



Allegheny County Department of Human Services
Request for Proposals

**Drug and Alcohol Intensive Case
Management**

RFP Posting:

Friday, August 16, 2019

Deadline for Questions:

3 p.m. Eastern Time on Friday, September 13, 2019

Submission Deadline:

3 p.m. Eastern Time on Friday, September 20, 2019

Estimated Award Decision/Notification:

December 2019

Allegheny County Department of Human Services
One Smithfield Street Pittsburgh, PA 15222

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Acronyms and Defined Terms

Unless the context indicates otherwise or another definition is provided herein, the following capitalized words are defined as follows for purposes of this RFP:

1. Act 53: A statute in the Commonwealth of Pennsylvania. Act 53 allows a parent/legal guardian to get a drug and alcohol assessment for their child, and if warranted, compel the child to enter treatment. The Act 53 procedure is a collaboration between Allegheny County Juvenile Court and the Bureau of Drug and Alcohol Services of the Allegheny County Department of Human Services.
2. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services.
3. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania.
4. Contract Services: The specific services which the Successful Proposer agrees to provide to the County in response to this RFP as more particularly described in the Scope of Services in the Agreement.
5. DA-ICM: Drug and Alcohol Intensive Case Management. The coordination of a Client's treatment, services and supports to meet the Client's treatment and non-treatment needs and goals on their path to recovery from drug and/or alcohol use.
6. DDAP: [Pennsylvania] Department of Drug and Alcohol Programs.
7. DHS: [Allegheny County] Department of Human Services.
8. LOCA: Level of Care Assessment. A survey used to gather information about a client and to assess and recommend the appropriate treatment and service options according to the Client's personalized needs.
9. PA WITS: Web Infrastructure for Technology Services is used by the Commonwealth of Pennsylvania to meet its primary objective of reporting Treatment Episode Data Set (TEDS) to the Substance Abuse and Mental Health Services Administration (SAMHSA) and is used as an integrated system to collect clinical and case management data as required by the DDAP Treatment Manual.
10. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP.
11. Proposer: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP.
12. Response Form: The Word document in which a Proposer provides information requested by this RFP.
13. Recovery-Oriented System of Care (ROSC): A coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families and communities to achieve abstinence and improved health, wellness and quality of life for those at risk of alcohol and drug problems.
14. RFP: Request for Proposals
15. SAMHSA: Substance Abuse and Mental Health Services Administration.
16. Successful Proposer: The Proposer selected by the County to provide the Contract Services.

The RFP at a Glance

Purpose

Allegheny County, on behalf of its Department of Human Services (DHS), Bureau of Drug and Alcohol, is soliciting Proposals from qualified Proposers to provide Drug and Alcohol Intensive Case Management Program services (variously referred to herein as DA-ICM, the DA-ICM Program or the Program) for individuals in treatment or recovery from drug and/or alcohol use (referred to as Client or Clients). DHS envisions that DA-ICM is the coordination of a Client's treatment, services and supports that meet the Client's treatment and non-treatment needs and goals on their path to recovery from drug and/or alcohol use.

The Successful Proposer must employ DA-ICM case managers. DA-ICM case managers will serve as a Client's single point of contact to coordinate care across systems and services according to the Client's individualized strengths, needs and goals. DHS assumes a maximum caseload of 35 Clients per DA-ICM case manager at a time, and an average of six months of DA-ICM Program services per Client. DHS anticipates there will be approximately 1,800-2,000 referrals per year with approximately 600-700 clients served (duplicate count) per year.

Because this Program also will serve minors, the Successful Proposer for DA-ICM must employ an Act 53 case manager. This case manager will function as a parent advocate and will coordinate the Act 53 process, when necessary to address the issue of involuntary commitment of minors into drug and alcohol treatment.

Award Details

DHS intends to enter into an Agreement with a Successful Proposer to provide the DA-ICM Program. Total funding for the DA-ICM will not exceed \$550,000 annually.

DHS intends to contract for DA-ICM Program on a fee-for-service basis. The Successful Proposer must meet a standard of 60 percent billable time per staff member to fully deplete the budget allocation. Anything less than 60 percent billable time will result in a less than full allocation for DA-ICM Program services.

Who can apply

Anyone, including, but not limited to, non-profit organizations, for-profit organizations, small businesses and individuals, are eligible to submit a Proposal in response to this RFP. Proposers do not need to have an existing contract with Allegheny County to apply, but Proposers must meet all of Allegheny County's contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capability to provide the Contract Services.

Current providers of Intensive Case Management (ICM) who wish to continue their program must submit a Proposal in response to this RFP.

The Successful Proposer is required to be or become a Medicaid enrolled provider and to possess a Promise ID and have an approved Supplemental Service Description for Drug and Alcohol Intensive Case Management (Provider Type/Provider Specialty 21/138). Further, the Successful Proposer is required to be or become an approved network provider with Community Care Behavioral Health.

What's important to us

The Successful Proposer's delivery of DA-ICM Program services must adhere to the "strengths-based perspective" described in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocol Series (TIP), *Comprehensive Case Management for Substance Abuse Treatment* (TIP27).¹

Timeline

Deadline for Proposers to submit questions about this RFP is 3 p.m. Eastern Time on Friday, September 13, 2019. Proposals must be submitted by 3 p.m. Eastern Time on Friday, September 20, 2019. We expect to notify Proposers of the County's decision to award an Agreement in November 2019.

