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| StateSeal.JPG | **RFP-****22-69116 – Adoption and Guardianship Support Services**  **Attachment F – Technical Proposal Template** | |
| **Respondent:** | | Lifeline Youth & Family Services, Inc. |
| **Instructions:**  Request for Proposal (RFP) 22-69116 is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the Scope of Work detailed in the RFP document and supplemental attachments.  Please review the requirements in Attachment K, Scope of Work (SoW), carefully. Please describe your relevant experience and explain how you propose to perform the work. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.  Please use the yellow shaded fields to indicate your answers to the following questions. The yellow fields will automatically expand to accommodate content. Every attempt should be made to preserve the original format of this form. **A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal’s responsiveness.** Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments. | | |

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| **0** | **General Requirements and Definitions**  Please respond to each question detailed below:   * List any additional terms and definitions used by your company or industry that you would like the State to consider incorporating in the contract. The State will not accept terms and definitions introduced after award during contract finalization and implementation. * Confirm you have carefully reviewed all requirements listed in RFP Section 1.4 and the Scope of Work (Attachment K). Should your company have any exceptions, substitutions, or conditions for the State’s consideration, please list them below. The State will not accept exceptions, substitutions, or conditions introduced after award, during contract finalization and implementation. |
| Lifeline Youth & Family Services, Inc. (Lifeline) has reviewed the requirements in RFP Section 1.4 and the Scope of Work (Attachment K) and accepts all terms and conditions as stated. | |
| **1** | **SoW Sections 1, 2, and 3 – Introduction, Background, Objectives, and Minimum Contractor Qualifications**  Provide an overview of your proposal and describe how you currently meet and/or propose to meet the requirements in SoW Sections 1,2, and 3, including, but not limited to, the specific elements highlighted below:   * Describe why you are best suited to provide these services to the State. * Detail how you will provide services that are adoption/guardianship-informed, culturally competent, and trauma-informed. * Describe how you will work towards adoption or guardianship finalization as quickly as possible, while prioritizing the safety of the child and family. * Demonstrate your understanding of Indiana’s program objectives and describe how your proposal will meet all program objectives identified in SoW Section 2.3. * Describe your experience in the field of child welfare specific to the provision of adoption and/or guardianship support services. * Demonstrate your understanding of adoption-specific and guardianship-specific factors that may affect families created through adoption or guardianship and how your agency can address these factors while achieving DCS’ goals. * Describe and demonstrate your familiarity and experience with Indiana DCS and/or other relevant populations. |
| **Suitability / Quality of Services** Lifeline has over 50 years of experience and success behind our programming. Early efforts focused on residential care for youth, but in 2000, Lifeline began providing home-based services to families who were at risk for having a child removed from the home as a result of abuse, neglect, or delinquency. We quickly saw the effectiveness—both in cost and results—of working with the whole family, in their own homes, which included families involved in adoption and guardianship. The strength of our leadership and success of our program led to growth in our team and in the number of families served.  Over the years, Lifeline has proven itself as one of the best providers of family services in our region. Our track record speaks for itself:   * ***Ever-increasing referrals***: Based on our success with families, Lifeline has nearly doubled the number of children and families served over the past 5 years! We’re currently serving over 2,400 active home-based cases. * ***Service satisfaction***: Our families rate their satisfaction with our services 6.45 on a scale of 1 to 7, with 7 being the highest, on our Client Satisfaction Surveys. * ***Comprehensive metrics***: Lifeline tracks a variety of measures by case, staff, and region including timing of service initiation, completion of visitation / parenting times, location of children at case closure (i.e., whether family is intact or not), progress in treatment goals, assessment results, subsequent Child Protective Services (CPS) involvement (dependent on state communication), and reporting completed / submitted on time. * ***Success:*** Last year, Lifeline’s Family Preservation program prevented the removal of children in 80% of cases, and this success rate is climbing. Most recently (over the past 6 months), we have been able to prevent the removal of children in 88% of cases!   As a result of our proven track record and experience, we have become one of the largest providers of community-based child and family services in the State of Indiana, with contracts to provide family preservation and reunification-related services in all 92 counties throughout the State.  **Adoption/Guardianship-Informed, Trauma-Informed, and Culturally Competent** It is important to note that our staff provide culturally competent, client-focused services that recognize the uniqueness of each client, while demonstrating dignity, respect, and compassion for those we serve. This includes the incorporation of training using the State of Indiana’s online LGBTQ Practice Guidebook. We also have a limited number of bi-lingual staff on our team and are able to arrange translation services to meet the needs of families in homes where English is a second language.  Our agency is also “trauma-informed” from the top down, with staff from the CEO and Vice Presidents to our administrative support team becoming educated on the impact traumatic events can have on the lives of our clients and how that relates to our treatment approach and required skill-sets. From a clinical perspective, one of the Evidence-Based Practices employed by our Masters’-level Therapists in working with families is Trauma-Focused Cognitive Behavioral-Therapy (TF-CBT). This approach is specifically useful in relation to Post-Traumatic Stress Disorder (PTSD). In addition, Lifeline is using the Seeking Safety model, which is included in SAHMSA’s Evidence-Based Practices for those with a history of trauma and substance abuse.  Finally, our staff is also Adoption- and Guardianship-Informed, based on the training and experience they have acquired that addresses issues typically seen in adoption and guardianship cases where youth may have experienced trauma, sudden change in caregivers, and a disruption in their living environments. Specifically, all staff serving families receive training in:   * *Adverse Childhood Experiences (ACEs)* * *Parent Education* * *Child & Adolescent Development*   In addition, select staff receive training in one or more of the following specialized areas:   * *Reactive Attachment Disorder (RAD)\** * *Trust-Based Relational Initiative (TBRI)\** * *Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)* * *1-2-3 Magic* * *Seeking Safety\** * *Family Centered Treatment (FCT)* * *Motivational Interviewing (MI)\** * *Cognitive Behavioral Therapy (CBT) for Adult Depression* * *Cognitive Therapy (CT)* * *Eye Movement Desensitization and Reprocessing therapy (EMDR)* * *Grief and loss\** * *Adoption training for potential adoptive / guardianship parents (content previously approved by DCS)\**   *\*Note: All Care Coordinators providing Adoption and Guardianship Support Services be trained in these elements.*  Finally, each of our staff have access to online, on-demand training in the following areas:   * *Calming Children in Crisis* * *Promoting Normalcy for Youth in Foster Care* * *Attachment Disorders: Assessment, Diagnosis, and Treatment* * *Attachment Disorders: Attachment and Trauma* * *Common Sense Parenting* * *Positive Parenting* * *Parenting Styles and Theories* * *Helping Children and Adolescents Cope with Violence and Disasters*   In addition, under this contract, each of our Care Coordinators providing Adoption and Guardianship Support Services will have completed the Child Welfare Curriculum training through the National Adoption Competency Mental Health Training Initiative (NTI).  **Timely Progress Toward Finalization While Prioritizing Safety** We’re committed to moving toward adoption and guardianship finalization in an efficient, timely, and effective manner. To that end, we’re using the Trust-Based Relational Initiative (TBRI) curriculum with families given the proven results of this evidence-based model. In addition, our staff availability ensures that the process can move forward without schedule delays. This includes geographic proximity to the families served, evening and weekend availability as needed, and the ability to continue services virtually in instances where there is a temporary barrier to in-person visits (e.g., quarantine, etc.).  