



# Request for Proposals

## Lead Agency for the Homewood/Brushton Family Support Center

**RFP Posting:** Friday, September 9, 2016

**Deadline for Questions:** Friday, September 30, 2016

**Submission Deadline:** Friday, October 7, 2016

**Estimated Award Decision/Notification:** Monday, November 14, 2016

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

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## Definitions

Unless the context indicates otherwise, the following capitalized words are defined as follows for purposes of this RFP:

1. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services
2. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania
3. 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
4. DHS: [Allegheny County] Department of Human Services
5. Family Support: Allegheny County's network of Family Support Centers guided by Family Support Principles
6. Family Support Center: A neighborhood-based site where parents with young children can attend programs, receive services, access resources and connect with other families
7. Family Support Principles: A framework to promote and strengthen families that guides Family Support's practices
8. HBFSC: Homewood/Brushton Family Support Center
9. Lead Agency: The Successful Proposer responsible for managing the Homewood/Brushton Family Support Center. If the Successful Proposer is a collaboration among two or more organizations, the Lead Agency is the organization with fiduciary responsibility.
10. PAT: Parents as Teachers. An evidence-based home visiting program that teaches parents skills to help their children will learn, grow and develop.
11. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP
12. Proposer: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP
13. Protective Factors: A framework designed to increase family stability, enhance child development, and reduce child abuse and neglect
14. Response Form: The Word document in which Proposers respond to requested information about this RFP
15. RFP: Request for Proposals
16. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services

# The RFP at a Glance

## ***What we need***

Allegheny County, on behalf of its Department of Human Services (DHS) child welfare office (the Office of Children, Youth and Families, or CYF), is seeking Proposals from qualified Proposers to assume the responsibilities of the Lead Agency for the Homewood/Brushton Family Support Center (HBFSC). As the Lead Agency, the Successful Proposer manages and operates the HBFSC with full involvement of and decision-making input from participating families and in accordance with the principles and quality standards of Allegheny County's Family Support network. The Successful Proposer is responsible for ensuring that the HBFSC offers programs and services that promote and strengthen families.

## ***Award Details***

DHS intends to enter into an Agreement with one Successful Proposer to provide the Contract Services for a term of one year, with an option for Allegheny County to renew the term of the Agreement. The Agreement will begin on January 1, 2017 and have an annual budget of \$400,000. Two or more organizations may submit one comprehensive Proposal in which they collaborate in performing the functions of the Lead Agency; however, only one organization may carry fiduciary responsibility.

## ***Timeline***

Deadline for Proposers to submit questions is Friday, September 30, 2016.

Proposals must be submitted by 3 p.m. on Friday, October 7, 2016.

Proposers will be notified of their selection status by Monday, November 14, 2016.

## ***Who we are***

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

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>

DHS's child welfare office is known as the Office of Children, Youth and Families (CYF), and its mission is to protect children from abuse and neglect; to preserve families, whenever possible; and to provide permanent, safe homes for children either by assuring safety within the child's own family or by finding an adoptive home or another permanent setting for those children who cannot be reunified with their family. To achieve this mission, CYF provides a wide range of preventive, protective, supportive and direct services through its own caseworkers, case aides and other support staff, as well as a network of contracted agencies.

## Section 1: Why We Are Issuing this RFP

Family Support Centers (Center or Centers) are neighborhood sites that together are known as the Allegheny County Family Support network. Centers are children- and family-oriented spaces where parents with young children can attend programs, receive services, access resources and connect with other parents.<sup>1</sup> Each of Allegheny County's 26 Centers is unique and offers its own variety of programs and services (see Appendix A). However, all Centers are based on the philosophy that parents are a child's first and most important teachers. As such, Centers are designed to support parents by offering quality programs and services that promote and strengthen families.

Family Support Centers are guided by the Family Support Principles (Appendix B), a framework by which Centers work in partnership with families to meet families' needs and to build on their strengths. To continually improve programs and services, Centers follow the Family Support Quality Standards (Appendix C). Ideally, Centers are staffed by individuals who live in the neighborhoods served by that Center.

Parent participation in a Center's decision-making processes is a critical component of the Family Support model and one that distinguishes it from other services that may appear similar. Centers are guided by parent input ("family voice") that plays a vital role in shaping what the Center looks like in its particular community. Parents are encouraged to volunteer for positions of leadership and governance in their Center. They may serve on a council to develop Center programming, be an ambassador to welcome new families, advocate for Family Support in local government, and/or serve on a policy board. Parents are also encouraged to participate in Community Voices, a Countywide Family Support parent group.

### 1.1 The Family Support Approach

Family Support Centers use the "Protective Factors for Strengthening Families," developed by the Center for the Study of Social Policy (CSSP),<sup>2</sup> to guide their programs and services. Research shows that the five Protective Factors increase family stability, enhance child development, and reduce child abuse and neglect. The Protective Factors are:

1. **Parental Resilience** – The ability to manage stress and function well when faced with challenges, adversity and trauma
2. **Social Connections/Supports** – Positive relationships that provide emotional, informational, instrumental and spiritual support
3. **Knowledge of Parenting and of Child and Youth Development** – Knowledge of child development and parenting strategies that support physical, cognitive, language, social and emotional development
4. **Concrete Supports for Parents** – Access to concrete supports and services that address a family's needs and help minimize stress caused by challenges (e.g., financial, employment, familial, health)

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<sup>1</sup> For more information, see <http://www.alleghenycountyfamilysupport.org/>

<sup>2</sup> <http://www.cssp.org/reform/strengtheningfamilies/2015/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>

5. **Social and Emotional Competence of Children** – The ability, on the part of children, to communicate clearly, recognize and regulate their emotions, and establish relationships; competencies are developed through positive family and child interactions

## 1.2 Goals of Family Support

Family Support Centers work with families to achieve the following six goals, as appropriate for a family's individual circumstances:

1. **Healthy Development/Health Care Services for Children** – All Centers work with parents to ensure that their children have health insurance and access to immunizations and well-baby/pediatric visits. Centers also offer assistance to expectant mothers. Each year, more than 300 pregnant women are supported with prenatal health services/referrals and information about caring for an infant.
2. **Positive Child Development through Effective Parenting, Early Intervention and Outreach Activities** – Centers are required to use an evidence-based or evidence-informed home visiting program designed to increase families' knowledge of effective parenting. Most Centers use Parents as Teachers (PAT)<sup>3</sup> as their home visiting program, but other evidence-based or evidence-informed models may be used with DHS approval (see Appendix D). Through the home visiting program, a parent educator goes into a family's home, educates the parents about child development and teaches them skills to help their children learn, grow and develop to realize their full potential.

In addition to the home visiting program, all Centers host classes and groups where parents can share their experiences, learn about healthy child development and explore positive parenting techniques.

When enrolled in a Center, all children under the age of six are given a free developmental screening. The Ages and Stages Questionnaire (ASDQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) are used to determine how a child is doing developmentally. Screenings help parents learn about their child's development and are critical to the timely identification of problems. Children who are found to be at risk for developmental delays are connected with appropriate early intervention services. By linking children to services at an early age, even toddlers who are most at risk for poor outcomes can be prepared to start school on time and with the necessary supports.

3. **Strengths and Needs Assessment and Goal Planning** – Centers use a standardized assessment tool to assess family strengths and needs and identify goals for parents and/or children.
4. **Preservation of the Family Unit as the Foundation for Children's Success** – Family Support Centers help families strengthen their Protective Factors through access to a wide range of strength-based services and supports. Parents involved in Family Support determine and work towards achieving their own goals. In the process, they expand their social support networks and develop important life skills. Many Centers have fatherhood programs available for the more than 800 fathers enrolled in Family Support each year. For families in need of more

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<sup>3</sup> <http://www.alleghenycountyfamilysupport.org/our-impact/research-findings/parents-as-teachers/>

intensive services, Centers provide referrals to crisis intervention and family counseling programs.

Centers partner directly with CYF-involved families to help them navigate the system. Some Centers work with CYF to host supervised visitation and family team meetings.

5. **Seamless, Comprehensive and Easily-Accessed Network of Services for Children and Families** – When a Center does not provide a specific service identified as a family need, Center staff refer the family to the appropriate community resource. The regular practice is to facilitate the parent’s connection to the service via a “warm handoff” in which Center staff guide the parent through the service (e.g., helping the parent make initial appointments, accompanying the parent to the appointment, inquiring about progress). Centers refer families to programs and services such as adult education, mental health services, substance use services, healthcare, housing resources, child care, employment services and transportation.

Most Centers use a van to facilitate families’ access to referred services as well as foodbanks, Center-sponsored activities and leadership opportunities.

6. **Leadership Opportunities for Parent** – Parent leadership and governance is the first – and most important – principle of the Family Support movement. Parents are in the best position to know what services, supports and programs are needed by their families and in their communities. There are many ways for parents to get involved in leadership activities within the Family Support network. By participating in these activities, parents develop valuable skills and become stronger and more effective advocates for their children, families and communities.