Who we are

On behalf of Allegheny County, DHS is the issuing office for this RFP.

DHS is the largest department of Allegheny County government and provides publicly-funded services to more than 200,000 people annually, in areas including child welfare, behavioral health, aging, intellectual disability, homelessness and community services.

More information about DHS is available at <http://www.alleghenycounty.us/human-services/index.aspx>

Section 1: Why We Are Issuing this RFP

In 2020, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) will issue new five-year grant agreements. It is anticipated that these new grant agreements will include more stringent case management expectations based on SAMSHA's TIP27. DDAP has encouraged Single County Authorities (SCAs)² to lay a solid foundation for accommodating these changes prior to the 2020 change.

¹ <https://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management-for-Substance-Abuse-Treatment/SMA15-4215>

² SCAs are county agencies charged with administering community substance abuse programs. DHS is the SCA for Allegheny County.

In response, Allegheny County is shifting to a model of Intensive Case Management (ICM) for Clients in treatment or recovery from drug and/or alcohol use that is radically different from the past—and that will become an essential element of the County’s improved Recovery-Oriented System of Care (ROSC).³ ICM is a type of case management that provides a single point of contact, the case manager, to coordinate a Client’s services and supports for meeting the Client’s treatment and non-treatment needs and goals.

In Fiscal Year 2017-18 (FY 17/18), 15,104 Clients received services for substance use disorders (SUDs) at a cost to DHS of more than \$83 million. While DHS includes case management on its fee schedule for contracted drug and alcohol treatment providers, most Clients have not been receiving this service in its fullest sense; most providers billing for case management are simply conducting the Level of Care Assessment (LOCA).⁴ In addition, case management has been embedded within providers at varying levels of care, causing it to end when the Client moves from that provider or level of care.⁵ This means Clients receiving “case management” from their treatment providers are missing the holistic care coordination that has been shown to have multiple benefits, including improved retention in recovery and continued access to support services such as mental health, physical health, housing, education, family and peer support, and justice-related services.

DHS currently maintains a small, distinct ICM unit, but referrals to this unit have been low. In FY 17/18, 1,863 Clients were newly referred for DHS’s ICM services. ICM case managers were able to reach 458 of those referrals and 145 became active ICM Clients. (Current providers of this ICM who wish to continue their program must submit a Proposal in response to this RFP.)

DHS will manage the shift to a new and improved model of ICM in two main ways: 1) by creating a separate and distinct ICM unit called “Drug and Alcohol Intensive Case Management” (DA-ICM) through this RFP that will significantly expand what ICM now exists; and 2) by restructuring our contracts with providers to ensure that services billed as case management meet stricter guidelines and that LOCAs are conducted independent of case management.

1.1 Drug and Alcohol Intensive Case Management Description

The DA-ICM Philosophy. DA-ICM is not intended to replace treatment, but rather to enhance the treatment and recovery process by promoting self-sufficiency and empowering Clients to assume responsibility, within their abilities, for their recovery. DA-ICM is distinguished from treatment in that the case manager functions as an advocate who works with the Client to address non-treatment, tangible needs such as food, shelter, clothing, bus tickets and childcare. While these issues are not the focus of treatment, they can prevent the Client from focusing on recovery and thus, resolving them can make the difference between treatment success and failure.

³ The ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families and communities to achieve abstinence and improved health, wellness and quality of life for those at risk of alcohol and drug problems.

⁴ The LOCA is a survey used to gather information about a Client and to assess and recommend the appropriate treatment and service options according to the Client’s personalized needs.

⁵ Level of care refers to the group of services specific to a Client’s level of functioning and intensity of need.

The Case Managers' Role. DHS envisions that DA-ICM case managers will collaborate with Clients through engagement, evaluation of strengths and needs, service planning and goal setting, linking, monitoring, advocacy and coaching. The DA-ICM case managers will ensure that Clients with complex and multiple non-treatment needs receive the individualized services they need in a timely and appropriate fashion within the ROSC.

DA-ICM Services. The underlying principle of DA-ICM is to increase a Client's level of self-sufficiency with support services based on their needs in one or more of the following life domains:

- *Education/Vocation:* e.g., GED, tutoring, English as a Second Language (ESL), aid from the Office of Vocational Rehabilitation (OVR)
- *Employment:* e.g., job search assistance, job training, résumé writing, aid from Career Link
- *Physical Health:* e.g., medication management, medical issues needing attention, pregnancy testing, prenatal care, Tuberculosis (TB) assessment, aid for HIV/AIDS
- *Mental/Behavioral Health:* e.g., alcohol and other drugs (AOD) issues, mental health referral, psychotropic medication management, co-occurring disorder referral
- *Family/Social:* e.g., counseling, education, resources, assistance in developing healthy leisure activities and social skills
- *Housing:* e.g., assistance with getting the Client into a healthy environment, referral to housing agencies, assistance with housing applications
- *Legal Status:* e.g., referral for legal assistance, communication skills when dealing with probation/parole
- *Basic Needs:* e.g., assistance meeting basic needs such as food, clothing, transportation
- *Life Skills:* e.g., assistance with cooking, cleaning, grocery shopping, paying bills in a timely manner, coping skills, communication skills

