

RFA: #20 Peer to Peer Mentoring



Saint Francis
MINISTRIES

TABLE OF CONTENTS

SECTION I

Introduction..... Pg. 2

- A. Introduction**
- B. Evaluation**

SECTION II

Instructions and Procedures..... Pg. 3

- A. Necessary Documents**
- B. Specifications**
- C. Questions**
- D. Provider Certification**
- E. Preparation of the Response**
- F. Response Requirements**

SECTION III

Response Criteria..... Pg. 5

SECTION IV

Timeline/Submittal Documents..... Pg. 6

SECTION V

Service Definition..... Pg. 8

SECTION I

A. Introduction

SFM is dedicated to providing services to children and families involved in the child welfare system in the least intrusive and least restrictive manner possible. Services offered are based on family voice and choice and designed to give children and families the opportunity to safely preserve their family whenever possible, engage with both formal and informal community resources, strengthen parents' protective capacity in order to keep children safe from harm, meet the needs of children and families as identified through the assessment process, be culturally humble, and include parents, siblings, and extended family.

SFM continuum of services includes prevention activities, coordination and services that focus on the safety, health and wellbeing of the child, parental and sibling engagement, family voice and choice in service provision, respite, independent living, adoption, domestic violence, safety, mental health, substance abuse and treatment services, as well as educational initiatives. These services are provided to children and families by Saint Francis personnel or through sub-contracted vendors. Specifically, Saint Francis is seeking providers whom are able and/or willing to provide services through the provision Well-Supported, Supported, and Promising Practice evidence-based models that strengthen families and build protective factors in families, in compliance with the federal Families First Prevention Services Act (FFPSA), part of the Bipartisan Budget Act of 2018 (H.R. 1892). Additionally, the Subrecipients will ensure services are culturally humble, trauma-informed, and engage and support the biological/legal parents in the process of family preservation or reunification.

Saint Francis is issuing this Request for Application (RFA) in order to qualify Providers to deliver **Peer to Peer Mentoring** throughout the Eastern Service Area. The Service Description detailed in this RFA contains the mandatory minimum requirements Providers must meet in order to provide this service.

The subaward will be for the initial period of July 1, 2021 through February 28, 2023. Saint Francis reserves the right to extend the period of this subaward beyond the termination date when mutually agreeable to the Parties. The resulting subaward may not be an exclusive subaward as Saint Francis reserves the right to subaward for the same or similar services from other sources now or in the future. Under federal law, the resulting contract awarded will also be a "subaward", and the Contractor will also be a "subrecipient".

B. Evaluation

Responses will be evaluated based upon the criteria outlined in Section 3 of this document and scored accordingly. Providers' scores must meet the minimum standards set by Saint Francis to be considered for an offer to join the Saint Francis Provider Network.

Contracts may be entered into with those Applicants whose submissions meet the minimum requirements set forth by Saint Francis. Saint Francis reserves the right to contact individual references and to consider other sources of information to determine eligibility.

Saint Francis may reject any or all responses or parts thereof and/or cancel this RFA and re-solicit, if such an action is in Saint Francis' best interest. Saint Francis may waive informalities and minor irregularities on responses received. This RFA does not commit Saint Francis to award any contract or to pay any costs incurred in the preparation of responses.

SECTION II

A. Necessary Documents

Providers who wish to submit a response shall complete all necessary documentation as identified in Section 4 of this RFA.

B. Specifications

The specifications included in this RFA provide adequate information as to whether or not Provider can meet the needs of Saint Francis. Deviations from the specifications may result in lower scores or be grounds for disqualification.

C. Questions

Saint Francis believes this RFA contains sufficient information to respond however will allow Providers to submit questions according to the Procurement Schedule in Section 5.

D. Provider Certification

By submission of a response, Provider certifies that Provider has neither paid nor agreed to pay any person, other than a bona fide employee, a fee or a brokerage resulting from the award of the contract.

E. Preparation of the Response

Providers are expected to examine all service requirements, rules, documents, forms, specifications, standard provisions, instructions, and review its response for accuracy before submitting its response: Failure to do so may result in lower scores or be grounds for disqualification.

F. Response Requirements

Responses should be completed and submitted electronically to ProviderRelationsNEESA@saintfrancisministries.org, hand delivered, or sent via certified mail Addressed to Saint Francis 9218 Bedford Ave Omaha, NE 68134 for Appendix A, Appendix B, and Letters of Recommendation.

Copies of the forms for Appendix A and Appendix B can be found on the Saint Francis Website.

