



Allegheny County Department of Human Services
Request for Proposals

**Systematic Therapeutic Assessment
Resources and Treatment (START)**

RFP Posting:

Thursday, June 2, 2022

Information Session:

2-3:30 p.m. Eastern Time on Wednesday, June 29, 2022

Questions Deadline:

3 p.m. Eastern Time on Friday, July 15, 2022

Submission Deadline:

3 p.m. Eastern Time on Thursday, July 28, 2022

Estimated Award Decision/Notification:

September 2022

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

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Acronyms and 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. CSCPIP: Cross-Systems Crisis Prevention and Intervention Planning
4. Contract Services: The specific services that 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. CSS: Center for START Services
6. DHS: [Allegheny County] Department of Human Services
7. ID/A: Intellectual disability; Autism; intellectual disability and Autism
8. MH: Mental Health
9. OMHSAS: [Pennsylvania] Office of Mental Health and Substance Abuse Services
10. PA ODP: Pennsylvania Office of Developmental Programs
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. Response Form: The Word document in which Proposers respond to requested information about this RFP
14. RFP: Request for Proposals
15. SIRS: START Information Reporting System
16. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services
17. Tertiary Care Model: Highly specialized care that utilizes advanced and complex treatment methods

Other terms shall have the meaning or definition as stated in the RFP.

The RFP at a Glance

Purpose

The Department of Human Services (DHS), on behalf of Allegheny County, is seeking Proposals from qualified Proposers to implement START (Systematic, Therapeutic, Assessment, Resources and Treatment Model),¹ a national, evidence-informed model of community-based crisis prevention and intervention for individuals with a **dual diagnosis of a behavioral health disorder and a diagnosis of:**

- An intellectual disability
- Autism
- An intellectual disability and Autism

START includes:

- Participant-level supports, including intake and assessment, crisis prevention and intervention planning, consultation and therapeutic supports, 24-hour urgent crisis response; and
- System-level coordination, consultation and training for the developmental supports system, the behavioral health system and the crisis support continuum.

The Allegheny County START Program, for which DHS is seeking Proposals, will serve County residents, ages 12 through 35, with an eligible dual diagnosis. This RFP will use the acronym “ID/A” to refer to the three diagnoses listed above. Individuals served by DHS’s START Program will be referred to as “Participants.”

Award Details

DHS intends to enter into an Agreement with one Successful Proposer to provide the Contract Services. The funds for this Agreement were provided to Allegheny County under a three-year grant from the Pennsylvania Department of Human Services (PA DHS). Proposers should submit a budget as described in Section 2: Budget. DHS expects the contract amount will not exceed \$1.25 million annually. DHS plans to contract with the Successful Proposer for an initial three-year period, commensurate with the terms of the initial grant, and will work with the Successful Proposer to develop a plan to sustain the START Program in Allegheny County beyond the initial three-year grant.

Collaborative Proposals, in which two or more organizations partner together to submit to one Proposal, are permitted. See Section 4.2.c for details.

¹ For purposes of this RFP, START may be referred to as START, the START Program, the Program, the START Model or the Model.

Who can submit a Proposal

Anyone, including but not limited to non-profit organizations, for-profit organizations, small businesses and individuals, is 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 they must meet all of Allegheny County’s contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capabilities to provide the Contracted Services.

What is important to us

- The Successful Proposer must respect and support the goals and outcomes that Participants and their families want for themselves.
- The Successful Proposer must facilitate cross-system planning, implementation and therapeutic consultation for each Participant and caregiver, and ensure that therapeutic consultation is available for support professionals as well as their supervisors and management staff.
- The Successful Proposer must actively participate in system capacity building and strategic system transformation planning and implementation for the developmental supports and behavioral health systems and the crisis support continuum.

What we don’t want

- START does not act as the lead service provider for any Participant. Rather, the Successful Proposer will collaborate with other providers serving the Participant in order to achieve the goals and outcomes that Participants and their families want for themselves.
- START does not provide ongoing therapy, medication management or ongoing habilitation. Instead, the Successful Proposer will establish linkage agreements with existing providers who support Participants and families with those services.

Timeline

Information Session	Wednesday, June 29 from 2-3:30 p.m. Eastern
Questions Deadline	Friday, July 15 at 3 p.m. Eastern
Last Website & Q&A Update	Thursday, July 21 at 6 p.m. Eastern
Proposals Deadline	Thursday, July 28 at 3 p.m. Eastern
Estimated Award Decision/Notification	September 2022

Who we are

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, developmental supports, homelessness and community services.