Identifying a Client's need for DA-ICM. Although the need for DA-ICM may be identified during a drug and alcohol assessment, the need for support services, such as those listed above, can arise at any time. The DA-ICM case manager and Client should view their relationship as one built on the process of "progressive disengagement" from DA-ICM, in which the Client becomes increasingly independent and self-sufficient.⁶

DA-ICM and Treatment. In many cases, treatment/recovery and DA-ICM may be simultaneous for the Client. However, it is possible for a Client to be involved in DA-ICM but not yet actively involved in drug and alcohol treatment/recovery. In such cases, the DA-ICM case manager should work toward engaging the Client in treatment/recovery by way of encouragement and support of the process. The fundamental belief is that, for Clients who previously had limited resources or a support system, involvement in DA-ICM may lead to an admission to treatment.

For more information about case management, please refer to Appendix A: Case Management Background.

⁶ Case Management, Bureau of Drug and Alcohol Policy and Procedure Manual, 2017

Section 2: What We Are Looking For

DHS seeks a Successful Proposer to provide DA-ICM under the new model as described in this RFP in sections 1 and 2. DHS's goal is to improve the health and well-being of Clients with SUDs by establishing quality DA-ICM that is separate and distinct from treatment and other services. The new DA-ICM model being sought through this RFP is dramatically different from our previous approach. The new model will provide a holistic approach, consistency as Clients transition among levels of care, and the independence that leads to improved adherence to treatment and recovery maintenance. These are characteristics of care that Clients have told DHS they want during Client engagement interviews.

2.1 Service Description

The Successful Proposer must utilize the ICM model described in *Comprehensive Case Management for Substance Abuse Treatment*, the subject of TIP27 developed by SAMSHA (HHS Publication No. SMA 15-4215, Revised 2015). This model is associated with better outcomes, keeps Clients engaged in treatment, and addresses concurrent issues that contribute to a SUD. DA-ICM will provide Clients with case management that focuses the Client's unique needs and ensures referrals to services needed. The Successful Proposer must deliver the DA-ICM Program with a holistic, Client-centered approach that stresses comprehensive assessment, service planning and service coordination. As a fundamental tenet of TIP27 indicates, DA-ICM must be "client-driven and driven by client need."

The Successful Proposer's DA-ICM must be designed, with expertise and compassion, to serve a diverse population. All Clients should feel welcomed, well-served and supported regardless of their ethnic or racial heritage, sexual orientation and gender identity, intellectual or physical disability, English language proficiency or life experiences. The Successful Proposer must understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into DA-ICM.

The Successful Proposer must employ DA-ICM case managers. The Successful Proposer's DA-ICM case managers will serve as their Clients' single point of contact across systems and services and will motivate, support and direct Clients throughout their path to recovery. DA-ICM case managers must engage with their Clients across the ROSC, from case finding and pre-treatment through primary treatment (residential or outpatient), and finally to aftercare—across the continuum⁷ and among levels of care. Starting at case finding and pretreatment acknowledges the wide variety of case management activities that occur before a Client has become part of the formal treatment process and underscores the importance of having a specific individual advocate for a Client along the way. Equally important, that single point of contact can ensure communication across the inter-agency team working with the Client, and can draw upon medical, housing, overdose prevention, peer support, and other systems that can address Clients' needs. Each DA-ICM case manager will be fully part of the ROSC in Allegheny County, with referrals from DHS's

⁷ The continuum or continuum of care refers to the network of Client services and supports across Allegheny County.

coordinated intake, engagement centers, qualified assessment centers and providers at all levels of care.

In addition to providing DA-ICM case managers, the Successful Proposer must employ an Act 53 case manager to coordinate the collaborative procedure between Allegheny County Juvenile Court and DHS to address the issue of involuntary commitment of minors into drug and alcohol treatment. The Act 53 case manager functions as a parent advocate to coordinate the Act 53 Process, maintain all Client paperwork, and attend all trainings, meetings and hearings. The Act 53 case manager must possess all the skills of a DA-ICM case manager, may be required to conduct LOCAs and, in addition, must be familiar with the juvenile court process.

2.2 DA-ICM Case Managers

The Successful Proposer's DA-ICM case managers must provide the following services:

- Coordinate care and services with all members of the inter-agency team and across multiple health and social services systems, ensuring continuity among the full array of needed supports and services
- Make appropriate referrals for professional services (e.g., treatment, transitions between SUD levels of care, mental health treatment, physical health, smoking cessation, HIV, Hepatitis C and other health concerns as warranted)
- Assist Clients in accessing necessary and available resources and entitlements (e.g., Medical Assistance, HUD/housing, TANF, benefits, disability insurance and supports)
- Assist Clients in securing support services according to individualized needs (e.g., housing, employment, aftercare, child care)
- Assist Clients in accessing services necessary to enhance safety, self-sufficiency and engagement with positive relationships/family
- Assist Clients in legal processes such as filing housing appeals, connections to legal aid and justice-related services
- With Client approval, provide referrals to professional services and direct connection to a Certified Recovery Specialist⁸
- Support Clients as they transition among levels of care
- Advocate for Clients
- Provide active and assertive outreach to Clients, meeting Clients out-of-the-office
- Plan services and create recovery plans
- Assess Client needs and strengths continually over time
- Support Clients in meeting their self-directed recovery goals

