

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES**

**REQUEST FOR QUALIFICATIONS TO PROVIDE
SERVICE COORDINATION AND
NON-TREATMENT CONTINUUM OF CARE SERVICES**

PURPOSE

The Department of Health and Human Services (DHHS), Division of Children and Families (CFS), is issuing this Request for Qualifications for the purpose of pre-qualifying a contractor or contractors to participate further in the development of a program to provide and coordinate a continuum of services for children and families served by CFS. Contracts resulting from this process are exempt from the competitive bidding process pursuant to Neb § 73-507 (2) (e) and nothing shall be construed to waive that exemption.

OVERVIEW OF AGENCY

DHHS in its current form was created by Legislative Bill (LB) 296 with an effective date of July 1, 2007. LB 296 merged the three agencies of the Health and Human Services System into one Department of Health and Human Services. The process of combining and realigning Nebraska's state government human services agencies to improve communication, collaboration, access to services, and effectiveness in meeting client needs continues. DHHS is the human services agency for the State of Nebraska, and divides its functions between six divisions, including the Division of Children and Family Services (CFS). One of the functions of CFS is to provide child welfare and juvenile services in the State of Nebraska. Those services are provided within geographic areas of the state called Service Areas. View more information about the Department's organization and Service Areas on the DHHS website at <http://www.dhhs.ne.gov/OrgStructure.htm>

MISSION AND VISION OF DHHS-CFS

In April, 2006, the State of Nebraska reached its all-time high of 7,803 children in the custody of DHHS as state wards. Approximately 70% of those children were in out-of-home care. At the direction of the Governor, DHHS began a systematic review of the children who had been in state care for long periods of time, to determine how to move those children to permanency. As a result of those efforts, as of September 30, 2008, the number of state wards had dropped to 6,649 children. However, approximately 65%

of those children were also in out-of-home care. The belief of DHHS is that too many children remain in the custody of the state, for too long a period of time, and that too many of those children are placed outside of their family home. This belief has led CFS to focus its efforts on timely, safe permanency for children, with their family whenever possible. It is also reflected in the Mission of DHHS-CFS, which is: To provide the least disruptive services when needed, for only as long as needed: to give children the opportunity to succeed as adults; help the elderly and disabled live with dignity and respect; and help families care for themselves, resulting in healthier families and safe, more prosperous communities.

The vision of DHHS-CFS is to ensure the safety of children, reduce the time children and youth are in state custody, reduce the percentage of children and youth in out-of-home care from 70% to 30%, reduce the length of time children and youth remain in out-of-home care, provide safe permanency for children in a timely manner and provide for community safety.

CFS' philosophy is to utilize Family Centered and evidence based/promising practices while utilizing trauma informed care principles. CFS seeks to increase the family/community involvement in safety and/or case plans by utilizing both informal and formal supports and services as needed to provide for child/community safety while maintaining the family structure whenever possible and to provide for the permanency and well being of children served.

BACKGROUND

In the past, non-treatment services to CFS clients have been provided by a multitude of contractors, with a variety of visions, missions, and priorities. This method of accessing services for clients on a piecemeal basis resulted in service delivery that was inconsistent, inefficient, and incomplete.

To begin to address this situation, on March 17, 2008, DHHS released an RFB (Request for Bids) to provide virtually all Safety and In-Home Services to child welfare clients and families, including those already involved in the Juvenile Court system as well as those being served by DHHS without court involvement. Potential service providers were asked to submit proposals to provide the entire array of eleven identified services intended to address temporary child, family, and community safety concerns and to promote permanent changes to the conditions within the family contributing to and unsafe family environment or an unsafe community. Bidders were also asked to submit bids to serve an entire Service Area or Areas. Five Bidders were selected, and began providing these services on July 1, 2008. The result has been more consistency and coordination of the array of identified services available statewide, with better service to DHHS clients. View more information about the Department's Safety and In-Home Services Bid and contracts on the DHHS website at <http://www.dhhs.ne.gov/Children%5FFamily%5FServices/CWJS/>

OVERVIEW

DHHS now wishes to expand and improve the In-Home and Safety Services contract concept by combining all Safety, In-Home and Out-of-Home non-treatment services into a continuum of services, including service coordination. This includes coordination with treatment services but does not include direct provision of treatment services. Contractors will be required to use Evidence Based or Promising Practices shown to produce positive outcomes for safety, permanency and well-being. DHHS invites interested organizations to respond to this RFQ by providing the required information as described herein.

Critical case decisions will continue to be made by CFS staff. Examples of these decisions include, but are not limited to, assessments of child safety, assessments of community safety, removal of a child from the home, changing the placement of a child, permanency plan recommendations, detaining Office of Juvenile Services (OJS) youth, written communications submitted to the court, treatment recommendations to the court, and critical health care decisions for the child.

