

Embrace Families Foundation, Inc.

**Sunshine Health Child Welfare Specialty Plan
Reinvestment Fund**

A partnership of:



COMMUNITY BASED CARE
INTEGRATED HEALTH

REQUEST FOR PROPOSAL:

*Increasing System Capacity and
Enhancing the Provider Network*

RFP #2019-CWSP

Request for Proposals to Increase System Capacity and Enhance the Provider Network

I. OVERVIEW

The foregoing Request for Proposal (RFP) is made by Embrace Families Foundation (“the Foundation”), as fiscal agent for the Sunshine Health Child Welfare Specialty Plan Reinvestment Fund (the “Reinvestment Fund”). The Reinvestment Fund is a strategic vehicle for building and improving the child welfare system of care in the State of Florida. Contributors to the Reinvestment Fund are comprised of the partners managing the Sunshine Health Child Welfare Specialty Plan, a Florida Medicaid Managed Medical Assistance Program designed to provide services to Florida Medicaid-eligible children under the age of 21 years who have an open case in the Florida Safe Families Network (FSFN) and Florida Medicaid-eligible children who have been adopted through the state’s child welfare system and are receiving a state adoption subsidy. These contributors specifically include Sunshine Health and Community Based Care Integrated Health (CBCIH). In FY2018-19, the priorities of the Reinvestment Fund are to 1) support improvements in quality of care and initiatives which support the stability of children placed in natural, community-based settings, and 2) improve health outcomes for children in Florida’s child welfare system.

Award Floor:	\$15,000	Estimated No. of Awards:	10
Award Ceiling:	\$100,000	Total Funding Available:	\$600,000

In the current year, the Reinvestment Fund is soliciting proposals falling within one of three program areas designed to increase system capacity, improve provider service quality, and to make the provider network more robust. Additionally, applicants must include consideration of one or more priority populations. Projects may be for a single agency or a network of agencies serving a common population or within a common geographic area.

PROGRAM AREAS

Program Area 1: System Capacity & Readiness

Projects funded under Program Area 1 should be designed to disseminate proven practices that lead to improved child outcomes or prepare provider agencies for requirements resulting in the transition from the Title IV-E Waiver and/or the passage of the Families First Prevention Services Act. Provider agencies may include case management, child placing/recruitment, residential and therapeutic group care, SIPP, kinship, etc. *Examples include, but are not limited to:*

- Projects which provide start-up funding for the implementation of evidence-based practice (training, coaching, supervision, certification, etc.).
- Projects which enhance the capacity of transitional living homes or independent living programs for young adults who turned 18 while in foster care.
- Projects which allow residential or therapeutic group homes to secure expert consultation to obtain accreditation, in accordance with the Families First Prevention Services Act.

Program Area 2: Evidence-Based Prevention

Projects funded under Program Area 2 should be designed to reduce the occurrence of preventable mental health, behavioral health or physical health hospitalizations or more intensive levels of residential care. Proposed projects may include promising practices or those seeking designation as evidence-based. *Examples include, but are not limited to:*

- Projects which prevent behavioral health inpatient admissions or re-admissions of youth involved in the child welfare system, and adopted youth, through proactive and evidence-based services or treatment.
- Projects which utilize evidence-based practices that are designed to prepare caregivers (including foster parents, relative, non-relative, adoptive and biological parents) to manage higher level physical, behavioral health and developmental needs of children in their care and in the community.
- Projects which utilize evidence-based practices that improve birth, infant and maternal health outcomes.

Program Area 3: Specialized Therapeutic Placements

Projects funded under Program Area 3 should be designed to expand the capacity of specialized therapeutic placements. *Eligible projects are limited to:*

- Pilot programs or expand promising or evidenced-based programs intended to develop a model for successful recruitment, training, and licensing of specialized therapeutic foster homes (STFC). Targeted homes must meet criteria to provide specialized therapeutic foster care services in accordance with Florida Medicaid's coverage and limitations requirements. Successful programs will demonstrate a proven success strategy, and will recommend a plan for both scalability and sustainability of the program.

