



Procurement Request for Proposal

November 16, 2023

Kids First of Florida (KFF) currently is the lead community based care agency for Clay County contracted with the Department of Children and Families. In an effort to maintain ongoing services to children and families and to minimize any disruptions KFF is seeking an outside provider for services, in Clay County. The services being requested are Transitional Trauma Therapist (TTT) and drug testing.

The awarded contract will be effective January 2, 2024 through June 30, 2024.

Proposals are to be submitted to Kevin Davidson, at Kevin.Davidson@FirstinClay.org , by December 10, 2023 and must outline the provider’s plan for meeting the program requirements outlined below. Kids First of Florida reserves the right to make a determination based on what is in the best interest of the agency and the State of Florida.

Past Practice and Performance

- Describe your agency’s history of providing services in Clay County.

Services applying for

- In your submission, reference if your agency will be applying for Transitional Trauma Therapist, drug tests or both services.

Compensation

- The services will be fee for service. Provide the fees associated with the proposed services.

Questions can be addressed to:

Kevin Davidson, Chief Financial Officer
 (904) 278-5644 Ext 2006
Kevin.Davidson@FirstinClay.org

Timeline

Activity	Due Date	Time Eastern	Location
Release of RFP	11/16/23	3:00 PM	www.kidsfirstofflorida.org
Submission of Written Questions	11/22/23	By 12:00 PM	Kevin Davidson, KFF CFO: kevin.davidson@firstinclay.org
Notice of Intent to Submit a Proposal	11/28/23	By 12:00 PM	Kevin Davidson, KFF CFO: kevin.davidson@firstinclay.org
Proposals Due to KFF	12/10/23	By 12:00 PM	Kevin Davidson, KFF CFO: kevin.davidson@firstinclay.org
Anticipated Posting of Notice of Award	12/18/23	By 12:00 PM	www.kidsfirstofflorida.org
Protest Deadline	12/21/23	By 12:00 PM	kevin.davidson@firstinclay.org
Anticipated Effective Date of Agreement	1/2/24		

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 Orange Park, Florida 32073
 904.278.5644 Fax 904.278.5654



Because every child deserves a loving home!



Any changes to the RFP will be made available at www.kidsfirstofflorida.org. KFF reserves the right to rescind, increase, or decrease this Request for Proposal at any time. Questions shall be submitted via email to kevin.davidson@firstinclay.org by the deadline specified. A notice of the intent to submit a proposal shall be submitted to the KFF Chief Financial Officer via email at kevin.davidson@firstinclay.org and include the following information: Name of organization, name of the Request for Proposal, Name and Title of authorized representative, address, telephone number, and email address. Proposals shall be submitted in PDF format via email to kevin.davidson@firstinclay.org by the deadline stated above. If the proposal is too big to be submitted in one email, multiple emails may be sent by the deadline. Please address the email as Transitional Trauma Therapist Services and Drug Testing RFP Response. Proposals shall be submitted to kevin.davidson@firstinclay.org by the deadline specified. KFF will choose the vendor that offers the best value. The evaluation will be based on the following areas: past practice and performance, services applying for, and compensation.

I. TTT Services to be Provided

I.1 General Statement. The purpose of transitional trauma services is to provide trauma informed care to children and families in order to reduce the emotional impact related to the acute trauma caused by a:

- a. **Family crisis** such as a situation which involves disorganization and emotional upheaval that could escalate to a point that it could affect a child's safety.
- b. **Removal of a Child** from the home and/or placement changes while in out-of-home care.
- c. **Court testimony.** At times, therapeutic services are needed to help a child cope with the stress associated with court testimony.

I.2 Scope of Service. The provider shall provide services as outlined in the Transitional Trauma Therapist Protocol developed between KFF, the Provider and the Department of Children and Families (DCF). Any changes to the protocol will be mutually agreed upon between KFF, the Provider and DCF, prior to implementation.

I.3 Service Tasks. The provider shall provide service tasks as outlined in the Transitional Trauma Therapist Protocol developed between KFF, the Provider and DCF. Any changes to the protocol will be mutually agreed upon between KFF, the Provider and DCF, prior to implementation.

II. Clients to be Served

II.1 General Description. Services will be provided to families and caregivers when a child(ren) experiences the acute trauma caused by a family crisis, and/ or are removed from their home and placed in out-of-home care and/or when a child in out-of-home care experiences a placement change. Services will be provided to children, families and caregivers who have been referred by DCF or KFF.

II. 2 Client Eligibility. The Services and activities that are provided to a child that experienced a family crisis, and/ or is removed from the child's home and placed in a foster family home or a child care institution and to the parents or the primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately during the first 15 months after entering foster care. These services may include individual, group and family counseling and mental health services. Such services shall be provided within or outside the home of the child, be short-term care (ranging from a few hours to a few weeks of time, per year) and be intended to enable the family to stay together and to keep the child living in his or her home and community.

