and Instructions**

**Submitting Questions**

All questions concerning this Statement of Need must be submitted in writing via email to **[PreAdpt.ChldLifeHist@dhs.ga.gov](mailto:PreAdpt.ChldLifeHist@dhs.ga.gov)**. No questions other than written will be accepted. No response other than written will be binding upon the State. All suppliers must submit questions by the deadline identified in the Schedule of Events for submitting questions. Suppliers are cautioned that the Division of Family and Children Services (DFCS) will not entertain late questions or questions submitted by any other method than as directed in this section. All questions about this Statement of Need must be submitted in the following format:

Supplier Name

Question #1 Question, Reference to the relevant section of the Statement of Need

Question #2 Question, Reference to the relevant section of the Statement of Need

**Restrictions on Communicating with Staff**

From the issue date of this Statement of Need until the final award is announced (or the Statement of need is officially canceled), Suppliers are not allowed to communicate for any reason with any DFCS staff except through the individual identified in this Statement of Need as the point of contact. Prohibited communication includes all contact or interaction, including but not limited to telephonic communications, emails, faxes, letters, or personal meetings, such as lunch, entertainment, or otherwise. DFCS reserves the right to reject the response of any supplier violating this provision.

**State’s Right to Request Additional Information – Supplier’s Responsibility**

Prior to contract award, the DFCS must be assured that the selected Supplier has all of the resources to successfully perform under the contract. This includes, but is not limited to, an adequate number of personnel with required skills, availability of appropriate equipment in sufficient quantity to meet the on-going needs of DFCS, financial resources sufficient to complete performance under the contract, and experience in similar endeavors. If during the evaluation process, DFCS is unable to assure itself of the Supplier’s ability to perform, if awarded, DFCS has the option of requesting from the Supplier any information deemed necessary to determine the Supplier’s responsibility. If such information is required, the supplier will be so notified and will be permitted approximately seven business days to submit the information requested.

**Failing to Comply with Submission Instructions**

Responses received after the identified due date and time or submitted by any other means than those expressly permitted by the Statement of Need will not be considered. Suppliers’ responses must be complete in all respects, as required in each section of this Statement of Need.

**State’s Right to Amend and/or Cancel the Statement of Need**

The State Entity reserves the right to amend this Statement of Need. Any revisions must be made in writing prior to the closing date and time. By submitting a response, the Supplier shall be deemed to have accepted all terms and agreed to all requirements of the Statement of Need (including any revisions/additions made in writing prior to the close of the Statement of Need whether or not such revision occurred prior to the time the supplier submitted its response) unless expressly stated otherwise in the Supplier’s response. THEREFORE, EACH SUPPLIER IS INDIVIDUALLY RESPONSIBLE FOR REVIEWING THE REVISED STATEMENT OF NEED AND MAKING ANY NECESSARY OR APPROPRIATE CHANGES AND/OR ADDITIONS TO THE SUPPLIER’S RESPONSE PRIOR TO THE CLOSE OF THE STATEMENT OF NEED. Suppliers are encouraged to frequently check the Statement of Need for additional information. Finally, DFCS reserves the right to cancel this Statement of Need at any time.

**Protest Process**

Suppliers should be aware that this Statement of Need is **not** governed by the Georgia Department of Administrative Services (DOAS) protest process outlined in the Georgia Procurement Manual. Therefore, Suppliers will not be able to protest any award made pursuant to this Statement of Need to DOAS. Any protest of an award made pursuant to this Statement of Need must be made to the DFCS Adoption Services Director. The protest must be specific as to the nature of the protest. DFCS will not consider any general protest of this Statement of Need process.

Interested suppliers may file a written protest challenging the Department of Family and Children Services (DFCS) compliance with applicable procurement procedures subject to the interested supplier’s compliance with the protest provisions. Supplier protest can be filed by sending an email request to **[PreAdpt.ChldLifeHist@dhs.ga.gov](mailto:PreAdpt.ChldLifeHist@dhs.ga.gov)**.

**Protest Period**

Suppliers will have 2 business days prior to the closing of the Application process to submit a protest. Once the contract has been awarded, the supplier will have 10 business days from the award date to protest.

**Supplier protest must follow the following procedures**.

• The name and address of the protestor.

* The email request subject title must be listed as “Protest” in the subject line.

• Appropriate identification of the Application solicitation.

