

ADDENDUM ONE QUESTIONS and ANSWERS

Date: September 20, 2018

To: All Bidders

From: Michelle Thompson, Buyer
AS Materiel Purchasing

RE: Addendum for Request for Information Number In-home Services
to be opened October 5, 2018 at 2:00 p.m. Central Time

Questions and Answers

Following are the questions submitted and answers provided for the above mentioned Request for Information. The questions and answers are to be considered as part of the Request for Information. It is the Bidder's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

Question Number	RFI Section Reference	RFI Page Number	Question	State Response
1.	B	4	Is this intended statewide?	Yes.
2.	B	4	Will all the in-home services be offered in all of the service areas or will services be "matched" to individual service areas (based on factors such as urban/rural, workforce availability, etc.).	Depending on the proposals received through the RFP, some in-home services may be offered state-wide and some may be implemented in Service Areas based on needs of the Service Area.
3.	B	4	Is DHHS interested in selecting multiple in-home evidence based services? And If so, what services have been identified?	Yes, DHHS is interested in implementing evidence-based services that will help meet the requirements of the Families First Prevention Services Act. Any service models that are rated as Well-supported by CEBC or ACF will be considered.
4.	B	4	Does this RFI replace "combined services" RFI?	This RFI does not replace the combined services, or Resource Family Service, RFI.
5.	B	4	What is the timeframe for Implementation	DHHS has a target date for contract implementation of in-home services by July 1, 2019.
6.	A	4	Is there an estimate for how many youth are in the prevention group (need services but do not need removal)?	Please see Attachment 1 for estimate for youth in prevention group.
7.	B	4	How is "evidence based" defined for the purpose of this RFI?	"Evidenced-based" for the purpose of this RFI is based on the General Practice Requirements under SEC. 111. Foster Care Prevention Services And Programs of the Families First Prevention Services Act.
8.	B	4	What is meant by education curriculum to ensure child safety and prevent recurrence of maltreatment?	Education curriculum means program content that will be used to teach parents in how to keep their children safe and avoid future maltreatment.

9.	A	4	What outcomes for current services contracted by Division of Children and Family Services (CFS) are tracked?	See Attachment 2.
10.	B	4	Do the services needed cover varying levels of severity of family problems or just high levels of severity?	Services should cover varying levels of severity of family problems.
11.	B	4	Is there an interest in strong collaborative work with the child protective services caseworkers?	Yes.
12.	B	4	Is there interest or will there be support for allowing child protective services caseworkers to participate in the same clinical training that the in-home therapists receive.	CFS supports professional development for caseworkers. However, a definitive answer will be based upon the programs and services identified within the RFP responses.
13.	B	4	What percent of the population served will need intensive substance abuse treatment?	During 2018, approximately 47% of the removed youth experienced some degree of caregiver substance abuse/use that contributed in whole or in part to their removal. The subset of these cases where intensive substance abuse treatment is recommended and performed is not accurately available from our case management system.
14.	B	4	What percent of the population to be served will have intimate partner violence as the referral reason?	Referrals with domestic violence can be determined by both the safety and risk assessment, and may or may not be the primary removal reason. Data indicates that domestic violence is one of the primary removal factors for approximately 15% of the youth removed from their caregivers.
15.	B	4	Will certain evidence based registries or clearing houses be consulted with in order to identify the selected model or service and if so, what are the criteria?	Yes. DHHS will seek evidence-based models that fit the criteria outlined in the Families First Prevention Services Act. Criteria will be determined when writing the RFP.
16.	B	4	Is the intent to also prevent or reduce out of home placement?	Yes
17.	B	4	Will adoptive parent households be included in these services?	Yes
18.	III.A.	4	Is Nebraska looking to evidence-based models of service to enhance current services, or is the RFI to provide an opportunity to expand for different or new services and delivery models?	The RFI is released to provide an opportunity to expand for different or new services and delivery models.
19.	III.A.	4	Will there be multiple providers across the state or will this be a sole source RFP for statewide services?	If there is a resulting RFP, it will not be a sole source RFP.
20.	III	4	Is there an estimate for how many youth are in the prevention group (need services but do not need removal)?	See answer to Question 6.
21.	III	4	Does the 50% of interventions rated as "well supported" mean the state list is 50% well supported interventions or does it mean 50% of the interventions delivered to youth are "well supported" level interventions? If the latter, how will this be tracked? Is this intended statewide?	DHHS intends to have at least 50% of child welfare services delivered to youth be well-supported. This will be tracked through assigned service codes. This is intended to be statewide.
22.	III	4	Will in-home services look the same across the state or will identified services be unique to geography?	Based on the proposals submitted for the RFP, some in-home services will be implemented across the state and others will be unique to certain areas of the state.
23.	III	4	Is DHHS interested in selecting multiple in-home evidence based services? <ul style="list-style-type: none"> • If so, what services have been identified? • How does the state propose replicating these services? • What are the expectations for 	Yes. Services will be identified based on the proposals submitted for the RFP. The proposals to the RFP should include a plan of how the agency will implement the evidence-based service and DHHS will monitor fidelity to the model. The expectations are that an agency that