### 1.3 Family Support Needs

A recent evaluation of 25 of the 26 Family Support Centers in Allegheny County indicated a greater need for:

1. **Parent Engagement and Leadership** – Centers must emphasize parent involvement in decision-making as leaders in the Center and the community.
2. **Meeting Needs of Families** – Centers must provide more than just a referral to outside services. Instead, Centers must assist families to follow through on referrals, connect to needed and wanted services, determine eligibility for benefits and complete any necessary applications.
3. **Quality Standards for Family Strengthening and Support** – All Centers must adhere to the Family Support Quality Standards in order to continue to improve Center quality. Quality improvement includes appropriate certification for staff and families, annual assessments, and satisfaction/feedback surveys with staff and participants.
4. **Home Visiting** – All Centers must emphasize the use of evidence-based or evidence-informed home-based parenting models to increase families’ knowledge of child development, emphasize the importance of parents interacting with their children, and promote family well-being. PAT is the preferred home visiting model.
5. **Center-Based Activities** – Centers should offer support groups and activities for parents and their children based on their interests and needs through a combination of programs and services that are Center-based and those provided by partners or contracted agencies.
6. **Outreach** – Centers must proactively reach out to families that could benefit from the programs and services offered by the Center. Families who already participate at a Center are a great outreach resource. Centers should pay special attention to recruiting and engaging expectant

parents, teen parents, fathers, grandparents raising grandchildren, and families experiencing isolation.

## Section 2: What We Are Looking For

DHS is seeking a Lead Agency for the Homewood/Brushton Family Support Center; the Lead Agency is expected to manage the HBFSC according to the approach, goals and needs of Family Support. As the Lead Agency for the HBFSC, the Successful Proposer will join with the Family Support network and participate in a roundtable group made up of representatives of all Family Support Lead Agencies.

Each Center is unique, and DHS envisions that there are a variety of approaches a Proposer may take to provide the Family Support services described in this RFP. DHS is interested in Proposals that offer creative solutions and strategies; however, all Proposals must address the minimum program standards described in this section and must consider the needs and wants of the Homewood/Brushton community (see Appendix E). DHS encourages Proposers to seek input from Homewood/Brushton community members when developing their Proposals.

### 2.1 Parent Leadership

Parent participation in decision-making is important in shaping each neighborhood's Center. The HBFSC Lead Agency must engage parents in strategic and managerial decisions impacting the Center, including, but not limited to:

1. Staff hiring
2. The location, look and feel of the Center
3. The type of programming offered and the scheduling of that programming

### 2.2 Programming

While DHS is looking for creative Proposals designed specifically for the needs of the HBFSC, the Proposal to serve as Lead Agency must meet or satisfy the following minimum programmatic standards required by all Centers:

1. **Assessment** – The HBFSC must use various assessment tools to help families identify their own and their children's strengths and needs.
2. **Goal Plans** – Based on the assessments, HBFSC staff must assist parents in setting goals for themselves and their children. Staff must help families connect to resources that might be helpful in reaching their goals.
3. **Home Visiting** – The HBFSC must provide an evidence-based or evidence-informed home visiting program. Family Support encourages the use of PAT, but the Successful Proposer may elect to use an alternative evidence-based or evidence-informed model (see Appendix D). Additional models not listed may be considered on a case-by-case basis.
4. **Groups** – The HBFSC must provide group activities for parents such as peer support and topical parenting subjects (e.g., nutrition, addiction, child development).
5. **Parent-Child Interaction** – The HBFSC must provide programs specifically designed to encourage positive and appropriate interaction between parents and their children.
6. **Safe Play Space** – The HBFSC must provide a safe play space for children and their parents and for use by the children while their parents are participating in another Center activity.



7. **Service Referrals** – When a family can benefit from other services, the HBFSC must make referrals to other providers and connect the family to the service via the “warm handoff” practice.
8. **Connection to Benefits and Entitlements** – The HBFSC must help families obtain the benefits and entitlements that will increase the family’s economic stability, (e.g., Temporary Assistance for Needy Families; food stamps; Women, Infants and Children nutritional services; health insurance).
9. **Developmental Screening** – The HBFSC must conduct developmental screens of children in partnership with parents. If developmental delays are suspected, HBFSC staff must make and facilitate referrals and warm handoffs to an early intervention provider.
10. **Family Recreational Activities** – The HBFSC must offer family fun activities in the evenings, weekends and other times that parents suggest, that include dinner and opportunities for parents and children to experience enjoyable interaction.
11. **Working with Diverse Clients** – The HBFSC must work with all clients participating in the Center, regardless of age, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, race, religion or national origin.

### **2.3 Physical Site and Amenities**

The HBFSC cannot remain in its current building. Proposers must propose a new location or a process to identify and secure a new location. The physical site for the HBFSC must be located in an area of Homewood/Brushton that is accessible to residents. Facilities must adhere to all applicable building standards and hold a current Certificate of Occupancy. The HBFSC facility must allow for:

1. Indoor space for young children and parents to play
2. Space for group activities that take place concurrently (e.g., child activities and adult support groups scheduled at the same time)
3. Work space for Center staff
4. Space for private meetings (e.g., family meetings, staff/parent meetings)
5. Be accessible to families for evenings and weekends activities
6. Accessibility for individuals with disabilities and parents with strollers
7. Friendly and inviting décor and layout

DHS will award the Successful Proposer a van to be used to assist families when transportation presents challenges to family participation in Center-based activities or activities needed to support the family in achieving their goals.

### **2.4 Staff Development**

Family Support staff is required to receive at least 20 hours of professional development annually. The Successful Proposer must ensure that HBFSC staff follows this requirement. Training and technical assistance are provided to all 26 Centers through the Family Support network and the University of Pittsburgh Office of Child Development.

The current HBFSC has staff in place, who were hired with input from involved parents. The Successful Proposer must staff the HBFSC with individuals who reflect the Homewood/Brushton community.

### **2.5 Information Management**

The Successful Proposer must comply with all Family Support information management procedures, including:

1. The Lead Agency must maintain an IT infrastructure onsite (e.g., functioning computers, printers)
2. The Lead Agency must use the Family Support Management Information System, complete forms in a timely manner and enter data into the system on a regular basis.
3. All hard copy files documenting services provided to participants (e.g., screenings, assessments, goal plans, contact sheets) must be maintained at the HBFSC under lock and key to ensure confidentiality.
4. Copies of the facility's building inspection must be maintained on site.
5. Incidents occurring at the HBFSC or during home visits must be documented in a report and submitted to DHS. Reports must include details such as who, what, where, when and how the incident was resolved.

## **2.6 Roles and Responsibilities**

DHS will monitor the HBFSC on a regular basis. Monitoring visits by DHS will consist of program observations, file reviews and parent interviews. To ensure DHS program monitoring is successful, the Successful Proposer must:

1. Allow DHS monitors access to files
2. Assist in scheduling interviews with parents
3. Ensure that parents are involved in decision-making related to monitoring

## **2.7 Budget**

The annual budget will be \$400,000. No start-up funds are available. Proposers must propose and justify a two-year budget for the HBFSC.

As part of the Proposal, a Proposer must submit an audit or financial statement that demonstrates responsible fiscal performance. Financial documentation must meet the following standards:

1. Audits, audited financial statements and management letters must address the Proposer's most recently-completed fiscal year in accordance with federal, state and city requirements.
2. The audit must include or disclose any pending litigation and the likely outcome.
3. The audit must report an unqualified opinion on financial statements, compliance and internal controls, if appropriate.
4. The audit should not contain material weaknesses, unaddressed prior year findings or excess liabilities.
5. The organization's net assets and liquidity should demonstrate minimum financial risk.

Proposers who are unable to furnish these documents will be disqualified from consideration. Proposers whose audits do not meet the standards identified above will also be disqualified from consideration.

## **Section 3: Proposal Requirements and Evaluation Criteria**

Proposers must meet the following evaluation criteria and should address their qualifications 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](http://www.alleghenycounty.us/dhs/solicitations). The maximum score a Proposal can receive is 200 points, as outlined in the following sections.

**Organizational Experience and Capacity (40 points)**

- Strong experience in securing and sustaining contracts with Allegheny County DHS and other Pennsylvania counties (5 points)
- Strong experience in maintaining valid contracts with government entities (5 points)
- Strong experience working with participant or stakeholder councils, advisory boards or other groups to make managerial decisions (10 points)
- Strong experience serving the Homewood/Brushton community (5 points)
- Strong internal quality assurance systems and solid strategies to resolve identified deficiencies and barriers to strengthen the organization and its services (5 points)
- A solid plan to fit the HBFSC into the Proposer’s organization, management and staffing structure (10 points)

**Strategy for Adhering to Program Standards (40 points)**

- Clear thinking and solid planning regarding the role that the HBFSC will play in the overall organization and whether/how the organization will need to adapt in order to be a successful Lead Agency (15 points)
- Strong plan for the HBFSC to partner with participants, implement an evidence-based or evidence-informed home visiting program, assess participants’ strengths and needs, assist participants in setting goals, facilitate groups, provide leadership opportunities for participants, reach out and recruit new participants, retain participants, provide referrals with guidance and evaluate outcomes (25 points)

**Parent Voice in Program Management (40 points)**

- Evidence that the Proposer engaged Homewood/Brushton parents and community members in writing the Proposal (10 points)
- Clear understanding of the role of participating parents in making decisions for the HBFSC (10 points)
- Solid plan to engage families in the HBFSC; including good planning on the structure to ensure family voice is considered during the decision-making process (20 points)

**Program Quality Management (20 points)**

- Solid strategy to adhere to the Family Support Quality Standards; demonstrated ability to have an ongoing Center self-assessment process to ensure the HBFSC is improving the quality of its programming (20 points)

**Staff Qualifications and Experience (20 points)**

- Strong plan for staffing the HBFSC (5 points)
- Proposed staffing plan reflects the Homewood/Brushton community (5 points)

- Strong staffing policies to ensure diversity in staffing and that reflect an organization that is able to retain staff most of the time (5 points)
- Strong process for ongoing professional development for employees and a solid strategy to meet the Family Support training requirements (5 points)

#### **Implementation Plan (20 points)**

- Strong implementation plan for the HBFSC (10 points)
- Strong plan for the HBFSC site location and amenities or a valid process for identifying an appropriate site (5 points)
- Clear plan for involving parents in site location, space layout and usage (5 points)

#### **Budget and Budget Narrative (20 points)**

- Strong financial health, as evidenced by audits and/or other supporting financial documentation (5 points)
- Detailed two-year budget that reflect a realistic estimate of the costs associated with the proposed HBFSC and implementation plan (10 points)
- Detailed budget narrative that clearly explains and justifies the proposed two-year budget (5 points)

## **Section 4: How to Submit a Proposal**

This RFP is a solicitation to individuals, non-profit organizations, and for-profit organizations or businesses (Proposers) to submit a Proposal to perform the services as described in *Section 2: What We Are Looking For*. Proposers must have the ability to meet the identified needs and quality standards within the programmatic and funding guidelines specified in this RFP.