SECTION III
RESPONSE EVALUATION CRITERIA

Responses will be evaluated through in depth analysis and will be based on the following criteria:

- (1) Provider's demonstration of understanding the Service Description requirements.
 - Provider's demonstration of experience, knowledge and education (or a combination thereof) in the following:
 - Family engagement
 - Wraparound principles
 - Trauma informed care
 - Skill training with directed practice
 - Engaging ongoing support in natural communities
 - Community resources and ability to collaborate
 - Child development
 - Skill building
 - Ability to incorporate FFPSA models
- (2) Provider's demonstration of experience with child welfare-involved youth and coaching and skill building in order to effect positive outcomes for youth and families.
- (3) Provider's Letters of Recommendation, reputation, professionalism, and completeness of response to this RFA.

Subcontractors must meet the above requirements to be considered for contract issuance.

SECTION IV

TIMELINE/SUBMITTAL DOCUMENTS

A. Timeline

- 1) Provider Submittal Documents are due no later than 4:00 p.m. Central Standard Time ~~April 23, 2021~~ **May 14, 2021**.
- 2) Responses will be evaluated from ~~April 26, 2021~~ **May 14, 2021** through ~~May 7, 2021~~ **May 21 2021**. During this time, Saint Francis may require Provider to accommodate further discussions with evaluation team. Provider will be notified in writing or by phone if this is requested.
- 3) Discussion may be conducted with Provider(s) for the purpose of clarifying responses to ensure the evaluation team has a full understanding of the responses to this RFA. In conducting discussions, there shall be no disclosure of any information derived from responses submitted by competing Providers. However, once this competitive procurement process is complete, all records and associated contracts are considered public record and may be released to third parties upon appropriately submitted public records request(s). Saint Francis reserves the right to conduct discussion if determined necessary. Discussions shall not constitute a contract award nor shall they confer any property rights on a Provider. Ward may be made without discussions, therefore, offers shall be submitted complete and on most favorable terms.
- 4) Providers selected to provide **Peer to Peer Mentoring** will be contacted by end of business on ~~May 1, 2021~~ **May 21, 2021**.
- 5) Providers not selected to provide the services, but that meet the minimum score threshold, are put on the Qualified Provider Listing and will remain on that Listing for the full RFA cycle. Should there be a need for additional Providers to provide **Peer to Peer Mentoring** a Qualified Provider will be contacted, unless a Qualified Provider is unavailable for that service in ESA.

B. **Submittal Documents**

- a. Appendix A – Submittal Letter and Provider Profile
 - i. Appendix A is required by each provider. Provider will include a list of all services provider is seeking a contract for. This document is only required once per provider regardless of the amount of services the provider is seeking to contract for.
- b. Appendix B – Services Response Form
 - i. Appendix B is required for each individual service provider is seeking a contract for.
- c. Letters of Recommendation
 - i. Each provider requires three letters of recommendation. No specific format is required however the response should support the provider's ability to provide the service(s).

C. **Responses must utilize the printed Submittal Forms (do not submit handwritten forms) located on the Saint Francis website.**

1. Email submittal documents with the following attachments to:
 - a. Electronic submissions must be sent in the pdf. Format.
 - b. The Subject Line in the email for submissions must include the name of the Organization and Procurement April 2021. (e.g. ABC Company – Procurement April 2021.

- c. Submittal documents should be attached to the email and named pursuant to the naming conversations listed below.
 - Appendix A Submittal Letter and Profile: Providername-AppendixA.pdf
 - Appendix B-Service Response Form(s): Providername-AppendixB.pdf
 - 3 References: Providername-References.pdf

Example: When ABC Company responds to this RFA, the Provider shall attach the following submittal documents to the email:

1. ABCCounseling-AppendixA.pdf
 2. ABCCounseling-AppendixB.pdf
 3. ABCCounseling-Recommendations.pdf
2. If submitting documents via hand delivery or certified mail, utilize the following instructions:
- a. Ensure all documents are in the following order
 - i. Appendix A Provider Submittal Letter and Profile
 - ii. Appendix B-Service Response Form(s)
 - iii. Three (3) Professional Letters of Recommendation
 - b. Ensure all documents are submitted at the same time.

SECTION V

Peer to Peer Mentoring Service Appendix

DEFINITION

Peer to Peer Mentoring Services are time limited services designed for the caregiver of a child/adolescent living with a severe emotional disturbance or substance use disorder, and who has experienced behavioral/emotional challenges in the home, school, and/or community. Services utilize a parent peer coaching model to facilitate system navigation, accessing community resources and other benefits, engaging with formal and informal supports to ensure that the elements of the Family plan for the child/adolescent and family are planned for and progress towards goals and objectives occurs. Services are designed to increase capacity and skills to prevent/stabilize crisis within the family, caregiver, or prevent out of home placement of child/adolescent.

