

**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 In-home Services	August 23, 2018
OPENING DATE AND TIME	PROCUREMENT CONTACT
October 5, 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 In-home Child Welfare services.

Written questions are due no later than September 7, 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: Saint Francis Community Services in Nebraska, Inc.

COMPLETE ADDRESS: 509 E. Elm Street, Salina, KS 67401

TELEPHONE NUMBER: 316-831-0330 Ext. 3026 FAX NUMBER: 316-831-0414

SIGNATURE: *Diane Carver* DATE: 09-28-2018

TYPED NAME & TITLE OF SIGNER: Diane Carver, Vice President of Children and Family Services

Form A

Vendor Contact Sheet

Request for Information Number In-home 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:	Saint Francis Community Services In Nebraska, Inc.
Vendor Address:	509 E. Elm Street, Salina, KS 67401
Contact Person & Title:	Diane Carver, Vice President of Children and Family Services
E-mail Address:	Diane.Carver@st-francis.org
Telephone Number (Office):	(316) 831-0330 Ext. 3026
Telephone Number (Cellular):	(316) 249-3839
Fax Number:	(316) 831-0414

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:	Saint Francis Community Services In Nebraska, Inc.
Vendor Address:	509 E. Elm Street, Salina, KS 67401
Contact Person & Title:	Diane Carver, Vice President of Children and Family Services
E-mail Address:	Diane.Carver@st-francis.org
Telephone Number (Office):	(316) 831-0330 Ext. 3026
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RFI IN-HOME SERVICES

A. Organization Overview

Saint Francis Community Services, Inc. is an independent not-for-profit organization dedicated to providing healing and hope to children, adults and families, and changing lives in ways that others believe impossible. Initially established in 1945 as a boys' home in Ellsworth, Kansas, we now serve over 19,000 children each year. Since 2000, more than 100,000 children and their families have received critical support to strengthen, unite, and reunite their families.

Saint Francis provides child welfare programs and services where children's and families' lives can be rebuilt in environments of safety, care and respect. We are strategically located throughout six states and two Central American countries and deliver the best possible service to children and families in their home communities, with accessibility and timely responses.

Throughout these states, Saint Francis has continuously shown the ability to perform high quality Family Preservation and Reintegration, Foster Care, and Adoption work within the parameters of government-awarded contracts. We are responsible for meeting federally-mandated outcomes related to permanency, safety and child well-being. Attesting to Saint Francis's capacity and desire to work in partnership with state governments, our geographical catchment area and contracted services grow with the issuance of each new contract.

Saint Francis currently serves children and families in Nebraska, Kansas, Oklahoma, and Texas, along with serving intellectually/ developmentally disabled (IDD) adults in Mississippi. Since 2015, we have expanded our ministry to include comprehensive programs serving children and families in El Salvador and Honduras.

By affirming and respecting the strengths of the child and family through our family-centered practice model, we encourage a natural collaboration among the child, family, their support systems, community-based support systems, Saint Francis, the state, and others. The collaborative process of designing a plan and a course of action to make positive changes will allow the family to stay intact or lead the child and family toward permanency.

Faith, values, principles, experience, and passion are constants throughout all our programs, and Saint Francis will bring these components to Nebraska. Saint Francis's history of community service and our central child welfare mission began at our founding and remain our focus as we present this model designed to meet the specific needs of the RFI In-home Services throughout Nebraska.

B. Services Overview

The primary goal of our multi-faceted prevention models is to ensure safety, stability and well-being for the families served. To accomplish this goal, our program offers evidence-based, family-centered, in-home, and trauma-informed services to families with interventions tailored to meet the needs of the individual family. The Six Protective Factors are incorporated throughout our wide range of therapeutic and case management services.

All families participate in a comprehensive assessment process. Family and child assessments are strengths-based and solution-focused. Families are assessed for both initial safety and needs. Our comprehensive family assessment further determines a family's strengths and needs, well-being, need for mental and or physical health services, and substance use disorder treatment. Workers engage the family in expanding their natural resources, including

family support. Throughout the life of the referral, families receive both formal and informal ongoing safety and risk assessments.