That being said,child safety and well-being is our first priority. This includes providing 24-hour crisis intervention to all cases served. Our toll-free Support Line is answered 24 hours a day / 7 days a week by a live staff member with training in crisis intervention, in order to ensure that resources are available at any time of need. Lifeline will communicate with DCS staff regarding crises or safety concerns, along with specific measures taken to mitigate such risks. At any time, if our staff believe a child may be subject to abuse or neglect, we will immediately contact the state’s Child Abuse and Neglect Hotline.  Our staff are continually identifying and assessing potentially stressful situations between parents and their children, including required safety checks where appropriate. In addition, we work with families to develop specific safety-related skills, as follows:   * *Caring for their children’s physical and emotional needs* * *Safe, appropriate interaction with children* * *Understanding and responding to children’s needs* * *Managing the varying needs of more than one child at once* * *Safety related to age-appropriate toys, climbing, running, jumping, or other safety issues depending on the environment*   Our investment in child safety extends even beyond the service period, however. We will offer a variety of aftercare and preventative support options for families following case closure to ensure that the family is safe and doing well, reducing the risk of future out of home placement.  **Alignment with Indiana’s Program Objectives** Lifeline’s proposed programming aligns with Indiana’s Program Objectives as follows:   * Continuum – Our staff will work with children and families throughout the adoption and guardianship process, from the pre-adoptive / pre-guardianship phase all the way through post-finalization where our staff can continue to provide support and crisis intervention to ensure the stabilization of the family beyond case closure. * Assessment –Our staff conduct a strengths-based assessment of each family, based on the referral paperwork, a psychosocial interview with the family members, and their own observations. This assessment will also include a CANS and an assessment of Safety and Risk. Each of our staff is also trained to administer the North Carolina Family Assessment Scale (NCFAS) as needed. Together, this information will be used to determine a family’s particular strengths, needs, goals, recommended services, and their progress throughout the duration of care. * Service Connection – Lifeline works in tandem with existing community providers, connecting families to resources like local psychiatrists, food banks, and workforce development agencies as appropriate within their service / prevention plans. Informal partnerships with other providers help us ensure that they have the necessary supports in place to reach their goals. * Building Support – We work with families to create a community support team of their choosing that can include educational partners, a local church (if applicable), counselors, friends, relatives, mentors, employers, etc. * Sustainable Systems and Supports – Each family’s support system may look a little different, as we help them build that team (described above) to support their specific and unique needs. This is critical, as it is this network that will help ensure success for children and families beyond the duration of their services with us. * Focus on Strengths – As we help families reach toward a goal of stable permanency, we not only assess areas of need, but we’re also helping them identify areas of resiliency and strength that can be expanded and reinforced as they progress. Not only does this build confidence and morale, but it also teaches families how to build on the resources and strengths they already possess, to help reach future goals. * Adoption/Guardianship Informed / Trauma-Informed / Culturally Competent – As detailed earlier in this section (page 2), our staff are delivering services from a culturally competent, trauma-informed, and adoption/guardianship-informed perspective. * Timely Finalization – Using proven, evidence-based techniques and flexible scheduling, our staff will be able to help families progress toward finalization efficiently, while ensuring that safety remains the priority over speed. * Safe, Stable Home Environment – From the physical setup of the home and budgeting for the additional expenses of an expanded family to age-appropriate discipline and communication, our staff will be equipping parents and guardians with the tools they need to create a healthy and steady home environment. * Partnerships – While we offer a full breadth of services and care, we also work in tandem with existing community resources. This can include connecting families to resources like local support groups, mental health service providers, and workforce development agencies as appropriate within service / prevention plans. * Support for Kinship Care – Our staff will also support family needs when it comes to relatives providing care for children, where such relatives are slated to become the adoptive parent or guardian. We have staff who have experience not only in working through the complicated dynamics of such cases, but who have also been or are foster parents, kinship caregivers, or adoptive parents themselves. * Preparing Youth for Adoption – Care Coordinators will also provide focused attention on helping children understand how adoption works and to begin processing the related loss, using age-appropriate dialogue and interventions.   **Experience Specific to Adoption and/or Guardianship Support Services**  Over the past two decades, our staff have been working alongside adoptive parents, children who have had a change in guardianship, and youth who have experienced a change in their living arrangements.  Specifically, we estimate that nearly 1 in 4 children served by our organization includes potential adoptive or guardianship options.  In addition, Lifeline is also conducting foster parent support groups around the state, in which many of the participants are pre-adoptive or pre-guardianship. We began with 3 regional locations two years ago and have grown to 8 regions—including 1 virtual group that serves foster parents anywhere in the state—with more on the way, adding to our breadth of experience in this area.  **Understanding of Adoption- and Guardianship-Specific Factors**  Our experience—as described above—has given us an understanding of some of the unique factors such children and families face surrounding attachment, bonding, trauma, trust, grief, loss, security, and potential visitation needs during transition. Using our training in evidence-based practices, staff will provide interventions and support to explore and address each family’s specific needs related to these factors to continue progressing forward toward finalization and stabilization.  **Experience with Indiana DCS and/or Other Relevant Populations**  Lifeline has worked successfully with the DCS, local probation departments, community-based service providers, and other partners since it began its Home-Based Services program in 2000. This is evidenced by our post-service surveys of referring agents who rate their satisfaction with our services 6.45 on a scale of 1 to 7, with 7 being the highest. | |
| **2** | **SoW Section 4 – Service Eligibility Requirements**  Describe how you propose to execute SoW Section 4 in its entirety and in alignment with State laws, the Family First Prevention Services Act (FFPSA), and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Detail your plan for receiving Pre-Adoption and Pre-Guardianship Support Services referrals and ensuring that all conditions to begin Pre-Adoption and Pre-Guardianship Support service provision have been met prior to the start of services. * Describe how you will ensure that all conditions to conclude Pre-Adoption and Pre-Guardianship Support service provision have been met prior to the end of services. * Detail your plan for receiving Post-Adoption and Post-Guardianship Support Services referrals and ensuring that all conditions to begin Post-Adoption and Post-Guardianship Support service provision have been met prior to the start of services. * Describe how you will ensure that all conditions to conclude Post-Adoption and Post-Guardianship Support Services service provision have been met prior to the end of services. |