Peer to Peer Mentoring provides a structured, strength-based relationship between a Peer Support Specialist and the caregiver for the benefit of the child/adolescent and family. Relationships are built on mutually reciprocal relationships, valuing of lived experience, and voice and choice. Services are supportive in nature and rehabilitative in focus and are initiated when there is a reasonable likelihood that such services will benefit the family's functioning and assist the youth in maintaining community tenure.

Services are designed for families who are actively involved in their recover and choose to have Peer to Peer Mentoring Services as an essential element in their Family Plan. Services utilize a parent peer coaching model to facilitate system navigation, accessing community resources and other benefits, engaging with formal and informal supports to ensure that the elements of the Family Plan for the child/adolescent and family needs within the most normalized environment.

Expectations for Contractor includes:

- Ensure Peer Mentoring Services are offered, upon referral, to families within 24-72 hours of the initial referral. Initial contact with family should occur within the first 48 hours of referral and the first face to face meeting with the family should be scheduled or occur within the first 72 hours of referral.
- Developmentally appropriate screenings to identify strengths, ability, 40 developmental assets, and at-risk behavior, including suicide, at admission and throughout program; if there is imminent danger is identified appropriate steps must be taken to minimize risk/
- Designation of a Family Peer Support Specialist to serve parent peer coach to support the caregiver in the building upon current strengths to improve parenting capacity child/adolescent. Designated Family Peer Specialist will facilitate system navigation and accessing services and supports to ensure that the elements of the Family Plan are planned for and progress towards goals and objectives occurs. All levels of service planning and delivery are done in equal partnership with the legal guardian/caregiver.
- Develop a mutual set of expectation regarding the roles of the family and the Family Peer Support Specialist within one month of admission to the program.
- Development of a single individualized family centered Family Plan with clear, outcome focused, time sensitive, and measurable goals and objectives that are purposed to support the safety, well-being, recovery and resiliency of the child/adolescent and their family within the first 30 days of admission to service and then reviewed and updated with the child/adolescent and caregiver

updated as frequently as needed, but a minimum of every 30 days; and signed by the caregiver and child/adolescent (if applicable).

- A minimum of one (1) face to face meeting per month. If a face to face does not occur then documentation must be maintained logging the attempts to contact family, or reasons for cancellation. Individualized plan includes the utilization of building upon 40 developmental assets and protective factors framework (inclusive of initial assessment) to encourage growth in the areas of self-direction, resilience, social connections, concrete supports, knowledge of parenting and child development, independent living skills, and nurturing/attachment. Provide child/adolescent and family advocacy as needed.
- Assist child/adolescent and family in obtaining benefits such as SSI, housing vouchers, food/financial assistance, health insurance, etc.
- Provide system navigation and coach caregiver in locating and engaging with appropriate community-based behavioral health services, identifying and/or accessing community resources, other benefits, and natural supports that can be used to help facilitate child/adolescent and family/caregiver efficacy and increase child/adolescent functioning.
- Empower the child/adolescent and family/caregiver to develop their continued Family Plan that will be sustained after discharge. Assistance in the development of a crisis relapse prevention plan if desired and appropriate.
- Parental linkage to the local family organization network, which includes parent and youth support groups, mutual self-help groups, and parent leadership opportunities, etc.
- Family education to support building parenting skills, behavioral health education, how to talk to providers, consumer rights, building resiliency, understanding trauma, etc.
- Service must be trauma-informed and culturally/linguistically-sensitive.
- Provide assistance in interpreting the case plan, court documents, and other documents as needed.

STAFFING RATIO

1:25 (one Peer Support Specialist to 25 families).

TARGET POPULATION

Caregiver of a child/adolescent living with a severe emotional disturbance, substance use disorder, who are experiencing urgent behavioral/emotional challenges in the home, school, and/or community
OR

The legal guardian/caregiver of the child/adolescent will experience or is experiencing a behavioral health crisis that is or has potential to limit their capacity to care for the child/adolescent.

Eligible families must meet the following mandatory criteria:

1. Families involved with Saint Francis because of abuse/neglect.
2. Families involved in court or non-court cases.
3. Child placed in-home or in out-of-home care.
 - a. If Child is placed in out-of-home care the Permanency Plan for the family must be reunification.
4. Families with at least one child ages 0-8 unless directly approved by Saint Francis.
5. Families who are assessed by Saint Francis or its designees as High or Very High on the Structured Decision Making Assessment unless directly approved by Saint Francis.