CFS staff tasks as well as the service coordination tasks anticipated to be the responsibility of the contractor include those identified on the DHHS document "Plan for the Reform of Out-of-Home Care" presented on November 26, 2008, and available on the DHHS website at

<http://www.dhhs.ne.gov/Children%5FFamily%5FServices/OHReform/OOHRReform26.pdf>

Staff providing services or service coordination for the contractor must also be available to provide court testimony upon the request of the CFS worker.

Staff performing the duties of service coordination must, at a minimum, have been awarded a Bachelor's Degree from an accredited post-secondary educational institution in a Human Services or related field.

Successful organizations will be required to accept and serve all children and families referred by the Department.

POPULATION TO BE SERVED

The target population is identified as: the child, or children (ages 0 through 18) who CFS is assessing for child maltreatment reports; families in which a child is determined to be unsafe but the family agrees to participate in safety and change services without court involvement (non-court involved) and children and families involved in a proceeding in the juvenile court system and placed in the custody of the Department (court involved); all children of the identified family; the parents, stepparents, adoptive parents, or caretakers, such as relatives or significant others of the parent of the above children.

In 2007, over 6,900 children and youth were in the custody of the Department on any given day. Five thousand four hundred and forty (5,440) were DHHS Wards and 1,543 were DHHS-OJS Wards. The total number of state wards reached a maximum in April 2006 of 7,803. Throughout 2007, 11,217 children and youth were placed in the Department's custody. In addition, CFS staff conducted 13,319 investigations into allegations of abuse and neglect and approximately 1,550 OJS evaluations on delinquent youth to determine needs and risk to re-offend.

In State fiscal year 2008, an average of 268 children per month were served in non-court involved cases. The average, by Service Area, is: Western Service Area (72); Central Service Area (20); Northern Service Area (36); Southeast Service Area (60); Eastern Service Area (80).

In State fiscal year 2008, an average of 6976 children per month were served in court involved cases. The average, by Service Area, is: Western Service Area (824); Central Service Area (755); Northern Service Area (653); Southeast Service Area (2060); Eastern Service Area (2684).

OUTCOME MEASUREMENT

The Nebraska Department of Health and Human Services, Division of Children and Family Services, is responsible for the outcomes of child and community safety, permanency and well-being for children placed in its care and custody by the juvenile court system (court involved) and for children who are determined by the Department to be unsafe and whose families agree to participate in services absent court involvement (non-court involved). CFS provides services to children and youth and their families to address issues ranging from abuse and neglect, dependency, status offenses, and delinquency.

Successful organizations under this RFQ will be required to support and further the Department's ability to achieve these outcomes. DHHS-CFS intends to institute a system of performance accountability in the contracts to be awarded in connection with this RFQ process. Performance of contractors will be measured against the outcomes required of the Department, including those set forth in the federal Children and Family Services Review (View more information about CFS outcome measures on the DHHS website at <http://www.dhhs.ne.gov/performancegauges.htm>) DHHS-CFS believes in transparency to the public regarding its performance and the performance of its contractors. To that end, the performance of contractors will be publicly maintained on the DHHS-CFS website on an ongoing basis during the term of the contracts.

FUNDING

It is estimated that final contracts as a result of this RFQ will total approximately \$119 million per year. Additional budget and expenditure information will be provided to selected providers during Phase Two of this process. The following website contains

information regarding the current budget request of the Division of Children and Family Services.

<https://das-nebs.ne.gov/public/faces/budgetRequestDocuments.jsp;jsessionid=2016D33F49D0D76590E1C9F4CF35CCF0>

RFQ AND IMPLEMENTATION PROCESS

The process of selecting providers for the entire non-treatment continuum of services will consist of four separate phases, in the following timeframe:

Phase I: Request for Qualifications,

This phase is intended to identify organizations with the background, resources, and commitment to meet the needs of DHHS and to select organizations to proceed with further program development and contract negotiation. The RFQ response is due January 15, 2009. Selected organizations will be notified on February 2, 2009, by email and an announcement will be posted on the CFS website on the same date (<http://www.dhhs.ne.gov/Children%5FFamily%5FServices/>). Business requirements will be presented to selected organizations on February 2.

Phase II: Negotiation Process for Selected Organizations identified in Phase I.

Selected organizations will be expected to attend and will be provided with additional instructions at a face-to-face meeting on February 4, 2009, with additional face-to-face meetings held throughout the negotiation process. Selected organizations will be required to provide a detailed draft program description no later than March 15, 2009, regarding a system of care which provides service coordination and a continuum of non-treatment services including safety services, in-home services and out-of-home services, to be provided based on evidence based practices. CFS does not intend to specify the services to be provided under the contract. Each selected organization will be required to demonstrate the manner in which all non-treatment needs of the target population will be successfully met.

Phase III: Finalizing contracts with those Organizations selected by DHHS during Phase II.