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

Section 1: Why DHS is Issuing this RFP

The Allegheny County DHS Office of Developmental Supports (ODS) and Office of Behavioral Health (OBH) seek to provide coordinated, community-focused systems of high quality and cost-effective services. ODS partners with individuals with ID/A and their families to fulfill their own vision of a quality life through an inclusive and intersectional blend of community, natural supports and support coordination. OBH supports individuals with a behavioral health disorder with clinical treatment and a range of services through a qualified mental health and substance use delivery system. People with dual diagnoses often require multiple specialized services across these two systems to address their complex needs. In 2020, Allegheny County served 2,214 people with a dual diagnosis of ID/A and a behavioral health disorder with a combination of ODS and OBH services and supports.

When a person's needs are not met by appropriate services and supports, they may experience a behavioral health crisis that results in placement instability and/or an encounter with a hospital emergency department, law enforcement or homelessness. These, in turn, can also result in unwanted and avoidable hospitalizations or arrest and incarceration.

Allegheny County hopes to minimize if not prevent such experiences and outcomes to the fullest extent possible and to improve the ability of the human service system to respond. It will be necessary to address gaps in the developmental supports and behavioral health systems and the crisis support continuum, including the following:

1. Service providers report a lack of expertise and clinical resources to serve people with dual diagnoses and subsequent complex support needs. This issue is compounded by high staff turnover.
2. Service providers report difficulty understanding the various service systems (behavioral health, intellectual disability and physical health) and their respective roles and responsibilities.
3. Service providers report a lack of collaboration and communication among providers during a placement and/or during transitions.
4. Current behavioral health treatment providers often feel unprepared to adequately support individuals based on their ID/A diagnosis.

Section 2: What DHS Is Looking For

To address these system gaps and improve outcomes for individuals, DHS seeks a Successful Proposer to implement an evidence-informed model of community-based crisis intervention aimed at prevention known as the Systematic, Therapeutic, Assessment, Resources and Treatment (START) Model. As a Tertiary Care Model, START is a highly specialized approach

to care that utilizes advanced treatment methods. START services include intake and assessment, crisis prevention and intervention planning, consultation and therapeutic supports, 24-hour crisis response, service linkages that promote cross-systems teamwork, and systems consultation and training. The Successful Proposer must employ and manage one START Clinical Team (consisting of one Program Director, one Clinical Director, one Clinical Team Leader, START Coordinators, one Therapeutic Coaching Team Leader, Therapeutic Coaches and one Medical Director) to deliver Participant-level and system-level supports with fidelity to the START Model.

DHS seeks a collaborative partner and expects the Successful Proposer to build relationships with local stakeholders and the national technical assistance partner, the [University of New Hampshire's Center for START Services](#) (CSS). DHS expects the Successful Proposer to participate in all training, technical assistance, fidelity monitoring and quality assurance offered by CSS and to pursue CSS Program Certification in Year 3 of operation.

DHS seeks a Successful Proposer whose services follow the principles and frameworks of the [Charting the LifeCourse, Community Support Program](#) (CSP) and [Child and Adolescent Social Service Program](#) (CASSP). Together, these principles encourage a service approach that gives “voice and empowerment” to individuals and families, is person- and family-centered, and culturally competent. The Successful Proposer must give Participants and their families opportunities to build their own best life and future, and support and respect their choices.

Proposers are not required to have prior experience with the START Model. The Successful Proposer must become proficient in the implementation of the START Model within the first three years of operation. The National Center for START Services (NCSS) will provide to the Successful Proposer training and technical support, guidelines and tools for data reporting and collection, and quality assurance to ensure that fidelity to the Model can occur. Once this is completed, the Successful Proposer is expected to remain a member of the NCSS START network as a certified START team.

2.1 Participant-level Supports

Target Population

The START Program will serve individuals living in Allegheny County with dual diagnoses of ID/A and a behavioral health disorder. The Successful Proposer will be expected to increase Program enrollment and to serve 100-120 Participants by the second year of operation. The Successful Proposer must focus on the following priority populations:

- Individuals ages 12 through 35
- Individuals involved with the criminal justice system within the past 12 months
- Individuals with complex mental health needs that appear to have increased in recent months (e.g., increases in crisis intervention, calls to 9-1-1, frequent medication changes within the last 12 months)
- Individuals currently receiving acute psychiatric care, or those who have experienced a psychiatric inpatient stay within the past 24 months

- Individuals at risk of losing their job or housing due to challenging behavior or unmet mental health needs
- Individuals who have been referred for additional staffing support due to challenging behavior or who have been receiving enhanced (one-to-one or more) staffing for an extended period of time
- Individuals with a history of multiple community placements over the past 12 months due to challenging behavior

Outcomes

The desired outcomes of the START Program for Participants are as follows:

- Decreased incidents (as defined)
- Decreased incidents that result in the use of emergency services (e.g., hospital emergency departments, 911, contact with police, etc.) and/or reductions in inpatient admission and/or arrest and jail
- Increased perceived quality of care
- Increased mental health stability and wellness
- Other outcomes as defined by DHS, the Pennsylvania Office of Developmental Programs (PA ODP) and the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS)

Referral Process

Referrals to START may originate from any organization or community member. All referrals will be reviewed and approved, based on the START admission criteria (see Target Population) by the DHS Review Committee, a multisystem committee made up of representatives from DHS staff, Successful Proposer’s staff and other relevant stakeholders. The Successful Proposer must follow a “zero reject/zero eject” policy, i.e., if a Participant is found to be eligible and approved, the Successful Proposer must engage the Participant and offer START services to that Participant. Any Participants placed on “inactive” status will remain part of the Program and must be reactivated should the need arise.

Intake and Assessment

Once the Participant is admitted into the START Program, the START Coordinator employed by the Successful Proposer (see Staffing for more details) will conduct a semi-structured assessment called a START Plan. The START Plan documents behavioral health symptoms, considers the Participant’s support network and assesses services to be provided. The purpose of the assessment is to guide the selection of START services, promote optimal outcomes for the Participant and their support system, and track changes in clinical needs and service outcomes over time. The Successful Proposer must employ the procedures and assessment tool in the START Clinical Team Manual (this manual will be shared with the Successful Proposer after award of the Agreement).

Crisis Prevention and Intervention Plan

Once the START Plan is completed, the Successful Proposer's START Coordinator will complete Cross-Systems Crisis Prevention and Intervention Planning (CSCPIP). CSCPIP is an individualized, person-specific written plan of response that provides a concise, clear, concrete and realistic set of supportive interventions that the Participant's onsite circle of support can implement to prevent or de-escalate a behavioral health crisis. The Successful Proposer must follow the procedures and formatting for the CSCPIP as outlined in the START Clinical Team Manual. The Successful Proposer must update all Participants' CSCPIPs annually and within 24 hours after any behavioral health crisis event.

Crisis Response Services

The Successful Proposer must provide a timely response when a Participant is experiencing a behavioral health crisis on a 24-hour-a-day, seven-days-a-week (24/7) basis. A timely response is immediate 24/7 telephone access as described below. It also may include ongoing phone consultation, reviewing of crisis plans, alerting additional staff, initiation of mobile crisis management, in-person assessment within two hours of the request and emergency meetings.

1. **Immediate Telephone Access** – The Successful Proposer must take emergency calls from system sources including, but not limited to the following: hospital emergency departments, mobile crisis teams, clinical homes, community providers, law enforcement, and Participants and their families. These sources must always be able to call and request START crisis response services at any time on any day. The Successful Proposer must always have at least one designated START Coordinator on-call 24/7. In addition, an administrator (e.g., Director, Clinical Team Leader, Clinical Director) must always be available for consultation. The Successful Proposer must maintain a schedule and backup plan for the on-call system to ensure 24/7 coverage.
2. **In-person Assessments** – In most situations, a START Coordinator will seek to complete a face-to-face assessment and/or consultation for Participants within two hours of the emergency call being received. The purpose is to quickly determine the factors contributing to the presenting problem and identify interventions that may be employed. However, there may be situations when this will not occur, such as when the Participant experiencing a crisis is placed in a different setting (e.g., another respite facility or hospital bed). In these situations, next day follow-up should include a face-to-face meeting at the hospital or facility to discuss goals of the admission and to begin discharge planning. The Successful Proposer must use START to assist in the engagement of all stakeholders, caregivers and providers in the treatment and service planning process.
3. **Disposition Plan** – The START Coordinator determines the Participant's treatment needs and makes recommendations for immediate care.
4. **Emergency Meetings** – START Coordinators facilitate emergency meetings to ensure all team members are informed and involved in the issues surrounding the crises in order to better support the Participant.

After the crisis, the START Coordinator also may initiate follow-up, additional clinical consultation and support, START emergency therapeutic supports or other services.

The crisis response services described above are only available in emergency situations for Participants enrolled in START. However, concurrently, START crisis response services are designed to enhance the capacity of the existing crisis system in Allegheny County (a description of which can be found in Appendix A). The Successful Proposer must collaborate closely with local mental health entities responsible for the provision of emergency services. For any individual not enrolled in START but who presents symptoms of a developmental disability, the Successful Proposer must provide a response within 24 hours or the next business day. The response may include providing appropriate contact information for available crisis/service options as well as education, training and appropriate contact support to the referral organization.

