



**FAMILY INTERVENTION TEAM (FIT)**

***STATEMENT OF NEED***

***November 15, 2023***

## Family Intervention Team (FIT) Statement of Need

### General Information and Instructions

#### Family Intervention Team (FIT)

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.

#### Schedule of Events

| Description   | Date                       | Time          |
|---|----------------------------|---------------|
| Release of Application  | 11/15/23                   | N/A           |
| Application information meeting<br>Microsoft Teams meeting Microsoft Teams meeting<br><b>Join on your computer or mobile app</b><br><a href="#">Click here to join the meeting</a><br><b>Or call in (audio only)</b><br><a href="#">+1 470-344-9228,485530116#</a> United States, Atlanta<br>Phone Conference ID: 485 530 116#<br><a href="#">Find a local number</a>   <a href="#">Reset PIN</a><br><a href="#">Learn More</a>   <a href="#">Meeting options</a> | 12/6/23                    | 10:00 a.m. ET |
| Deadline for written questions sent via email to<br><a href="mailto:adoptcontract.submit@dhs.ga.gov">adoptcontract.submit@dhs.ga.gov</a>  | 12/20/23                   | 5:00 p.m. ET  |
| Responses to Written Questions  | 12/27/23                   | 5:00 p.m. ET  |
| Proposals Due/Close Date and Time   | 01/10/24                   | 5:00 p.m. ET  |
| Proposal Evaluation Completed (on or about)   | 2 to 4 Weeks after Closing | N/A           |
| Final Evaluation (on or about)  | 2 to 4 Weeks after Closing | N/A           |
| Notice of Award [NOA] (on or about)   | 3 to 4 Weeks after Closing | N/A           |

#### Submitting Questions

All questions concerning this Statement of Need must be submitted in writing via email to [adoptcontract.submit@dhs.ga.gov](mailto:adoptcontract.submit@dhs.ga.gov). No questions other than written or questions from the information meeting will be accepted. Only written response will be binding. 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:

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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 cancelled), 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, DFCS must be assured that the selected Supplier has all the resources to successfully perform under the contract. This includes, but is not limited to, 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 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

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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 [adoptcontract.submit@dhs.ga.gov](mailto:adoptcontract.submit@dhs.ga.gov)

### **Protest Period**

Suppliers must submit any protest to the application process no later than 5:00 pm on January 10, 2024. 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 that shall protect the Contractor and the Department from any claims for bodily injury, property damage, or personal injury that may arise out of operations under the Contract. The contractor shall procure the insurance policies at its own expense and shall furnish the Department an insurance certificate of the coverage required in this section listing the Department as certificate holder.

In addition, the insurance certificate must provide the name and address of the insured, name, address, telephone number and signature of the authorized agent; the name of the insurance company (licensed to operate in Georgia); a description of the coverage in detailed standard terminology (including policy period and limits of liability); and an acknowledgment that notice of cancellation is required to be given to the Department.

### ***What are the different types of insurance?***

- **Workers Compensation (WC):** provides medical, disability, and rehabilitation benefits to injured employees of the contractor.
- **Commercial General Liability (CGL):** pays for property damage and bodily injury to others resulting from contractor negligence.
- **Automobile Liability:** pays for bodily injury or property damage resulting from a motor vehicle accident.
- **Professional Liability:** provides coverage in the event of loss or damages from providing service and or advice. Also known as E&O coverage.
- **Umbrella / Excess Liability:** provides limits in excess of an underlying liability policies.

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The following *recommended minimum* insurance limits apply to vendors doing business with the State of Georgia. The Standard Insurance Limits are recommended for all procurements of goods and ancillary services. The specific requirements for vendors providing high risk services supersede the Standard Insurance Limits. Coverage types and limits are recommended minimums and should be increased as appropriate based on contract value and potential risks to the state.