Services and service coordination may be provided directly by the selected organization, by subcontracts or by a combination of direct service and subcontracting. If multiple responses are received for a single Service Area and meet the Department requirements, the Department reserves the right to negotiate with multiple organizations. However, each organization must demonstrate the ability to provide the full array of services required under this proposed contract to meet the full needs of the entire Service Area(s) which they propose to serve. Organizations may propose to

serve one or more of the five CFS Service Areas. Organizations may expect to participate in one or more face-to-face meetings during this Phase individually and/or with other organizations responding to the RFQ. It is anticipated that contracts will be signed by the CFS Director by May 1, 2009 to be effective from July 1, 2009, to June 30, 2015. It is anticipated that contracts resulting from this process will include a training and implementation contract.

Phase IV: Implementation of contracts.

Contractors will work closely with CFS, with each other and with prior contractors toward a smooth and successful implementation of the continuum of services. Contractors will be expected to participate in statewide and Service Area meetings during this time. A training and implementation period will occur between May 1 and September 30, 2009 with full implementation of services and service coordination occurring between October 1, 2009 and January 1, 2010.

RFQ RESPONSE REQUIREMENTS:

In order to be considered for selection, interested organizations must submit a complete response to this RFQ. All information requested should be provided in a straightforward, concise, clear and complete manner.

The response to this RFQ is to be submitted electronically by e-mailing the response to childrenandfamilyservices@dhhs.ne.gov and must be received by DHHS no later than January 15, 2009, 11:59 pm CST. The response to the RFQ is to be submitted in Microsoft Word format, version 2003 or later, using Arial type, font 12 or larger, using 1 ½ line spacing, with margins not exceeding one inch, and shall not exceed 20 pages excluding the cover page and attachments.

The response to the RFQ must have a cover letter on letterhead of the organization, and must be signed by the majority owner, President, Chairman of the Board of Directors, or highest level executive of the entity with authority to bind the entity with submission of the response to the RFQ and to the anticipated resulting contract. The letter must not exceed one page and must provide the correct address of the entity's corporate office or main physical location, as well as the name and contact information for the entity's contact person for this RFQ process. An original, signed hard copy of this cover letter and one copy of any attachments to the RFQ, plus additional copies of each for each Service Area which the organization proposes to serve. The signed letter and any material copied as part of the RFQ must be delivered to DHHS, Division of Children and Family Services, Attention: Allison Wilson, at P.O. Box 95044, Lincoln, NE 68509-5044, by U.S. Mail, postmarked no later than January 15, 2009.

RFQ RESPONSE INFORMATION AND FORMAT:

The following information is to be provided by the organization in its response to the RFQ in narrative format. The information requested is to be organized and presented as follows:

Mission: What is the organization's mission? Describe the Mission Statement, including the method by which all entity employees and contractors are educated regarding the mission of the entity.

History: What is the history of the organization? Explain when, where, how, and why the organization was started, and include significant events and achievements in the history of the organization. This information must also be provided for any parent or subsidiary of the organization.

Structure: How is the entity organized? Describe the legal nature of the organization (incorporated for profit, incorporated not-for-profit, etc.). Provide an organizational chart identifying the leadership of the organization (may be provided as an attachment).

Accreditation: Is the organization accredited and by whom? Provide evidence of each accreditation and the prior two accreditation reports (may be provided as attachments).

Licensure: Is the organization licensed by the DHHS as a child placing agency? If not, will the organization be licensed as a child placement agency by May 1, 2009?

Financial Condition: Provide audited financial statements for the past two reporting years, with management letters for each (may be provided as attachments).

Financial Resources: An explanation of the organization's resources to demonstrate the ability to ensure solvency for the period of the contracts. Provide a copy of the organization's balance sheet (provided as an attachment). This shall include, but not be limited to the following:

- A. Cash balances – as supported by the organization's submitted balance sheet.
- B. Other liquid assets - as supported by the organization's submitted balance sheet.
- C. Line of credit – specify source and amount. Line of credit letters may be requested prior to finalizing any awards.
- D. Other sources of revenue that would be available, along with supporting documentation. For this section, the objective is to ascertain what other revenue sources the organization has that could be used to prevent insolvency in the case of financial losses experienced by the contract.

Funding Sources: How is the organization funded? List the types of funding received and the percentage provided by each. Describe your fund development activities including the timeframe for any ongoing or annual special events.

Services: What programs or services do you currently offer? Outline your current activities and highlight those services provided which are defined as Safety, In-Home and Out-of-Home Services.

Contracts: Identify past and current contractual relationships the organization has had with DHHS or other federal or state agencies over the past 5 years.

Litigation: Has the organization been sued in any court of competent jurisdiction during the past 6 years? If so, provide a summary of each lawsuit, identifying the parties to the suit, providing the case number, court, and outcome of the litigation.

Service Area(s): Identify the Service Area or Service Areas which you propose to service.

Proprietary Information: Organizations submitting responses to this RFQ must specifically note any proprietary information contained within the response.

Note: In the event organizations form partnerships for the purpose of this RFQ, the information requested must be provided by the organization which is accountable for the response to the RFQ and which will be the contracting agency. Additional information regarding other involved organizations may be requested as a business requirement.