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CREDIBILITY • INTEGRITY • ACHIEVEMENT

II.3 Client Determination. DCF Children Protective Investigators (CPI) and KFF Family Services Counselors (FSC) shall be responsible for referring clients to the provider. If any questions should arise regarding client eligibility, KFF's determination is final.

I. Transitional Trauma Therapist (TTT) Objectives:

1. Ensure children and their parents/caregivers are provided the best trauma informed care possible when impacted by the Child Welfare System.
2. Ensure family crisis resolution and prompt problem-solving in order to control present danger or impending danger.
3. Ensure children have trauma assessment and therapeutic services upon removal of their home/placement.
4. Provide therapeutic services to help a child cope with the stresses/ pressures associated with testifying in a court procedure.
5. Ensure parents and other caregivers are assessed for trauma and provided and/or linked with the most appropriate therapeutic services at time a child is removed from their care.
6. Link biological parents and placement providers from initial placement to increase level of care of child, security and safety of the child, with goal of creating mentorships between the caregivers.
7. Ensure children are transitioned to ongoing therapeutic services after the initial trauma therapy is complete when needed.
8. Decrease ongoing trauma associated with removal and abuse/neglect suffered by children in the Child Welfare System.
9. Increase overall outcomes for children to include coping skills, developmental, emotional, medical, educational, and mental health.

CHILD PROTECTIVE INVESTIGATIONS RESPONSIBILITIES

1. CPI will, upon notification of an acute trauma caused by a family crisis, **call the TTT upon receiving approval** and arrange to meet the therapist either at the client's home or at a pre-arranged facility.
2. Child Protective Investigator (CPI) completes a thorough assessment and determines the child is at risk due to imminent safety concerns. CPI conducts the appropriate staffings with CPI Supervisor, Multidisciplinary staffing when applicable and the Program Administrator to determine level of intervention; and with Children's Legal Services (CLS) to determine legal sufficiency. **CPI will invite the TTT to staffings where removal is imminent or probable such that they are well informed on family dynamics and child's needs.**
3. If CPI is in field and has emergency removal, they will **call the TTT upon receiving approval** and arrange to meet the therapist either at place of removal, or other safe location.
4. CPI will provide the TTT with all pertinent family/child information; reporter information will remain confidential.

5. CPI will explain to the biological parent/caregiver their role in the removal process and explain court procedure, where the child is going and how they can assist the CPI in ensuring the child's sense of security and safety.
6. CPI will ensure the child's belongings and any items they wish to take with them are packed in an appropriate travel bag/luggage. The child should be afforded time to pack with their parent when possible.
7. The CPI will encourage the family to provide photographs to the child and other important family connectivity items during the removal and during visitations with the family.
8. CPI will work with the TTT to minimize trauma caused at removal/events after. This can include providing only truthful, age appropriate information to children on the reason for removal and treating everyone with respect and focus on the safety, security needs of the child as well as parent input on their child's care (i.e. do they have a night time ritual? Do they need a certain blanket or stuffed animal?)
9. CPI will inform the TTT of the date and time of the court hearing the days after removal, if the TTT does not meet the parent(s) at removal.
10. CPI will encourage parent to attend the 72 hour medical screening appointment upon scheduling to take part in their child's medical appointment and provide information on their family.
11. CPI will schedule a visit with the child and parent within no more than 72 hours, with goal of **24 to 48** when at all possible and **notify the TTT** date/time and location of this visit. The CPI will explain to parent that they will encourage the placement provider to also attend the visitation to allow them to speak prior to visit/after visit about the child's needs and again focus on the child's security and safety needs.
12. CPI will include the name and contact information of the TTT on the Comprehensive Assessment referral.
13. CPI will notify Kids First of Florida (KFF) that the TTT is assigned and involvement in the case at ESI.
14. CPI will update the TTT on any critical case information while involved with the family such that they provide the most appropriate services/intervention.
15. CPI and KFF will notify the TTT of ESI staffing date/time and location to allow for them to participate if possible. KFF will email the therapist with ESI schedule regularly.
16. CPI staff will attend ongoing Trauma Informed Care trainings and implement practice to minimize trauma during the investigative process.