Ongoing Outreach

START Coordinators must maintain ongoing contact with Participants, their family members and other caregivers to evaluate the effects of treatment strategies, update crisis prevention plans, and foster active communication among providers and direct caregivers. The Successful Proposer's START Coordinators and other members of the Clinical Team will provide ongoing quarterly outreach support to Participants and their caregivers through the following methods as needed to ensure that the Participant is receiving effective services:

- Home visits
- Assistance in attending appointments with mental health providers
- Attendance at admission and discharge planning meetings for psychiatric inpatient stays

2.2 System-Level Supports

The Successful Proposer must provide system-level supports to agencies within and across the developmental supports and behavioral health system² and crisis support continuum,³ as well as adjacent systems such as the education system. The Successful Proposer is expected to build system capacity through outreach, training and linkages with the goal of sharing knowledge and resources. The Successful Proposer must provide the following direct services in this stage:

- Identify gaps in service systems and help to build the infrastructure to fill them
- Provide hands-on training to providers of direct support, caregivers, professionals and community participants (e.g., police, emergency room staff)
- Share technical information and advice

² Agencies within and across the developmental supports and behavioral health systems include but are not limited to behavioral health and medical providers, inpatient mental health units, developmental disabilities providers, residential providers, vocational and day services providers, state agencies, dentists, neurologists and other relevant service providers.

³ Agencies that exist to provide support along the crisis support continuum include mobile crisis management, first responders and local law enforcement agencies.

- Ensure there is a coordinated continuum of care in place to respond to Participants' arising needs

Community Linkage Agreements

The Successful Proposer must develop relationships with community partners and other agencies within and across the developmental supports and behavioral health systems and crisis support continuum to bridge service gaps and improve service outcomes. The Successful Proposer is expected to reach out to and meet with partners to educate them about START's role in the community, to learn about the perspectives of potential partners and to outline how they can work collaboratively. The goal is to establish a formal linkage agreement. A linkage agreement is a written document that details the framework in which partners will work together. The agreement clarifies roles and responsibilities and promotes access to services outlined in the agreements, reciprocal arrangements and resource sharing. These agreements will facilitate increased opportunities for diversion, collaboration with hospitals regarding admittance, discharge planning and transition, as well as crisis plan development. The Successful Proposer must maintain frequent and ongoing collaboration with affiliate organizations as well as updated information about available services and supports with locations and hours of operation.

Systemic and Clinical Consultation and Training

The Successful Proposer must employ START Coordinators who will use a systemic approach to consultation that encourages engaging all members of the team, fostering active communication and collaboration of all team members, and the use of functional analysis techniques. This approach uses the following methods, pursuant to the START Model:

1. **Clinical Education Team (CET) Meetings** – CET meetings are a forum designed to improve Allegheny County's capacity to provide supports to individuals with I/DA and behavioral health needs through clinical teaching. The goal of the CET is to help service providers learn how to best support people while improving the capacity of the system as a whole through information sharing, learning and collaboration among team members.

CETs must be held once a month and include START Coordinators and partners from local community service providers. These partners include, but are not limited to, local mental health centers, emergency services and inpatient, residential and day program providers.

2. **Consultation and Training for Providers and Families** – It is imperative that service providers as well as family members feel equipped and empowered to support START Participants. Members of the START Clinical Team must deliver training to providers and families on best practices for working with individuals with a dual diagnosis of ID/A and behavioral health needs, as well as other specialized topics as requested. Trainings may be facilitated by the Director, Clinical Director, Medical Director or Team Leader(s), depending on the request or topics involved. For topics on which they do not typically provide training, the START Clinical Team will be expected to find the subject matter expert needed.

Training, consultation and engagement with the educational system will help to address issues pertaining to appropriateness and continuity of care. Training should be reflective of the needs of those receiving their educational supports via cyber school or home schooling.

3. **Outreach** – The Successful Proposer must meet with partners to educate them about START’s role in the community and be a visible part of the existing network of supports and services. One way this is accomplished is through attendance and active participation in established community meetings such as behavioral health and ID/A provider meetings.

2.3 Program Administration

Staffing & Staff Qualifications

The Successful Proposer will recruit and retain one START Clinical Team located in a physical address within Allegheny County. This team will serve all of Allegheny County.

A START Clinical Team consists of the following roles (see Appendix B for full job descriptions):

1. **Program Director** (Master’s degree, one Full Time Equivalent [FTE] required) – Provides full-time supervision and 24/7 support to the Clinical Team. Serves as liaison to community providers, coordinates all training activities, develops community linkages, chairs an advisory council (see section *Collaboration with DHS* for details about the advisory council).
2. **Clinical Director** (Ph.D. psychologist, one FTE required) – Provides full-time clinical oversight to the Clinical Team and therapeutic support services; responsible for clinical education team meetings and consultation to community providers/psychologists.
3. **Clinical Team Leader** (Master’s degree, one FTE required) – Provides day-to-day administrative support and supervision to START Coordinators; may maintain small caseload and fills in as needed, provides back-up, on-call support and coaching to Coordinators.
4. **START Coordinators** (Master’s degree, three recommended) – Provides direct, community-based START Clinical Team services to Participants, completes required assessments, evaluations and plans, provides 24 hour on-call crisis response for Participants, regularly enters data into the reporting system.
5. **Therapeutic Coaching Team Leader** (Master’s degree, one FTE required) – Provides oversight and supervision of the START Therapeutic Coaches.