### **4.1 Submission Steps**

The Proposal submission process consists of the following steps:

- a. Please 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](http://www.alleghenycounty.us/dhs/solicitations).
- b. Proposers must submit a complete Proposal, which includes the following attachments that are available on our Active Solicitations website:
  - Cover Page
  - MWDBE Participation Statement or Waiver Statement
  - W-9
  - Allegheny County Vendor Creation Form
  - Current organizational chart
  - List of current board members
  - Proposed organizational chart reflecting the HBFSC Program
  - Proposed job descriptions
  - Your Organization's Budgets
  - Audits or Financial Statements

- IRS Forms
  - Completed Budget Template
- c. Please do not send any attachments other than those listed above and on the Response Form.
  - d. Please 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*)
  - e. Make sure to complete each section of the Response Form and to stay within any word counts that may be specified in the Response Form.
  - f. **Proposals must be submitted electronically to [DHSProposals@alleghenycounty.us](mailto:DHSProposals@alleghenycounty.us) no later than 3:00 p.m. EST on Friday, October 7 to be considered for review.**
  - g. Please make sure to get your Proposal in before the deadline! If your Proposal is late, it will not be considered.
  - h. 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](mailto: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](mailto: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](http://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.
- 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. The Successful Proposal will be posted online in the DHS Solicitations Archive after contract execution.

## 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 Program description in *Section 2: What We Are Looking For* and on the

evaluation criteria in *Section 3: Proposal Requirements and Evaluation Criteria* using the scale listed in *Section 5.1 c*.

## 5.1 Evaluation Model

The evaluation process will consist of the following steps:

- a. An Evaluation Committee will be formed by DHS and will consist of some or all of the following:
  - HBFSC parents and Homewood/Brushton community members
  - Content experts from within DHS, selected for their expertise and/or experience
  - Representatives of foundations, educational institutions, community and civic organizations, businesses and/or non-profit agencies
- b. Each member of the Evaluation Committee will sign a confidentiality and conflict of interest agreement.
- c. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points to 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
- d. The Evaluation Committee members then will meet collectively to compile and discuss the individual scores and evaluation of each committee member.
- e. The County shall have exclusive discretion to shortlist a reduced number of Proposals for more extensive review using the same criteria outlined above. In this case, DHS may request that shortlisted Proposers make modifications to their Proposal or budget or make a formal oral presentation. The Evaluation Committee will review the modifications and/or oral presentation and rescore the shortlisted Proposals using the original evaluation criteria.
- f. At any time during the review process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
- g. The Evaluation Committee will submit their recommendation for award of an Agreement to the Director of DHS for his approval, who in turn will submit a request to the County Manager for approval for the County to enter into an Agreement with the Successful Proposer(s).
- h. The County is under no obligation to award or enter into an agreement as a result of this RFP. The County reserves the right to reject any and all proposals.**
- i. All Proposers will be notified of their status following the final determination of which Proposer(s) will be awarded Agreements.
- j. Proposers not awarded an Agreement who are interested in receiving feedback regarding their submission may request a phone call at [DHSProposals@allegHENYcounty.us](mailto:DHSProposals@allegHENYcounty.us).

## 5.2 Other Requirements

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

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

Proposals which do not meet the above requirements will not be considered.

## 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](#), available at [www.alleghenycounty.us/dhs/solicitations](http://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 and Disadvantaged Business Enterprises, and expects that Proposers will make a good faith effort in assisting the County in meeting these goals.

- Proposers may be registered and certified with the Allegheny County Department of Minority, Women and Disadvantaged Business Enterprises. If so, please indicate registration on the RFP cover page.
- Regardless of registration status, Proposals must include either of the following:
  - If your organization is able to meet the MWDBE contract goals, an MWDBE Participation Statement is REQUIRED.
  - If your organization will request a waiver from participating in the MWDBE contract goals, an MWDBE Participation Statement and a Waiver Statement are REQUIRED. Please attach the required explanations with the waiver statement.
- MWDBE statements and resources can be found at:
  - [MWDBE Participation Statement](#)
  - [MWDBE Waiver Request](#)
  - A list of MWDBEs that have been certified by Allegheny County and the Pennsylvania Unified Certification Program can be found at <http://www.county.allegheny.pa.us/mwdbbe/index.aspx>
- For more information about MWDBEs, please review the following: [MWDBE Contract Specifications Manual](#)

### 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](http://www.alleghenycounty.us/dhs/solicitations), available at [www.alleghenycounty.us/dhs/solicitations](http://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).

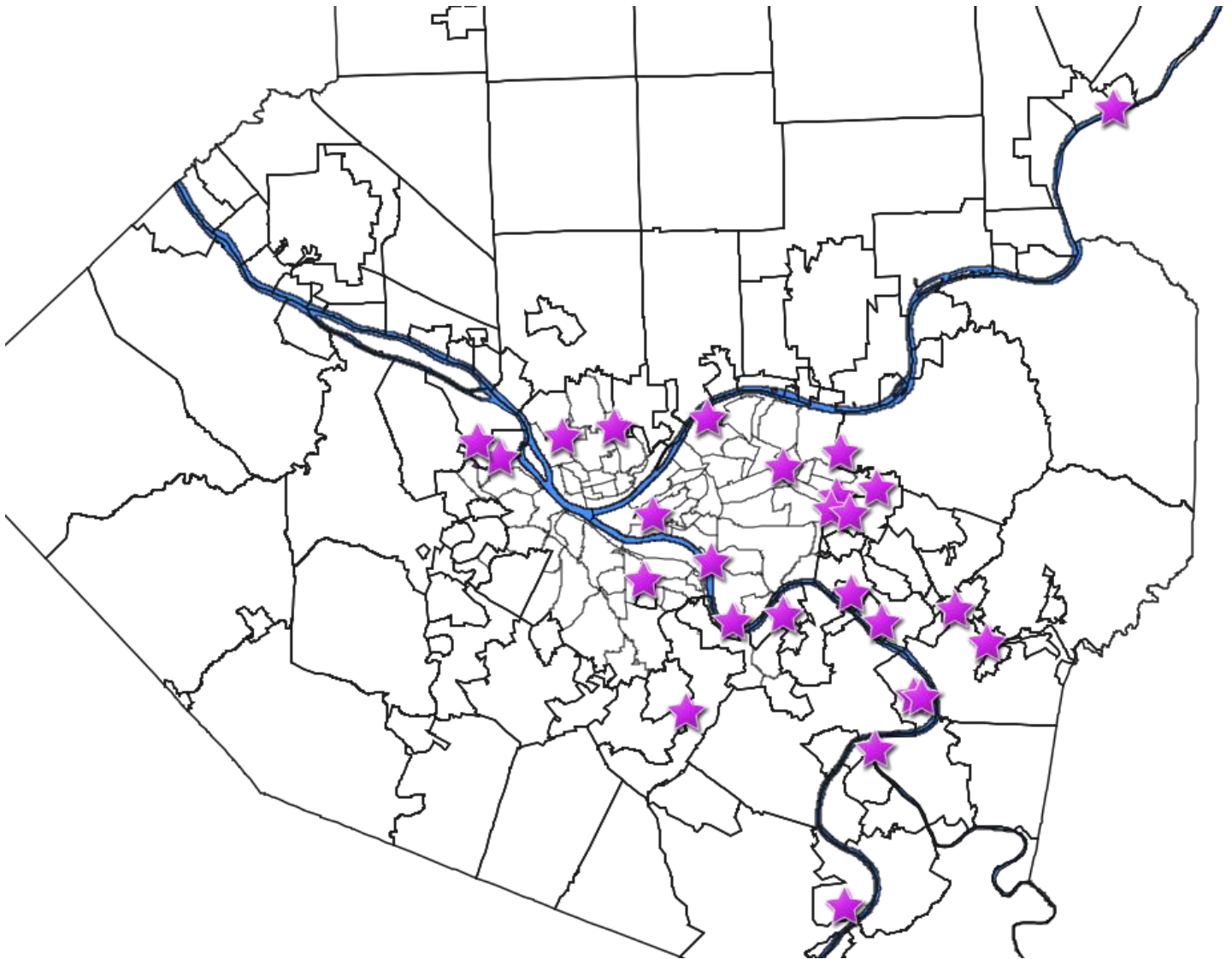
#### **6.4 Equal Employment Opportunity and Non-Discrimination Requirements**

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.



