

# RFQ: #2 Assessment Foster Care



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. 8**

## 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) #2** in order to qualify Providers to deliver **Assessment Foster 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 3 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 4.

**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. Providers 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 **Assessment Foster 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 **Assessment Foster 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 **Assessment Foster 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 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 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**

### **Assessment Foster Care Service Appendix**

#### **DEFINITION**

Assessment Foster Care is designed to provide youth with significant mental health or behavioral needs with a stable licensed foster care placement where their needs can be assessed, stabilized, or maintained on a short-term basis. Assessment Foster Care allows for youth to be maintained in a consistent setting while the Contractor assesses the type of environment and interventions necessary to ensure youth placement stability and overall well-being. Contractor will ensure that this service and all interventions will be provided with a culturally humble and trauma-informed approach.

The Contractor will utilize clinical and non-clinical evaluations and assessments consistent with the identified needs of the youth in order to better understand the environment and interventions in which the youth would be most successful. The daily rate paid by Saint Francis shall cover Room and Board. All evaluations, assessments, or clinical interventions must be billed through the youth's available insurance. Within thirty (30) days of admittance to Assessment Foster Care, the Contractor will provide Saint Francis with a written report of all evaluation and assessment completed, and recommendations for placement environment and interventions that would assist in stabilizing the youth's behaviors and mental health symptoms, and ensure their overall well-being. Identified interventions must be provided through the Assessment Foster Care daily rate, or funded by the youth's insurance. The Contractor will implement the recommendations in the Assessment Foster Care service, and assist the discharge placement with implementation as a part of the youth's transition to ongoing placement. If a recommendation for a higher level of care is made for the youth, the Contractor will assist in collaboration with the youth's MD, MCO, and Saint Francis in making application for higher level of care, and will maintain the youth in Assessment Foster Care until admittance to higher level of care.

The Contractor will have clinical staff available for assessment, intervention, treatment, monitoring, consultation and crisis stabilization through the Assessment Foster Care service.

The Contractor must have approval from Saint Francis for an Assessment Foster Care home to serve more than two (2) youth in Assessment Foster Care at one time.

The Contractor shall be readily accessible and responsive to foster care parents in meeting their needs and intervening as necessary to stabilize crisis episodes and prevent placement disruptions. Support of foster parent(s) will include ongoing communication that will be delivered by phone, email, or text message and will include being available to foster parents 24 hours a day, 7 days per week including holidays and weekends. Contractor must provide a minimum of twice weekly face-to-face contact with the youth and foster care parent(s).

The Contractor will provide support of foster, pre-adoptive, kinship or relative foster parent(s) that includes transporting foster children when the foster parent(s) are unable to do so, or ensuring that foster children are transported, to their currently enrolled school, to activities, and to services as needed. The Contractor shall transport foster children at no additional cost to Saint Francis.

The Contractor shall make foster care placement recommendations that enable youth to remain in the youth's home school/school of origin.

The Contractor will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations. The Contractor will adhere to the Safety Plan and any support plan in place with the youth and/or family. The Contractor will have weekly Assessment Foster Care staffings with designated Saint Francis

staff, and actively participate with the family team to provide the youth and family with supports designed to enhance family problem solving, and to provide information and updates necessary, to ensure youth and family needs are met.

As part of supporting the foster parent(s), the Contractor shall communicate all known information about the child to the foster parent(s), including information regarding the child found on the referral for placement. The Contractor shall assist and support the foster parent(s) in making contact with the child's parent(s) from whom the child was removed, within 24 hours of being made aware of the placement into the foster home, to connect and initiate building an alliance to promote the child's well-being. If Saint Francis determined there was a safety reason or some other reason that this contact should not occur, Saint Francis will share that determination with the agency and contact pursuant to this section will not be required. The Contractor shall also provide input to planning processes for youth in placement i.e. Family Team Meetings, Independent Living Plans and preparation of Case Plans and Court Reports, as well as attend Family Team Meetings, when requested by Saint Francis or by the child's family.

The Contractor, when alerted to a concern about a licensed foster home where the Assessment Home service is being provided by Saint Francis, shall explore the concern with the foster family and provide to Saint Francis, within 10 business days of notice of concern, written documentation on a format approved by Saint Francis, stating the cause of the concerns and efforts to resolve the concerns.

The Contractor must have a medication policy identifying proper and safe ways of administering medication to youth in their care. The Contractor must retain an individualized medication log per youth and have this available upon Saint Francis request.

Recruitment of agency supported foster and adoptive families includes active and ongoing efforts to solicit families who are invested in meeting the unique and special needs of the children and youth served by Saint Francis. Recruitment includes undertaking targeted and diligent efforts to locate foster and adoptive families for specific children upon request by Saint Francis. Recruitment efforts will include, but not limited to, engaging communities across the state through outreach and education activities to increase awareness of the need for foster and adoptive parents who reflect the ethnic and racial diversity of the children served by Saint Francis. Recruitment activities may include but not be limited to: organizing special events, speaking engagements, advertising, and networking.

