

**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 ESA	May 15, 2018
OPENING DATE AND TIME	PROCUREMENT CONTACT
June 22, 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 Case Management services for the Eastern Service Area (ESA) in the State of Nebraska.

Written questions are due no later than May 29, 2018, and should be submitted via e-mail to dhhs.procurement@nebraska.gov. Written questions may also be sent by email 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.

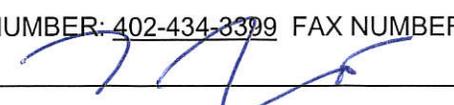
BIDDER MUST COMPLETE THE FOLLOWING

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

FIRM: Children and Family Coalition of Nebraska

COMPLETE ADDRESS: 530 S 13th Street, Suite 110, Lincoln NE 68508

TELEPHONE NUMBER: 402-434-3399 FAX NUMBER: 402-434-3390

SIGNATURE:  DATE: June 15, 2018

TYPED NAME & TITLE OF SIGNER: Nick Juliano, President, Children and Family Coalition of Nebraska

Form A

Vendor Contact Sheet

Request for Information Number ESA

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:	Children and Family Coalition of Nebraska
Vendor Address:	530 S. 13 th Street Suite 110 Lincoln, NE 68508
Contact Person & Title:	Nick Juliano, President
E-mail Address:	Nick.Juliano@BoysTown.org
Telephone Number (Office):	402-498-1907
Telephone Number (Cellular):	402-350-3971
Fax Number:	402-498-3378

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:	Children and Family Coalition of Nebraska
Vendor Address:	530 S. 13 th Street Suite 110 Lincoln, NE 68508
Contact Person & Title:	Mary Johnson, Executive Director
E-mail Address:	Johnson@muellerrobak.com
Telephone Number (Office):	402-434-3399
Telephone Number (Cellular):	402-450-8112
Fax Number:	402-434-3390



RFI ESA Response

June 15, 2018

The Children and Family Coalition of Nebraska (CAFCON) supports the efforts of the Nebraska Department of Health and Human Services Division of Children and Family Services to improve case management, service delivery, and service coordination functions in the Eastern Service Area (ESA) in order to meet the unique and individual needs of families while enhancing child well-being, safety, and increasing timeliness to permanency.

Since 2007 CAFCON members have first-hand experience as providers and lead agencies in all service areas including the ESA. As evidence suggests and its membership has experienced, CAFCON considers a continuum of care at a systems level to be the best approach in accomplishing the provision of safety, permanency, and well-being of Nebraska children and families. CAFCON considers effective case management services an integral component of a high quality continuum of care. As such, CAFCON offers the following four core principles as essential components of a high-quality continuum of care for children and families in communities across Nebraska:



1. Family Driven

Best practice standards require formal services and informal supports to be developed and delivered with direct input from families about their goals, and, when possible, about which provider to work with. Providers and families should work together to determine the needs of the family and the specific intervention(s) to meet those needs. It is unlikely that a single case management model will effectively provide the support families need so the case management entity will need the flexibility to implement multiple case management models as long as they are supported by evidence of effectiveness and focus on the family's role in their own planning process.

Why is this important? Families are the experts regarding their own children and often have effective solutions which meet both their needs and the requirements of court orders. When families are involved in building the supports and services they need they are more likely to experience future success and self-sufficiency. Case managers need as many tools and models as possible to support families in this process.

An example: Case management models for court involved families and non-court involved families should be different and as our ESA system of care continues to find ways to serve families without the need for court involvement the case



management entity will need the flexibility to implement different models with these families.

2. Comprehensive

Evidence across the US continues to suggest that in order to attain the best possible outcomes for children and their families, goals should be as comprehensive as possible rather than focused only on the acute episode that caused entry in to the child welfare system. Therefore case management activities need to ensure that family goals address all domains including life skills, finances and employment, housing, physical and mental health, supportive relationships and community connections, family safety, and child well-being. In addition, in a comprehensive system the roles of the state agency and the case management entity must be clearly delineated.

Why is this important? It is the case manager's responsibility to ensure that best-interest determinations address the whole child and the whole family if recidivism rates within the child welfare system are to decrease. Long-term child and family success depends upon case managers ensuring that timely and sufficient supports and services are provided across domains to ensure that families are best positioned to meet a child's needs and avoid recurring system involvement.

An example: Development and review of goals at the family team meeting should include the case manager, the family, providers, and when appropriate the



child(ren). Goal development and progress should be discussed around all domains.

3. Focus on Quality Outcomes

Case management activities and services at all levels should be required to adopt standards and practices which demonstrate that the children and families it serves are safe and experience positive outcomes. Accountability for standards, practices, and reporting should be the same for case management activities whether by a private agency or the Division of Children and Family Services. A set of core performance outcomes for case management should be negotiated with input from the public agency and the private case management entity. Agreed upon outcomes should include process measures and performance measures, and should indicate how effective case management services are in ensuring the system of care is moving families toward safety, permanency and well-being.

Why is this important? In a public-private partnership there is shared responsibility for the system of care and the outcomes it produces for children and families. Robustly-funded and flexible case management services should be oriented around safety, permanency and well-being but should also produce outcomes related to family preservation, self-sufficiency, and productivity.



An example: Align accountability measures (contract monitoring and post-service outcomes) with quality measures (utilizing quality standards and measuring fidelity to approved models) and financial investment that allow for case management services to produce high quality results.

4. Innovative Funding Models

In a public-private partnership for case management services both partners must be able leverage public and private funding in unique ways. The case management entity is much more than just a vendor, but a partner in programmatic and fiscal innovation. Typically, each partner has complementary ways of accessing and leveraging both public and private funds. The allocation and reporting required by the funding model should be robust and transparent while not creating unnecessary administrative burden which brings little value to the need for accountability. In addition, financial risk sharing is necessary for a true public-private partnership to be sustainable over time and as an agreed upon way of measuring, reporting, and reconciling financial resources on an annual basis is necessary. Regardless of the specific funding methodology, case management services need adequate funding and flexibility to ensure that its network provides the right service, at the right time, for the right duration, leading to the achievement of expected outcomes.

Why is this important? In a public-private partnership both agencies see the value of utilizing their complementary strengths and weaknesses to the benefit of



citizens needing public services. By agreeing to share financial risk both partners are able to work collaboratively in addressing unanticipated changes in the population or environment which threaten the stability of service provision to children and families.

An example: Examining how other states have developed and managed innovative funding and risk sharing arrangements is important. Experiences in Florida, Wisconsin, Michigan will be informative. However, CAFCON recommends closely analyzing and understanding the progress and lessons here in Nebraska including the experience and capacity of PromiseShip in the ESA and the creative use of funding through the System of Care grant and Community Response initiative.