# Appendix A: Map and List of Existing Family Support Centers

ALLEGHENY COUNTY FAMILY SUPPORT CENTER LOCATIONS – SEPTEMBER 2016



**ALLEGHENY COUNTY FAMILY SUPPORT CENTERS LEAD AGENCIES – SEPTEMBER 2016**

<b>CENTER NAME</b>	<b>ADDRESS</b>	<b>LEAD AGENCY</b>
Braddock Family Care Connection	849 Braddock Avenue, Braddock, PA 15104	Children’s Hospital of UPMC
Clairton Family Center	734 Miller Avenue, Clairton, PA 15025	Allegheny Intermediate Unit (AIU)
Duquesne Family Center	Duquesne Education Center, 300 Kennedy Ave., Duquesne, PA 15110	Allegheny Intermediate Unit (AIU)
Duquesne Family Support Center	One Library Place, Duquesne, PA 15110	Urban League
East Allegheny Family Center	200 Westinghouse Avenue, Wilmerding, PA 15148	Allegheny Intermediate Unit (AIU)
East Hills Family Support Center	2320 East Hills Drive, Pittsburgh, PA 15221	Urban League
East Liberty Family Support Center	6435 Frankstown Avenue, Pittsburgh, PA 15206	Kingsley Association
Greater Hazelwood Family Center	5006 Second Avenue, Pittsburgh, PA 15207	Council of Three Rivers American Indian Center
Highlands Family Center	415 Fourth Avenue, Tarentum, PA 15084	Allegheny Intermediate Unit (AIU)
Hill District Center for Nurturing Families	1801 Centre Avenue, Pittsburgh, PA 15219	Family Resources
Hilltop Family Care Connection	1630 Arlington Avenue, Pittsburgh, PA 15210	Children’s Hospital of UPMC
Latino Family Center	5450 Second Avenue, Pittsburgh, PA 15207	Allegheny Intermediate Unit (AIU)
Lawrenceville Family Care Connection	5235 Butler Street, Pittsburgh, PA 15201	Children’s Hospital of UPMC

Lincoln Park Family Center	7300 Ridgeview Avenue, Pittsburgh, PA 15235	Allegheny Intermediate Unit (AIU)
McKeesport Family Center	339 Fifth Avenue, McKeesport, PA 15132	Allegheny Intermediate Unit (AIU)
Northview Heights Family Support Center	Arthur J. Edmonds Center, 101 Hazlett Street, Pittsburgh, PA 15214	Urban League
Positive Parenting	Fr. Ryan Arts Center, 420 Chartiers Avenue, McKees Rocks, PA 15136	Focus on Renewal
Prospect Park Family Center	1450 Maple Drive, Pittsburgh, PA 15227	South Hills Interfaith Ministries
Providence Family Support Center	3113 Brighton Road, Pittsburgh, PA 15212	Providence Connections
Rankin Family Care Connection	320 Third Street, Rankin, PA 15104	Children's Hospital of UPMC
Steel Valley Family Center	302-308 E. 8 <sup>th</sup> Avenue, Homestead, PA 15120	Allegheny Intermediate Unit (AIU)
Sto-Rox Family Center	618 Russellwood Avenue, McKees Rocks, PA 15136	Allegheny Intermediate Unit (AIU)
Turtle Creek Family Care Connection	208 Penn Plaza Shopping Center, Turtle Creek, PA 15145	Children's Hospital of UPMC
Wilkinsburg Family Center	907 West Street, Pittsburgh, PA 15221	Allegheny Intermediate Unit (AIU)
Wilkinsburg Family Support Center	807 Wallace Avenue, Pittsburgh, 15221	Primary Care Health Services

## **Appendix B: Family Support Principles**

### **Allegheny County Family Support Principles**

- Family support is governed, designed and improved by participants and community members.
- Family support is relationship-based, fostering partnerships between and among parents, peers, and professionals.
- Family support is strengths-based, building on existing individual, family, community and cultural abilities and vitalities.
- Family support reflects and enhances cultures of the neighborhood through the staff it hires, the materials and activities it provides.
- Family support services are based in the community, serve the entire family without eligibility requirements and are voluntary.
- Family support services are designed by and for participants to meet their priorities and are collaborative among agencies to insure easy access and use.
- Family support services are enhanced through program evaluations that reflect family support principles and that contribute to continuous program improvement.

# STANDARDS OF QUALITY FOR FAMILY STRENGTHENING & SUPPORT

- *What does it mean to be a quality Family Strengthening and Support program?*



- *What common language can we use for working effectively with families?*

- *How can managers, direct service staff, and families work together to develop and sustain quality programs?*

## OVERVIEW

The Standards of Quality for Family Strengthening & Support were issued by the California Network of Family Strengthening Networks (CNFSN) in 2012, and adopted by the National Network of Family Support and Strengthening Networks in 2013. They are the first and only standards in the country to integrate and operationalize the Principles of Family Support Practice with the Strengthening Families Framework and its research-based evidence-informed 5 Protective Factors. The vision is that their implementation will help ensure that families are supported and strengthened through quality practice.

The Standards are designed to be used by all stakeholders – public departments, foundations, community based organizations, and parents – across different kinds of Family Strengthening and Family Support programs as a tool for planning, providing, and assessing quality practice. The Standards create common language and expectations in the Family Support and Strengthening field across different kinds of programs, such as Family Resource Centers, home visiting programs, and child development programs.

The Standards are based on the earlier San Francisco Family Support Standards, which were successfully implemented by key stakeholders in that city/county since 2007. As part of an 18-month development process, the Standards were vetted with nearly 1,000 diverse organizations serving rural and urban populations across California.

The Standards have been adopted across the country as state, county, and citywide networks seek to utilize them.

# STANDARDS OF QUALITY FOR FAMILY STRENGTHENING & SUPPORT

## CONTENT

The Standards are organized into 5 sections with 17 standards, each with minimum and high quality indicators and implementation examples:

### Family Centeredness

Working with a family-centered approach that values and recognizes families as integral to the Program.

### Family Strengthening

Utilizing a family strengthening approach to support families to be strong, healthy, and safe, thereby promoting their optimal development.

### Embracing Diversity

Acknowledging and respecting families' diversity, supporting their participation in a diverse society, as well as engaging in ongoing learning and adaptation to diversity.

### Community Building

Contributing to building a strong and healthy community by facilitating families' social connections, developing their leadership skills, and by collaborating with other Programs.

### Evaluation

Looking at areas of Program strength, as well as areas for further development, in order to guide continuous quality improvement and achieve positive results for families.

## TRAINING

Training is a fundamental strategy for implementing the Standards effectively.

- **Certification Training:** This full-day training is designed for all management and direct service staff, as well as for funders. Each individual who completes the training receives a certificate from the National Network that is valid for 2 years.
- **Training of Trainers:** The National Network of Family Support and Strengthening Networks trains representatives of networks to be able to conduct the certification training through a 4-day training for trainers.

## STANDARDS FREE DOWNLOAD & MORE INFORMATION

- Visit the website of the California Network of Family Strengthening Networks at [www.cnfsn.org](http://www.cnfsn.org) to download the Standards free of charge and access additional information.
- Contact Monique Fong at (415) 994-5780 or [monique@nationalfamilysupportnetwork.org](mailto:monique@nationalfamilysupportnetwork.org).

## IMPLEMENTATION TOOLS

The Standards are part of a suite of materials that are used for their implementation:

- **Program Self-Assessment Tool** - designed to be used as a critical thinking exercise by Program teams of managers, direct service staff, parent leaders, and other stakeholders as appropriate.
- **Staff Self-Reflection Checklist** - consists of 15 self-reflection questions for staff members to use as a daily reminder to implement the Standards.
- **Standards Participant Survey** - consists of 14 questions for Program participants to indicate how well a Program is meeting the Standards from the families' perspective. The survey is available in English, Spanish, and Chinese.



# Appendix D: Approved Home Visiting Programs

## ALLEGHENY COUNTY DHS

### SUMMARY OF EVIDENCE-BASED/ EVIDENCE INFORMED HOME VISITING PROGRAMS

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INFORMATION FROM *California Evidence-Based Clearinghouse* <http://www.cebc4cw.org>; July 2016. Programs are rated on the basis of the strength of the scientific research on outcomes. Details regarding the criteria for these scores can be found on the California Evidence-Based Clearinghouse website <http://www.cebc4cw.org/ratings/scientific-rating-scale/>

CALIFORNIA EVIDENCE BASED CLEARINGHOUSE SCIENTIFIC RATING SCALE
1 – WELL SUPPORTED BY RESEARCH EVIDENCE
2 – SUPPORTED BY RESEARCH EVIDENCE
3 – PROMISING RESEARCH EVIDENCE
4 – EVIDENCE FAILS TO DEMONSTRATE EFFECT
5 – CONCERNING PRACTICE
NR – Not able to be rated on the CEBC scientific rating scale

Program	Program Summary	Research Evidence
<b>Nurse-Family Partnership (NFP)</b>	<p>For first-time, low income mothers. For children ages 0-5.</p> <p>Home visits by registered nurses beginning early in pregnancy until child is 2.</p> <p>Nurses apply the NFP visit guidelines across 6 domains:</p> <ul style="list-style-type: none"> <li>• personal health</li> <li>• environmental health</li> <li>• life course development</li> <li>• maternal role</li> <li>• family and friends</li> <li>• health and human services.</li> </ul> <p>Nurses apply three theories: self-efficacy; human ecology; attachment.</p> <p>Nurses carry no more than 25 families on caseload.</p>	<p>Scientific rating: 1.</p> <p>According to studies cited on CEBC, women visited by a nurse:</p> <ul style="list-style-type: none"> <li>• had fewer reports of child abuse and neglect</li> <li>• were observed to restrict and punish children less frequently</li> <li>• provided more appropriate play materials</li> <li>• had fewer emergency room visits</li> <li>• higher levels of punishment and restriction, but the authors suggest that their analysis shows this level was associated with the lower instance of injuries and ingestions</li> <li>• less likely to be perpetrators of child abuse and neglect</li> <li>• had fewer arrests, convictions, and number of days jailed</li> <li>• had fewer and more widely spaced pregnancies</li> <li>• worked more</li> <li>• showed more responsive interaction with their children</li> <li>• experienced less domestic violence</li> </ul> <p>Note: the presence of domestic violence may limit the effectiveness of early visitation interventions.</p> <p>Children in nurse-visited condition:</p> <ul style="list-style-type: none"> <li>• had fewer hazards in the home</li> <li>• fewer injuries and ingestions</li> <li>• fewer behavioral and parental coping problems noted on medical records</li> <li>• showed fewer language delays and higher mental development</li> <li>• had better home environments</li> <li>• had better language and executive functioning skills</li> <li>• had better behavioral adaptation during testing</li> <li>• were less likely to have ever been arrested or convicted (follow-up after 17 years)</li> <li>• were less likely to have died from preventable causes (follow-up after 20 years)</li> </ul>
<b>SafeCare</b>	<p>For parents at-risk for child neglect and/or abuse and parents with a history of child neglect and/or abuse. For children ages 0-5.</p>	<p>Scientific rating: 2.</p> <p>Two studies on SafeCare cited on CEBC used recidivism (re-referral to CPS) as measure of success. Both found that SafeCare decreased recidivism.</p> <p>After a 24-month follow-up period, the SafeCare® group had significantly lower rates of re-abuse reporting. At 36 months after the intervention 85% of the SafeCare®</p>