PRIORITY POPULATIONS

In addition to aligning with one of the three project categories above, applications will only be considered if they demonstrate special awareness of one or more priority populations within the State of Florida child welfare system, including children in both in-home care, out-of-home care, and post-adoption.

- Pregnant/parenting teens
- Children ages zero – five
- Victims of human trafficking
- Children exhibiting maladaptive behaviors stemming from trauma
- Children with co-occurring behavioral health and physical health needs
- Older youth in foster care transitioning to legal adult status
- Adoptive children and families
- Relative/non-relative (kinship) families

Funding resulting from this procurement shall be considered catalytic, or seed funds, to begin new programs or increase the capacity of existing programs to meet this need. Funding may not be used for services or to supplant existing revenue sources.

Interested service providers must be committed to the children being served and be able to identify, assess, and implement strategies that are supported by evidence-based research as being effective in improving outcomes for children and families. The Reinvestment Fund is committed to supporting and promoting a strong and skilled provider network and culture based on evidence based, family-centered and trauma-informed care practices to serve children in the child welfare system.

The anticipated award announcement date is May 3, 2019. Projects resulting from this funding are expected to be operationalized no later than July 1, 2019. All awarded funds are expected to be expended no later than June 30, 2020.

Consider this communication a formal Request for Proposals (RFP), responses to which will be used to determine the best-qualified applicant for these services and will be the basis for negotiating a contract(s). Embrace Families Foundation, on behalf of the Reinvestment Fund, encourages participation by small businesses and organizations, minority firms, women's business enterprises and labor surplus area firms certified as such by the State of Florida. Anyone is eligible to submit a proposal for contracted services and Embrace Families Foundation is committed to an open, competitive and fair procurement process. Embrace Families Foundation does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

II. ABOUT THE CHILD WELFARE SPECIALTY PLAN REINVESTMENT FUND

The Sunshine Health Child Welfare Specialty Plan Reinvestment Fund (the Reinvestment Fund) was created in 2017 by the partners of the Sunshine Health Child Welfare Specialty Plan, a Florida Medicaid Managed Medical Assistance Program designed to provide services to Florida Medicaid-eligible children under the age of 21 years who have an open case in the Florida Safe Families Network (FSFN) and Florida Medicaid-eligible children who have been adopted through the state's child welfare system and are receiving a state adoption subsidy. The Child Welfare Specialty Plan is administered by the Florida Agency for Health Care Administration (ACHA) which contracts with Sunshine Health to serve this specialty population. Sunshine Health sub-contracts with Community Based Care Integrated Health (CBCIH) to perform critical functions of the Child Welfare Specialty Plan.

While tremendous strides have been made in providing comprehensive healthcare coverage to youth in foster care under Sunshine Health's Child Welfare Specialty Plan, gaps in coverage still exist. In addition to working alongside colleagues at the Florida Department of Children and Families to expand coverage, this partner-funded reinvestment plan is designed to proactively address the following priorities:

- Fund programs designed to increase system capacity and to make the provider network more robust.
- Fund programs designed to address gaps in Medicaid coverage for youth in foster care.

Funds issued through Reinvestment Fund activities are expected to serve as startup resources for system enhancements. These funds are not intended to replace existing system resources or act as recurring revenue to specific programs. Funded projects must be able to provide sustainability plans beyond the funds provided through the Reinvestment Fund. All programs funded under this plan will be designed to have statewide reach and impact, or will target specific geographic areas or populations based on data gathered by the partners. Awarded organizations and/or providers will be required to submit regular reporting pertinent to the project, to be determined based upon the details of the proposal.

Plan Partners:

Today in Florida, approximately 42,000 youth in foster care benefit from a comprehensive health program through the Sunshine Health Child Welfare Specialty Plan, which is operated via a strategic partnership of the following organizations:

Sunshine State Health Plan, a Subsidiary of Centene Corp.

Sunshine Health offers the only statewide specialty plan for children currently in, or adopted from, Florida's child welfare system. Headquartered in Sunrise, FL, Sunshine Health is among the largest healthcare plans in Florida and is a wholly-owned subsidiary of Centene Corporation. Offering coordinated care and a network of support for its more than 800,000 members, Sunshine Health is transforming the health of our communities, one person at a time.