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

A. Workers Compensation Insurance in the amounts of:

|   |            |
|---|------------|
| Bodily injury by Accident – each employee | \$ 100,000 |
| Bodily injury by Disease – each employee  | \$ 100,000 |
| Bodily Injury by Disease – policy limit   | \$ 500,000 |

(A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that Contractor qualifies to pay its own workers compensation claims). Contractor shall require all Subcontractors that are required by statute to hold workers compensation insurance and that occupy the premises or perform work under this Contract to obtain an insurance certificate showing proof of Workers Compensation Coverage.

B. Commercial General Liability Policy (Occurrence) to include contractual liability. \$1 million per occurrence/\$3-million-dollar aggregate policy limits.

C. Business Auto Policy (Occurrence) to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by Contractor or Contractor's personnel in the performance of this Contract. \$1 million per occurrence/\$3-million-dollar aggregate policy limits.

D. Malpractice/Professional Liability Policy (Claims Based) with EDP, Errors and Omissions Coverage. \$1 million per occurrence/\$3 million aggregate policy limits.

E. Commercial Umbrella Policy in the amounts of:

|                    |              |
|--------------------|--------------|
| Umbrella Liability | \$ 2,000,000 |
|--------------------|--------------|

The Contractor's policy containing coverage amounts with higher limits than stated above will satisfy the requirements of this paragraph.

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 ten (10) days prior written notice has been given to the Department. Certificates of Insurance showing such coverage to be in force shall be filed with the Department prior to commencement of any work under this Contract. The foregoing policies shall be obtained from insurance companies licensed to do business in Georgia and shall be with companies acceptable to the Department. All such coverage shall remain in full force and effect during the initial term of the Contract and any renewal or extension thereof. At all times, coverage shall be within limits acceptable to the Department.

### 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 the 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        |
| <b>Total</b>               | N/A                        | <b>500 points</b> |

**Selection and Award**

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

**Family Intervention Team (FIT)**

**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 DHS website at <http://dhs.georgia.gov> for more information about the Department, its responsibilities/functions and organizational structure etc.

**Section 2 – Background** - The Division of Family and Children Services (DFCS), State Adoption Unit is charged with promoting, developing, and supporting quality adoption and guardianship services for Georgia’s children and families. Over the years, the unit has impacted the number of children adopted through; (a) Increased adoptive placements of children who were in the custody of DHS, and (b) Increased collaboration with non-profit and for-profit organizations to serve children and families with adoption services.

The Division of Family and Children Services is committed not only to the placement of children into adoptive families, but also to the preservation and support of families formed through adoption. The Division’s commitment is evident with the creation of the Post Adoption and Guardianship Services Unit. The Unit’s primary focus is to support families formed through adoption and guardianship through the provision of quality and effective contracted services.

The State Adoption Unit consists of three internal teams. The first team, Regional Adoption Coordinators, act as liaisons between the State Office, County (DFCS) offices, private adoption agencies, and local communities. The second team, Adoption Exchange Consultants, are primarily responsible for the provision of child-specific

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recruitment for children with no identified adoptive family. The third team, as previously stated is the Post Adoption and Guardianship Consultants, are primarily responsible for providing support to adoption and guardianship families post legalization.

### Section 3 – Purpose

For over 20 years, the Division has recognized the ongoing need to support families post permanency. Unfortunately, in recent years and nationwide, States have experienced an increase in adoption and guardianship displacements and dissolutions of teens, which is an additional loss and contributes to additional trauma. It is the goal of the Division to reduce and eliminate discontinuity of adoptive and guardianship placements through the provision of quality and effective services throughout the adoption and guardianship continuum. This includes the need for supportive services for the population most impacted by displacements and dissolutions. It is also important to provide parents with the necessary skills and tools to build their capacity to meet the changing needs of adolescents. Through the provision of supportive services to adoptive and guardianship teens and their families, it is the goal of the agency to minimize and eliminate discontinuity.