Services available include parent and family support, visitation services, in-home therapy (individual, couple, and family), family preservation, substance use disorder treatment, case management services, and fatherhood initiative courses. Services are tailored to the specific needs of the family and range from the availability of clinically trained mental health professionals to provide in-home services, to trained para-professionals who are skilled at assisting the family in learning new skills or obtaining needed supports and resources.

In-home services are designed and intended to intervene with families at-risk of having a child removed from the home due to abuse, neglect and other related factors. Our prevention model and methodology have been proven to be successful due to their flexible and individualized services to the family based on a comprehensive assessment.

Our organization has extensive experience providing in-home services. We have worked with families and/or a pregnant woman using alcohol or substances who both are at risk of having their child removed from the home. We understand that there must be at least a parent or caregiver who is able to protect the child and willing to participate in services.

On the following pages is a list of evidence based and/or promising practices services Saint Francis is using in at least one location, including Nebraska, or where we have agreements in place to utilize the programs with their developers (SafeCare). Each of these services have the capability of being used in Nebraska as we have Saint Francis staff trainers available.

Trauma-Informed Treatment and Services

Our organization's overall practice model addressing the effects of trauma is based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Principles of a Trauma-Informed Approach. These principles include 1) Safety; 2) Trustworthiness and Transparency; 3) Peer Support; 4) Collaboration and Mutuality; 5) Empowerment: Voice and Choice; and 6) Cultural, Historical and Gender Issues. This approach is driven by principles allowing for the organization to assess and match the strategy to the specific needs of a family.

Staff training, both general trauma training and intervention specific, assures that our workforce realizes the prevalence and widespread impact of trauma particularly for the families served. The routine trauma screening and assessment process identifies signs and symptoms of trauma, as well as family resilience. Staff use this information with families in case planning and pinpointing the trauma-specific interventions that will meet the family's needs. Interventions have been selected based on the best available evidence of each related to its application to child welfare and the efficacy in the remission and abatement of trauma-related symptoms. We use Implementation Science in the organizational planning, training, implementation, and sustainability of evidence-based treatment models, such Trauma Systems Therapy. We have committed resources to sustaining these intervention strategies while maintaining model fidelity.

Additionally, our organization responds to secondary traumatic stress experienced by staff through multi-level supports including supervision, employee assistance support, and staff support groups utilizing the Resilience Alliance model designed specifically for the child welfare workforce.

Our in-home prevention staff utilize a **comprehensive family assessment** to engage families in the treatment process and as an ongoing measure of progress. Upon referral our assigned workers determine the need for safety planning and complete a safety plan to protect

the child and mitigate risk. They also assess immediate needed services to address identified risk factors to be minimized. The case plan is built from an understanding of the family's strengths and recognition of how they have resolved problems in the past, with the objective of addressing current concerns and returning the family quickly to stability.

Family Assessment Tools

The assessment tools included in the comprehensive family assessment assist the family in identifying safety concerns, functional challenges, trauma-related issues, and substance use concerns. A comprehensive assessment process aids the Family Preservation worker and family in identifying the interaction between traumatic experience, functional deficits, substance use and safety risks for children. Accurate and early identification of these issues helps the family and Family Preservation worker to target service resources to those problems and solutions most likely to resolve a family crisis and avoid a child or youth going into out-of-home care. Initial assessment and ongoing monitoring supports the family members to maintain their commitment to mutually identified service plan tasks. Routine re-assessment determines family readiness for case transition and reinforces effective use of community service resources.

Saint Francis uses the *North Carolina Family Assessment Scale (NCFAS)* to assess family functioning. Workers gather information necessary to score the assessment at regular intervals throughout the life of the case. Per the *California Evidence-Based Clearinghouse for Child Welfare* NCFAS has an A rating ensuring the effectiveness of the tool. It assesses family functioning in the domains of environment, parental capabilities, family interaction, family safety, and child well-being. Saint Francis also conducts child specific assessments including the *Child and Adolescent Functional Assessment Scale (CAFAS)* and the *Preschool and Early Childhood Functional Assessment Scale (PECFAS)* that promote the safety and well-being of children.