Community Based Care Integrated Healthcare (CBC Integrated Health) LLC

CBC Integrated Health is a venture operated in partnership with Juno Capital, Embrace Families, Inc. and 14 additional community based care lead agencies in Florida. CBC Integrated Health delivers critical coordination between the Florida Medicaid Sunshine Health Child Welfare Specialty Plan, service providers, and the child welfare clients directly served by the lead agencies throughout the state of Florida.

III. SCHEDULE OF EVENTS AND DEADLINES

All Times Eastern Standard. Time and Locations are Subject to Change.

ACTIVITY	DATE	TIME	COMMENT
RFP posted to website	February 15, 2019	3 PM	www.cbcih.net/rfp
Written inquiries due	March 1, 2019	3 PM	Submissions must be sent to: grants@cbcih.com

Responses to inquiries posted to website	March 8, 2019	3 PM	www.cbcih.net/rfp
Proposals due	April 1, 2019	3 PM	Submissions must be sent to: grants@cbcih.com
Proposal selection(s) posted to website	May 3, 2019	3 PM	www.cbcih.net/rfp
Award period begins	July 1, 2019		
Award period ends	June 30, 2020		

IV. PROPOSAL REQUIREMENTS

A. Proposal Components

Include the following information in your organization’s response:

1. Cover Sheet (see Attachment A)
2. Conflict of Interest Form (see Attachment B)
3. Organizational/Provider History & Capacity
 - a. Provide a brief overview of the organization, including its mission and goals, and its capacity to manage grant funding over the award period. Include information on existing leadership, reporting and fiscal management.
 - b. Describe the services/programs the application organization currently has in the Child Welfare line of business, including through agreement with governmental agencies, community based care lead agencies and/or other funding sources.
 - c. If the project will include participation of more than one entity, describe the current relationships among the partners, and how the partnership will be governed in relation to the project. How have the partners collaborated previously, and what was the resulting impact?
4. Project Description – *Program Areas 1 and 2 only (see Section 5, page 7, for Program Area 3)*
 - a. Provide a general overview of the project, including the Program Area and Priority Populations to be served. How will the project improve quality of care for children placed in natural, community-based settings and/or improve health outcomes for the children served?
 - b. Include the physical address and primary geographic region served for the project. Please describe the need to support the geographic area you propose to serve. Provide any data or other information to support the need.

- c. Include the projected number of children (and if appropriate, families) to be impacted as a result of the project's implementation. An annualized number is appropriate.
 - d. Describe a referral and/or contracting plan with the Florida child welfare system, including any collaboration with the local community based care lead agency.
 - e. Describe the general use of funds, if awarded. What other fund sources have been sought and/or secured for this project?
 - f. Provide a detailed sustainability plan for the project once the award period has expired.
5. Project Description – *Program Area 3 only (see Section 4, page 6, for Program Areas 1 and 2)*
- a. Provide a general overview of the project, including the Priority Populations to be served. How will the project impact placement and/or service delivery to youth in the area within the targeted population(s)?
 - b. Include the physical address and primary geographic region served for the project. Please describe the need to support the geographic area you propose to serve. Provide any data or other information to support the need.
 - c. Include the annual target of specialized therapeutic foster homes recruited, trained and licensed by the project, including number of beds and any proposed subpopulation(s) to be served.
 - d. Describe a referral and/or contracting plan with the Florida child welfare system, including any collaboration with the local community based care lead agency.
 - e. Describe the general use of funds, if awarded. What other fund sources have been sought and/or secured for this project?
 - f. Describe how the project may be scaled to increase licensed homes in the proposed geographic area in the future, or expanded to other areas of the state.
 - g. Provide a detailed sustainability plan for the project once the award period has expired.
6. Service Delivery – *Program Areas 1 and 2 only (see Section 7, page 8, for Program Area 3)*
- a. Describe the applicant's history of working with the proposed Priority Population.