| Lifeline will closely monitor case status and communicate with DCS frequently to both ensure that the case is progressing as efficiently as possible and to ensure that the family remains eligible for services.  **Receiving Pre-Adoption and Pre-Guardianship Support Referrals**  We are currently managing up to 150 new referrals each week, on average, from the Department of Child Services and probation departments statewide for a variety of services. Our referral process begins with the receipt of a referral via the KidTraks notification system. (Note: Referrals are also accepted after business hours on an emergency basis through our on-call system or KidTraks.) All referrals are reviewed by the corresponding Supervisor for capacity, goals, and risks. The Supervisor will review the service eligibility requirements of the family and respond to the referral within 24 hours of receipt using the KidTraks system. In addition to our own eligibility checks, receipt of a referral from DCS for pre-adoption or pre-guardianship support services will also serve to confirm that all conditions to begin services have been met (per posted Q&A response, question #63).  **Conclusion of Pre-Adoption and Pre-Guardianship Support Services** Lifeline will make a recommendation to close out pre-adoption or pre-guardianship services once the adoption or guardianship has been finalized. Other instances in which such a recommendation may be made is if there is a change in the permanency goal or an adoption or guardianship disruption. However, Lifeline understands that the final say lies with DCS and that DCS may discontinue services for a particular case at any time.  **Receiving Post-Adoption and Post-Guardianship Support Referrals**  Similar to our response regarding pre-adoption and pre-guardianship support services, we are currently managing up to 150 new referrals each week, on average, from the Department of Child Services and probation departments statewide for a variety of services. Our referral process begins with the receipt of a referral via the KidTraks notification system. (Note: Referrals are also accepted after business hours on an emergency basis through our on-call system or KidTraks.) All referrals are reviewed by the corresponding Supervisor for capacity, goals, and risks. The Supervisor will review the service eligibility requirements of the family and respond to the referral within 24 hours of receipt using the KidTraks system. In addition to our own eligibility checks, receipt of a referral from DCS for pre-adoption or pre-guardianship support services will also serve to confirm that all conditions to begin services have been met (per posted Q&A response, question #63).  **Conclusion of Post-Adoption and Post-Guardianship Support Services** Lifeline will continue to provide post-adoption or post-guardianship services to families as long as families wish to continue participating and an active referral remains in place. In the rare event of an adoption or guardianship dissolution, we would recommend closing out the case. Regardless, we understand that the final say lies with DCS and that DCS may discontinue services for a particular case at any time. | |
| **3** | **SoW Section 5.1 – Full-Continuum Adoption and Guardianship Support Services**  Describe how you propose to execute SoW Section 5.1 in its entirety and in alignment with State laws, the FFPSA, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe how service provision will differ for children and/or families working towards adoption finalization compared to guardianship finalization. * Describe how you will identify the timing of which services are needed by the child(ren) and/or family throughout the Full-Continuum of Adoption and Guardianship Support Services (i.e., before, during, or after adoption or guardianship finalization). * Detail how you will collaborate with other State contractors providing complementary child welfare services. * Demonstrate your understanding of the unique and complex needs of kinship caregiving. * Describe how you will maintain child(ren) and family involvement and interest throughout service provision. * Describe and demonstrate your ability to provide case management services, including referrals to community-based services. * Detail your plan for convening a team of informal supports, community members, service providers, etc. (following the DCS Practice Model) to create a collaborative care plan. * Describe and demonstrate your ability to conduct assessments with the child(ren) and/or family, including the CANS assessment and Safety and Risk Assessment. * Describe how you will develop an individualized prevention plan for each child that meets all of the requirements laid out in SoW Section 5.1. |
| Over the past six months our Vice President of Home Based Services, Liz Day, has served on the State’s committee for the development of its Family First Prevention Plan, so we are well-versed in the Family First philosophy. In addition, we have already incorporated in several Evidenced-Based Practice models into our programming—and have extensive experience doing so—in accordance with the Family First approach.  Each family will be assigned a “Care Coordinator” who will oversee the family’s care and serve as the family’s single point of contact. This structure is similar to our Family Preservation Services, where our Family Preservation Coordinators have successfully served as the single point of contact and liaison between our organization, the family, DCS, as well as any outside resources.   Services will be provided through weekly in-home visits, based on family need. In intensive cases, visits may occur three, four, or five times a week and taper off as families progress. The actual intensity of services is recommended based on the individual needs of each family and is subject to the direction and agreement of the referring agency, as well as any specifications set forth in the Evidence-Based Practice model being used with each family.  Finally, it is important to note that Lifeline’s Home-Based Services programming is accredited by the Council on Accreditation (COA), affirming that we are providing services in accordance with nationally recognized standards and best-practices.  Specifically, in terms of services, Lifeline has the ability to provide any combination of the following services and practice models throughout the full continuum of care, customized to each family’s unique needs:   |  |  | | --- | --- | | ***Evidence Based Models*** |  | | Title IV-E Prevention Services Clearinghouse   * Trust-Based Relational Intervention (TBRI) * Trauma-Focused Cognitive Behavior Therapy (TF-CBT) * Motivational Interviewing (MI) * Family Centered Treatment (FCT) | California Evidence-Based Clearinghouse   * 1-2-3 Magic (parenting skill model) * Cognitive Therapy (CT) * Seeking Safety (both adolescent and adult versions) | | In addition, we have staff trained in Eye Movement Desensitization and Reprocessing (EMDR) therapy—an evidence based model under the California Evidence-Based Clearing House—and are exploring its potential use with this population given its effectiveness with trauma.  Lifeline is also actively and continually reviewing other evidence-based practices through both of the clearinghouses mentioned above, in an effort to provide the most effective care for the changing needs and demographics of the populations we serve. | | | ***Support Services*** |  | | * Casework / Case Management * Therapy * Homemaker / Parent Aid * Parent Engagement Services Parent Education * Assessment & Safety Monitoring * Concrete Assistance |  |   **Variations in Support for Adoption Finalization vs. Guardianship Finalization** While our services for adoption and guardianship are largely similar, there are some typical differences between the two. For example, in cases of adoption, we focus on the additional financial responsibilities the parent(s) will take on once the adoption is finalized since they will no longer be receiving the financial help they may have grown accustomed to if they have had the child or children placed in their home as a foster child leading up to the adoption. This may include mapping out a new family budget taking such expenses into account.  Often in guardianship cases, the youth are older. Emphasis in those cases could include life skill training and support for guardians related to preparing the youth for independence as they approach emancipation.  **Identifying Timing of Services Throughout Continuum** The initial visit with a family occurs within 5 days of the referral, if not sooner. During this visit, our Care Coordinator begins the assessment process with the family based on the referral paperwork (including the permanency plan); a psychosocial interview with the family members; CANS and Safety and Risk Assessments; and their own observations. Our staff also have the training and capacity to administer the North Carolina Family Assessment Scale (NCFAS) as appropriate. A written service / prevention plan is then created to map out the specific goals for the family, as well as the steps necessary to achieve these goals, using the information provided by the referring caseworker, input from the family members, and the experience of our staff. This family-centered, collaborative approach to service planning within the family’s own home environment not only improves client participation and ownership, but it also provides a more accurate picture of the family’s natural dynamics.  