6. **Therapeutic Coaches** (Bachelor's degree, three recommended) – Implement person-centered therapeutic interventions within Participant's home and support primary caregivers with also implementing these interventions.
7. **Medical Director** (MD psychiatrist, one .25 FTE/10 hour per week required) – Provides part-time consultation and training to Clinical Team staff as needed; provides consult/outreach to physicians and prescribers treating Participants.

The START Clinical Team must provide 24/7 rotating emergency on-call staffing. The Successful Proposer's staff may also be required to provide occasional support outside of normal business hours, including evenings, overnight and weekends, to support specific efforts and emergencies, such as to resolve system repair or restoration. Hours performing activities must be billed on an actual time worked basis at the rates proposed.

Evaluation and Assessment

The Successful Proposer must report de-identified health information about Participants using the START Information Reporting System (SIRS). The Successful Proposer must ensure that all data in SIRS is reported regularly and on a timely basis. The SIRS provides reporting by caseload, region and state. START collects data at a variety of levels including, but not limited to, Participant demographics, service event/encounters, resource center services and outcomes, and administrative activities. The START Program Director or designee is responsible for reviewing the aggregated data and submitting reports. All reports will be shared with DHS via the University of New Hampshire. DHS, PA ODP and OMHSAS will require additional data submitted through their systems and submission requirements will be outlined in subsequent contractual standards. For a more detailed description of required reports, please refer to Appendix C.

Budget

DHS will enter into an agreement with one Successful Proposer. The initial months of the Agreement with the Successful Proposer will serve as a planning and training phase with the goal to begin the implementation phase as staff are certified and trained throughout the first year. All staff must be hired within three months of the award date and fully CSS-trained and certified within a year of the award date. DHS expects the Successful Proposer to reach 50% Participant enrollment (50 Participants) by month six and full enrollment (100-120 Participants) by the second year of operation.

Proposers should give a realistic estimate of what the START services will cost. As detailed in the Response Form, Proposers should provide a budget and budget narrative that will help us to understand the thinking and assumptions behind the proposed budget. DHS will negotiate with the Successful Proposer on a final budget. All staff must be paid at no less than \$15/hour. Proposers should factor start-up costs into a proposed budget and clearly describe assumptions in the budget narrative. Proposers may consider factoring in the following costs:

- Computers and internet service to perform data entry, trainings and Participant interactions
- Staff capacity for data entry into SIRS, DHA, PA ODP and OMHSAS data systems
- Flex funds to meet Participant needs in emergent crisis situations
- Mileage for START Coordinators and Therapeutic Coaches

Training and Support from CSS

CSS at the Institute on Disability at the University of New Hampshire works with states and providers to develop and implement the evidence-informed START Model. While CSS promotes the development of services in the context of the local system of care, there are core elements that must be in place to achieve effective service delivery and fidelity to the Model.

CSS has entered into an agreement with the State of Pennsylvania Department of Human Services (PA DHS) to provide support services to START providers. As long as CSS continues its arrangement with PA DHS, the Successful Proposer must participate in the following support services (provided by CSS at no cost to the Successful Proposer):

1. Customized coaching
2. Technical support
3. Certification of START Coordinators and START Clinical Teams
4. National online training series
5. SIRS national database for collection of required data

The Successful Proposer must obtain CSS Program Certification in Year 3 of operation. In the program certification process, the CSS Program Certification Review Board ensures adherence to minimum standards through virtual and on-site review of Program operations.

The Successful Proposer must sign an affiliation agreement with the National Center for START Services at the UNH/IOD, which will allow CSS to offer trainings and linkages with other START teams nationally.

Collaboration with DHS

The Successful Proposer must participate in the governance of the Program, adhere to applicable DHS policies and procedures (see Appendix D for more information), and participate in DHS monitoring and oversight.