	<p>In-home parent training program that targets risk factors for child neglect and physical abuse.</p> <p>Parents are taught skills in three module areas:</p> <ul style="list-style-type: none"> <li>• how to interact in a positive manner with their children, to plan activities, and respond appropriately to challenging child behaviors,</li> <li>• to recognize hazards in the home in order to improve the home environment</li> <li>• to recognize and respond to symptoms of illness and injury, in addition to keeping good health records.</li> </ul>	<p>families had no further reports of child abuse, compared with 54% of the Family Preservation families.</p> <p>Another study found that SafeCare families had statistically significant improvements in Health (treating children's illnesses and maximizing their own healthcare skills), Safety (maintaining low-hazard homes), and Parenting (positive and effective parent-child interaction skills) over baseline measures.</p>
<p><b>Circle of Security-Home Visiting-4 (COS-HV4)</b></p>	<p>For families with children younger than 6 years old in high-risk populations such as child enrolled in Early Head Start, teen moms, or parents with irritable babies. For children ages 0-5.</p> <p>COS-HV4 is a version of Circle of Security that includes a mandatory home visiting component consisting of 4 home visits. The overall Circle of Security protocol focuses on:</p> <ul style="list-style-type: none"> <li>• Teaching caregivers the fundamentals of attachment theory</li> <li>• Exploring not only parenting behaviors but also internal working models</li> <li>• Presenting caregivers with a simple structure for considering the ways in which their internal working models influence their responses to children</li> </ul> <p>This approach provides caregivers with the skills to understand their children's behavior, and the skills to understand and regulate their own cognitive, affective, and behavioral responses to their children.</p>	<p>Scientific Rating: 3.</p> <p>The only study cited on CEBC is a randomized controlled trial that looked at irritable infants and their economically stressed mothers, recruited for the study at birth. Study goals included increasing attachment security in economically stressed families and examining maternal attachment styles in positive and negative environments. (from CEBC website)</p> <p>Although there was no main effect of treatment, a significant Treatment × Irritability interaction revealed intervention effects for the highly irritable infants only. (from study abstract, found <a href="#">here</a>)</p>

<p><b>Exchange Parent Aide</b></p>	<p>For families with a child age 0-12 in the home (services may also be offered prenatally) who is considered at-risk for abuse (either through presence of dynamics common in abusive families or the presence of substantiated abuse or neglect). Service is voluntary. For children/adolescents ages 0-12.</p> <p>Trained, professionally supervised individuals (volunteer/paid) called Parent Aides provide supportive and educational in-home services to families at risk of child abuse and neglect. Services are strength-based and family-centered. Auxiliary services enhance service delivery (e.g., group-based parenting classes).</p> <p>Model components include a family treatment plan focused on:</p> <ul style="list-style-type: none"> <li>• Child safety</li> <li>• Problem solving skills</li> <li>• Parenting skills</li> <li>• Social support</li> </ul>	<p>Scientific Rating: 3.</p> <p>One study found that parents who completed the Exchange Parent Aide program had fewer subsequent, substantiated reports to child protective services of child abuse or neglect than those parents who refused to participate or dropped out of the program.</p> <p>Another found that mothers reported statistically significant improvements from baseline to six-months in self-reported indicators of physical child abuse risk, as well as improvements on parental stress, mastery, depression, and anxiety.</p>
<p><b>Healthy Families America [Home Visiting for Prevention of Child Abuse and Neglect] (HFA)</b></p>	<p>For overburdened families who are expecting a child or have a baby younger than 3 months old and are at risk for child abuse and neglect and other adverse childhood experiences. For children ages 0-5.</p> <p>The goals of Healthy Families America (HFA) are:</p> <ul style="list-style-type: none"> <li>• Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth</li> <li>• Cultivate and strengthen nurturing parent-child relationships</li> <li>• Promote healthy childhood growth and development</li> </ul>	<p>Scientific Rating: 4.</p> <p>Out of the 10 studies cited, most of them did not find any improvement as a result of receiving HFA. The studies used various measures of success and overall found that the program did not reduce major risk factors for child abuse and/or improvement in parenting activities and child's welfare.</p> <p>One study indicated that mothers who received HFA provided a better environment for learning and were more likely to use parenting services. Another found that the program helped to foster positive parenting. One study found that mothers who received HFA were less likely to have low birth weight babies.</p>

	<ul style="list-style-type: none"> <li>Enhance family functioning by reducing risk and building protective factors</li> </ul> <p>Screening and assessment should occur within two weeks of the birth of the baby.</p>	
<p><b>AVANCE Parent-Child Education Program (PCEP)</b></p>	<p>For parents/primary caregivers with children ages 0-3, pregnant women and/or partners of pregnant women, especially those with challenges such as poverty; illiteracy; teen parenthood; geographic and social marginalization; and toxic stress. For children ages 0-3.</p> <p>The PCEP fosters parenting knowledge and skills through a nine-month, intensive bilingual parenting curriculum that aims to have a direct impact on a young child’s physical, emotional, social, and cognitive development. Parents/primary caregivers are taught how to make toys out of common household materials and how to use them as tools to teach their children school readiness skills and concepts. Monthly home visits are also conducted to observe parent-child interactions and provide guidance in the home on learning through play. Along with the parenting education component, parents/primary caregivers are supported in meeting their personal growth, developmental and educational goals to foster economic stability. While parents/primary caregivers attend classes, their children under the age of three are provided with early childhood enrichment in a developmentally appropriate classroom setting which aims to build the academic, social, and physical foundation necessary for school readiness.</p>	<p>Scientific Rating: 2.</p> <p>There are two studies cited for this program. The first found significant intervention effects. Mothers in the intervention displayed more positive affect, better communication skills, and higher quality cognitive stimulation.</p> <p>The second study focused on Mexican immigrant mothers. It found that these immigrant parents had very ambitious educational goals for their children and that the best way to capitalize on this is to partner with them by showing them how their participation in the child’s learning (through concrete activities) will help the children achieve academic success.</p>
<p><b>Early Head Start</b></p>	<p>Early Head Start (EHS) is a federally funded early childhood development program aimed at low-income families. Services include: early education both in and out of the home; parenting education;</p>	<p>Scientific Rating: 3.</p> <p>Studies found that in families that received EHS:</p> <ul style="list-style-type: none"> <li>Fathers engaged in more complex play</li> </ul>

	<p>comprehensive health and mental health services for mothers and children; nutrition education; and family support services.</p>	<ul style="list-style-type: none"> <li>• Children performed better in cognitive and language development, showed higher engagement with the parent in the play activity and more sustained attention than control group by age 3</li> <li>• Parents were more emotionally supportive</li> <li>• Parents read to their kids more and spanked less</li> <li>• Children exhibited less aggressive behavior</li> <li>• Children had fewer child welfare encounters (between ages 5-9)</li> </ul> <p>Note: One study noted that the strongest effects were found for those programs that provided a mix of home-visiting and center-based services.</p>
<p><b>Families First</b></p>	<p>For families and referred children who are at-risk as a result of family conflict, lack of parenting skills, child abuse, childhood emotional issues, disruptive behavioral problems including criminal misconduct and other at-risk situations. For children ages 0-17.</p> <p>The Families First program utilizes the Risk, Need, and Responsivity Model for intervention with at-risk youth and families through 3-4 home visits per week totaling 6-10 hours per week, typically lasting 10-12 weeks. Individual responsivity factors are assessed so the worker can tailor the intervention to the youth and family. While the youth’s specific risk factors are targeted, the risk factors related to the home environment (e.g., parental relationships, supervision, structure, discipline, etc.) and the social environment (e.g., peer associations, community involvement, relationships, etc.) are also targeted.</p> <p>Families First directly provides services to children/adolescents and addresses the following issues, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• delinquent and disruptive behavior</li> <li>• depression</li> <li>• truancy</li> </ul>	<p>Scientific Rating: 3. Though only two studies are cited on Families First, they both reported significant improvements for youth with behavioral issues:</p> <p>One study on FF looked at children identified by school or juvenile court as having serious problems in functioning. That study found very positive results: “An intensive, short-term, family-based intervention, Families First, was employed to help families overcome serious problems in child behavior and child management. Families receiving this service were found to report significant improvement in child behavior, physical care and resources, parental effectiveness, and parent–child relationships, when compared with similar difficulties in families who were referred for the service but not served. Not only were the improvements for treatment families apparent shortly after the conclusion of the service, but these changes were also maintained over a number of months’ period, suggesting that the improved skills, behaviors, and relationship changes developed during the intervention may have become solidly implanted in parental and family functioning.”</p> <p>The second study looked at youth referred by the juvenile court system. Analyses showed that the Families First group has a significantly lower recidivism rate than the comparison group, based on a one-year follow-up of new misdemeanor or felony charges, as well as significant reductions in rebellious and anti-social attitudes.</p>