The following non-mandatory program criteria should also be considered at the time of the referral:

1. Families that are involved with Saint Francis for the first time.
2. Family is agreeable to working with a Family Peer Support Advocate.

LENGTH OF SERVICE

Average length of service is six months. Length of service is individualized and based on criteria for acceptance to the program and continued treatment as well as ability to make progress on individual treatment goals.

ACCEPTING & RESPONDING TO REFERRALS

The Contractor shall be available to accept referrals Monday through Friday 8am to 5pm, except Federally recognized holidays. The Contractor will have initial phone contact with the family/client within 48 hours of referral assignment.

DISCHARGE

1. Families served who experience Saint Francis case closure must be discharged within thirty (30) days.
2. Individualized service plan goals and objectives have been successfully completed.
3. Admission to a higher level of care.
4. No longer meets Admission Guidelines.
5. Adequate support systems obtained in a less restrictive environment.
6. Maximum treatment and rehabilitation benefit and goals have been achieved. The child/adolescent and their family/caregiver/legal guardian can function independently without intensive professional multidisciplinary supports.
7. Child/adolescent and their family/caregiver/legal guardian is able to express their voice and choice and participates in decisions impacting their care and transition to adulthood.
8. Child/adolescent and their family/caregiver/legal guardian perceives improved overall functioning, health, and well-being.
9. Child/adolescent and their family/caregiver/legal guardians demonstrates that ability to identify their strengths, needs, access resource, and successfully navigate various systems to engage with those resources.
10. Child/adolescent and their family/caregiver/legal guardian has formal services and informal supports in place as appropriate.
11. Child/adolescent and their family/caregiver/legal guardian has sustainable wellness skills/tools and is able to draw upon them in crisis situations.
12. Child/adolescent and their family/caregiver/legal guardian has progressed on goals to their personal satisfaction in their family plan.
13. Child/adolescent and their family/caregiver/legal guardian has developed a continuing Family Plan.

MINIMUM REPORTING REQUIREMENTS

The Contractor shall develop a Family Plan with clear, outcome focused, time sensitive, and measurable goals that support the safety, well-being, recover and resiliency of the child/adolescent and their family within the first n30 days of admission to services. The Family Plan shall be reviewed and updated with the child/adolescent and caregiver as frequently as needed, but at a minimum of every 30 days and signed by the caregiver and child/adolescent (if applicable). The contractor must submit the Family Plan and any updates via email to the Saint Francis Designee by the 15th business day of the month.

STAFF CREDENTIALS

1. Program Director: Four years of Behavioral Health program management experiences. Bachelor's degree is preferred. Additional experience may be substituted for the education requirement on a year by year basis. Must have experience navigating the child welfare system as a parent.

2. Family Peer Support Specialist: High School Diploma or equivalent with minimum of two years of experience in human services field or two years navigating the child welfare system as a parent; or four years' experience in human services field with demonstrated skills and competencies. Experience navigating the child welfare system as a parent is required. All staff must have successfully completed Family Peer Support training through the Office of Consumer Affairs within one year.
3. Clinical Consultant: Clinical consultation by a licensed person (APRN, RN, LMHP, PLMHP, LIMHP, Psychologist) working with the program to provide clinical consultation to staff members on services provided.

PERFORMANCE OUTCOME MEASURES

- Service participants will successfully complete 85% of their overall established goals.
- 85% of services will close successfully (85% of goals achieved) within 6 months.

ESTABLISHED RATE

1. For the service of Peer to Peer Mentoring, Saint Francis shall pay the Contractor \$55.00 per each full hour of direct, face-to-face contact time assisting the child(ren), juveniles, adults, and/or family.
2. Saint Francis shall pay the Contractor in 15 minute increments in those situations where the Peer to Peer Mentor has face-to-face contact time with the child(ren) and/or family. Saint Francis shall pay the Contractor per the following pay schedule for direct face-to-face contact time for a partial hour

1-15 minutes	\$13.75
16-30 minutes	\$27.50
31-45 minutes	\$41.25
46-60 minutes	\$55.00

3. All other related service costs are included in the established rate. No additional costs for report writing, phone calls, or meetings when family members are not present will be paid by Saint Francis. If attendance at family team meetings is requested by Saint Francis the Contractor can bill for services at the established hourly Peer to Peer Mentoring rate.