Agency Supported Foster Care Contractors shall work collaboratively with Saint Francis local staff to develop a Foster Care and Adoption Recruitment and Retention Plan that is reflective of the types of foster and adoptive parents needed to meet the unique and special needs of children referred by Saint Francis and who are reflective of the ethnic and racial diversity of children served in the Service Area. The Contractor shall report data as requested or established through the Recruitment and Retention Plan. The Foster Care and Adoption Recruitment and Retention Plan must identify specific strategies designed to support and improve the retention of foster and adoptive families. The Foster Care and Adoption Recruitment and Retention Plan must also include timelines for strategy implementation, and specific measurable goals for increasing the Contractor's number of newly licensed foster and adoptive families.

Retention is defined as keeping both prospective and current foster, adoptive, and kinship families interested and invested in accepting placement of foster children by treating people well, meeting their needs, and providing encouragement and individualized support, beginning with pre-service training and continuing through post-placement services.

Training is defined as the following: (1) providing or ensuring that foster and adoptive parents complete the necessary pre-service educational curriculum required for foster care licensure; (2) providing or ensuring that foster and adoptive parents receive ongoing training to maintain licensure and to improve

their knowledge, skills, and abilities to provide a stable home environment for children referred by Saint Francis and placed in their care; and (3) providing or ensuring that ongoing training is completed, and that the training is relevant and enhances the foster or adoptive family's ability and capacity to meet the unique needs of children age 0 to 5 years old, and all other youth for whom they are providing care, including training to acquire the necessary skills and knowledge for applying the Reasonable and Prudent Parent Standard [Preventing Sex Trafficking & Strengthening Families Act of 2014 (P.L. 113-183/HR 4980)]. The Contractor shall train all affiliated foster and adoptive homes within 60 days of affiliating with the Contractor, and provide ongoing training on the Reasonable and Prudent Parent Standard and Human Trafficking, with a curriculum approved by Saint Francis. The Contractor shall also train all foster and adoptive parents affiliated with their agency on how to talk with children placed in their home about setting healthy physical boundaries and how to talk to children about healthy boundaries.

The Contractor shall distribute the Youth Care Bill of Rights to age appropriate children in foster homes as established by the Nebraska Strengthening Families Act Committee within 72 hours of a youth's initial placement into out-of-home care.

Initial pre-service training curricula required for licensure of foster and adoptive parents shall be a model approved by Saint Francis. Ongoing training can be offered through a combination of face-to-face training, classroom training, web-based training, and reading materials that meet the above criteria.

The Contractor shall provide any information requested by Saint Francis necessary to complete reports required by any applicable Federal or State law and regulation.

All Contractors shall be in compliance and remain in compliance with regulation and licensure as a Child Placing Agency for the delivery of foster care services and adoption services as established by relevant DHHS regulations.

**Medicaid Requirements:** The Contractor shall adhere to all applicable Nebraska Medicaid requirements per the Nebraska Administrative Code.

### **TARGET POPULATION**

The Contractor shall accept and serve youth who are age 8 through 18 years old and who are referred by Saint Francis Ministries. This service is intended for the following populations of youth:

- Youth new to the system with significant mental health or behavioral needs who need assessed for appropriate level of care or intervention for ongoing placement.
- Youth transitioning back to community living from residential treatment who would benefit from a more structured environment.
- Youth requiring stabilization in the community to prevent higher level of care, or while awaiting admittance to recommended higher level of care.

### **LENGTH OF SERVICE**

Assessment Home length of service will vary depending on the needs of the youth referred, and time required to assess, stabilize, and identify a next appropriate placement, but should not exceed 90 days for youth discharging to lower level of care or 12 weeks for youth admitting to higher level of care.

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

The Contractor shall be available to accept Saint Francis Ministries Assessment Foster Care service referrals five (5) days per week during all open business hours. Additionally, the Contractor will ensure on-call staff are available for admission needs that arise outside of business hours.

The Contractor shall notify Saint Francis of placement options within five (5) calendar days of receipt of a placement request by Saint Francis. When placement requests are marked urgent by Saint Francis, the Contractor shall respond to Saint Francis within one (1) hour of receipt of the placement request to notify Saint Francis of any progress toward securing an Assessment Foster Care.

### **DISCHARGE**

The Contractor will collaborate with Saint Francis to proactively plan for the discharge of youth from Assessment Home. The Contractor will use a trauma informed approach to prepare youth for transitions and will collaborate with Saint Francis to ensure that the most appropriate post-discharge placement is available for the youth prior to discharge. The Contractor will participate in a pre-discharge meeting with the identified discharge placement to ensure continuity of interventions. When the youth's discharge is not planned, the Contractor will give Saint Francis a thirty (30) calendar day notice in writing for youth. During the thirty (30) day period of time, the Contractor will use a trauma informed approach to prepare the youth for the impending discharge and will work collaboratively with Saint Francis to determine the most appropriate post discharge placement for the youth. A thirty (30) calendar day written notice is not required when the Contractor and Saint Francis mutually agree that it is in the best interests of the child to move sooner.