Family Intervention Team (FIT) services are designed to provide statewide crisis intervention to adoptive families that are experiencing challenges maintaining the family unit. These services are offered, statewide, to families who have finalized an adoption of a child from Georgia foster care, with the intention of preventing displacement from the family. While families may have a regular therapist and may participate in ongoing supports, this program is aimed at providing intense, in-home intervention. Intervention services are designed to be tailored to the needs of the family, short term, and typically lasting no longer than 75 business days/200 hours. The intervention services should promote and support ongoing permanency, while increasing overall family resilience, and linking families to sustainable community resources. The program should also include clinical support to families, as needed, as well as support for families transitioning children from residential care back into the home.

### Section 4 – Minimum Requirements

In order to have its proposal considered pursuant to this Statement of Need, a Supplier must meet the following minimum qualification:

The **non-profit provider** must have a minimum of 3 years' experience in the provision of providing crisis and clinical support to families. The **non-profit provider** must submit a summary of their experience in serving this population.

### Section 5 – Scope of Work

#### The Contractor Will:

Provide key performance measures to be used to determine the effectiveness of this program will include but not limited to:

- A. Services will be available to families statewide.
  - a. Each family should be contacted via telephone to complete the initial family risk assessment within 48 hours of the referral.
  - b. Three (3) face-to-face) visits must be attempted before a denial of services.
  - c. Compile assessment information and recommended resources needed for the Initial Family Service Plan on each family served within 15 business days following the initial home visit and review and discuss this plan with the family.
- B. The Individual Family Risk Assessment/Evaluation must contain a summary of the following:

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- Caregiver Capacities
  - Environmental Issues
  - Liability Issues
  - Presenting Concerns
  - Household Composition
  - Family Dynamic
  - Current Living Situation
  - Family Perceptions of Concerns
  - Mental Health Status/Diagnosis
  - Social History
  - Clinical Impressions
  - Family Individual Strengths
  - Recommendations for Intervention
- C. The Individual Family Service Plan must contain a summary of the following:
- Family Strengths
  - Family Needs
  - Family Goals
  - Special Services Provision
  - Discharge Planning
- D. Provide family intervention within 75 business days and/or 200 hours. The contractor will maintain a tracking system to ensure 75 business days and/or 200-hour limit is not exceeded. If resources are not available contractor must provide an alternate plan to meet the need of family intervention along with a plan of action for the family. The alternative plan must be submitted to the SAU program consultant for pre-approval within 5 business days of the case closure.
- E. The monthly individual family progress report must provide detailed information pertaining to current family situation, school status, current medications, other professional involvement, areas of concern, recommendations, community referrals, progress, dissolutions, disruptions, activities or events and any status change in the family's needs must be included in the service plan. The monthly individual family progress must be maintained by the contractor and made available for review upon request, audit, or quarterly reviews.
- F. The final family report is a summary of the initial presenting concerns, assessment tools used, current family situation and progress, community referrals, follow up of progress or situation, other agency involvement and recommendations to be submitted at case closure and included in the monthly invoice submission.
- G. Submit monthly invoices and programmatic report by the 10<sup>th</sup> of each month.
- H. Supplier must request approval to move line-item funding from SAU Director.

### **The Department Will:**

- A. Monitor performance of the Supplier and provide technical assistance and consultation as needed.
- B. Work with the Supplier to resolve any questions or problems regarding any service provisions under the contract.
- C. Conduct quarterly meetings to monitor programmatic services, resolve issues, monitor quality of service, address any billing or budget concerns, etc.
- D. Conduct an annual audit of contractual requirements and compliance of service provision under the contract.

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- E. Review and approve resumes of new staff, providing a letter of approval to the Supplier before new staff begin working with families.
- F. Review and process billing packets, providing payment to the provider within 30 days of a fully approved invoice packet.
- G. Administer random sampling of surveys to monitor quality performance.

### **Family Intervention Team Proposal Requests**

This Statement of Need is being issued to establish a contract with a qualified supplier who will provide Family Intervention Team (FIT) services for the Georgia Department of Human Services (hereinafter, “the State Entity”) as further described in this application with a contract to begin on the date of execution and ending on September 30, 2024.