This service / prevention plan will serve as a guide regarding the timing of specific services delivered throughout the continuum of care. The CANS Assessment will be repeated every 6 months, with ongoing Safety and Risk assessments, as needed. Success hinges on continual evaluation of progress against the plan, as well as updates to the plan as circumstances evolve.  **Collaboration with Other State Contractors** Lifeline is committed to engaging with all stakeholders and resources available to families, whenever possible. With regard to adoption and guardianship, this includes collaboration with the Resource and Adoptive Parent Training (RAPT) contractor, Wendy’s Wonderful Kids, and any other providers / resources supporting Family Reunification Services.  **Understanding of Kinship Caregiving** As shared earlier, our staff has the ability to support relatives providing care for children, where such relatives are slated to become the adoptive parent or guardian. We have staff who have experience not only in working through the complicated dynamics of such cases, but who have also been or are foster parents, kinship caregivers, or adoptive parents themselves.  **Maintaining Child/Family Involvement** One of the evidence-based models that Lifeline employs is Motivational Interviewing (MI). This approach is known for its effectiveness in engaging clients, even in cases where there may be resistance. In addition, our experience over the past 20 years has shown that children and families are motivated to engage with our team, based on their rapport with our staff, family input and involvement in the service planning process (ownership and buy-in), and the tangible results they see as they progress through the program.  **Case Management**  Case management is provided for families throughout the continuum of care, as listed earlier in this section, on page 7, under “Support Services.” More specifically, case management will involve the following, as applicable, based on each family’s unique needs:   * *Conflict resolution & problem-solving* * *Life skills (budgeting, nutrition, etc.)* * *One-on-one parenting education* * *Communication skills* * *Ongoing risk-assessment* * *Goal-setting & accountability* * *Age-appropriate discipline* * *Boundary-setting* * *Building self-esteem*   In working to stabilize families, it is essential that we work in tandem with existing community resources. Case management will also include connecting families to local resources like mental health providers, community centers, recreational facilities, food banks, substance abuse support groups, local churches, workforce development agencies, and others as appropriate within their service plans. Informal partnerships with other providers help us ensure that families have the necessary supports in place to reach their current goals, as well as prepare them to meet future needs when our services are no longer in place.  Team for Collaborative Care Plan One of the key ingredients to success with any family service is to ensure that all of the stakeholders are involved in the process. To do so, we will help families identify and connect with both formal and informal supports who can contribute to the safety and wellness of the family. This is critical, because as families progress and their case is closed out, they will transition away from some of the more formal supports (caseworker, Care Coordinators, therapists, etc.) and rely more on the informal supports in their lives (family, friends, local church, etc.). Helping the family assemble this ongoing “safety net” is just one way we’re helping them plan for the best possible outcome.  **Assessments** As shared earlier, the assessment process begins during the initial visit with a family. Our Care Coordinators—all of whom are trained in CANS, NCFAS, and Safety and Risk assessments—will review referral paperwork, conduct a psychosocial interview with the family members (including time spent one-on-one with members, as needed), and make their own observations using a strengths-based perspective. They will then administer a CANS and Safety and Risk Assessment with the family. Our staff often use the North Carolina Family Assessment Scale (NCFAS) assessment, as well, with families throughout the service period.  Beyond the standard assessment used by our staff, we also have the capacity to administer additional assessments, as needed, such as the UNCOPE screening for substance abuse, Patient Health Questionnaire-9, the UCLA PTSD Index, and the Protective Factor Survey.  Once the initial assessments have been completed, the Care Coordinator will re-administer the CANS every 6 months, while using their training and observation during each contact to gauge potential risks.  To provide context regarding our staff competency as it relates to assessments, we are completing 50 Safety and Risk assessments per day—15,000 this year!—and have had over 2,000 families receiving NCFAS assessments at regular intervals so far this year.  **Individualized Prevention Plans** Using the assessments described above, along with input and involvement of the family and key stakeholders, a written Prevention Plan will be created, specific to the family’s unique and individual needs and identifying the evidence-based models that will be used. We anticipate that these plans will evolve throughout the service period as families progress, which is why the Prevention Plan will be updated on a monthly basis. | |
| **4** | **SoW Section 5.2 – Pre-Adoption and Pre-Guardianship Support Services**  Describe how you propose to execute SoW Section 5.2 in its entirety and in alignment with State laws, the FFPSA, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Demonstrate how service provision will stabilize the child(ren) and family prior to adoption or guardianship finalization and decrease the amount of time until adoption or guardianship finalization while keeping the child(ren) and family safe. * Demonstrate how service provision will support the child(ren)’s emotional and mental well-being throughout the pre-adoption or pre-guardianship period. * Detail how you will coordinate pre-placement visits between the child(ren) and family, including the estimated intensity and timeline for visitation. * Describe your plan for conducting outreach to referred children and/or families, including how you will ensure that referred families are contacted within 72 hours of referral receipt, and that referred families will receive face-to-face contact within five (5) calendar days of referral receipt. * Detail how you will work collaboratively with the child(ren) and/or family to establish goals and service needs, including your plan to ensure that the written service plan and prevention plan are submitted to DCS within seven (7) days from the first face-to-face contact. * Demonstrate your ability to provide training and educational resources for families, specifically the Trust-Based Relational Intervention training, and any additional training methods or educational resources that you recommend for the provision of pre-adoption and pre-guardianship support services. * Provide an outline of both an adoption finalization plan and a guardianship finalization plan, including all required topics listed in SoW Section 5.2. |
| Beyond the services provided through the full continuum of care (as described above), there are additional services that will be primarily delivered under a pre-adoption / pre-guardianship referral, focusing on the necessary preparation work for both the child/children and the family.  **Stabilization and Timely Progress While Prioritizing Safety** As shared earlier, staff will ensure timely progress through the engagement of proven evidence-based programming and staff who are flexible and easily accessible. During the pre-adoption / pre-guardianship process, there will be an increased focus on solidifying the decision and ensuring pre-adoptive parents realize the commitment they are making, as well as what that will entail related to finances, persevering through challenges, and the rewards of parenthood.  Similarly, we will be working with the child or children to make sure they, too, understand the adoption and guardianship process, such as discussing expectations surrounding future contact with biological parents, what the relationship with other biological family members may look like, clarity regarding the timelines, and so forth.  As always, child safety comes first, so we will be regularly assessing and addressing the child’s health and wellbeing, even if it requires a delay or interruption in the plan toward finalization.  **Support for Emotional and Mental Well-Being**  The specific mental health supports during the pre-adoptive and pre-guardianship phase often focus on issues surrounding grief and loss, attachment, feelings of loyalty, and understanding identity and belonging in light of their history. As mentioned earlier, our staff have experience in trauma and attachment concerns, so they are prepared to identify and address concerns that may arise. As part of the service / prevention plan, we’ll be assessing the emotional and mental health needs of each family member and either directly meeting those needs or referring them to the appropriate community resources to provide for their full continuum of care. For example, Lifeline has Master’s-level therapists available, should the family require individual or group mental health counseling sessions, including virtual options.  