DA-ICM Case Manager Qualifications. The Successful Proposer's DA-ICM case managers must possess the following qualifications:

- Knowledge, skills and abilities

⁸ Also known as a CRS, this is a person with lived experience who works closely with case management staff. A CRS's main goal is to focus on the recovery process by offering Clients support, modeling effective coping techniques, and assisting Clients in advocating for themselves to obtain effective services

- Ability to establish quick rapport with Clients
- Ability to work with Clients who: 1) have physical, mental or emotional disabilities; 2) are economically disadvantaged; and/or 3) are involved with the criminal justice system, child welfare or other human service systems
- Cultural competence and sensitivity
- Effective interviewing techniques
- Knowledge and understanding of substance use
- Knowledge of addictions treatment, including assessment and case management services
- Knowledge of human service agencies providing services to Clients with drug and alcohol needs
- Able to conduct a LOCA
- Knowledge of crisis intervention and crisis management approaches
- Motivational skills
- Understanding of how to maintain appropriate boundaries
- Ability to establish and maintain effective working relationships with Clients, families, agency staff, community service agencies and facilities, and the general public
- An appreciation of the Client as a person with a substance use problem rather than just as a “drug addict” or an “alcoholic”
- Ability to interpret regulations, policies and procedures and apply them accordingly
- Ability to plan and organize work, prepare records and reports, set priorities and carry out duties in an effective and timely manner with minimal supervision
- Education/experience
 - Bachelor’s degree in a related field, plus at least one to two years’ experience providing direct services to Clients in an alcohol or drug treatment setting (or dual diagnosis program), including counseling, intake assessment, specialized clinical treatment services or case management services; or
 - Three years as a drug and alcohol case management specialist; or
 - Any equivalent combination of education and experience that meets the required knowledge, skills and abilities
- Certificates, Licenses, Registrations
 - Act 33, 34 and FBI clearances

2.3 Act 53 Case Manager

Act 53 is a statute in the Commonwealth of Pennsylvania that allows a parent/legal guardian to get a drug and alcohol assessment for their child, and if warranted, compel the child to enter treatment. The Act 53 procedure is a collaboration between Allegheny County Juvenile Court and the Bureau of Drug and Alcohol Services of the Allegheny County Department of Human Services. At an initial Act 53 motion hearing, the child is ordered to have a drug and alcohol assessment prior to the Act 53 hearing, which is heard approximately three weeks later. At the hearing the Judge

renders a decision for treatment based on the evidence presented to the Court. The Court will then monitor the child's progress and schedule a review hearing 45 days after the hearing.⁹

In addition to employing DA-ICM case managers, the Successful Proposer must employ an Act 53 case manager to function as a parent advocate to coordinate the Act 53 process for juveniles with SUD, maintain all Client paperwork, and attend all trainings, meetings and hearings. The Act 53 case manager must possess all the skills of a DA-ICM, may be required to conduct LOCAs and, in addition, must be familiar with the court process.

The Successful Proposer's Act 53 case manager must function as a parent advocate who provides the following services:

- Receive and return parent calls on a timely basis
- Instruct parents on overview of Act 53 process
- Conduct family assessments
- Arrange and attend petition hearings
- Coordinate assessment, funding and attorney time frames
- Secure bed space and transportation for adolescents (if necessary)
- Attend placement hearings
- Coordinate functions of all parties on hearing date
- Present case to Juvenile Court judge
- Function as a case manager during Client treatment process
- Coordinate all stakeholders for review hearings
- Attend review hearings
- Present progress and treatment recommendations to the Juvenile Court judge
- Maintain all necessary Act 53 paperwork and Client files
- Complete bi-weekly, quarterly and yearly statistical reports
- Present the Act 53 process to public and private entities upon request
- Attend all related adolescent meetings and trainings
- Attend all required staff meetings

Act 53 Case Manager Qualifications. The Successful Proposer's Act 53 case manager must be a certified addictions counselor (CAC) and possess the following:

- Bachelor's degree in a related field (e.g., social work, chemical dependency, psychology, nursing, sociology or a similar field), plus at least one year's experience as a supervisor in a clinical setting providing direct services, including assessment, to Clients in a drug and alcohol setting; or
- Four years as a drug and alcohol treatment specialist; or
- Five years' experience in the drug and alcohol field with two years specific to adolescent services; two years' experience in family dynamics of addiction; experience with DHS; knowledge and experience in drug and alcohol case management; knowledge of

⁹ For more information, see <https://www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Drug-Alcohol/Involuntary-Commitment.aspx>

insurance and public drug and alcohol funding; knowledge of juvenile probation, child welfare and mental health services; knowledge of and experience with crisis and family intervention; knowledge and experience related to functions of adolescence drug and alcohol treatment services; or

- Any equivalent combination of education and experience that meets the required knowledge, skills and abilities

2.4 Referrals

All referrals for DA-ICM Program services will come through PA WITS. PA WITS is the Web Infrastructure for Technology Services used by the Commonwealth of Pennsylvania to meet its primary objective of reporting Treatment Episode Data Set (TEDS) to SAMHSA and is used as an integrated system to collect clinical and case management data as required by the DDAP Treatment Manual. In addition to referrals, the Successful Proposer must use PA WITS for recovery plans, billable encounter notes and non-billable (miscellaneous) notes.