• A statement of reasons for the protest.

• Supporting exhibits, evidence, or documents to substantiate the protest. All protests must be properly submitted within the identified filing period.

• The desired remedy.

**Standard Insurance Requirements**

If awarded a contract, the Supplier shall procure and maintain insurance which shall protect the supplier and the State of Georgia (as an additional insured) from any claims for bodily injury, property damage, or personal injury covered by the indemnification obligations set forth in the contract attached to this solicitation throughout the duration of the contract. The supplier shall procure and maintain the insurance policies described below at the supplier’s own expense and shall furnish the State Entity an insurance certificate listing the State of Georgia as the certificate holder and as an additional insured. The insurance certificate must document that the Commercial General Liability insurance coverage purchased by the supplier includes contractual liability coverage applicable to the contract. In addition, the insurance certificate must provide the following information: the name and address of the insured; name, address, telephone number, and signature of the authorized agent; the name of the insurance company (authorized to operate in Georgia); a description of coverage in detailed standard terminology (including policy period, policy number, limits of liability, exclusions and endorsements); and an acknowledgment of notice of cancellation to DFCS.

The supplier is required to maintain the following insurance coverage’s during the term of the contract:

Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that the supplier qualifies to pay its own worker's compensation claims.) In addition, the supplier shall require all subcontractors occupying the premises or performing work under the contract to obtain an insurance certificate showing proof of Workers Compensation Coverage with the following minimum coverage:

Bodily injury by accident - per employee $100,000

Bodily injury by disease - per employee $100,000

Bodily injury by disease – policy limit $500,000

Commercial General Liability Policy with the following minimum coverage:

Each Occurrence Limit $1,000,000  
Personal & Advertising Injury Limit $1,000,000

General Aggregate Limit $2,000,000

Products/Completed Ops: Aggregate Limit $2,000,000

Automobile Liability: Combined Single Limit $1,000,000

The foregoing policies shall contain a provision that coverage afforded under the policies will not be canceled, or not renewed, or allowed to lapse for any reason until at least thirty (30) days prior written notice has been given to the State Entity. Certificates of Insurance showing such coverage to be in force shall be filed with the State Entity prior to commencement of any work under the contract. The foregoing policies shall be obtained from insurance companies licensed to do business in Georgia and shall be with companies acceptable to the State Entity, which must have a minimum A.M. Best rating of A-. All such coverage shall remain in full force and effect during the term and any renewal or extension thereof.

Within ten (10) business days of award, the awarded supplier must procure the required insurance and provide the State Entity with two (2) Certificates of Insurance. Certificates must reference the contract number. The supplier’s submitted pricing must include the cost of the required insurance. No contract performance shall occur unless and until the required insurance certificates are provided.

**Evaluating Proposal Factors**

The Supplier’s response to Proposal Factors will be submitted to the DFCS Evaluation Team for evaluation.

**Review of Mandatory and Mandatory Scored Questions**

The DFCS Evaluation Team will review each proposal in detail to determine its compliance with mandatory requirements. Responses to “Mandatory” questions will be evaluated on a pass/fail basis. If the Supplier cannot meet the mandatory requirements, its response will not be considered or evaluated. If a proposal fails to meet a mandatory scored Statement of Need requirement, DFCS will determine if the deviation is material. A material deviation will be cause for rejection of the proposal. An immaterial deviation will be processed as if no deviation had occurred. All proposals which meet the requirements of the “Mandatory” and “Mandatory Scored” Questions are considered “Responsive Proposals” at this point in time and will be scored in accordance with the point allocation in Scoring Criteria.

**Scoring Criteria**

The evaluation is comprised of the following:

|  |  |  |
| --- | --- | --- |
| **Category** | **Criteria** | **Points** |
| Technical/Proposal Factors | Mandatory Requirements | Pass/Fail |
| Technical/Proposal Factors | Mandatory Scored Responses | 500 points |
| **Total** | N/A | **500 points** |

**Selection and Award**

DFCS reserves the right to award a contract to a single Supplier or multiple Suppliers.