Another aspect of our care that safeguards emotional and mental well-being (in addition to physical well-being!) is a safety plan. A safety plan is created for every family in our care, ensuring that family members know what steps to take if emotions begin to run high, up to and including reaching out to our 24/7 Support Line for live assistance from one of our trained professionals.  Specific to youth, our staff will be working with the child or children to create a “Lifebook” marking key moments and experiences in their life. We’ll also be offering support groups (with a virtual option) for children involved in adoption and guardianship cases to have an opportunity to relate to and learn from one another.  **Pre-Placement Visits** Professional and/or paraprofessional staff will assist the family by arranging pre-placement visits throughout the state, which will monitor, strengthen, teach, demonstrate, and/or role model the following:   * *Transfers between caregivers* * *Visits between siblings in different placements* * *Caring for their children’s physical and emotional needs* * *Safe, appropriate interaction* * *Communication including positive affirmations* * *Understanding and responding to children’s needs* * *Understanding developmental stages* * *Managing varying needs of more than one child at once* * *Safety related to age-appropriate toys, climbing, running, jumping, or other safety issues depending on the environment* * *Identifying and assessing potentially stressful situations between the adoptive / guardianship parent and children* * *Giving adoptive / guardianship parents an opportunity to evaluate and bring certainty to their decision / commitment* * *Building confidence in their ability to parent*   Pre-placement visits will not only be used to train and assess placement readiness, but they will also serve as an opportunity for children to gain comfort and trust as they have more opportunities to engage their adoptive / guardianship parents (and potential adoptive/guardianship siblings) in more concentrated and natural settings.  Lifeline has already demonstrated competency in this area, as we are currently conducting 900 supervised per week all over the state of Indiana through our other home-based services programming, including visits where the parties involved live in different regions.  **Outreach and Contact Initiation Timelines** Within 72 hours of an approved pre-adoption / pre-guardianship referral, the case will be assigned to one of our Care Coordinators and initial contact with the family is attempted by telephone. Lifeline has a team of administrative support staff who are monitoring referrals and case assignments throughout each business day to verify that each referral is acted upon in a timely manner. In addition, our staff conduct ongoing internal “file audits” to confirm compliance in this and other service delivery areas.  The initial visit with a family occurs within 5 business days of the referral acceptance, if not sooner. During this visit, our staff will conduct the assessments described in section 3, “Assessments” on page 9 of this document.  **Service / Prevention Plan** Lifeline’s Care Coordinators will meet with the family and assess their needs using their interviewing techniques and specific assessment tools described in section 3, “Assessments” on page 9. Using that information, combined with input from the referral source and the family members, a written Prevention Plan will be created, specific to the family’s unique and individual needs. For pre-adoption and pre-guardianship cases, this plan will also include recommendations for pre-placement visits (if applicable) and time frames for the child/children to move into the adoptive or guardianship home.  Once completed, the plans will be submitted to DCS via KidTraks (or other DCS-preferred method) within 7 days of the accepted referral. The plan will then be updated monthly and resubmitted to DCS accordingly. Lifeline has demonstrated competency in this area, as we have a history of submitting Service Plans to DCS within 7 days for cases we are currently serving under the Family Preservation contract.  **Training / Educational Resources for Families** Care Coordinators will use the TBRI training / curriculum with parents and caregivers, in addition to other parenting resources that may be helpful as they prepare or adapt to their arrangements. Parenting topics may include setting boundaries, age-appropriate discipline, child development stages, caring for needs of multiple children, understanding trauma, and maintaining a safe environment. The TBRI training will typically be provided in 2 hour sessions weekly, for a total of 32 hours over 4 months.  In addition, Lifeline will offer support groups throughout the state for families—groups specific to parents, as well as children—involved in the adoption and guardianship process, including virtual attendance options to reduce participation barriers. This will be especially important for communities that do not already have existing support groups available. (Note: Lifeline will keep a directory of adoption and guardianship-related support groups available throughout the state for families’ reference.)  **Finalization Plan Outline** As services progress, a written Finalization Plan will be development and submitted to DCS (upon 9 months of service for pre-adoption and upon 6 months of service for pre-guardianship). This plan will include an update of the family’s progress, the revised path to permanency, and recommended timeline. We will also be providing an updated Service Plan at this time. | |
| **5** | **SoW Section 5.3 – Post-Adoption and Post-Guardianship Support Services**  Describe how you propose to execute SoW Section 5.3 in its entirety, and in alignment with State laws, the FFPSA, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Demonstrate how service provision will ensure that families remain stable (as defined in SoW Section 5.3) for at least 6 months after the completion of the Post-Adoption or Post-Guardianship Support Services referral. * Describe your plan for conducting outreach to any newly referred children and/or families (i.e., those that did not receive pre-adoption and pre-guardianship services), including how you will ensure that referred families are contacted within 72 hours of referral receipt, and that referred families will receive face-to-face contact within five (5) calendar days of referral receipt. * Detail how you will work collaboratively with any newly referred children and/or families (i.e., those that did not receive pre-adoption and pre-guardianship services) to establish goals and service needs, including your plan to ensure that the written service plan and prevention plan are submitted to DCS within seven (7) days from the first face-to-face contact. * Describe how you will provide outreach and communication to families with closed Post-Adoption and Post-Guardianship Support Services referrals to inform them of their continued eligibility for services. * Describe how your crisis intervention services will assist a family in crisis, including any adoption and/or guardianship-specific competencies that are included in crisis intervention services. * Detail how you will work with families to identify and build informal respite care resources and support networks in their community. * Demonstrate your ability to provide and coordinate formal respite care resources. * Detail the emotional and mental support services available to families, including support group capabilities, counseling services, and in-home coaching and/or in-home training. * Describe how you will provide additional tangible supports, such as concrete financial supports and resource libraries, to families. Demonstrate how you will work with families to identify sustainable tangible supports in their community. |