DA-ICM case managers will receive Client referrals from across Allegheny County's continuum of care. Referrals can be made prior to, during or after a treatment experience, depending on where along the spectrum a Client engages with DHS. DHS expects many referrals for DA-ICM to come from its new coordinated intake, certified assessment centers and engagement center initiatives as they are implemented.

The Successful Proposer must actively reach out to referral sources to foster (and maintain) awareness of the availability of DA-ICM, to encourage collaboration among entities within the continuum of care and to increase knowledge of the underlying principles of DA-ICM. This may include social service agencies such as probation/parole officers, child welfare, aging services or any other agency that can identify potential Clients in need of support services in the form of DA-ICM.

2.5 Data Collection and Reporting

The Successful Proposer's performance of the Contract Services will be monitored by a DHS quality assurance coordinator. The Successful Proposer will be required to submit monthly reports with multiple datapoints including, but not limited to:

- Number of active Clients
- Number of new cases opened as active
- Number of face-to-face active Clients this month
- Number of inpatient Clients
- Number of new referrals received this month
- Number of completed initial calls
- Number of Clients who refused DA-ICM service
- Number of referrals that did not meet program criteria
- Number of no-shows
- Number of Clients closed with 50 percent of goals completed
- Number of Clients closed with less than 50 percent of goals completed

- Number of Clients closed – other reasons
- Number of active Medication-Assisted Treatment (MAT) Clients
- Number of Medical Assistance referrals/applications completed
- Number of consult meetings attended

See Appendix B: Monthly Report – ICM and Appendix C: Monthly Report – Act 53 for report templates.

Additionally, DA-ICM case managers will be required to submit monthly time studies to DHS’s quality assurance coordinator that reflect all activity related to DA-ICM Program services. These studies will be used to establish billable time for the purpose of payment, as well as to evaluate the nature of service activity performed. See Appendix D: Time Study Template for a list of billable and non-billable activities.

The Successful Proposer will receive an allocation for DA-ICM and will draw down on this allocation through the approved billable time entered via the PA WITS system. It is expected that the Successful Proposer must meet a standard of 60 percent billable time per staff member to fully deplete the budget allocation. Anything less than 60 percent billable time will result in a less than full allocation for DA-ICM Program services.

Section 3: Proposal Requirements and Evaluation Criteria

Proposals will be evaluated based upon the evaluation criteria described in detail below. Proposers must address their qualifications in their Proposal by responding to the specifically-requested items or questions in the Response Form. Proposers should download and type their responses directly into the Response Form available on the Active Solicitations webpage at www.alleghenycounty.us/dhs/solicitations. The maximum score that a Proposal can receive is 80 points, as outlined in the following sections.

3.1 Proposer Profile and Organizational Experience (10 points possible)

- Organizational experience and structure for providing the proposed DA-ICM within the Recovery-Oriented System of Care (ROSC) (5 points)
- Organizational experience providing case management to Clients with SUDs (5 points)

3.2 Management of DA-ICM Staff, Training, Recruitment and Retention (35 points possible)

Staffing and Training

- Plan for hiring quality DA-ICM case managers and the Act 53 case manager pursuant to the required skills and qualifications as described in the RFP (5 points)

- Process for onboarding and training staff (5 points)
- Strategy for assessing employees' competencies before they work with Clients (5 points)
- Plan for supervising DA-ICM case managers and the Act 53 case manager and ensuring they are providing quality services to Clients (5 points)

Recruitment and Retention

- Strategies for recruiting DA-ICM case managers and the Act 53 case manager (5 points)
- Strategies to address staff retention (5 points)
- Healthy organizational staff retention rate (5 points)

3.3 Management of Service Delivery (15 points possible)

- Plan for service delivery and for serving Clients in remote geographic areas and areas that lack public transportation (5 points)
- Plan to meet the required 60 percent billable rate described in the RFP (5 points)
- Plan to meet the needs of a culturally diverse population and those with special needs (5 points)

3.4 Reporting and Quality Management (10 points possible)

- Plan for measuring the quality of service delivery to Clients (5 points)
- A data collection and entry plan (5 points)

3.5 Budget (10 points possible)

- A detailed line item budget that reflects a realistic estimate of the costs associated with implementing and sustaining DA-ICM and a budget narrative that clearly explains and justifies the line items and Proposer assumptions in the proposed budget (10 points)

Section 4: How to Submit a Proposal

4.1 Submission Process

- Proposers should take time to review and understand the RFP in its entirety including:
 - The background (see Section 1: Why We Are Issuing this RFP)
 - The narrative (see Section 2: What We Are Looking For)
 - The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
 - The evaluation process (see Section 5: How We Will Evaluate Your Proposal)
- Proposers must use the Response Form to develop your Proposal. Type your responses to each requested item directly into the Response Form. It is available at our Active Solicitations website with the RFP announcement at www.alleghenycounty.us/dhs/solicitations.