Substance Use Disorder Services

Our organization understands the critical nature of developing a tailored and specific approach to the engagement and initial team meetings of parents and pregnant women who are referred for substance use. Persons referred for services are screened for substance use disorders using the *Structured Decision Making* and *UNCOPE with Prenatal Screen* as appropriate. The results drive referral for, or completion of, an assessment for treatment need, substance use disorder treatment including medication-assisted treatment, related aftercare, prenatal health care, vocational assistance, case management and monitoring of compliance with treatment recommendations, including random drug testing.

Saint Francis's substance use disorder (SUD) treatment services are grounded in *Motivational Interviewing* and are gender responsive, trauma informed, strengths based, relational, and centered in family care. Each parent or pregnant woman receives assistance in removing barriers to treatment such as initiating family support, mental health services, domestic violence services, child care, transportation, housing, or other supportive services. If change is to be sustained within the family, it is important to help each parent or pregnant woman develop healthy social outlets and support systems to assist them in their recovery. Maintaining connection and providing support has been shown to be a vital element of successful in-home services.

Saint Francis workers assist families in developing community support systems. These support systems are critical for sustaining families during times of crisis and buffering against future stress. This can include linking families to both formal and informal resources. Workers also are trained in helping families to identify both relative and non-relative kinship supports.

Family Support Services

Saint Francis provides an array of in-home services from Family Support Services to visitation, to more intensive case management functions, as needed. Staff approach each referral with *engagement* and *assessment* processes to create a comprehensive case plan that meets the unique needs of each child and family. Case plans are a mutually developed written agreement formalizing a family’s agreement to participate in services to provide a safe home environment and may include cooperative development with the child, family, kinship supports, DHHS, Saint Francis, and other community services. By building on information provided by the broader network of a family’s supports, including therapists, school staff/records, court personnel, medical reports, and other sources, detailed and highly specific case plans can be created for each family. Assessments monitor the progress and effectiveness of decisions made during the initial team meeting and case planning meetings, and identified needs emerging throughout the case life are addressed in the case plan.

Our staff use a “wraparound” approach to help families access the necessary resources to assist with multiple and complex problems. We have established partnership plans with community mental health providers, intellectual/developmental disability service providers, and substance use disorder treatment providers. Staff members will assist parents and families in accessing naturally occurring community supports by providing transportation, purchasing of services, and helping with any application process.

Our staff train parents and families on the availability and use of a wide variety of community resources. Our overall goal is to empower children, youth, parents, and families to achieve their goals and maintain safety and well-being in permanency by strengthening and/or creating family and community connections that will support them beyond their work with Saint Francis. Among other everyday supports that strengthen and enhance the skills of a family, staff may refer parents to services including:

Parent Education	Parent Support Groups	Family Mediation	Behavior Modification
Conflict Resolution	Mentoring Programs	Child Care	Children’s Camps
Home Management	Budgeting & Financial Planning	Nutrition Education	Tutoring
Parent Time Supervision through Visitation	Commodities Assistance (Clothes, utilities, food, etc.)	Children’s Recreational Opportunities	Transportation Services

In initial meetings, Saint Francis case managers and support workers will set up services, working with parents to assure that they understand directives from the court, if applicable, arranging and assisting transportation to and from services, and modeling appropriate parenting techniques. As the case progresses, Saint Francis workers are trained to allow parents to take over these tasks with the case manager and support workers monitoring their progress and aiding

as needed. As the parent demonstrates that they can successfully complete tasks to achieve their individual and family goals for safety and well-being with minimal or no intervention by our staff, the case team will discuss a timeline for the case completion.

Family Preservation Services

Our Intensive Family Preservation staff are trained to use elements of the *Family Group Decision Making* model in case planning. Families are empowered to choose their own tasks/activities and interventions thus the family has ownership of their case plan. Case plan objectives and activities are written in a manner that captures individuals' and/or families' words and ideas. As the assessment drives the plan and the plan drives the services, staff will help families develop case plans that address the unique strengths and needs of the family. Each individual family member is asked to identify tasks/activities to achieve their goal of maintenance of the intact family. The child and family are assisted in accessing community supports and services to help achieve the family case plan.