| Once an adoption or guardianship has been finalized and post-adoptive / post-guardianship services begin, the family will continue to receive the services offered throughout the continuum (as described in section 3 on pages 6-9), but also some additional care specific to post-finalization needs:  **Ensuring 6 Months of Stabilization** Lifeline will continue the efforts to stabilize families beyond the adoption or guardianship finalization, with the intensity of such support varying based on the family’s needs and progression through the process. For example, there will be a greater emphasis on family-centered visits and activities versus one-on-one engagement, depending on need. Our goal will be to reinforce the family bond that has been created through adoption or guardianship, strengthening the family as a whole.  In addition, if a family is newly referred to us as a post-adoptive or post-guardianship case, we will review any key elements from the pre-adoptive service that may not have been completed and implement them at this stage instead. For example:   * Written Service / Prevention Plan * Creation of a Lifebook * Completion of TBRI Curriculum for Parents / Caregivers   **Outreach and Contact Initiation Timelines for Newly Referred Families** Within 72 hours of an approved post-adoption / post-guardianship referral, the case will be assigned to one of our Care Coordinators and initial contact with the family is attempted by telephone. If the Care Coordinator is unable to reach the family via telephone, they will attempt contact through other means including a personal letter, text messaging, and repeated attempts at the home itself.  Lifeline has a team of administrative support staff who are monitoring referrals and case assignments throughout each business day to verify that each referral is acted upon in a timely manner. In addition, our staff conduct ongoing internal “file audits” to confirm compliance in this and other service delivery areas.  The initial visit with a family occurs within 5 business days of the referral acceptance, if not sooner. During this visit, our staff will conduct the assessments described in section 3, “Assessments” on page 9 of this document.  **Service / Prevention Plan** As described earlier, a written Prevention Plan will be created, specific to the family’s unique and individual needs. Specific to post-adoption and post-guardianship cases, this plan may also include plans for community support (support groups, local resources related to their circumstances, etc.), respite options, family counseling, and concrete supports as needed.  **Outreach for Families with Closed Cases Regarding Continued Eligibility for Support** It’s possible that some post-adoption / post-guardianship families may be unaware of the continued services that are available to them once the adoption or guardianship has been finalized. Part of our role will be to connect with post-adoptive / post-guardianship families to let them know about this resource. We’ll do this through a variety of means including:   * Personal email * Personal text * Personal phone call * Personal letter via postal mail * Targeted social media advertisements * Networking with community social service providers   In addition, we are actively pursuing Medicaid opportunities to provide therapeutic services for families that would extend beyond their eligibility for services under the Department of Child Services. As such options become available, we’ll ensure that families are aware of eligible services and how to access them.  **Crisis Intervention** Every active client is provided with contact information for their Care Coordinator, as well as access to our toll-free Support Line, which is answered 24 hours a day / 7 days a week by a live staff member with training in crisis intervention. In addition, any staff member who is involved in a crisis-intervention with a family they are serving will have access to Clinical Supervisors for 24/7 on-call assistance to ensure the safety of children and families.  As shared earlier in the proposal, Lifeline will communicate with DCS staff regarding crises or safety concerns, along with the measures taken to mitigate such risks. At any time, if our staff believe a child may be subject to abuse or neglect, we will immediately contact the state’s Child Abuse and Neglect Hotline.  **Respite Care and Support** As families are becoming acclimated to their new family structure, it can be beneficial to have brief breaks to refresh and regroup. Upon the award of a contract, Lifeline will begin making arrangements to subcontract with providers throughout the state who may offer respite care, such as Gateway Woods in Northeast Indiana.  **Emotional and Mental Support Services** As adoptions and guardianships are finalized, our staff will continue to assess the family’s needs, especially as it relates to the emotional and mental health of the child/children and family. Similar to what was shared in the pre-adoptive section regarding emotional and mental support services, this includes continued support of the Safety Plan; referrals to mental health care resources in the community; as well as in-home counseling from a Master’s level therapist as needed to address some of the issues that may arise following the move into the adoptive or guardianship home.  **Tangible and Concrete Supports** Lifeline is prepared to provide tangible and concrete assistance, as needed, to ensure stabilization. We already have experience providing such support as we are delivering Family Preservation Services throughout the state, including the provision of concrete services when such support is critical to a family’s ability to remain intact.  Part of our approach will be assessing clients’ concrete needs and encouraging them to communicate financial needs in advance so we have time to connect them to community resources, plan ahead, and avoid financial crisis. We’ll also be providing ongoing education related to setting and managing a budget, equipping the family for self-sufficiency related to their financial needs. These steps are helpful, not only from a financial standpoint, but also for the long-term sustainability of the family. | |
| **6** | **SoW Section 5.4 – Enhanced Adoption and Guardianship Support Services**  Describe any proposed Enhanced Adoption and Guardianship Support Services as defined in SoW Section 5.4, and how these proposed enhanced services are in alignment with State laws, the FFPSA, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Detail the Enhanced Adoption and Guardianship Support Services that you propose to provide for Hoosier children and families. * Describe how you will collaborate with the child(ren), family, and DCS to identify and implement Enhanced Adoption and Guardianship Support Services that meet the specific needs of the child(ren) and family. * Describe the benefits of the Enhanced Adoption and Guardianship Support Services that your agency is capable of providing to Hoosier children and families. * Detail how your service provision will take into consideration the unique circumstances faced by adoptive and guardianship families. |
| Lifeline has access to some additional, therapeutic offerings to families based on facilities and therapists located in-house or through partnerships with Pierceton Woods Academy and Wheatfield Residential. Such interventions can be helpful when children or families are having trouble connecting using traditional approaches or to simply enhance their results.  **Enhanced Support Services Description** Enhanced services available to families may include a high-ropes course experience, access to equestrian workshops, a guided hike on the Forgiveness Trail, or an overnight family retreat, as part of periodic scheduled opportunities.  **Collaboration with DCS Regarding Identification and Implementation**  While enhanced services may be available to the families we serve, Lifeline will consult with DCS to collectively determine whether or not such services are appropriate.  **Benefits of Enhanced Services** The benefits of the enhanced services we’re proposing include:   * *High-ropes Course:  High ropes elements can help break down walls and barriers by identifying vulnerability and building trust.  The sense of achievement that occurs when fears are overcome can be an important step in working through family goals.* * *Equestrian Workshops: Sometimes children and adults are able to connect and express themselves through interactions with animals in a way that is hindered in ordinary settings. This will offer a unique, memory making experience for families that can unlock new communication.* * *Forgiveness Trail: This half-mile trail includes 7 stops for participants to read, listen, and reflect on their own experience and the role forgiveness can play in finding freedom and fulfillment.* * *Family Retreat: Being able to get away from day-to-day routines and be immersed in a natural, minimalist environment can allow families to reconnect in new and different ways.*   **Consideration of Unique Circumstances of Adoptive and Guardianship Families** Adoptive and guardianship families rarely have a shared history that goes back much prior to the finalization of the adoption or guardianship. Shared history creates an undeniable bond that families may feel is missing as they move beyond the finalization process. One of the benefits of enhanced services is the opportunity for adoptive and guardianship families to begin building their own history and memories as they sit around a campfire, enjoy a hike in the woods, and experience something new together. | |