- c. Proposers must submit a complete Proposal, which includes the following attachments that are available on our Active Solicitations website:
 - Response Form
 - MWDBE documents
 - Allegheny County Vendor Creation Form
 - Audited financial reports for the last three years
 - W-9
- d. Proposers should not send any attachments other than those listed above and on the Response Form.
- e. If you do not have audited financial reports for the last three years, you may submit other financial documentation that attest to the financial health of your organization. Tax returns are the preferred alternative. Please note that providing financial documentation is a requirement of contracting through Allegheny County.
- f. Make sure to complete each section of the Response Form and to stay within any word counts or page limits that may be specified in the Response Form.
- g. **Proposals must be submitted electronically to DHSProposals@alleghenycounty.us no later than 3:00 p.m. Eastern Time on Friday, September 20, 2019 to be considered for review.**
- h. Please make sure to get your Proposal in before the deadline! If your Proposal is late, it will be rejected and will not be presented to the Evaluation Committee for review and scoring, as described in Section 5 below.
- i. You will receive an email when your Proposal is received. If you do not receive this notification within 48 hours of submitting your Proposal, please contact DHSProposals@alleghenycounty.us.

4.2 How to Contact DHS about this RFP

- a. All inquiries and questions must be submitted via email to DHSProposals@alleghenycounty.us.
- b. All information about the RFP, including answers to questions, changes and clarifications will be posted at our Active Solicitations website at www.alleghenycounty.us/dhs/solicitations.
- c. Please be sure to check this website regularly for answers to questions, additional information or changes to the RFP or the RFP process.

4.3 Other Information

- a. **The issuance of this RFP does not obligate the County to enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals.**
- b. Any Agreement originating from this RFP is subject to all of the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
- c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.
- d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.

- e. Successful Proposal(s) will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).

4.4 Pennsylvania’s Right-to-Know Law

Proposers should be aware that all documents and materials submitted in response to this RFP may be subject to requests for access to public records made pursuant to Pennsylvania’s Right-To-Know Law (RTKL). Under the RTKL, records in the possession of a public agency like the County are presumed to be public records and the County may have to make documents and materials submitted by the Proposer available to a requestor after an award of an Agreement is made.

If the Proposer includes any information within its Proposal that the Proposer asserts is either a “trade secret” or “confidential proprietary information,” as those terms are defined under the RTKL, the Proposer must include with its Proposal a written statement signed by an authorized representative of the Proposer identifying those portions or parts of its Proposal that the Proposer believes constitute a “trade secret” or “confidential proprietary information” and provide contact information to enable DHS to contact the Proposer in the event that the County receives a Right-To-Know request for the Proposal. The Proposer shall have five (5) business days from date of receipt of any notification from the County to provide a written statement signed by an authorized representative of the Proposer explaining why the Proposal or any portion thereof is exempt from disclosure as a trade secret, confidential proprietary information or other legal reason. The County shall consider this statement in either granting or denying a request for public access to the Proposal or any portion thereof. The County will notify the Proposer of its decision whether to grant or deny the request either in whole or in part.

Section 5: How We Will Evaluate Your Proposal

Proposals will be evaluated by an Evaluation Committee convened by DHS. The evaluation committee will assign scores based on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria using the scale listed in Section 5.1 b.

Proposals will be evaluated by an Evaluation Committee convened by DHS. The evaluation committee will assign scores based on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria using the scale listed in Section 5.1 b.

5.1 Evaluation Model

The evaluation process will consist of the following steps:

- a. DHS will form an Evaluation Committee
- b. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points for each response on a Proposer’s Response Form according to their expertise and best judgment of how the Proposal

submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:

- 0 – Not addressed in Proposal
- 1 – Poor
- 2 – Below expectations
- 3 – Meets expectations
- 4 – Exceeds expectations
- 5 – Outstanding

- c. DHS will tally the average scores of the Evaluation Committee and report a list of average scores to the Committee. The Committee will meet, consider the scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services as described in the RFP. The Committee will recommend to the Director of DHS either that a reduced number of Proposals be shortlisted for more extensive review or that the County enter into an Agreement with the Successful Proposer(s).
- d. DHS, on behalf of the County, shall have the exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. Each committee member will individually score the oral presentation using the following criteria and the scale outlined in 5.1b. The maximum score that an oral presentation can receive is 15 points:
 - Presentation demonstrates Proposer’s ability to implement the proposed program effectively (5 points)
 - Proposer’s answers to Evaluation Committee’s questions (5 points)
 - Proposer’s presentation is thoughtful and professional (5 points)
- e. DHS will tally the average scores of the Evaluation Committee and report a list of average scores to the Committee. The Committee will meet, consider the scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services as described in the RFP.
- f. The Committee will submit their recommendation for award of an Agreement to the Director of DHS for approval. The Director will in turn submit a request to the County Manager for approval for the County to enter into an Agreement with the Successful Proposer.
- g. At any time during the review process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
- h. As part of determining Proposers’ eligibility to enter into a contract with Allegheny County, all Proposers’ financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure Proposers’ financial stability.
- i. **The County is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. The County reserves the right to reject any and all Proposals.**
- j. All Proposers will be notified of their status following the final determination of which Proposer(s) will be awarded Agreements.
- k. Proposers not awarded an Agreement who are interested in receiving feedback regarding their submission may request a phone call at DHSProposals@alleghenycounty.us.

5.2 Other Requirements

For a Proposal to be eligible for evaluation, it must be:

- a. Received by the due date/time
- b. Properly formatted and include responses to all requested information
- c. Complete with all required forms and attachments

Proposals which do not meet the above requirements will be automatically rejected and will not be presented to the Evaluation Committee.