	<ul style="list-style-type: none"> <li>• drug and alcohol use</li> <li>• running away</li> <li>• school learning or misbehaviors</li> <li>• suicide threats and ideation</li> <li>• sexually reactive behaviors</li> <li>• authority conflicts</li> <li>• neglect or abuse</li> <li>• hyperactivity</li> <li>• physical and verbal aggression</li> <li>• anger management</li> <li>• poor decision-making</li> </ul>	
<p><b>Healthy &amp; Safe</b></p>	<p>For parents with learning difficulties who are the main caregivers of a child less than five years old. For children ages 0-4.</p> <p>Healthy &amp; Safe is a home-based education resource tailored to the unique learning needs of parents with learning difficulties. It is designed to equip these parents who have young children with the knowledge and skills necessary for managing home dangers, accidents, and childhood illness.</p> <p>The Healthy &amp; Safe kit provides lesson plans, modules, and parent workbooks covering 6 health and 13 home safety topics including recognizing when your child is sick, calling the doctor, using medicines safely, identifying dangerous objects in the home, and developing a home safety plan.</p>	<p>Scientific Rating: 3.</p> <p>There is one study cited for this program. Results indicated significant improvement in parents' ability to learn and also to remember and/or apply the knowledge and skills learned, significant gains in knowing when to call or visit the doctor, what information to provide and what questions to ask, and significant gains in parent knowledge of how to use medicines safely including such items as following directions on the medication label and disposing of old medicines.</p>
<p><b>Parent-Child Home Program (PCHP)</b></p>	<p>For two and three-year-olds who face multiple obstacles to educational and economic success. These risk factors include, living in poverty, being a single or teen-age parent, low parental education status, illiteracy/limited literacy, and families who are challenged by language barriers (e.g., immigrant families).</p> <p>For children ages 2-3.</p>	<p>Scientific Rating: 3.</p> <p>A number of studies are cited on PCHP. The recent studies seem to have more positive results. In chronological order, from 1984-2008:</p> <p>A randomized controlled trial in NYC found no significant differences between the control group and the comparison group.</p>

	<p>The program strives to prepare children for academic success and strengthen families through intensive home visiting. Twice weekly home visits are designed to stimulate the parent-child verbal interaction, reading, and educational play critical to early childhood brain development. Each week the home visitors bring a new book or educational toy that remains with the families permanently. Using the book or toy, home visitors model for parents and children reading, conversation, and play activities that stimulate quality verbal interaction and age-appropriate developmental expectations.</p>	<p>A study in Bermuda found only two child outcomes were significant at the follow-up: MCHP children performed better at a designated sorting task and were rating higher on communication skills by their mothers.</p> <p>A study conducted 16-20 years after program participation found that subjects who completed a MCHP (now called PCHP) program replication in Pittsfield, MA as toddlers were significantly less likely than randomized controls to drop out of school and more likely to have graduated.</p> <p>A study compared first grade school readiness of PCHP children to other children in the state and found that among children eligible for free lunches, a significantly higher percentage of the PCHP group (excluding those with severe developmental delays) passed the Cognitive Skills Assessment Battery than did children statewide.</p> <p>A study found that PCHP children (who had a much higher risk of being unprepared for school) showed no differences from the comparison group on social emotional skills or early literacy skills when assessed in kindergarten.</p> <p>A study focused on mothers who participated in the program between 1984 and 2005 found progressive increases in the quality of the home environment in terms of both parent's and child's behavior, child behaviors conducive to learning, and the quality of parent-child interaction over the course of the program.</p>
<p><b>Parents as Teachers (PAT)</b></p>	<p>For families with an expectant mother or parents of children up to kindergarten entry (usually 5 years). For children 0-5.</p> <p>Parents as Teachers is an early childhood parent education, family support, and school readiness home visiting model. This program involves training and certification of parent educators who work with families using a comprehensive curriculum. Parent educators work with parents to strengthen protective factors and ensure that young children are healthy, safe, and ready to learn.</p>	<p>Scientific Rating: 3.</p> <p>Studies indicated that program improved school readiness through better parenting practice. Specifics include:</p> <ul style="list-style-type: none"> <li>• Parents reported reading to their children more</li> <li>• Impoverished children attended preschool and had readiness scores equivalent to children from non-impooverished homes</li> <li>• Parents were more involved in school activities and engaged in 6 out of 12 measured literacy-related activities</li> </ul>
<p><b>Play and Learning Strategies (PALS I &amp; II)</b></p>	<p>Play and Learning Strategies has an Infant program and a Toddler/Preschool program. They are designed as preventive intervention programs to strengthen the bond between parent</p>	<p>Scientific Rating: 3.</p> <p>Studies on PALS I found increased maternal responsiveness, which facilitated greater growth in target infants' social, emotional, communication, and cognitive competence. Mothers with social support were more likely to have positive change.</p>

	<p>and child and to stimulate early language, cognitive, and social development. Both focus on parents using rich language and understanding child's signals.</p>	<p>Studies on families who received PALS I &amp; II found significant gains in maternal responsiveness compared to control groups.</p>
<p><b>Nurturing Parenting Program</b> for Parents and their Infants, Toddlers and Preschoolers  (see program for older kids below)</p>	<p>For families who had been reported to the child welfare system for child maltreatment including physical and emotional maltreatment in addition to child neglect; may be used as a court-ordered parenting program. For children ages 0-5.</p> <p>The Nurturing Parenting Program for Parents and their Infants, Toddlers and Preschoolers is a family-centered program designed for the prevention and treatment of child abuse and neglect.</p> <p>The program lessons focus on remediating five parenting patterns known to form the basis of maltreatment:</p> <ul style="list-style-type: none"> <li>• Having inappropriate developmental expectations of children</li> <li>• Demonstrating a consistent lack of empathy towards meeting children's needs</li> <li>• Expressing a strong belief in the use of corporal punishment and utilizing spanking as their principle means of discipline</li> <li>• Reversing the role responsibilities of parents and children so that children learn to become the caregivers to their parents</li> <li>• Oppressing the power and independence of children by demanding strict obedience to their commands</li> </ul>	<p>Scientific Rating: NR. The published studies do not meet the CEBC criteria necessary to give the program a scientific rating. The four studies cited on CEBC are all pretest/posttest studies with no control group.</p> <p>The studies found that parents had statistically significant improvements in the program lessons (see left): developmental expectations, empathy, use of corporal punishment, role responsibility.</p> <p>One of the studies found that at six months after participating in the program, caregivers who attended more sessions were significantly less likely to be reported for child maltreatment, holding other factors constant. At two years after participating, caregivers attending more sessions were significantly less likely to have a substantiated maltreatment incidence, controlling for other characteristics of families associated with maltreatment.</p>
<p><b>Nurturing Parenting Program</b> for Parents and their School-</p>	<p>For families who have been reported to the child welfare system for child maltreatment including physical and emotional maltreatment in addition to child neglect; may be used as a court-ordered parenting program.</p>	<p>Scientific Rating: 3. Two pretest/posttest studies with no control groups; found similar positive results as infant program (improvements in program lesson areas).</p>

<p>age Children 5-12 Years</p>	<p>For children ages 5-12.</p> <p>The Nurturing Parenting Program for Parents and their School Age Children 5 to 12 Years is a 15-session program that is group-based, and family-centered. Parents and their children attend separate groups that meet concurrently. Each session is scheduled for 2.5 hours with a 20-minute break in which parents and children get together and have fun.</p> <p><u>***not an in-home program; typically conducted in a community agency</u></p> <p>The lessons in the program are the same as the infants program (above).</p>	<p>A third study applied this program in a kindergarten classroom and found improvement in social and emotional behaviors.</p> <p>The fourth study compared two formats of this program: open-group versus closed-group. Closed-groups had better retention rates, though participants in both formats demonstrated statistically significant improvements.</p>
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## Appendix E: Data about Homewood/Brushton

# Homewood Data

The census tracts included in this data are 1207, 1301, 1302, 1303, 1304 from the 2010 Decennial Census. These tracts are representative of Homewood North, Homewood South, and Homewood West.

# Homewood 2010 Census Population

Age group	Total population	Total male	Total female	White	% of age	Black	% of age	Multiracial	% of age	Other single race	% of age
0-5 years	<b>579</b>	267	312	10	2%	525	91%	29	5%	16	3%
6-12 years	<b>666</b>	323	343	10	2%	618	93%	22	3%	15	2%
13-18 years	<b>689</b>	328	361	13	2%	646	94%	26	4%	4	1%
Adult	<b>4508</b>	1842	2666	100	2%	4273	95%	80	2%	55	1%
<b>Total Population</b>	<b>6442</b>	<b>2760</b>	<b>3682</b>	<b>133</b>	<b>2%</b>	<b>6062</b>	<b>94%</b>	<b>157</b>	<b>2%</b>	<b>90</b>	<b>1%</b>

# Homewood 2010 Census Population

Age group	Total population	Total male	Total female
0-5 years	579	267	312
6-12 years	666	323	343
13-18 years	689	328	361
Adult	4508	1842	2666
<b>Total Population</b>	<b>6442</b>	<b>2760</b>	<b>3682</b>

1,934 residents age 0-18

30% of youth are age 0-5  
34% are age 6-12  
36% are age 13-18

**But remember, these counts are from 2010 – six years ago.**

Overall estimates of total population (6,408), total males (2,582), and total females (3,826) are relatively consistent with the 2010 Homewood census.