FAMILY SERVICES COUNSELOR RESPONSIBILITIES

1. The assigned Family Services Counselor (FSC) will contact the TTT within two (2) working days to notify they have the case for ongoing services and share contact information/pertinent information.
2. The FSC will contact the TTT and advise them of visitations between the child and their biological family. The FSC will continue working with the biological and placement families to form a close working relationship for better outcomes for the child. This includes but is not limited to: bringing the biological family and placement families together when possible to demonstrate to the child their commitment to their safety and support during the removal period; encourage the placement provider to be a mentor to the biological parent and source of support; and will ensure both the biological and placement families are updated fully on pertinent information involving the child.
3. The FSC will notify the TTT of any pertinent staffings, the family team conference and court hearings to ensure they are aware and provide feedback.
4. The FSC will immediately notify the TTT if there are concerns for the child that may include: behavioral changes of concern; the child has to be moved from current placement; Baker Acts; and Runaway episodes.
5. The FSC will ensure the record accurately reflects the TTT involvement and important concerns being addressed to reduce trauma to the child.
6. The FSC will ensure CLS is updated with all information on the child and family such that the court is fully informed.
7. The FSC will obtain all pertinent information and ensure all parties involved in the child and family's lives have updated information. This includes but is not limited to: Transitional Trauma Therapist; Guardian Ad Litem; CLS; the court; Health Care Coordinator and/or Medical Providers; and Educational Advocate/Educational contacts.
8. The FSC will work with the TTT to reduce trauma at critical junctures in the case such as during visitations, reunifications, decisions for termination of parental rights, placement changes, etc.
9. The FSC staff will attend ongoing Trauma Informed Care trainings and implement practice to minimize trauma during the services case.

TTT RESPONSIBILITIES

1. TTT will respond to all calls from CPI's and FSC's for acute trauma therapeutic assistance. TTT will provide therapy to child(ren), parents, and/or caregivers that have experienced an acute trauma caused by a Family Crisis.

2. TTT will respond to all calls from CPI's and FSC's for assistance with removals and transitions and will attend the removal episode/placement change with the CPI and/or FSC.
3. TTT will provide therapeutic services to help a child cope with the stress associated with a court testimony.
4. TTT will document all contacts and attempted contacts with FSC's, CPI's and parents, children and caregiver referred to or participating in TTT services.
5. TTT will go with the CPI and/or FSC to the placement to meet the placement provider and provide support to the child.
6. TTT will attend any prior removal staffing and/or staffing where workers feel removal is imminent to gain family information, when given adequate notice by the CPI or FSC and TTT schedule permitting.
7. TTT will attend the court hearing the day after removal to meet the parents (if this has not already occurred at removal) when given adequate notice by the CPI or FSC and TTT schedule permitting.
8. TTT will conduct a visit with child within 24 hours of removal to begin trauma assessment.
9. TTT and any staff who may perform a TTT service will be trained on proper procedure for either seeing clients within 24 hours of removal or documenting the reason the client could not be seen within that time frame.
10. TTT will attend the first visitation with the child and bio parent and caregiver if they attend. If this is not able to occur at first visit then subsequent visit will be scheduled by the FSC and they will invite the therapist.
11. TTT will connect bio parent with recommended services and/or provide input to the FSC on what they recommend, if they have had opportunity to fully assess. Recommended services will be documented in the clinical chart.
12. TTT will provide, if Medicaid authorized, follow up trauma therapy to the children for up to 26 sessions and provide feedback to the FSC regularly in writing. If Medicaid is **not** authorized, TTT will provide up to three (3) follow up trauma therapy sessions and provide feedback to the FSC regularly in writing.
13. TTT will attend any additional staffing to ensure they have all updated information on the family and children (IPT, Family Team Meetings, Permanency Staffings, etc).
14. TTT will notify the FSC immediately of any critical episodes such as Baker Acts, if the child runs away, behavioral changes of concern, etc. and document that notification in the clinical file.
15. TTT will send a Referral Feedback Form to the referring CPI or FSC within 2 business days of the completion of the TTT assessment.
16. TTT will send a Monthly Observation Form to the referring CPI or FSC by the 10th day following the end of the prior month.

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17. TTT will send an End of Service Summary to the referring CPI or FSC within two weeks of case closure.
 18. Staff providing TTT services will be a Master's Level Therapist: Minimum qualifications for this position are: A master's degree in a human service related field with two years of experience in the delivery of mental health, trauma informed care, family preservation or child welfare services. Documentation of education, training, and required experience shall be maintained in the employees' personnel file. Any exceptions to minimum qualifications must have prior approval of the KFF Contract Manager.
 19. TTT and any staff providing a TTT service will be trained on appropriate expectations and documentation of TTT responsibilities.
 20. TTT and any staff providing a TTT service will be trained on how to navigate and enter notes in FSFN.
 21. TTT will utilize evidence based practice and will continue to gain additional trauma informed care training as part of development and build capacity.
 22. TTT will be available to provide training for the CPI and FSC to build capacity in developing a trauma informed system of care.

PRIORITIZING TTT CHILD REMOVAL SERVICES

FACTORS CONSIDERED:

- Age of child(ren)
 - Priority in triage to children ages 3-10 years old; then adolescents depending on reason for removal
 - Newborn to age 3
- Previous removals
 - Priority in triage to children experiencing their first removal
- Placement situation
 - Priority in triage to children moving from the care of a parent (or long term caregiver) to a foster placement or other caregiver the child does not know/have a relationship with
- Reason for Removal
 - Priority in triage to children being removed due to current trauma in the home (domestic violence, physical abuse, sexual abuse)
- Previous Trauma
 - Priority in triage to children who have experienced previous trauma (previous removals, family history of DV, community violence, death or injury of sibling)