**Child Life Histories**

**Section 1 – Introduction**

The Georgia Department of Human Services (DHS) is the agency responsible for the delivery of health, human/social, and related regulatory services for the state of Georgia. The major service divisions within DHS are, Aging Services, Child Support Services, and Family and Children Services. In partnership with local communities, DHS assists individuals and families in achieving safe, healthy, independent, and self-sufficient lives. Many DHS programs have seen record numbers of enrollment in this recent economic downturn. Please refer to the DHS website at <http://dhs.georgia.gov> for more information about the Department, its responsibilities/functions and organizational structure, etc.

**Section 2 – Background**

The completion of the life history is critical to moving the child into a permanent adoptive home from foster care. The Child Life History provides the adopting family with detailed information critical to them in making an informed decision regarding the adoption of a particular child, and it provides documentation of past events to assist the child dealing with grief and identity issues. The life history provides a link between the past and present and enables the child to havea sense of continuity about his/her life.

## **Section 3 – Purpose**

The Department of Human Services, State Adoption Unit is requesting proposals to plan, manage, and implement a statewide Child Life History program from July 1, 2021, to June 30, 2022. The Child Life History plays a critical role in moving the child to adoption. The Child Life History provides the adopting parents with detailed information, which is critical in helping them to make their decision to adopt a child.

**Section 4 – Scope of Work**

The Contractor will describe how it will manage a comprehensive program for receiving and completing referrals for child life history studies by providing:

* 1. A method for providing the Child Life History and Child Life History Narrative to local County Department of Family and Children Services offices within 55 days of receipt of referral for a Child Life History.
  2. A description of its capacity to receive and monitor child life history referrals and studies.
  3. A method to review and verify that child life history studies are completed per Adoption Policy 11.5 (CLH)
  4. A method for quality assurance.
  5. Procedures to communicate with local County Department of Family and Children Services Offices, Caregivers, and DFCS Adoption Unit.

**Section 5 – Educational Qualifications**

Will ensure and verify all professional staff (full time, part-time employees, or sub-contractors) will have either a BSW or other related degree (i.e. marriage & family counseling, psychology, and public administration) and three (3) years of child welfare experience or child/adolescent programmatic experience or family counseling experience or an MSW or other related degree (i.e., marriage & family counseling, psychology, public administration, education) and one (1) years of child welfare experience, child adolescent programmatic experience or family counseling experience.

**Section 6 – Performance Measurement**

Some of the key performance measures indices that will be used to determine the effectiveness of this program will include:

1. Number of Child Life History referrals received
2. Number of Child Life Histories completed
3. Complete Child Life Histories in 55 days per State Adoption Policy
4. Complete Child Life Histories Statewide

**Section 7 – Submission of Proposal**

The proposal must be submitted in Microsoft word via email to: [**PreAdpt.ChldLifeHist@dhs.ga.gov**](mailto:PreAdpt.ChldLifeHist@dhs.ga.gov). All proposals are due by **5pm (ET) on April 1st, 2021**. Proposals received after the due date/time will not be considered.

**Section 8 – Contract Term**

The initial term of the contract(s) shall be from the date of award until the end of the State’s current fiscal year. The State’s fiscal year is from July 1st through June 30th. The State entity shall possess four (4) one (1) year option(s) to renew, which options shall be exercisable at the sole discretion of the State entity.

**Section 9 – Contract Award**

Upon receipt of the proposal from the Social Services Administration Unit, DHS will review the proposal and arrange a meeting or telephone conference for clarifications, questions and answers, and contract kick-off as may be necessary. The sample contract to be signed is attached, as **Appendix A**.

**Section 10 - Supplier Information**

The following questions seek information regarding the Supplier’s business operations, including, among other things, its company structure, staff qualifications, and financial viability. If applicable, please attach any documentation supporting your responses to the questions below to your proposal.

**Company Structure**

A. The Supplier must include in the application the legal form of its business organization (for-profit, non-profit, partnership, etc.), the state in which the organization is incorporated, the office location that will be the point of contact during the term of any resulting contract.

B. Supplier must attach a copy of its organizational chart identifying the individuals currently holding the positions and the reporting relationships as they relate to this Statement of Need.

**Business Litigation**

The Supplier must disclose any involvement by the organization or any of its officers or principals in any material business litigation within the last five (5) years. The disclosure will include an explanation, as well as the current status and/or disposition. Failure to disclose this information may lead to disqualification of the Supplier proposal or cancellation of the contract if it is subsequently discovered that the Supplier truthfully discloses this information.