# Homewood – Children aged 0-50

## 50 Children Active in CYF in 2015

Race	Total 0-5 Service Involvement	CYF Non-Placement	Public Welfare	Early Intervention	Housing and Food	CYF Placement	Mental Health	Any Involvement Not CYF
Black	40	39	14	5	6	2	2	24
Multiracial w/ Black	4	4	3	2		2	1	4
Other Race	2	2	1		1			2
Unable to Determine	4	3						1
<b>Total</b>	<b>50</b>	<b>48</b>	<b>18</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>31</b>
<b>% of Total</b>	<b>100%</b>	<b>96%</b>	<b>36%</b>	<b>14%</b>	<b>14%</b>	<b>8%</b>	<b>6%</b>	<b>62%</b>

Note: No white children age 0-5 were evident

# Homewood – Children aged 0-17

## 226 Children Active in CYF in 2015

Race	Total Children Service Involvement	Public Welfare	Mental Health	Housing and Food	CYF Placement	Early Intervention	Drug and Alcohol	Juvenile Probation	Any Involvement Not CYF
Black	201	111	70	71	39	18	16	14	166
Multiracial w/ Black	6	5	3		3	2			6
White	2					1			1
Other Race	8	5	4	3	1	1			7
Unable to Determine	9	2	2					1	3
<b>Total</b>	<b>226</b>	<b>123</b>	<b>79</b>	<b>74</b>	<b>43</b>	<b>22</b>	<b>16</b>	<b>15</b>	<b>183</b>
<b>% of Total</b>	<b>100%</b>	<b>54%</b>	<b>35%</b>	<b>33%</b>	<b>19%</b>	<b>10%</b>	<b>7%</b>	<b>7%</b>	<b>73%</b>

# Homewood – Adults aged 18 and over

## 244 Adults Active in CYF in 2015

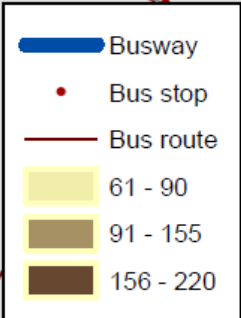
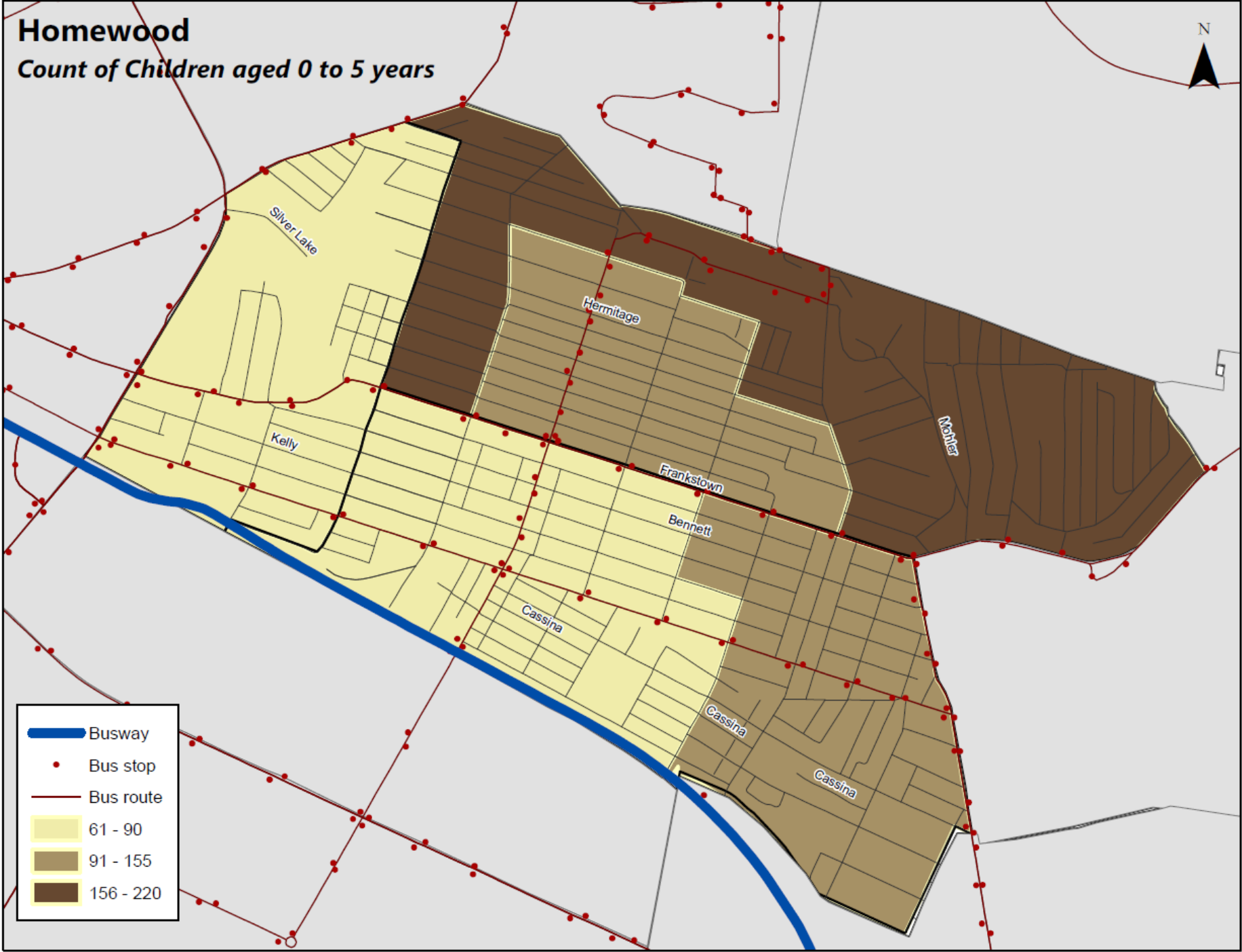
Race	Total Adult Service Involvement	Public Welfare	Mental Health	Housing and Food	Drug and Alcohol	Juvenile Probation	Any Involvement Not CYF
Black	210	149	90	82	61	19	176
Multiracial w/ Black	1					1	1
White	12	9	8	5	5	1	9
Other Race	3	3	3	3	1	1	3
Unable to Determine	18	10	8	5	6	2	12
<b>Total</b>	<b>244</b>	<b>171</b>	<b>109</b>	<b>95</b>	<b>73</b>	<b>24</b>	<b>201</b>
<b>% of Total</b>	<b>100%</b>	<b>70%</b>	<b>45%</b>	<b>39%</b>	<b>30%</b>	<b>10%</b>	<b>82%</b>

# Homewood children and families

Homewood Tract Name	Tract Number	# Families	# Children 0-5	# Single Female Head of Households w/ Children under Age 6	# Children under 18 living with Grandparents
Tract 1207	1207	192	61	13	28
Tract 1301	1301	476	207	44	76
Tract 1302	1302	338	104	16	57
Tract 1303	1303	241	82	23	41
Tract 1304	1304	301	125	32	50

# Homewood

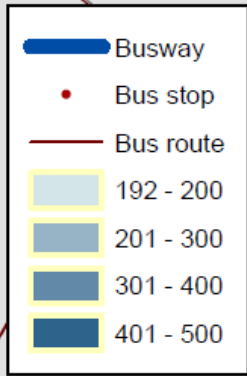
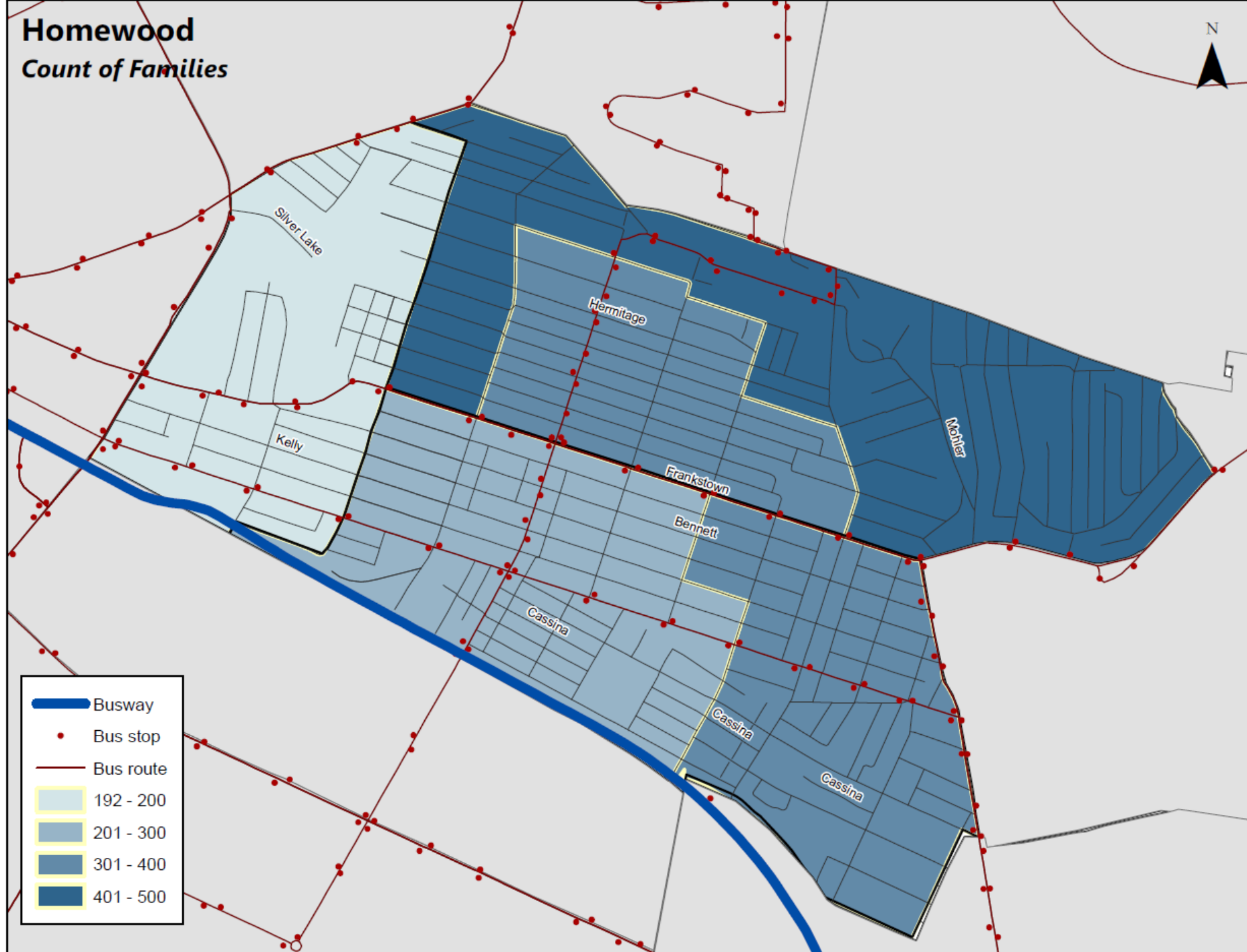
Count of Children aged 0 to 5 years