Our staff assist the family in overcoming barriers to achieving their case plan objectives and activities. Assistance can include helping a family find access to concrete supports in times of need such as flex funds, transportation, daycare, etc. Additionally, staff have the *Motivational Interviewing* skills to assist a family in moving towards the *Action Stage of Change*. It is essential for staff to identify strengths, model behaviors, and develop strategies to provide the family with tools for resolving future difficulties. The goal of in-home services is to have the family functioning in a safe and healthy way.

Saint Francis utilizes models based on the Family First Prevention Services Act of 2017, including those designated as Promising Practice, Supported Practice, and/or Well-Supported Practice models. Three of these models that we employ include *Strengthening Families*, *Safe Sleep*, and *Seeking Safety*.

Strengthening Families Program (SFP)

Strengthening Families (SFP) is a nationally and internationally recognized evidence-based family skills training program for high-risk and general population families. *SFP* significantly improves parenting skills and family relationships, reduces problem behaviors, delinquency, substance use in children, and improves social competencies and academic performance. Child maltreatment decreases as parents strengthen bonds with their children and learn more effective parenting skills.

The original 14-session evidence-based *SFP* for high-risk families with children ages 6-11 years (*SFP 6-11*) has been culturally adapted, and combined with the core curriculum, and has been effectively utilized in 36 countries. To make *SFP* skills available to every family, a low-cost *SFP* DVD was developed for in-home use for families with children ages 7-17.

The curriculum can be taught in 10, 12, or 14 sessions, depending on family risk factors and the time allotted by a family's initial case plan. This updated version of *SFP* includes lessons for parents, children, teens, and family practice sessions. While teaching research-proven skills from the initial core curriculum, it also includes material of mindfulness, the impact of substance use on the developing brain, and parenting skills to prevent substance use in adolescents.

Safe Sleep

Safe Sleep educates parents, caregivers, child care providers, health care providers, and other community members on safe infant sleep practices to reduce the number of infant mortality as a result of sudden and/or unexpected deaths due to suffocation, entrapment, and strangulation. We have utilized **Safe Sleep** to promote standardized training and community outreach through direct education and sharing resources with families, such as DHHS' Eunice Kennedy Shriver National Institute of Child Health and Human Development. We have trained Saint Francis staff members to disseminate **Safe Sleep** within the communities that we serve. Trainers have been actively involved in community baby showers to educate expectant mothers and actively spread this knowledge beyond the families served by our programs.

Seeking Safety

An evidence-based model created by Lisa M. Najavits (2002), **Seeking Safety** was designed specifically for use in individual or group counseling sessions to help survivors with co-occurring trauma and substance use disorders. **Seeking Safety** focuses on the present, teaching a broad array of safe coping skills that clients may never have learned if raised in a dysfunctional family/environment, or coping skills that they may have lost through deepening trauma and substance use disordered behaviors. This model's coping skills apply concurrently to trauma and addiction, providing integrated treatment to boost motivation and guide clients to see the connections between their trauma and addiction. The model's 25 topics are taught as safe coping skills, and address cognitive, behavioral, interpersonal skills, and engaging clients in community resources.

SafeCare

SafeCare is one of the few programs that has been rated by the *California Evidence-Based Clearinghouse for Child Welfare* and is supported by research evidence for in-home programs for prevention of child abuse and neglect, interventions for abusive behavior, parent training programs that address child abuse and neglect, and home visit programs for child well-being. This model is currently used in 26 states and 8 countries. A Washington State Institute on Public Policy benefit-cost analysis conducted in 2017 showed that **SafeCare** returns \$20.25 for every one dollar invested in service delivery – the highest benefit to cost ratio of child welfare programs reviewed (<http://www.wsipp.wa.gov/BenefitCost/Program/160>). The National SafeCare Training and Research Center has been working closely with HHS concerning the Family First Prevention Services Act and report they are looked upon favorably as an evidence-based program.