START will be governed by an Executive Team. The role of the Executive Team is to review data and case histories and oversee system capacity building and change efforts. The Executive Team will consist of the following members:

- START executive staff and Medical Director
- Deputy directors from ODS and OBH
- Executive staff from Community Care Behavioral Health Organization
- Representative from system partners

- Additional provider CEOs who attend based on the issues or topics needing to be discussed

In addition, the Successful Proposer must co-convene an advisory council. The advisory council will serve as a critical community champion of the Allegheny START program. Advisory council membership should be diverse and represent various stakeholders including providers, state and regional service monitoring representation, local universities, disability advocates, family members and self-advocates. The group must meet at a minimum on a quarterly basis. The meetings will be chaired by the START Program Director. The START Program Director will present service and outcome data and facilitate conversations regarding successes and challenges. It is also best practice to develop linkage agreements with the agencies/entities represented on the advisory council. The advisory council will have no governing function within the Successful Proposer's organization.

Section 3: Proposal Requirements and Evaluation Criteria

DHS will evaluate Proposals based upon the evaluation criteria listed below. Proposers must address their qualifications in their Proposal by responding to the 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 120 points, as outlined in the following sections.

Mission and Commitment (5 points possible)

- A concise explanation why the Proposer feels that it is the best candidate for this opportunity and how providing START is within the Proposer's mission (5 points)

Organizational Experience (40 points possible)

- Appropriate placement within the Proposer's organizational/administrative structure (5 points)
- Experience and approach to assessing and planning for the ongoing needs of individuals who need behavioral health and/or ID/A supports and services (10 points)
- Experience and approach to individualizing or adapting behavioral health services to meet the needs of individuals with ID/A and other diverse populations (10 points)
- Approach to providing voice and empowerment to individuals and families (5 points)
- Experience implementing an evidence-informed program, intervention and/or service to model fidelity (5 points)
- Experience in developing sustainability strategies for services and supports (5 points)

Partnerships and Systems-Level Supports (35 points possible)

- Established cross-system partnerships and collaborations that will strengthen ability to provide START, with examples of challenges overcome and lessons learned through existing partnerships (10 points)
- A plan to establish new partnerships across the behavioral health and developmental disabilities systems, the crisis response continuum and the education system (10 points)
- A plan to deliver clinical consultation and training to providers across the behavioral health and developmental disabilities systems, the crisis response continuum and the education system (10 points)
- A concise reflection on how the Proposer's START Program would support the County's effort to build an improved crisis system that is more than the sum of its various programs (5 points)

Staff Qualifications, Hiring and Retention (15 points possible)

- A plan for hiring a high-quality Clinical Team pursuant to the required skills and qualifications described in this RFP (5 points)
- A proven retention strategy for staff (5 points)
- An approach to staff training that emphasizes cultural competency and ensures that staff are trained in topic areas relevant to their position (5 points)

Data Collection and Reporting (15 points possible)

- Experience documenting program development, program operations and changes, client data and client outcomes (5 points)
- A plan to collect and respond to customer service and satisfaction data (5 points)
- A plan to collect and respond to staff turnover and retention data (5 points)

Budget (10 points possible)

- A budget that reflects a realistic estimate of the costs associated with implementing and sustaining START; clearly list staff salaries and benefit amounts for each position and include indirect costs (5 points)
- A budget narrative that clearly explains and justifies all line items in the proposed budget, including rate setting, any assumptions about engagement rate, caseload, etc. (5 points)

Section 4: How to Submit a Proposal

4.1 Prepare

- a. Information Session

- DHS will conduct an information session about this RFP at 2-3:30 p.m. Eastern Time on Wednesday, June 29, 2022 via Microsoft Teams. It will include a presentation about the RFP and DHS staff will answer questions from attendees.
- Attendance at the information session is not required in order to submit a Proposal. Everything (video recording, slide deck, transcribed Q&A) shared during the information session will be posted afterwards on the DHS Solicitations webpage.
- Preliminary answers will be provided orally for questions asked during the conference. Final definitive answers will be posted in writing on the DHS Solicitations webpage.
- Prospective Proposers can join the information session by:
 - Calling (267)368-7515 and using Conference ID 502 208 516#
 - Or following this link: [Click here to join the meeting](#)
 - Or copying and pasting this link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_NDBiZTIxYmUtM2Y4NC00NTZmLWIwOTItMmZmNDU3M2Q1NjU0%40thread.v2/0?context=%07b%22id%22%3a%22e0273d12-e4cb-4eb1-9f70-8bba16fb968d%22%2c%22Oid%22%3a%224c7924c5-3d5a-494b-ba54-242fc5f6db86%22%7d