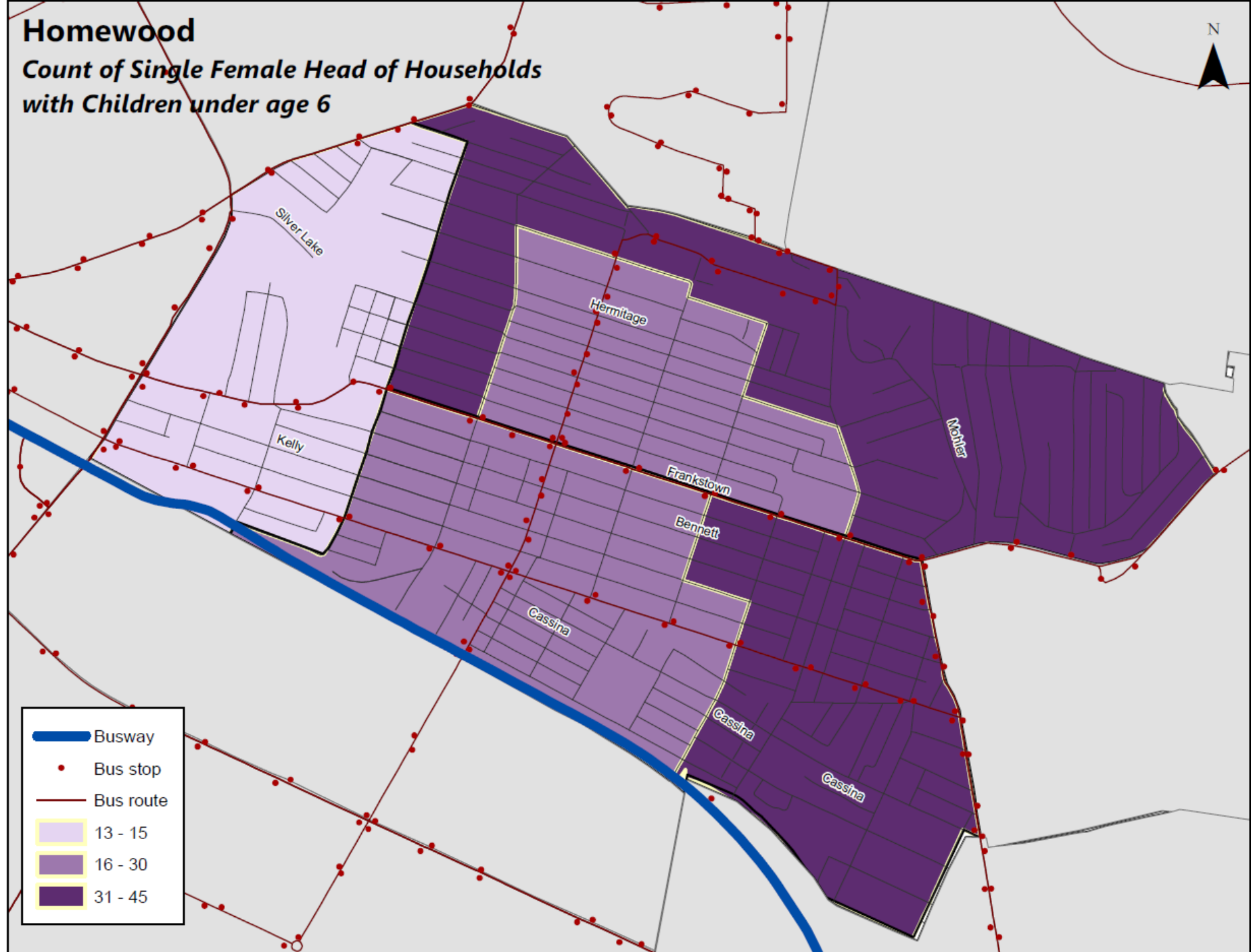
# Homewood

## Count of Families



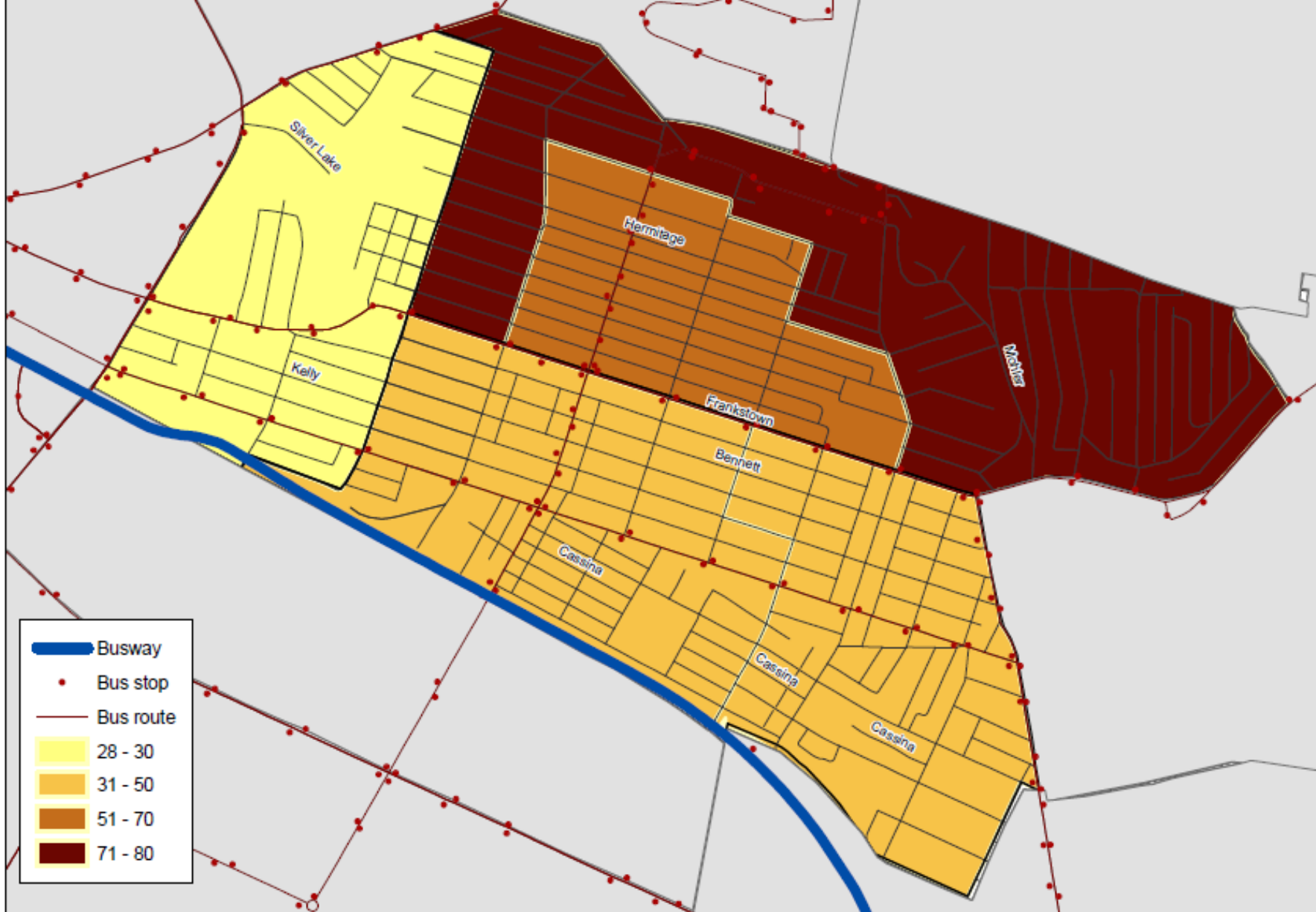
# Homewood








*Count of Single Female Head of Households  
with Children under age 6*



# Homewood

Count of Children under age 18 living with Grandparents



-  Busway
-  Bus stop
-  Bus route
-  28 - 30
-  31 - 50
-  51 - 70
-  71 - 80

## **Appendix F: Budget Template**

The budget templet is an Excel file available for download at [www.alleghenycounty.us/dhs/solicitations](http://www.alleghenycounty.us/dhs/solicitations)