Section 6: Contract Requirements for Successful Proposers

In order to enter into an Agreement with the County, Proposers must be willing to comply with all contract requirements listed below and all standard terms and conditions contained in a County contract for provision of services to DHS and its offices. Additional details about contracting with Allegheny County are provided in the [DHS Contract Specifications Manual](http://www.alleghenycounty.us/dhs/solicitations), available at www.alleghenycounty.us/dhs/solicitations.

6.1 Minority, Women or Disadvantaged Business Enterprise (MWDBE) Requirements

Allegheny County has MWDBE goals of 13% participation for Minority Business Enterprises and 2% participation for Women Enterprises, and expects that Successful Proposers will make a “good faith effort” in assisting the County in meeting these goals.

- a. All Proposals must include either of the following:
 - If the Proposer is able to meet the MWDBE contract goals, a completed MWDBE Participation Statement and MWDBE Contact Information form is required. You must also attach the MWDBE certifications of the firms you intend to use with the Participation Statement.
 - If the Proposer requests a waiver from participating in the MWDBE contract goals, a completed MWDBE Participation Statement, MWDBE Contact Information form and MWDBE Waiver Request are required.
- b. MWDBE forms and resources can be found at www.alleghenycounty.us/dhs/solicitations:
 - MWDBE Forms
 - [MWDBE Participation Statement](#)
 - [MWDBE Waiver Request](#)
 - [MWDBE Contact Information form](#)
 - MWDBE Resources
 - [MWDBE Contract Specifications Manual](#)
 - [MWDBE Response Checklist](#)
 - [Guide for completing the MWDBE Participation Statement](#)

- [Sample Diversity Policy](#)
- [MWDBE Presentation for Proposers](#)
- c. For more information about MWDBEs, visit the [Allegheny County MWDBE website](#).

6.2 HIPAA Compliance

DHS is a covered entity under the Health Information Portability and Accountability Act (HIPAA). Therefore, a Successful Proposer must comply with all HIPAA requirements.

6.3 Cyber Security

- a. Successful Proposers must meet the minimum computer specifications which begin on page 14 of the [DHS Contract Specifications Manual](#), available at www.alleghenycounty.us/dhs/solicitations.
- b. All electronic devices must have sufficient security software and settings to minimize the risk of an information breach.
- c. Successful Proposers must also have policies in place to ensure that electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected).

6.4 Equal Employment Opportunity and Non-Discrimination Requirements

By submitting a Proposal, a Proposer agrees to not discriminate against any employee, applicant for employment, independent contractor, client or any other person on the basis of race, color, religion, national origin or ancestry, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, age (40 or over), or use of a guide or support animal because of blindness, deafness or physical disability.

6.5 New Provider Requirements

If awarded an Agreement, Successful Proposers who do not have current Allegheny County contracts will be required to complete the [DHS New Provider Application](#), available at <http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Prospective-Providers.aspx>. While not required as part of your Proposal, Proposers may wish to review the requirements of this application.

Appendix A: Case Management Background

Historically, the treatment of alcohol and other drug use, including co-occurring disorders, has been fragmented. Individuals and families often receive intensive treatment followed by low-intensity (if any) aftercare. Thus, they can relapse. Furthermore, the needs of individuals seeking recovery vary, depending on level of the SUD on their life domains (e.g., housing, education, legal, employment, family life). Consistent case management services of high quality are essential for any individual with an SUD. Case management is a coordinated approach to the delivery of health, substance use, mental health and social services, linking clients with appropriate services to address specific needs and achieve stated goals.

The term “case management” encompasses a range of strategies and services that have evolved over decades. Case management was originally designed as a service for people with severe and persistent mental illness. Prior to the 1950s, mental health care was provided mainly in public mental hospitals and included mental health services and day-to-day supports. Significant changes in mental health service delivery, including new medications to manage mental illness and a movement towards community-based mental health centers, contributed to the deinstitutionalization movement of the 1950s and 1960s (Smith, Schwebel, Dunn, & McIver, 1993). This led to a dramatic increase in discharges from psychiatric hospitals and an increased need for services in the community. It was difficult for people with significant challenges and needs to navigate community-based systems of care and to access psychiatric services. In 1977, the National Institute of Mental Health established the Community Support Program (CSP) to improve coordination of community mental health services. This led to a new approach referred to as “case management” and new professionals referred to as “case managers” (Mueser, Bond, Drake, & Resnick, 1998). A case manager was initially defined as an entity that coordinates, integrates and allocates care within limited resources, whose primary functions include assessment, planning, referral and monitoring (Rapp & Goscha, 2004). Working within this traditional approach to case management, known as the “Broker Model,” case managers are responsible for assessing and referring people to community-based service providers as needed and for monitoring these service connections (Mueser et al., 1998). This remains as a common model of case management; however, the lack of community-based resources, long waitlists, and the intensive needs of many people who receive case management services has led to the creation of new service models and shifting roles and responsibilities for case managers.

Rapp and Goscha (2004) reviewed the research findings across common case management models and identified the following practices that are associated with statistically significant, positive outcomes:

- Case managers participate in delivering services.
- Whenever possible, case management services are provided in the community and in a person’s natural environment.
- Providers use a team approach to support consumers and one another.
- There is a focus on building natural community connections (e.g., landlords, employers, ministers, neighbors, teachers, community centers, coaches).
- Case managers have access to quality supervision.