4.2 Submit a Proposal

- a. Proposers should take time to review and understand the RFP in its entirety including:
 - The background (see Section 1: Why DHS Is Issuing This RFP)
 - The narrative (see Section 2: What DHS Is Looking For)
 - The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
 - The evaluation process (see Section 5: How DHS Will Evaluate Your Proposal)
- b. 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. Collaborative Proposals
 - a. Collaborative Proposals, in which two or more entities partner to apply together, are permitted. Collaborative Proposals can include:
 - i. **Lead Agency:** The County can enter a contract with only one partner of a Collaborative Proposal. Therefore, a Collaborative Proposal must identify one entity as the Lead Agency that will be the contracting party with the County. The Lead Agency should be the Proposer.
 - ii. **Partners:** Partners must be committed to a role in carrying out the Contract Services and will be compensated for that role. Collaborative Proposals must attach a signed letter of commitment from each Partner that details and agrees to their role in the Contract Services.
 - b. Entities may participate in more than one Collaborative Proposal.
- d. Proposers must submit a complete Proposal that includes the following attachments that are available on our Active Solicitations website:
 - Response Form

- Partner commitment letters, if applicable
 - Minority, Women or Disadvantaged Business Enterprise (MWDDBE) and Veteran Owned Small Business (VOSB) documents (see sections 7.1 and 7.2)
 - Allegheny County Vendor Creation Form
 - Audited financial reports or other financial documentation for the last three years
 - Internal Revenue Service Form W-9
- e. Proposers should not send any attachments other than those listed either above or in the Response Form.
- f. If a Proposer does not have audited financial reports for the last three years, then the Proposer must submit other financial documentation that attest to the Proposer’s financial health of your organization. Tax returns are the preferred alternative. Please note that providing adequate financial documentation is a requirement of contracting with Allegheny County.
- g. Proposers must 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.
- h. Proposals must be submitted electronically to DHSProposals@alleghenycounty.us no later than 3:00 p.m. Eastern Time on Thursday, July 28, 2022 to be considered for review.**
- i. All Proposals must be submitted before the deadline! If a Proposal is late, it will be rejected and will not be presented to the Evaluation Committee (as described in Section 5 below) for review and scoring.
- j. Proposers will receive an email acknowledging receipt of their Proposal. If a Proposer does not receive this notification within 48 hours of submitting their Proposal, please contact: DHSProposals@alleghenycounty.us.

4.3 How to Contact DHS about this RFP and RFP Communications

- a. If you have any questions about this RFP, please email us at DHSProposals@alleghenycounty.us.
- All content-related questions must be emailed by the Questions Deadline at 3 p.m. Eastern Time on Friday, July 15, 2022.
 - You may submit technical or logistical questions at any time, even after the Questions Deadline.
- b. All information about the RFP, including answers to all content-related questions and any changes or amendments, will be posted at our Active Solicitations website at www.alleghenycounty.us/dhs/solicitations.
- Please check this website regularly for answers to questions, additional information and changes to the RFP or the RFP process.
 - The website will be updated only on Thursdays, with any new information visible after 6 p.m.
 - The last Q&A and website update for this RFP will be on Thursday, July 21, 2022, at 6 p.m. We will make every effort not to post any new information after this time; however, we reserve the right to post new information in emergency circumstances.

4.4 Other Information

- a. The issuance of this RFP does not obligate the County to accept any Proposal or enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals and not to enter into an Agreement for the Contracted Services.**
- b. Any Agreement originating from this RFP is subject to all 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).

4.5 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 DHS Will Evaluate Your Proposal

DHS will convene an Evaluation Committee to evaluate Proposals. The Evaluation Committee will assign scores to each Proposal by awarding points based on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria, by using the point scale listed in Section 5.1 b.

5.1 Evaluation of Proposals

The evaluation process will consist of the following steps:

- a. DHS will form an Evaluation Committee. The Evaluation Committee, which will be comprised of evaluators with expertise in the subject matter of this RFP, may include community members with lived experience, external subject matter experts or provider representative(s), representative(s) from key partners or funders and DHS internal staff.
- 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 utilizing their personal 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. Each 0-5 score will be multiplied by the appropriate weight for the number of possible points noted after each evaluation criterion in Section 3. For example, for a criterion worth 15 points, the 0-5 score would be multiplied by three. An "Outstanding" response would receive 15 points, while one that "Meets Expectations" would receive nine points.
- d. DHS will tally the average scores of the members of the Evaluation Committee and report a list of average scores to the entire Committee. The Committee will meet, consider the average scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP. The Committee will have the discretion to proceed as follows: (i) to recommend to the Director of DHS that a reduced number of Proposals be shortlisted for more extensive review through a formal oral presentation to the Committee; or (ii) to recommend to the Director of DHS that DHS request authorization for the County to enter into an Agreement(s) with the Successful Proposer(s).
- e. As described in c above, 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 of the shortlisted Proposers using the following criteria and the scale outlined in 5.1b. The maximum score that a shortlisted Proposer's oral presentation can receive is 15 points:
 - Presentation demonstrates Proposer's ability to implement the Contract Services effectively (5 points)
 - Proposer's answers to Evaluation Committee's questions demonstrate Proposer's ability to implement the Contract Services (5 points)
 - Proposer's presentation is thoughtful and professional (5 points)
- f. DHS will tally the average scores of the members of the Evaluation Committee to the shortlisted Proposer formal oral presentations and report a list of average scores to the

entire Committee. The Committee will meet, consider the scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP.