Fatherhood Program

Research shows that children growing up without a father or father figure actively involved in their lives are more likely to fail in school, engage in early sexual activity, develop drug and alcohol problems, and to perpetuate violence (*Best Practice/Next Practice Summer 2002, Newsletter of the National Child Welfare Resource Center for Family Centered Practice*). We believe that fathers play a vital role in a family and are essential to the development and well-being of a child. Their role is often overlooked in child welfare, but we believe *family-centered* means *all* of the family. The **Fatherhood Initiative Program** is provided through the National Fatherhood Initiative and is a nationally recognized program designed for any father who wants

to improve his knowledge and skills to help raise healthy children. Classes focus on the characteristics men need to be good fathers, including pro-fathering knowledge, activities aimed at increasing the frequency of father and child interaction, decrease in habit of poor fathering, absence, anti-fathering knowledge or attitudes, and increased knowledge of social, emotional and physical issues of children.

The ***Fatherhood Initiative Program*** is offered by Saint Francis Community Services' Outreach Services and their coaches utilize three evidence-based fatherhood curriculums in the program:

- “***The 24/7 Dad A.M. and P.M.***” courses contain a total of 24 class sessions, each of which are an hour and a half long. Classes train fathers in areas of self-awareness, caring for self, fathering skills, parenting skills, and relationship skills to be a committed, present, accountable parent.
- “***The Inside Out Dad***” course contains 12 class sessions focusing on ***24/7 Dad*** skills with additional focus on the father’s role, working with mom and co-parenting, and fathering from the Inside. With this program we are able to work in jails and prisons with focus on fathers that are within 180 days of being released.
- “***Understanding Dad***” course is an awareness and communication program for moms. The 8 sessions work with moms to teach them the importance of having the child’s father involved in their children’s lives and understand the impact this brings. Focus also is on patterns of communication and ways to have open, safe communication and how to listen.

Family Centered Treatment

Saint Francis provides ***Family Centered Treatment (FCT)***, an evidenced-based treatment program designed to find simple, practical and common-sense solutions for families faced with disruption or dissolution of their family. Youth and families admitted to ***FCT*** have serious emotional disturbances (SED) which interfere with their functioning in at least one domain in their lives (i.e., family, school, social domains). ***FCT*** is a model of intensive in-home treatment services for youth and families using psychotherapy designed to reduce maltreatment, improve caretaking and coping skills, enhance family resiliency, develop health and nurturing relationships, and increase children’s emotional, physical, mental and educational well-being through family value changes.

The expected length of treatment is approximately 180 days and offers 24/7 on-call crisis support for families with their known clinical staff. ***FCT*** operates under the premise of Family Preservation and Keeping Families Together and uses a joining process that works with highly resistive families. ***FCT*** can be utilized for families with children of all ages and research studies have found it to be successfully in keeping families together one year after treatment ends.

C. Summary

Saint Francis Community Services, Inc. believes that families are the best resource for achieving and maintaining permanency for children. When children must be separated from their parents or caregivers due to safety and/or health concerns, it can have long-term consequences. Separation and attachment issues, especially in early childhood, are often at the root of lingering problems in adolescence and adulthood, as is evidence by the *Kaiser-Permanente Adverse Childhood Experiences (ACEs)* studies. Saint Francis strongly supports the use of family-



centered in-home services to maintain at-risk children in their homes, and we have a long history of successfully maintaining children with their families while providing for the safety and health of children.

With over 25 years of quality child welfare experience in Family Preservation, Family Foster Care, and Reintegration services, Saint Francis has the expertise to serve Nebraska with In-Home Services by positively engaging the families, utilizing evidence-based models and programs, and putting supports in place that allow children to safely remain with their families. Our trained Nebraska staff have experienced and overcome a vast array of challenges that present within child welfare situations and will utilize these experiences to expand the scope of our work in this state. In addition to our Intensive Family Preservation, Intensive Family Reunification, Foster Care, Family Support Services, visitation services, drug testing, and Family Centered Treatment services, providing in-home services will help Saint Francis Community Services to achieve the best possible outcomes for even more vulnerable Nebraska children and their families.