FY2020 After Hours Answering Services

Buncombe County

Introduction

Scope of Work

Provide After-Hours Phone Services for all Adult and Child Protective Service’s phone calls between 5 PM and 8 AM every weeknight, all weekends, and County holidays for the entire contract year. This organization will answer calls and then forward to the On Call social work team, so they can respond to child and adult safety issues.

Provide overflow calls, as well as, direct calls, related to child and adult protective services after hours and during emergencies. On average, the call volume is around 125 to 150 calls per month. Most of these calls are time sensitive so the organization must be able to successfully manage the calls and act swiftly at any time of day regardless of the volume. The organization will coordinate with HHS staff through a warm hand off or by taking a message for HHS staff to return the call.

Track a breakdown of call volume between Adult Protective Services and Child Protective Services and track any dropped or abandoned calls.

Fiscal Provisions

Payment to the Contractor will be under the terms of an established contract from 7/1/2019 through 6/30/2020. Applicants will need to complete a budget form including a total cost of the service.

Application Information

Complete applications must be submitted online no later than midnight, Thursday, March 14, 2019 in order to be considered. The online application can be accessed at this link: https://www.buncombecounty.org/apply.

Proposals will be evaluated by a review panel assigned by the Director of Buncombe County Health and Human Services, who will make final award decision. The County will choose the applicant that best fits its needs and the needs of the target population.

Collaborative applications are welcome. One organization must be the lead entity with whom the County will contract for services if applicant is selected. Funds would be dispersed to collaborating organization(s) by the lead entity via sub-contract. The County would require a signed written agreement for the sub-contract. The lead entity would be responsible for ensuring all County contract requirements are met.
Questions may be directed to Katie Swanson at Katie.Swanson@buncombecounty.org or (828) 250-5307.

Questions

Project Name*
Name of Project.
Character Limit: 100

Organizational Capacity*
Organizational Capacity: What is the capacity of the organization to provide After Hours Answering Services? Please include past and current relevant experience, challenges encountered and how you intend to address those challenges, and clear evidence that the applicant has the organizational capacity to successfully carry out the programmatic scope of a contract resulting from this RFP.
Character Limit: 1000

Staffing*
Staffing: What is the proposed staffing plan? Include the level of training and professional credentials of the staff working directly with the proposed client population as well as linguistic and cultural competency of the staff. Indicate how these positions fit into the applicant’s organizational chart.
Character Limit: 1000

Client Services*
Client Services: What is your proposed service delivery plan for After Hours Answering Services?
Character Limit: 1000

Documentation & Data Collection*
Documentation & Data Collection: Describe the data collection and quality assurance measures that you use and how you will assure ongoing and effective tracking of contract requirements and outcomes. Include a description of databases and other technology utilized.
Character Limit: 1000

Community Collaboration*
Community Collaboration: Describe your current collaborative activities among private and public entities, including coordination, referral, and/or other linkages maintained, and briefly describe how these relationships will be continued and how new relationships will be established.
Assessing Effectiveness*

Assessing Effectiveness: Providing these services regularly may be challenging. How will the applicant know that they are providing effective services to the population?

Proposed Budget*

Proposed Budget: Describe your organization’s financial capacity to perform the services as described in the application. Please attach a detailed 1-year budget indicating specific expenditures that link with the described scope of work and fiscal provisions.