### **MINIMUM REPORTING REQUIREMENTS**

1. An Assessment Report will be provided to Saint Francis within thirty (30) days of admittance to Assessment Foster Care. Assessment Reports must include:
  - a. Identifying information to include, youth first and last name, MC#, age, Date of Placement, placement location
  - b. Date of Service
  - c. Summary of Evaluations, Assessments, or Tools utilized in report. Original evaluations, assessments and tools will be made available to Saint Francis upon request.
  - d. Summary of Collateral reviewed and how this information informed tests administered and treatment recommendations
  - e. History, symptomology, and treatment history (including current treatment and medications)
  - f. Current and past suicide/homicide danger risk(s) assessed
  - g. Level of informal support involvement
  - h. Identified areas of improvement
  - i. Assessment of strengths, skills, abilities, motivation
  - j. Youth Safety and Support Plan, including youth identified coping skills, supervision needs, and crisis response plan
  - k. Recommendations of ongoing placement environment and interventions to ensure youth placement stability and ongoing well-being
2. Written weekly reports will be provided to Saint Francis, to include information on the youth's activities designed to address the youth's strengths and areas of need, as well as progress in achieving stability of behaviors and mental health symptoms. Weekly summaries must include:
  - a. Identifying information to include, youth first and last name, MC#, age, Date of Placement, Placement location, placement name, placement contact information;
  - b. Report Date
  - c. Youth strengths, areas of need and progress
  - d. Family Team Meeting or Court Hearing attendance
  - e. Updated medical, medication, dental and vision, mental health information to include date and outcome of most recent appointment; if applicable.
  - f. Updated information on the youth's academic, school status and date of most recent IEP/MDT/BIP if applicable.

- g. Documentation all interactions and attempts at interactions with the parents/siblings.
  - h. Updates to youth's Safety and Support Plan
- 3. The Contractor will complete a discharge report within seven (7) business days of discharge from service. Required documentation for discharge reports are as follows:
  - a. Case Information:
    - i.Name and date of birth (age) of youth
    - ii.Master Case
    - iii.Date of Discharge
    - iv.Updated contact information for the reporting month
  - b. Placement Information:
    - i.Date of placement
    - ii.Name of placement
    - iii.Placement contact information
    - iv.Name of staff member and their supervisor approving placement
  - c. Youth and Case Plan/Safety Plan Information:
    - i.Provide a brief progress or lack thereof synopsis on the actions and circumstances enabling the identified goals
    - ii.Provide achievements, positive attributes and/or strengths of the youth during the reporting period (Observed or recognized by the Contractor and must refrain from providing identical information from the previous month. This should show youth progress)
    - iii.Provide observed or recognized areas of improvement for the youth during the reporting period.
- 4. Contractor will complete an inventory of all youth personal belongings at time of admission and will update it as items are added. The inventory shall be signed and dated by the Contractor and youth.
- 5. Contractor will agree to maintain a Medication Policy identifying how the Contractor will handle the provision of medication for the youth in their care.
  - a. The Contractor agrees to maintain an individual medication log for each youth residing in the Contractor's care and make it available to Saint Francis.
- 6. 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**

All new Contractor staff hired to provide direct services to the Assessment Foster Care foster families and to foster children and their families, shall have a minimum of a bachelor's degree in a human services related field; or, a Bachelor's Degree in a related field with experience delivering foster care related services.

At the Subrecipient's request, Saint Francis may consider a potential employee's High School Diploma or GED and at least 5 years of job related or lived experience to be the equivalent of a bachelor's degree for the performance of Assessment Foster Care duties.

If an employee does not meet the standards outlined above, the Contractor shall notify the Saint Francis Provider Relations Designee, and provide the name of the employee, their job function, and education deficiencies which prevent them from meeting the contractual standards.

The Contractor shall have a written, detailed training plan for Assessment Foster Care 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.

Any Therapist providing this service must be either a fully Licensed Mental Health Practitioner, or a provisionally Licensed Mental Health Practitioner under the supervision of a fully Licensed Mental Health Practitioner. The Contractor may also consider individuals who are Master's Degree Level in Counseling and/or Social work, and have completed all of the required classes but are currently obtaining internship hours with the Contractor. Interns must be supervised by a fully Licensed Mental Health Practitioner. Documentation of intern supervision must be kept in accordance with Saint Francis record retention policies and submitted to Saint Francis upon request. The supervising fully Licensed Mental Health Practitioner must sign all reports from the intern until the intern is fully licensed.

### **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. 100% of youth served will not experience maltreatment or care concerns that would result in the removal from the foster home.
2. 65% of youth discharged to a lower level of care will do so within ninety (90) days.
3. 95% of youth needing higher level of care will maintain in Assessment Foster Care until admittance to higher level of care.

### **ESTABLISHED RATE**

Rate Proposal must include utilization of Medicaid/Private Insurance funded services to support the assessment, stabilization and maintenance of youth in Assessment Home. Medicaid Funded services can include, but are not limited to: assessments/evaluations, individual and family therapy, CTA, CBAR, etc.