

**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 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

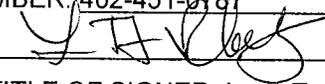
By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: Nebraska Children's Home Society

COMPLETE ADDRESS: 4939 S. 118th Street, Omaha, NE 68137

TELEPHONE NUMBER: 402-451-0787

FAX NUMBER: 402-898-7750

SIGNATURE: 

DATE: 06/12/18

TYPED NAME & TITLE OF SIGNER: Lana Temple-Plotz, Chief Executive Officer

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:	Nebraska Children's Home Society
Vendor Address:	4939 S. 118 th Street
Contact Person & Title:	Lana Temple-Plotz, Chief Executive Officer
E-mail Address:	ltempleplotz@nchs.org
Telephone Number (Office):	402-451-0787
Telephone Number (Cellular):	402-594-1812
Fax Number:	402-898-7750

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:	Nebraska Children's Home Society
Vendor Address:	4939 S. 118 th Street
Contact Person & Title:	Lana Temple-Plotz, Chief Executive Officer
E-mail Address:	ltempleplotz@nchs.org
Telephone Number (Office):	402-451-0787
Telephone Number (Cellular):	402-594-1812
Fax Number:	402-898-7750



Response to Nebraska Department of Health & Human Services
RFI Combined Services

A. CURRENT AND FUTURE ENVIRONMENT

Nebraska Children's Home Society (NCHS) supports the creation of a new single service for families that will provide safety for children in a home environment; support biological families; and when appropriate, offer a permanent family home to children needing permanency.

In order to successfully provide stability to the biological families and parent education curriculum to ensure child safety and prevent recurrence of maltreatment, service providers need to use a comprehensive, family driven, family empowered, solution-focused approach and innovative interventions specific to the child and family's needs.

B. SCOPE OF WORK

Essential components for a comprehensive foster care service model must include the following:

1. Trauma Competent Approach

Children and parents have experienced a great deal of trauma and service providers are trained and skilled to gently and effectively engage children and families and ensure all interactions and proposed interventions are suggested and implemented using a "trauma lens". Also, foster parents and kinship caregivers often have their own history of traumatic experiences which affects the care they provide and their interactions with parents and extended family members.

Since many families receiving services are living in poverty, service providers need to have an understanding of the role of poverty and its impact on the family and community.

2. Family Driven

Families are often overlooked as the experts of their own family. Services need to be developed and delivered with the family having the primary decision making role in the care of their own children, which includes:

- Families choosing their own service provider, when possible.
- Families creating their own goals and making decisions on how they will work toward meeting their goals.
- Assessments conducted and service plans implemented with the family's input; results and progress are always shared with the family.
- Frequency and duration of parenting time, is determined by the parents and provider, rather than a case manager.
- Parenting time is an opportunity for parents to practice new skills and connect with their child and occurs as often as possible. Parenting time should be viewed as a right not a privilege.
- Foster parents and kinship families embrace and support families, including the family goal of reunification or another permanency goal.

3. Comprehensive Service Delivery and Role of the Service Provider

- Comprehensive Services for families - As families develop their goals and action steps, all areas of family function need to be explored, not just the reason for entering care. In addition to family safety and child well being, other areas of focus include: environment, life skills, physical and mental health, supportive relations and community connections, etc. Assisting the family in this way sets the family up for success and lessens the risk for future hardships or re-entry into care.



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- Comprehensive services for foster and kinship families – to provide consistency and ongoing support to meet the child's needs, including the child's need for a strong relationship between the caregiver and his/her parents and extended family members.
- Training, support and a structured approach for foster parents and kinship caregivers – to equip them to develop positive working relationships with the child's parents.
- Foster parents as mentors - to help stabilize and support parents and work together to meet the needs of the child and reunify the family.
- Service Provider as the single point of contact – to support the child and family through multiple aspects of their care as they work towards reunification. This provides consistent communication between parties and less confusion, is less intrusive to the family, and increases the family's likelihood of success.

4. Quality Outcomes

- Service Providers demonstrate their capacity to delivery high quality services and positive outcomes for children and families by implementing standards of best practices, such as Council on Accreditation, NonProfit Association of the Midlands Guiding Principles.
- Case load size is based on the needs of the family.
- Service providers are held accountable for providing services that result in positive outcomes for families.

5. Funding Considerations

- Funding models need to support the delivery of quality comprehensive services and allow for flexibility to provide intensive hands-on services to meet families needs. Assessing the child/ren and family's needs within a case rate or similar model will allow service providers to focus on working with the family, rather than detailed requirements for billing various service components.
- A new single service comprehensive model will have significant start-up and ongoing costs associated with training and implementing evidence based and promising practice models and curriculum to fidelity. This will be especially impactful for service providers in more rural areas and should be a consideration when reimbursement rates are being established.
- Consideration should be given to the cost of implementing evidenced based and promising practice models. Often models have required fidelity components which make implementation very expensive. Models currently being used by providers should be explored and consideration given to the return on investment with a focus on successful outcomes for families.