| **7** | **SoW Sections 6 and 7 – Project Management and Staffing Requirements**  Describe how you would propose to meet the requirements described in SoW Sections 6 and 7, including, but not limited to, the specific elements highlighted below:   * Provide an outline of your proposed Service Delivery Plan, including how you will meet reporting requirements and communicate with the State. * Detail how you will collect, track, and report client and service data, including all minimum information outlined in SoW Sections 6.2.1 and 6.2.2. * Describe how you will collect, track, and report on the status of all children receiving Pre-Adoption or Pre-Guardianship Services, including the supplementary report for children receiving Pre-Adoption or Pre-Guardianship services for greater than 18 months or 12 months, respectively, per the requirements outlined in SoW Section 6.2.3. * Describe your plan for providing ad hoc reports to the State per the requirements in SoW Section 6.2.4. * Provide a detailed Staffing Plan containing the Full-Time Equivalents (FTEs) for all proposed staff positions and an organizational chart. Describe which staff position(s) will be responsible for each requirement in the Scope of Work. Indicate which staff positions and FTEs (if any) will be provided by subcontractors. Please indicate National Training Initiative (NTI) or Training for Adoption Competency (TAC) completion for all staff members or describe your plan to ensure that all staff members receive the required training. * Provide names and resumes for the individuals you propose to fulfill each required staff position in SoW Section 7.1 and describe how these individuals meet or exceed all experience requirements. If any individuals have not been identified yet, provide a job description at minimum. * Demonstrate your direct and indirect care staff’s understanding of the required topics in the bulleted list in SoW Section 7 and how this understanding will lead to better service provision and outcomes for Hoosier children and families. * Describe how you will ensure that adequate field staff are engaged to allow for statewide service provision, including any geographic spread or case volume assumptions used to estimate the necessary number of field staff. |
| Lifeline already has an extensive staffing structure and administrative framework in place as we’re providing home-based services to more than 2,400 active referrals statewide. Using this experience and infrastructure, we plan to expand and include Adoption and Guardianship Support Services within a similar framework.  **Service Delivery Plan** While Lifeline will collaborate with the State to develop a full Service Delivery Plan within 10 days of the initial project kick-off, we can commit to each of the elements contained in the Scope of Work. Once approved, Lifeline will adhere to the Service Delivery Plan and conduct an annual update and review in conjunction with the State, based on what we’ve learned over the prior year.  In addition, adjustments—as agreed upon—can be made based on the results of Quarterly Meetings between Lifeline and DCS to review the effectiveness of our process and any challenges that arise.  **Managing Client and Service Data** Our staff are located throughout our service area—most residing in or adjacent to the area they serve. Each of our field staff are equipped with a laptop computer and access to a web-based, HIPAA-compliant client information system (Evolv) allowing them to electronically document and report activities and updates in real-time.  In addition, all staff (including administrative and support staff) receive training related to protecting confidentiality, such as abiding by HIPAA requirements and what to do in the event of an incidental exposure. Also, staff identification badges are color coded to differentiate the level of information to which each staff has access based on a defined “need to know” basis. Finally, staff are required to review and sign annual statements related to protocols surrounding client confidentiality to ensure that staff throughout the organization understand their responsibilities related to this topic.  From a technical standpoint, our current environments use the most state-of-the-art cloud services from Amazon Web Services. Our networks and dedicated servers are especially designed with security and stability in mind. Communications are encrypted end to end and data is stored on encrypted secure drives. All servers, network and security setting are backed up daily and data is backed up hourly to provide highly effective recovery in the unlikely event of disaster or data loss.  Beyond our own experience regarding processes and data related to service delivery and program administration, Lifeline will be subcontracting with Netlogx, LLC—a Woman-owned Business Enterprise (WBE)—to assist with the management of business processes under this contract.  **Managing Status and Supplemental Reports for Children** As shared above, staff will be able to log activity and update case status information in real-time, right from the client’s home. In accordance with the Scope of Work, we will be providing a written Service / Prevention plan to DCS within 7 days of the initial referral, followed by monthly progress reports to ensure that the referring DCS staff are kept up to date on a family’s progress.  **Ad Hoc Reporting** In addition to scheduled reporting, Lifeline is prepared to provide reports to DCS on-demand, as requested. Our data management system (described on page 15 under “Managing Client and Service Data”) can generate reports as needed, using a variety of filters to meet specific DCS reporting needs.  **Staffing Plan** Lifeline’s Vice President of Home-Based Services provides oversight for the administrative team (managing referrals, file audits, and reporting), as well as the Program Manager and Supervisors who provide administrative oversight for the State (in the case of the Program Manager) or their area (in the case of a Supervisor), which includes the supervision of field staff, their cases, and crises.  Our Supervisors provide weekly supervision in person or via teleconferencing technology, to oversee the service delivery of our program. Supervision includes one-on-one case consultation, documentation review, and group training, as needed. Additionally, multiple supervisors provide on-call assistance for any staff member involved in a crisis-intervention in order to ensure the safety of children and families.  In accordance with Lifeline policy, staff are routinely shadowed and coached in service provision. To support this level of supervision and care, our combined ratio of supervisors to direct workers is 1 to 10 or the minimum required by a specific evidence-based practice when employed.  Care Coordinators will be the primary staff and single-point of contact for the families they serve, delivering services through weekly in-home visits as described throughout this proposal, up to and including family assessments, service/prevention plans, case management, and TBRI instruction. We anticipate that each Care Coordinator will have 12-15 active cases at a time. It is important to note that all Care Coordinators will complete the Child Welfare Curriculum training through the National Adoption Competency Mental Health Training Initiative (NTI). Training will commence upon award notification with the expectation of having fully-trained staff on hand to begin services by the contract start date.  In addition to the Care Coordinators, Therapists and Visitation Specialists may be used to fulfill in-home counseling needs and pre-placement visits for families, respectively, as needed.  Specifically, we are proposing the following Full-Time Equivalents (FTE’s) specific to direct service delivery under Adoption and Guardianship Support Services:  Supervisors – 12.0 FTE’s Care Coordinators – 120.0 FTE’s Therapists – 12.5 FTE’s Visitation Specialists – 9.0 FTE’s  In addition, we are proposing the use of two subcontractors: 1) Netlogx, LLC as a certified WBE subcontractor to assist with the management of business processes under this contract, which we anticipate will equate to 4.5 FTE’s and 2) Alpha Rae Personnel, Inc. as a certified MBE subcontractor to assist with recruiting qualified talent and training sources throughout the state at approximately 6.0 FTE’s. Other FTE’s that do not involve direct contact with clients include our Vice President of Home-Based Services (at .33 FTE’s), our Program Manager (at 1.0 FTE’s), and other administrative support (at 3.0 FTE’s).  **Proposed Staff**  While we know the anticipated number of staff (in terms of FTE’s) who will be providing services under this contract, the actual named staff (from our pool of 400+ staff) will be determined based on geographic need / volume. However, to provide an idea of staff experience and qualifications, we have included a few sample resumes of staff who could be selected to serve under this contract, as well, as job descriptions for the direct service roles described above in the list of FTE’s. Broadly speaking, our Care Coordinators will have a minimum of a Bachelor’s degree in social work, psychology, or a related field and/or meet the requirements of the Evidence-Based Practices being used. The Care Coordinator will serve as the single point of contact for families among the team of providers Lifeline has to offer, as well as a liaison for other community services to which Lifeline has linked the family. Supervisors overseeing the Care Coordinators will be required to have a Master’s Degree in a mental health discipline and/or be licensed as a mental health provider as required by applicable Evidence-Based Practices. In addition to Care Coordinators and Supervisors, Master’s-level Therapists will be available to provide supplemental care (such as in-home counseling), as needed. Finally, Lifeline has Supervised Visitation specialists that include paraprofessional, professional, and therapeutic levels of qualification to address each family’s specific need.  