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KVC Behavioral HealthCare Nebraska, Inc RFI – Combined Service (Family Resource Service) Response

Family Connection Drives the Culture

Involvement of family members has been a focus for many years; however practice still revolves around the needs, expertise and resources of professional agencies. There must be a full and demonstrated shift to family-driven practice. Involvement of family members, including children, in decision making and planning within child welfare practice contributes to improved child safety, permanency, and overall well-being. It is essential for practitioners to understand what family voice and choice is and institutionalized by:

- Viewing and treating families as having important and expert knowledge from experience or training
- Expecting families to contribute to define the presenting problems, the contributing factors and the range of strategies which could effectively solve these problems

Constructive, working relationships developed between the family and the social worker improves child safety. It is essential for practitioners to understand that the common foundation of family involvement is enhanced by:

- Directly and honestly acknowledging authority
- Respecting each family member as people worth doing business with
- Ability to cooperate with the person, not the abuse
- Learning what the family wants
- Building trust through acknowledging each family member's position
- Involving the family in the planning and decision making affecting their lives

The Heart of the Work is Helping People

The Child Welfare system was originally designed to respond to the most egregious harm to children; primarily incidents of physical abuse and shaken baby syndrome. Over the last several decades, the child welfare system has been inundated with solving complex social problems including homelessness, poverty and a major mental health crisis. The child welfare system needs to have an evolved approach to practice when designing plans and interventions that are more aligned with the "Reason for referral" and articulated risks to children. The child welfare system should be a welcomed beacon of hope rather than a feared entity. Eliminating valueless complexities is an easy way to begin creating a system that responds to all of the social problems it is asked to address.

Diverse Perspectives are Key to Progress

There is an overrepresentation of people of color within the child welfare system. We must put the family front and center. We need to hear, value, and acknowledge their experiences in order to better understand how to help and intervene only when absolutely necessary.

By valuing lived experience, we can formulate interventions that are based on what the family members know regarding solving their own problems. These goals can be accomplished by:

- Understanding and acknowledging bias and institutional racism
- Reduce excessive and unaligned “rules” and interventions
- Ensure a solution exists when there is a deficit in basic needs
- Ensure interventions are targeted to build core capacities; not deficit driven

Having an engaged, motivated, educated, and culturally competent workforce who is paid enough for the work to be done well is central to improvements to families and the larger community.

Collaboration Fuels our Improvement

Collaboration among professionals and other service providers contributes to increased safety for children. The most consistent contributor to the death of children served in the child welfare system is failure of the team to collaborate. This failure is often not intentional – it comes from an assumption that someone else already knows what you know when they do not and/or that the other person is going to do something about the information that the team has. The emphasis in collaboration is therefore creating goal directed working relationships within the family team.

Child protection practice and culture tends to be paternalistic – when the professional adopts the position that they know what is wrong in the lives of families and they know what the solutions to those problems are. This practice culture marginalizes the family’s power and exhausts the front-line workers. In response to this culture and as indicated by research, constructive working relationships must be the heart and soul of effective practice.

The reality that relationships are the bedrock of human change and growth makes many nervous that when a professional builds a positive relationship with “abusive” parents, that professional will then begin to overlook or minimize the seriousness of the abuse. We have found it most helpful to cooperate with the person, not the abuse while respecting each family member as a person worth doing business with. The common foundation of family involvement is enhanced by recognizing that all families have experienced times in their lives when things were going well/better.

Urgency and Innovation Must Mark the Approach

Integrating research into practice is imperative to good social work. The process of integrating research into practice takes about 17 years for full implementation. Because research findings are happening more rapidly than the development of Evidenced Based Practices (as we know them today), the exercise of critical thinking should be used when requiring specific models. Other limitations of these kinds of mandates include:

- Mandating a medical model to solve a social problem
- Privileging certain types of evidence over others
- Downplaying the importance of theory

Interventions should be related to research, human development and brain science. The use of an integrated practice model that provides assessment, immediate intervention, recommendation and referral services to youth and their families should be required. Immediate skill-building and resource enhancing intervention should be offered throughout the assessment process to mitigate safety and risk issues as they emerge.

Case consultation and group decision making is highly recommended. This kind of shared responsibility helps systems make better, more informed decisions, reduces the stress on one

individual to make a decision and institutionalizes critical thinking. It will formalize information that is collected and allow for an analysis, provide clarity on speculation, assumptions and bias and generate effective and targeted solutions. A provider of Family Resource Service should demonstrate their ability to meet all education, teaching and learning needs and opportunities while being innovative in avoiding a reliance on typical (and ineffective) training approaches. The use of technology promotes accessibility and collaboration in providing those in need with information, resources and skills to promote safety, wellbeing, permanency and self sufficiency. Excellence is not an accident but rather a result of high intention, sincere effort and intelligent and skillful execution. This should be the standard in the development of this service.

**State of Nebraska Department of Health and Human Services
REQUEST FOR INFORMATION**

RETURN TO:
DHHS - Procurement
301 Centennial Mall South, 5th Floor
Lincoln, NE 68508
Phone: (402) 471-6082
E-mail: dhhs.procurement@nebraska.gov

SOLICITATION NUMBER	RELEASE DATE
RFI Combined Services	May 9, 2018
OPENING DATE AND TIME	PROCUREMENT CONTACT
June 12, 2018 2:00 p.m. Central Time	Michelle Thompson

This form is part of the specification package and must be signed in ink and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

SCOPE OF SERVICE

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this Request for Information (RFI) for the purpose of gathering information for a service that includes Agency Supported Foster Care, Family Support, Supervised Visitation, and Parenting Time services.

Written questions are due no later than May 17, 2018, and should be submitted via e-mail to dhhs.procurement@nebraska.gov.

Bidder should submit one (1) original of the entire RFI response. RFI responses should be submitted by the RFI due date and time to dhhs.procurement@nebraska.gov.

RFI responses should be received in Department of Health and Human Services by the date and time of RFI opening indicated above.

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: KVC Behavioral Healthcare Nebraska, Inc. _____

COMPLETE ADDRESS: 11550 I Street, Suite 100, Omaha Nebraska 68137 _____

TELEPHONE NUMBER: 402-498-4700 _____ FAX NUMBER: 402-493-3340 _____

SIGNATURE:  _____ DATE: 6/12/18

TYPED NAME & TITLE OF SIGNER: Ashley Brown, Vice President _____

Form A

Vendor Contact Sheet

Request for Information Number Combined Services

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor's name and address, and the specific persons who are responsible for preparation of the vendor's response.

Preparation of Response Contact Information	
Vendor Name:	KVC Behavioral HealthCare Nebraska, Inc.
Vendor Address:	11550 I Street Suite 100 Omaha, Nebraska 68137
Contact Person & Title:	Jodie Austin, President Ashley Brown, Vice President
E-mail Address:	jaaustin@kvc.org adbrown@kvc.org
Telephone Number (Office):	402-498-4706 402-498-4714
Telephone Number (Cellular):	402-312-1392 402-320-0280
Fax Number:	402-493-3340

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Vendor Name:	KVC Behavioral HealthCare Nebraska, Inc.
Vendor Address:	11550 I Street Suite 100 Omaha, Nebraska 68137
Contact Person & Title:	Jodie Austin, President Ashley Brown, Vice President
E-mail Address:	jaaustin@kvc.org adbrown@kvc.org
Telephone Number (Office):	402-498-4706 402-498-4714
Telephone Number (Cellular):	402-312-1392 402-320-0280
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