

# RFQ: #1 Integrated Family Care (IFC)



**Saint Francis**  
**MINISTRIES**

**TABLE OF CONTENTS**

**SECTION I**

**Introduction..... Pg. 2**

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

**SECTION II**

**Instructions and Procedures..... Pg. 4**

- 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. 9**

## SECTION I

### A. **Introduction**

- B. 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 Qualifications (RFQ) #1** in order to qualify Providers to deliver **Integrated Family Care** to children and families throughout the Eastern Service Area. The Service Description detailed in this RFQ 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".

### C. **Evaluation**

Responses will be evaluated based upon the criteria outlined in Section 4 of this document and scored accordingly. Providers' scores that meet the minimum standards set by Saint Francis will be presented with a contract and an offer to Join the Saint Francis Provider Network.

Contracts may be entered into with those Qualified Providers whose submissions are the highest scoring, taking into consideration the evaluation factors set forth herein. Saint Francis reserves the right to contact individual references and to consider other sources of information to determine evaluation scores.

Saint Francis may reject any or all responses or parts thereof and/or cancel this RFP 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 RFQ 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 RFQ.

### **B. Specifications**

The specifications included in this RFQ 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 RFQ contains sufficient information to respond however will allow Providers to submit questions according to the Procurement Schedule in Section 3.

### **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](mailto: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. (max of 30 points)
2. Provider's demonstration of experience, knowledge and education (or a combination thereof) in the following: (max of 30 points)
  - 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
3. 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. (max 30 points)
4. Provider's Rate Proposal (30 points)
5. Provider's Letters of Recommendation, reputation, professionalism, and completeness of response to this RFQ. (max 18 points)

The total possible scoring points per scorer is 138. There are 5 scorers and the total possible points is 540. Providers must score a minimum of 690 points to become a Qualified Provider for **Integrated Family Care**.

## 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 RFQ. 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 **Integrated Family Care** 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 RFQ cycle. Should there be a need for additional Providers to provide **Integrated Family Care** 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 conventions 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 RFQ, 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

### Integrated Family Care Service Appendix

#### DEFINITION

Integrated Family Care (IFC) is designed to provide holistic care to the family system by preventing removal of youth from a family home or expediting reunification of youth with their parents when the primary barrier is a lack of adequate housing and/or acquisition of general parenting skills. The identified family resides in a Mentor's home and works alongside an IFC Specialist to provide intensive services to the family including hands-on support and guidance 24 hours per day, 7 days per week.

Integrated Family Care is intended to be goal driven and outcome based. The Specialist and Mentor working with the family utilize formal and informal assessments as well as family and stakeholder input to develop goals to assist the family in attaining the identified outcomes.

IFC Specialists and Mentors are trained in Motivational Interviewing (MI) and provide coaching, teaching, and role modeling in the mentor home or in a community-based setting to promote behavioral change. This service is designed to create sustainable change in the family unit by focusing on interventions that build on family strengths in order to eliminate safety threats and reduce the risk of future child maltreatment. The service will include all family members as participants and evolve with the family needs. Additionally, the contractor will have a Clinician on staff for case consultation once every 30 days.

The IFC Specialist works with the parent receiving assistance to develop the skills necessary to locate and secure long-term housing and establishes other support services available within the community based on the needs of the family. Additionally, the IFC Specialist will work with the family on budgeting, develop a savings account, and a housing plan for initial moving expenses, and assist the parent(s) in locating employment and applying for benefits for themselves and their children.

A staff Licensing Specialist will complete the home study and all necessary pre-placement screening of potential mentors. IFC Mentor Homes are not required to be licensed but will be encouraged to complete the process.

The Mentor and IFC Specialist must attend and actively participate in all meetings with the professional team and family. The IFC Specialist oversees all aspects of the service provision and is available 24 hours a day, 7 days a week to respond to the needs of the Mentor and family.

The IFC Specialist will complete the North Carolina Family Assessment Scale (NCFAS) with every family assigned and utilize this assessment along with collateral to drive the interventions for the family. Direct service providers and mentors will be trained in Motivational Interviewing (MI) and Contractors are encouraged to incorporate an additional FFPSA approved model of well supported, supported or promising during their service provision.

Intensity of the service will be based on family need. Individualized youth and family needs will be determined based on service referral information, family voice, and formal assessment. Focus of service will be on improvement of the Protective Factors shown to strengthen families and build a family environment that promotes optimal child and youth development. Goals and interventions utilized will be directly related to mitigating the identified safety threat(s) and barriers to housing and financial stability. During each month of services, the number of contact hours required will decrease based upon stability and successfully meeting established goals.



IFC providers will work collaboratively with all supports for the family including schools, medical and mental health providers, extended family, and the identified family team when necessary or appropriate to meet identified goals. The Contractor will work toward concurrent planning with youth and families and will always remain focused on the overall goal of permanency.

### **TARGET POPULATION**

Families who are at risk of having children removed from their care or have children that have been removed and placed in an out of home setting whose barrier to reunification is safe and stable housing. Families must meet the below minimum requirements.