- Caseload size is small enough to allow for higher frequency and quality of contact.
- When possible, case management services are not time-limited for those with intensive needs.
- Consumers always have access to crisis response services.
- Self-determination and consumer choice are essential to success.

Appendix B: Monthly Report – ICM

Bureau of Drug and Alcohol Services			
ICM Monthly Reports			
Staff:			
FY 2018-2019			
	Jul-18	Aug-18	Year to Date Total
ICMs			
# of Active DA-ICM Clients			0
# of Inpatient Clients			0
# New Cases Opened as Active			0
# of Transfers from Other Counties			0
# of Referrals Assigned This Month			0
# of Clients Who Only Wanted Mailed Information, Not DA-ICM Services			0
# of Pending Clients			0
# of Face to Face Initial Contacts This Month			0
# of Face to Face Active Clients Contacts This Month			0
# of Face to Face Discharging Clients This Month			0
# of Face to Face Follow-up Clients This Month			0
Total # of Face to Face Contacts This Month [Auto-Calculation]			0
# of No-Shows			0
# of Clients in Follow-up Status			0
# of Clients Closed with 75% or More of Goals Completed			0
# of Clients Closed with Less than 75% of Goals Completed			0
# of Clients Closed - Other Reasons			0
Total # of Clients Closed This Month [Auto-Calculation]			0

REFERRALS			
# of New DA-ICM Referrals Received			0
# of Completed Initial Contact Calls			0
# of Clients Who Refused DA-ICM Service			0
# of People Refused by the Program: Did Not Meet Program Criteria			0
# of Clients Who Were Unresponsive to Initial Contact Attempts			0
# of Engagement Letters Sent			0
# of Clients Responsive to Engagement Letters			0
# of New Cases Assigned to DA-ICM			0
Medication Assisted Treatment (MAT)			
# of Active MAT Clients			0
# of New MAT Clients Made Active This Month			0
# of MAT Clients Referrals Received This Month			0
# of MAT Clients Assessed for Treatment			0
# of Clients still incarcerated with MAT pending			0
# of Clients who Refused MAT but were set up with outpatient services			0
# of MAT Clients in Follow-up Status			0
# of Clients Discharged with MAT			0
# of Clients Discharged without MAT			0
# of MA Referrals/Applications Completed			0
# of Consult Meetings Attended			0

Appendix C: Monthly Report – Act 53

Allegheny County Bureau of Drug and Alcohol Services

ACT 53 Monthly Report 2019

****NOTE: ALL INFORMATION IS GATHERED FROM 3/1/19-3/31/19**

ACT 53 CALLS			
TOTAL ACTIVE CASES THIS MONTH			
TOTAL NEW CASE CALLS			
OUTCOMES OF CALLS			
	SCHEDULED TO FILE		
	PARENT NO-SHOW		
	PARENT CANCELLED		
NOT APPROPRIATE ACT 53			
	CHILD IS 18 YRS OR OLDER		
	OUT OF COUNTY		
	CHILD IS DEL/DEP		
	NO DRUG USE		
Referrals			
		REFER TO MH	
		REFER TO D/A	
		REFER TO FAMILY-BASED	
		REFER TO CYF	
OTHER			
	JUST INFORMATION		
	WAITING FOR PARENT CALL		
	SENT PACKET, WAIT TO FILE		
TOTAL # OUTGOING FOLLOW UP CALLS			
TOTAL # OF INCOMING CALLS FROM PROFESSIONALS			
RELATED CM CALLS			

Referral Sources

1. xxxxxx HS

2. xxxx Police
3. xxxxx Police
4. Staff at xxxxx HS

High Number of Missing Parents

notes

Client Intervention

notes

Clients in treatment

notes

Multi-System Coordination

The ACT 53 office continues to work together with CYF and Juvenile Probation to provide coordinated services for select clients who are involved with more than 1 court system.

ACT 53 2015	January 2019
# of Total Active Clients (Act 53)	
# New Cases Assigned This Month	
# of Initial Contact Calls	
# of Pending Clients	
# of No-Shows	
# of Hearings	
# of Petitions	
# of Clients Seen Face to Face	
# of Clients Denied or Refused Service	
# Youth Who Entered Treatment	
# Youth Who Did Not Enter Tx	
# of Youth Without Insurance	
# of Clients Closed Successfully	
# of Clients Closed Unsuccessfully	
# of Clients Closed – Other	
# of Community based meetings attended	
# of Trainings Attended	

Appendix D: Time Study Template

Time Study: Two week intervals											GOAL:	60% Billable Time
DATE/DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday		
TIME	22-Oct	23-Oct	24-Oct	25-Oct	26-Oct	29-Oct	30-Oct	31-Oct	1-Nov	2-Nov		
7:30												Categories
7:45												Vacations/Holiday(s)
8:00												Billable: 15 Min. increments
8:15												Non-Billable:
8:30												Face to Face
8:45												Training
9:00												Phone Calls
9:15												Meetings/Supervision
9:30												Paperwork
9:45												Non-Billable Communications
10:00												Break
10:15												Inpatient Face to Face
10:30												No Show Face to Face
10:45												
11:00												
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