

**Mental Health Consultation**

**Request for Proposal**

**Vendor Questionnaire**

**RFP COORDINATOR:**

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**DEADLINE: June 27, 2025 at 12:00 p.m.**

**Vendor Questionnaire**

Please provide the following information about your company.

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| 1.0 Company Profile |
| 1.1  | Company Name |  |
| 1.2  | Company Address |  |
| 1.3 | Contact Information(Party responsible for responding to this RFP) |  |
| 1.4 | Company Webpage (If applicable)  |  |
| 1.5 | Number of years in the Market |  |
| 1.6 | Company location(s) |  |
| 1.7 | Number of staff proposed to fulfill this contract |  |
| 1.8 | Credentials of staff proposed to fulfill this contract  |  |
| INSTRUCTIONS: Vendor must complete all sections of the attached Vendor Questionnaire and submit with a proposal document, hourly rates, and a sample contract that would be utilized if chosen. If additional material is required for one or more questions, please label attachments clearly and reference them in your response. Responses received that fail to address each of the sections in adequate and complete detail will be deemed as non-responsive and will not be considered for selection. Note that responses of “to be provided upon request” or “to be determined” or the like, or that do not otherwise provide the information requested (e.g., left blank) are not acceptable. |
| 2.0 General |
| 2.1 | **Q.** Why do you believe that your organization is a good fit for NKCAC’s Head Start and Early Head Start programs? |
| **A.**  |
| 2.2 | **Q.** Provide your company’s vision and mission statement, and key services offered (this can include other mental health or disability services not in the scope of the RFP).  |
| **A.**  |
| 2.3 | **Q.** Is your company familiar with the Head Start and Early Head Start programs? Have you worked with similar populations?  |
| **A.**  |
|  |  |
| 2.4 | **Q.** Describe how your staff are trained, onboarded, and supervised to ensure high-quality, ethical, and developmentally appropriate services.  |
| **A.**  |
| 2.5 | **Q.** Please list any experience you have providing mental health services in early childhood education or similar settings.  |
| **A.** |
| 2.6 | **Q.** What is your philosophy regarding supporting young children’s social-emotional development and partnering with families and educators? |
| **A.**  |
| 2.7 | **Q.** Describe your process for developing individual behavior plans. How do you support children, parents, and staff through the implementation process? |
| **A.** |
| 2.8 | **Q.** Describe if and when the use of a modified schedule may be appropriate for a child’s success in the classroom. |
| **A.** |
| 2.9 | **Q.** Describe your organization’s approach to classroom-based observations. What tools do you use, and how do you share feedback with staff? |
| **A.** |
| 2.10 | **Q.** How can teachers integrate SEL competencies into everyday classroom routines? |
| **A.**  |
| 2.11 | **Q.** How will clinicians model problem solving and conflict resolution for teachers in real time?  |
| **A.**  |
| 2.12 | **Q.** Describe what age-appropriate social-emotional curriculums, resources, or frameworks (i.e. Conscious Discipline, Pyramid Model, Al’s Pals, etc.) your staff have experience implementing.  |
| **A.** |
| 2.13 | **Q.** How will your clinicians communicate and coordinate with NKCAC’s Mental Health and Disabilities Coordinator and classroom teachers? |
| **A.**  |
| 2.14 | **Q.** Would your organization be interested in providing training for staff and parents? What training topics could you provide that would be relevant to our organization? **NOTE:** Any training would be contracted and paid independently from the proposed agreement. |
| **A.** |

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| **3.0 Fee Proposal:****Please indicate which components of the RFP your agency is proposing to provide along with your proposed hourly rate.** Vendors may choose to address individual components of the RFP; however, preference may be given to organizations that can address the entire scope of work. NKCAC reserves the right to divide mental health services across multiple vendors to ensure the needs of children and families are met. **Please mark N/A on services you are NOT able to provide.**  |
| **Service** | **Hourly Rate** |
| Mental Health Consultation  |  |
| Annual Mental Health Observations (29 classrooms) |  |

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| 4.0 References |
| 4.1 | Please provide at least three references for customers with similar operations as NKCAC. Include contact names, phone numbers, email addresses, and business type. **NOTE: If you have provided services to NKCAC during the last five (5) years, this section is optional.** |
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**Please provide any other information you feel should be considered in our evaluation.**