B. Format and Submission

1. Responses shall not exceed twenty (20) pages. Responses shall be formatted in double-space using an easily readable font (such as 12 point Times New Roman), on 8.5 x 11 white paper. Pages should be numbered. The Cover Page (Attachment A), Conflict of Interest Form(s) (Attachment B), and Letters of Reference/governing agreements are excluded from the overall page count. **The Budget and Budget Narrative are included in the twenty (20) page limit, but may be single-spaced.**
2. Applicants shall submit their responses via email in a single PDF File viewable in Adobe Acrobat Reader.
3. To be considered for evaluation, an applicant's response must include the content and format requirements described herein.
4. Applicants shall submit responses to grants@cbcih.com no later than 3:00 p.m. on Monday, April 1, 2019. Responses received after 3:00 p.m. on April 1, 2019 will not be considered.

C. Other Information

1. Include any additional information not already requested that you consider essential to your response. If there is no additional information to include, state: "There is no additional information we wish to present."
2. Bidders should note that the issuance of this solicitation does not require Embrace Families Foundation, on behalf of the Reinvestment Fund, to enter into an agreement with any party. Further, Embrace Families Foundation reserves the right to withdraw or change this request for proposals at any time when doing so is in the best interest of Embrace Families Foundation, on behalf of the Reinvestment Fund.
3. Embrace Families Foundation, on behalf of the Reinvestment Fund, reserves the right to seek additional or clarifying information from the Respondent which may enable the Sunshine Health Child Welfare Specialty Plan Reinvestment Fund Review Panel to make a more informed selection.
4. Point of Contact: The sole point of contact for purposes of this RFP is:

Rebecca Leininger
Director, Business & Resource Development
Embrace Families Foundation, Inc.
Email: grants@cbcih.com
5. All inquiries regarding this solicitation must be in writing electronically. Facsimiles will not be accepted. Inquiries (via email) must be received by the date on the

Schedule of Events. Telephone inquiries will not be accepted. Responses to questions will be posted at www.cbcih.net/rfp by the date indicated.

Information will not be provided by telephone. Any information received through oral communication shall not be binding on Embrace Families Foundation or the Reinvestment Fund, and shall not be relied upon by any respondent.

6. Respondents are prohibited from contacting Embrace Families Foundation staff, Sunshine Health Child Welfare Specialty Plan Reinvestment Fund leadership, Board members of any of the Plan Partners or staff of any related organization of the Plan Partners, regarding this solicitation other than the contact person identified in this section. Any occurrence of a violation may result in the disqualification of the respondent.
7. Embrace Families Foundation, the Reinvestment Fund, and any of its Plan Partners are not liable for any costs incurred by a Vendor in responding to this RFP.

ATTACHMENT A
PROPOSAL COVER SHEET

Respondent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web Address: _____

Date Entity/Business Established (Mo/Year) _____ Federal Tax ID: _____

Type of Respondent:

- Private, For-Profit Corporation
- Private, Non-Profit Corporation
- Other (specify): _____

Total Amount of Request: \$ _____

Name/Title of Primary Contact for Proposal: _____

Telephone: _____

Email: _____

Authorization:

Name/Title of Authorized Official: _____

Signature

Date

ATTACHMENT B
CONFLICT OF INTEREST FORM

**If respondent is an entity, each owner and/or officer should complete a separate form.*

Name: _____

	YES	NO
1. Do you, your immediate family, or your business partner have financial or other interests in Embrace Families Foundation, Community Based Care Integrated Health (CBCIH), Sunshine Health, or the recipient(s) of the proposed services?		
2. Has there been an offer or exchange of gratuities or anything of monetary value between you, your immediate family, or your business partner and any employee of Embrace Families Foundation, CBCIH, or Sunshine Health?		
3. Within the last 24 months, have you been employed by, or do you plan to seek or accept future employment with, Embrace Families Foundation, CBCIH, Sunshine Health, or the recipient(s) of the proposed services?		
4. Are there any other conditions which may cause a conflict of interest?		

If you checked “YES” to any of the above questions, please provide more information in the box below. Attach additional sheets as necessary.

I hereby certify that my answers and any related explanation(s) are true, correct and complete to the best of my knowledge.

Signature

Date

Title

Organization