- Families must be homeless or marginally housed
- The participants must be willing to voluntarily participate and adhere to the program guidelines and the rules and expectations of the mentor
- Participants diagnosed with a substance abuse disorder must have a demonstrated period of sobriety
- Participants must have no medical, physical, developmental, or mental health diagnoses or symptoms that would restrict them from living independently and earning income.

### **LENGTH OF SERVICE**

The IFC service recommendation is three months or 90 days in the Mentor Home. Optional aftercare services are available with the same worker up to three months or 90 days after placement discharge.

### **ACCEPTING & RESPONDING TO REFERRALS**

The Contractor shall be available to accept referrals Monday through Friday 8am to 5pm, except Federally recognized holidays. Additionally, the Contractor will provide Saint Francis with their after hours/on-call procedure. Upon referral, a staffing with the case team will be schedule to discuss the family's strengths and needs to determine if they are an appropriate fit for the program and to assist in the Mentor matching process. A pre-placement visit will be conducted prior to the family entering the program. The contractor will be able to begin providing services to the family within 5 days of the staffing.

### **DISCHARGE**

The Contractor will provide a written notification to the Saint Francis Utilization Management Team at least 14 days prior to any discharge not previously agreed upon between the Contractor and Saint Francis Designee. If a family disengages from services, the Contractor will document efforts to re-engage the child(ren) and family.

The Contractor shall provide a written discharge summary to Saint Francis, within seven (7) days after discharging the family. The discharge summary shall include the family's involvement in the creation of the summary as well as specific community services and informal, social supports the family has been connected to during the IFC service duration. Upon closure of aftercare services, it should be reasonable to expect that the family shall need no other skill-based service to maintain success.

### **MINIMUM REPORTING REQUIREMENTS**

The Contractor shall provide a written service plan for the family with the family's signature indicating agreement with the plan. The service plan will indicate any/all safety threats present at referral. This plan will be updated monthly and serve as the monthly report for the family. This report will be submitted to the Saint Francis designee within fourteen (14) calendar days following the month of service provision. In addition to updates on identified goals this report should include all attempted and successful contacts with the family. The parenting plan will be included in the monthly report.

Reports will be submitted weekly for cases currently being managed by DHHS Initial Assessment and receiving Initial Services through Saint Francis. The Contractor will retain individual session notes that will be available to Saint Francis Ministries upon request.

The contractor will be responsible for reporting outcome data to Saint Francis Ministries via the current identified process by the 10th of each following month.

### **STAFF CREDENTIALS**

IFC Specialist must have obtained a Bachelor's Degree in human services, such as, but not limited to, a degree in Social Work, Psychology, Sociology, and Early Childhood Development; or a related field. The IFC Specialist may also be enrolled in college and be within two semesters of completing a Bachelor's Degree in human service or a related field. A person who is on semester, summer, or other break, but was enrolled the previous semester and will be enrolled after the break, shall be considered to be enrolled in college.

The Contractor may also consider individuals for the IFC Specialist position who have an Associate's degree plus two years of experience in human services or a related field; and, individuals who are obtaining internship hours in a human services field while obtaining a Bachelor's Degree to be comparable to a Bachelor's Degree.

The on staff Clinician must be either a fully Licensed Mental Health Practitioner.

Upon the request by Saint Francis, the Contractor shall provide to the Saint Francis a written plan that outlines additional training and supervision that will be provided to staff who do not have a Bachelor's Degree or are not working on a Bachelor's Degree.

Mentors will successfully complete training consisting of a minimum of TIPS-MAPP training, trauma informed care, Nurturing Parenting, and de-escalation prior to being matched with a family.

If an employee does not meet the standards outlined above, the Contractor shall notify the Saint Francis Provider Relations Department, and provide the name of the employee, their job function, and education deficiencies which prevent them from meeting the contractual standards. This will be reviewed for an Educational Exception which the Contractor will document in their HR file.

The Contractor shall have a written, detailed training plan for IFC staff that includes both pre-service and ongoing training requirements. The Contractor will provide their staff with access to training in Well Supported, Supported, or Promising Practices in alignment with the Family First Prevention Services Act of 2018 from which to establish a foundation from the appropriate teaching. The Contractor shall make the training plan available to Saint Francis upon request.

### **PERFORMANCE OUTCOME MEASURES**

Contractors are responsible for reporting outcome data to Saint Francis Ministries via the current identified process by the 10<sup>th</sup> calendar day of the following month.

1. 85% of all families referred will discharge from the program successfully to independent housing.
2. 85% of families referred will complete the program successfully within three months or 90 days.
3. 100% of children will experience no incidents of maltreatment while involved in services.

### **ESTABLISHED RATE**

1. Rate proposal for a daily rate will be inclusive of the cost of the Family Mentor, IFC Specialist, and any incentives or other program costs. Rate proposal may vary dependent on family size.
2. Rate Proposal for aftercare service will include a daily rate.