			<ul style="list-style-type: none"> replication? What will be the cost to train providers? What is DHHS' timeframe for implementation of these in home evidenced based services? 	proposes an evidence-based model will follow the general practices and procedures within the service model. The cost to train agency staff should be in the cost proposal in the RFP for In-home services. DHHS anticipates implementation of evidence based services to be July 1, 2019.
24.	III	4	Does DHHS intend to put incentives in place for specific outcomes they would like to see achieved through in home services? If so, how do you see these incentives being implemented?	The bidder may propose an incentive structure in the response to the RFP.
25.	III	4	What does DHHS see as being the measureable outcomes that will be tracked for In Home services? How does DHHS intend to track these outcomes?	See Attachment 3. The outcomes for Family Support, In-home Safety, and IFP services will be included. Other outcome measures may be included based on the proposal received through the RFP as well as requirements of the Families First Prevention Services Act. These outcomes will be tracked through the Provider Performance Improvement System.
26.	III	4	How does DHHS intend on dividing In Home services up amongst providers?	DHHS does not intend to divide the In-home services contracts among Providers. Contracts will be awarded to Providers who participate and score the highest in the RFP process.
27.	III	4	If incentives are involved in meeting the outcomes of this service, has the state considered allowing providers who are meeting the incentives and are "preferred providers" to receive a greater percentage of the cases? If so, how does DHHS see this working?	If incentives are taken into consideration, they will be based on the providers meeting or exceeding outcome measures. With Family Voice/Family Choice, case assignment will be driven by the family.
28.	III	4	Specifically define your target population of youth DHHS is intending to serve through In Home services.	The population that will be served by in-home services will be families who are involved with DHHS, either through the court system or informally, who are at risk of having their children removed from the home.
29.	III	4	How is DHHS defining prevention for the purpose of this In Home services?	For the purposes of the In-home Services RFI, Prevention is defined as implementing services for a family, who is at risk of having children removed from the home, so that the service will inhibit or halt the removal of the children. The Family First Prevention and Services Act specifies target population.
30.	III	4	Will DHHS place an emphasis on family engagement and if so, what are the expectations for this engagement?	Yes. With Family Voice/Family Choice, it will be expected that the provider is fully engaged with the family and to engage the family with the services in order to reduce the time that the family is involved with DHHS.
31.	III	4	Does this RFI replace the "Combined Services" RFI?	See the response to Question #4.
32.	III	4	What does DHHS define as entry into the Foster Care System? (Foster Care, Respite, Group Care?)	Entry into foster care system refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the placement and care responsibility of the state or local title IV-B/IV-E agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.

33.	III	4	What percentage of the overall DHHS budget will be used to fund preventive services?	The budget for prevention services will be developed based on need.
34.	III	4	What types of assessments will DHHS require providers to use when providing In Home services?	The types of assessments that the providers use should be presented in the proposal submitted through the RFP process.
35.	III	4	What will be DHHS' expectations when it comes to the fidelity of In Home services?	The expectation of DHHS is that providers maintain fidelity to the model proposed.
36.	III	4	What will be DHHS' expectations when it comes to the training of In Home services?	The expectation is that the provider follow the training curriculum associated with the proposed model.
37.	III	4	How does DHHS intend to measure pre and post outcomes of safety, permanency and well-being based upon the In Home Family Services provided?	DHHS will utilize data gathered through performance of providers
38.	III	4	Must abuse/neglect already be substantiated to be eligible for this preventive service? Must DHHS already be involved for the purpose of removing the youth OR satisfying "reasonable efforts" to avoid removal?	No. If a case is opened for voluntary services, a family may be eligible for preventive services.
39.	III	4	Will services include prevention services that support kinship caregivers AND reunification efforts with parent/legal guardian?	This will be determined by the proposal presented through the RFP process.
40.	III	4	If the prevention services fails to remediate the issue and removal is necessary, will the youth no longer be eligible for IV-E foster care maintenance payments?	It is anticipated that the process for determining eligibility for IV-E Foster Care maintenance payment will remain the same. CFS will learn more when Program Instructions are received from ACF.
41.	III	4	Define prevention	See the response to Question #29.
42.	III	4	Are AR Families eligible for these services?	Yes
43.	III	4	How does community response factor into this?	Community Response is provided through Nebraska Children and Families Foundation. Families are able to access services and programs without involvement with CFS.
44.	III	4	Will families be referred upon completion of the SDM Risk or Prevention Assessment and if so, which families would be appropriate for services?	These are components CFS is required to include in the 5 year Prevention Program and Services Plan, and may be dependent on responses to the RFP and proposed program models.
45.	III	4	Will families be eligible for services during investigation or ongoing casework or both?	Families will be eligible for In-home services once an assessment is completed and a case is opened with DHHS.
46.	III	4	Is it the desire of DHHS to also do safety planning with families?	Yes
47.			How does the timing of the development of a menu of services for evidence-based, in-home supports correlate to the work plan timeline of the FFPSA?	It is the goal of CFS to implement 50% or more Well-supported services in the Nebraska Child Welfare service array in order to be in compliance with FFPSA by October 1, 2019.

This addendum will become part of the proposal and should be acknowledged with the Request for Information.