**Criminal Background**

Supplier must describe in detail how it will ensure that its staff will have a completed background investigation per Department of Human Services standards prior to delivery of service and submit verification to the Social Services Administration Unit within 30 days of contract award.

**Staff Qualifications & Experience**

A. Supervisor

The supplier must ensure and verify that the Placement Supervisor has at a minimum, a master’s degree from an accredited college or university in the area of behavioral or social sciences, social work, psychology, childhood education, special education, guidance counseling, or related field with one (1) year experience in the field of childcare or a bachelor’s degree from an accredited college or university in the same areas of study with two (2) years of paid work experience in a human services delivery capacity or a related field. If awarded a contract, the supplier will be required to present documentation demonstrating that the individual to hold the position meets the minimum requirements.

B. Staff

Placement/Adoption must have a bachelor’s degree from an accredited college or university in the area of behavioral or social sciences, social work, psychology, childhood education, special education, guidance counseling, or related field with two (2) years direct service experience with children and families or a master’s degree from an accredited college or university in the same areas of study with (1) year of paid experience with children and families. The Department has the final discretion to approve or disapprove any staff and/or sub-contractor. Staff cannot provide services until full approval written notification is received by the provider. If awarded a Child Life History contract, Supplier must present documentation demonstrating that the individual(s) to hold the position(s) meet the minimum requirements.

**Financial Stability**

Any contract awarded as a result of this Statement of Need will be on a reimbursement basis in accordance with the established rate schedule. The fore it is important that an awarded Supplier be able to demonstrate its financial viability. To that end, Supplier must provide sufficient detailed financial information to allow DFCS to evaluate its financial stability as follows:

Supplier should identify its entity type, A or B. An Authenticity Statement is required for the entity type chosen.

A. If a public company/entity:

* Supplier must provide its most recent audited financial reports/statements (must be within 12 months of application).

B. If a private company/entity the Supplier must provide either:

* A copy of its most recent annual audited financial reports/statements (must be within 12 months)

**or**

* Authenticity Statement (All financial documents must include or be accompanied by a notarized certification statement signed by the CFO, President/CEO, or other authorized senior officer that all documents represent a true and accurate reflection of the entity's financial condition. The Authenticity Statement must be accompanied by a copy of the Service Provider’s internal financial reports/statements including at minimum:

i. Balance Sheet (i.e. cash, property, any cash owed or due),

1. Profit & Loss Statement (i.e. all income and expenses for last year, money made and paid out)
2. Cash Flow Statement (i.e. the total amount of money the business has brought in and spent over the last year)

iv. Bank Statements (for past 12 months of as verification of Cash Flow Statement).

**Definition of Terms**

Please review the following terms:

Agency – office, agency, department, board, bureau, commission, institution, authority, or other entity of the State of Georgia.

Annual Report - The annual report is a detailed report highlighting outcomes and successes for the entire year.

Client Satisfaction Survey- A questionnaire about quality of service provisions.

Department - State of Georgia Department of Human Services (DHS) is the state agency responsible for the provision of health and human services throughout Georgia.

DFCS – Division of Family and Children Services – A division of DHS responsible for welfare and employment support, protecting children, foster care, and other services to strengthen families.

Monthly Report- The monthly report is due at the end of each month highlighting all telephone and email inquiries, referrals, and registrations for children profiled. The monthly report will also provide information on all home studies that were submitted to the Adoption Exchange along with how many information packets and recruitment brochures were mailed to potential adoptive parents.

O.C.G.A. - Official Code of Georgia Annotated (State Statute) Offeror – Respondent to this Statement of Need.

Programmatic Staff – DHS’s staff that oversees the specific contract or Statement of Need.

State Adoption Unit - Composed of three (3) units and 28 staff with the primary purpose and functions of assuring the safe and timely achievement of positive adoption outcomes for children receiving services from the Department of Family and Children Service, who cannot be safely reunited with their families. Additionally, the unit is responsible for ensuring efficient and effective adoption services to adoptive families.

SSAU- Social Services Administration Unit – is composed of two units and 31 staff with the primary purpose of administering Adoption Assistance and Adoption Assistance Medicaid to adoptive families. Additionally, the unit is responsible for the administrative functions of adoption services contracts.

Staff Qualifications & Experience – The education and experience required from the staff to carry out the duties listed in the Statement of Need.

Supplier(s) – companies desiring to do business with the State of Georgia.