The successful applicant of the Statement of Need must detail their ability to facilitate Family Intervention Team services as specified below:

- A. Each family should be contacted via telephone within 48 hours to schedule the initial family assessment upon receipt of the referral. The supplier will describe how staffing resources will be used to make timely initial contact.
- B. The Supplier must submit a list and/or map that identifies the counties that they can provide services to with in-person contact.
- C. The Supplier must submit a sample of the assessment tool that will be used to determine family crisis level.
- D. The Supplier must submit a description of the staff qualified and designated to complete assessments and how staff resources will be used to respond timely to families in crisis.
- E. The supplier must submit a description of the array of services offered to families and a sample of an Individual Family Service Plan that would be developed after the initial assessment.
- F. The supplier must describe their capacity to provide clinical consultation for families who require support beyond case management.
- G. The Supplier must submit a description or sample of a discharge summary that shows how families are able to continue to work towards sustained permanency, while navigating the adoption continuum.

### **Section 6 – Submission of Proposal**

Proposal must be submitted in Microsoft word via email to: [adoptcontract.submit@dhs.ga.gov](mailto:adoptcontract.submit@dhs.ga.gov)

**Section 7 – Contract Term**

The initial term of the contract(s) shall be from the date of award until the end of the Federal fiscal year. The Federal fiscal year is from the date of execution through September 30<sup>th</sup>. 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 8 – 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. A sample scope will be provided for review at this meeting.

**Section 9 - 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.

**Business Litigation**

The Supplier must disclose any involvement by an 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 contract if it is subsequently discovered that the Supplier to truthfully disclose 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**

Ensure and verify program managers and group facilitators working with the program will hold a Bachelor’s degree in Social Work or other degree related to youth development (i.e., Human Services, Psychology, Marriage and Family counseling, Education, Family & Child development) and one year of child welfare programmatic experience or youth development experience OR a Masters in Social Work or other Masters related to youth development (i.e., Human Services, Psychology, Marriage and Family counseling, Education, Family & Child development) OR an unrelated degree and five years of child welfare programmatic experience or youth development experience. The department has final discretion to approve or disapprove any staff and/or subcontracted provider. Staff cannot provide services until written notification is received of full approval.

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The Director/CEO must have a Bachelor's or Master's degree in Social Work or other degree related to youth development (i.e., Human Services, Psychology, Marriage and Family counseling, Education, Family & Child development) and at least 5 full consecutive years of experience in program administration of youth mentoring, empowerment, and academic enrichment programs.

Supplier must submit a list of staff who have training and/or experience in adoption. If staff are not specifically adoption trained, supplier must submit a plan for staff to participate in adoption training such as Training for Adoption Competency (TAC) or National Training Initiative (NTI) through Center for Adoption Support and Education (CASE) or comparable training programs.

### **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. Therefore, it is important that any supplier be able to demonstrate its financial viability. To that end, the Supplier must provide sufficient detailed financial information as a part of this statement of need to allow DFCS to evaluate its financial stability as follows:

- i. Balance Sheet (i.e., cash, property, any cash owed or due),
  - ii. Profit & Loss Statement (i.e., all income and expenses for last year, money made and paid out)
  - iii. 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).

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### **Definition of Terms**

#### **Business Days**

Any day except any Saturday, any Sunday, or any day which is a legal holiday.

#### **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**

The Division of Family and Children Services (DFCS) is responsible for welfare and employment support, protecting children, foster care, and other services to strengthen families. DFCS is also responsible for the temporary assistance to needy families (TANF) support, protecting children, foster care, and other services to strengthen families.

#### **SOW**

Scope of Work – defines specific activities, deliverables, and timelines of this SON.

#### **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**

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

#### **State Entity**

The governmental entity identified in Section 1 “Introduction” of this SON.

#### **Supplier(s)**

Companies desiring to do business with the State of Georgia.