In addition to the above, Lifeline is proposing the use of Netlogx, LLC as a subcontractor to assist with several administrative elements of this program, including project management/coordination, event coordination, and business process management services. Audrey Taylor, CEO of Netlogx, has over 25 years of experience in Information Technology and her company has over 20 years of experience helping organizations streamline processes, manage data, and strategize solutions. Their expertise in this arena will complement our drive for delivering the most efficient, effective services we can throughout the entire State of Indiana.  We are also proposing the use of Alpha Rae Personnel, Inc. as a subcontractor to assist with recruitment and training resources throughout the state. They have over 30 years of experience and expertise in locating talent and believe this partnership will expand our capacity faster than doing so on our own.  **Staff Competency and Relevance to Outcomes** Not only does Lifeline take care to hire qualified staff, we are also committed to ongoing staff development and education. This process begins with 80 hours of training and orientation (including shadowing and state-required trainings) for new employees prior to having any unsupervised contact with families. This training covers issues such as agency policies, de-escalation techniques, child abuse, treatment planning, and cultural sensitivity. In addition, staff receive specialized training in Evidence-Based Practices, as well as in areas like domestic violence, substance abuse, Ansell-Casey life skills, adolescent issues, and parenting skills through in-services, seminars, and in-house resources. As a follow-up to the initial training and orientation, each new “class” of employees continues with six weeks of Cohort Learning, where the group convenes 2 to 5 times per week to cover topics specific to family safety and stabilization.  **Adequate Staff Capacity** Lifeline has over 400 staff in our Home-Based Services division and is prepared to expand our staff to ensure that we can meet the needs of families referred to us under this contract if selected as the State provider. We are also prepared to temporarily relocate existing, trained staff to meet varying geographic needs while we continue to recruit additional staff as needed in growing areas.  *>**A copy of our Home-Based-Services’ organizational structure—including the proposed positions under this contract—has been included for your reference as* ***Technical Proposal******Appendix A****. >**A copy of relevant job descriptions have been included for your reference as* ***Technical Proposal******Appendix B****. > Copies of sample resumes of current staff have been included for your reference as* ***Technical Proposal******Appendix C****.* | |
| **8** | **SoW Sections 8, 9, 10, and 11 – Implementation and Transition Requirements, Billing and Invoicing, Performance and Outcome Measures, and Corrective Actions and Payment Withholds**  Describe how you propose to execute SoW Sections 8, 9, 10 and 11 in their entirety, including, but not limited to, the specific elements highlighted below:   * Please demonstrate your understanding of and indicate that you agree to comply with the implementation and transition requirements. * Please demonstrate your understanding of and indicate that you agree to comply with the billing and invoicing requirements. * Please demonstrate your understanding of and indicate that you agree to comply with the performance and outcome measures requirements. Outline your data collection practices, including any software utilized for data collection, cleaning, and analysis. * Please demonstrate your understanding of and indicate that you agree to comply with the corrective action and payment withhold requirements. List any corrective actions that you have been subject to in the past five (5) years for services similar to those described in this RFP. Additionally, please describe what measures you will take to avoid corrective action throughout the Contract term. |
| The following section provides information related to Lifeline’s understanding and ability to comply with the Implementation/Transition, Billing and Invoicing, Performance and Outcome Measures, and Corrective Actions sections of the Scope of Work. While our responses focus on the key components and relevant details, it is important to note that Lifeline is committed to complying with each of the components required by the Scope of Work as a whole.  **Implementation and Transition** If Lifeline is selected as the statewide provider of Adoption and Guardianship Support Services, we are prepared to work closely with the current provider to transition care in a manner that serves both the State and families well. To that end, we will submit a Transition Plan to the State for review and approval, adhere to such plan unless a change is mutually agreed upon, and provide regular updates via weekly status meetings.  **Billing and Invoicing** Lifeline agrees to the invoicing parameters set forth in the Scope of Work, including:   * We will bill based on a monthly rate * We will not begin billing until face-to-face contact begins * Outreach and initial assessments prior to service provision will not be included in the monthly rate * Pre-adoption services will be billed at 100% for the first 9 months, 50% for the next 9 months, and no payment following 18 months (or the finalization of adoption) * Pre-guardianship services will be billed at 100% for the first 6 months, 50% for the next 6 months, and no payment following 12 months (or the finalization of guardianship) * Post-adoption and post-guardianship services will be billed at 100% of the monthly rate * We will be eligible for bonus payments for adoptions finalized within 9 months of service or guardianships finalized within 6 months of service * We will be eligible for bonus payments if 95% of post-adoption / post-guardianship services within a contract year are considered “stable”   Lifeline is currently invoicing over $3 million per month under multiple and varied billing arrangements. In this process, we’re tracking and managing multiple services, per diems, hourly rates, variable rates at different points in time, and multiple pay sources. As such, our infrastructure and staff are well-prepared to address the specific billing and invoicing requirements under this contract.  **Performance and Outcomes** Lifeline agrees to the performance outcome measures supporting the five goals outlined in Section 10 of the Scope of Work related to 1) the timing of service initiation, 2) group activities, 3) keeping dissolutions to a minimum, 4) timing of finalization, and 5) duration of family following completion of services. In addition, Lifeline’s software allows staff to enter data regarding engagement, services delivered, updates on status, and so forth in real-time. Results can then be generated quarterly and as requested, in order to comply with the Quarterly Performance and Outcome Measures Report or additional Ad Hoc reporting.  Since data is available on-demand, Supervisors and organizational leaders use their access to real-time data by staff or region to evaluate performance internally and to impact decision-making. For example, there have been instances where we have noticed a decrease in outcomes or effectiveness in a particular area and we were able to immediately review practices and make changes for improvement, such as providing targeted staff training related to trending data.  Lifeline has also established a Performance and Quality Improvement (PQI) committee that meets quarterly to review outcome data throughout the organization including concrete data (such as the number of clients who achieve their service plan goals); feedback from clients and referral sources (satisfaction surveys); and anecdotal reports (success stories, incident reports).  Our staff have whole-heartedly embraced our outcome evaluation process, seeing it as a means to have a greater impact on children and families, rather than simply “another thing to do.” As a result, our Home-Based Services staff take ownership in our outcomes and continually invest themselves into the families they serve—and it shows in our results. As shared earlier, over the past 6 months, we have been able to prevent the removal of children in 88% of our family preservation cases!  **Corrective Actions** While we are confident that the State will find our services to exceed minimum standards and expectations, we will readily address any concerns or issues that arise, up to and including adherence to a Corrective Action Plan and the potential withholding of payment.  Thank you for your consideration. | |