- g. The Committee will submit its recommendation for award of an Agreement or Agreements 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 or Agreement with the Successful Proposer(s).
- h. At any time during the evaluation process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
- i. As part of determining a Proposer's eligibility to enter a contract with Allegheny County, all Proposers' financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure a Proposer's financial stability.
- j. 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.**
- k. All Proposers will be notified of the County's final decision of which Proposer(s) will be awarded an Agreement.
- l. Proposers that are not awarded an Agreement but 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 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.

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 Business 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 a completed Allegheny County DHS Combined MWDBE Form and supporting documents. The Allegheny County DHS Combined MWDBE Form should be completed as follows:
 - All Proposers must complete Section 1 – Contact Information and attach their MWDBE Diversity Plan (see Section 4 – Sample Diversity Policy).
 - If the Proposer is able to meet the MWDBE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement. Proposers also must attach the MWDBE certifications of the firms cited in the Participation Statement.
 - If the Proposer would like to request a waiver from participating in the MWDBE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement and Section 3 – MWDBE Participation Waiver Request Form.
- b. MWDBE forms and resources can be found at www.alleghenycounty.us/dhs/solicitations:
 - [Allegheny County DHS Combined MWDBE Form](#)
 - MWDBE Resources
 - [MWDBE Contract Specifications Manual](#)
 - [MWDBE Guide for DHS Proposers](#)
- c. For more information about MWDBEs, visit the [Allegheny County Department of Equity and Inclusion website](#).

6.2 Veteran Owned Small Business (VOSB) Requirement

Allegheny County also has a goal of 5% participation for veteran-owned small businesses (VOSB) in all contracts. The County, therefore, expects that Successful Proposers will make a “good faith effort” in assisting the County in meeting this goal.

- a. A veteran-owned small business is defined by the County as a business having 100 or fewer full-time employees and not less than 51% of which is owned by one or more veterans, or in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more veterans, and the management and daily business operations of which are controlled by one or more veterans. The VOSB vendor **MUST** provide proof of veteran ownership including percentage and name and address of business.
 - For contracts under \$100,000, VOSB vendors shall be exempt from all bonding requirements.
- b. All Proposals must include either of the following:
 - If the Proposer can meet the VOSB contract goal, a completed VOSB Participation Statement is required. You must also attach a copy of the VOSB vendor(s) DD 214 discharge form(s) cited in the Participation Statement.

- If the Proposer requests a waiver from participating in the VOSB contract goal, a completed VOSB Participation Statement and VOSB Waiver Request are required.
- c. VOSB forms can be found at www.alleghenycounty.us/dhs/solicitations:
 - [VOSB Participation Statement](#)
 - [VOSB Waiver Request](#)

6.3 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.

6.4 Cyber Security

- a. Successful Proposers must meet the minimum computer specifications that 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).

6.5 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.

6.6 Language Diversity Requirements

Successful Proposer(s) must assure resources are secured and/or made available for participants/consumers/clients with limited English proficiency or other communication barriers. Such actions shall include but not be limited to assessing the need for interpreters, evaluating the need for alternate language materials, identifying internal and external resources to meet identified needs, and accessing services contracted by DHS through their assigned contract monitor(s).

6.7 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.

Appendix A

Building a Crisis System

Allegheny County has a multitude of services designed to help people with behavioral health and other human service needs, including mental health crisis responders, substance use assessment and treatment centers, homeless outreach and housing supports, financial assistance programs and case management for individuals with court involvement. However, these individual programs do not add up to a comprehensive crisis system—a continuum of programs and services that prevent crises, respond with the right intervention, share protocols and performance measures, and consistently link people to follow-up support that attempts to address the root causes of the crisis. Instead, people continue to struggle and law enforcement remains a default responder for individuals and families struggling with unmet behavioral health and human service needs.

In September 2020, DHS and Allegheny County’s Department of Emergency Services (ACES) convened a [Crisis Response Stakeholder Group \(CRSG\)](#) focused on improving existing services and piloting new ones to address the overreliance on law enforcement and incarceration for people with human service and behavioral health needs.

Among the stakeholders included in this effort are law enforcement, local government entities, providers, behavioral health specialists and people with lived experiences in the criminal legal system. As a result of the CRSG process and recommendations for improving the crisis system, the County [envisions an improved crisis system](#) that:

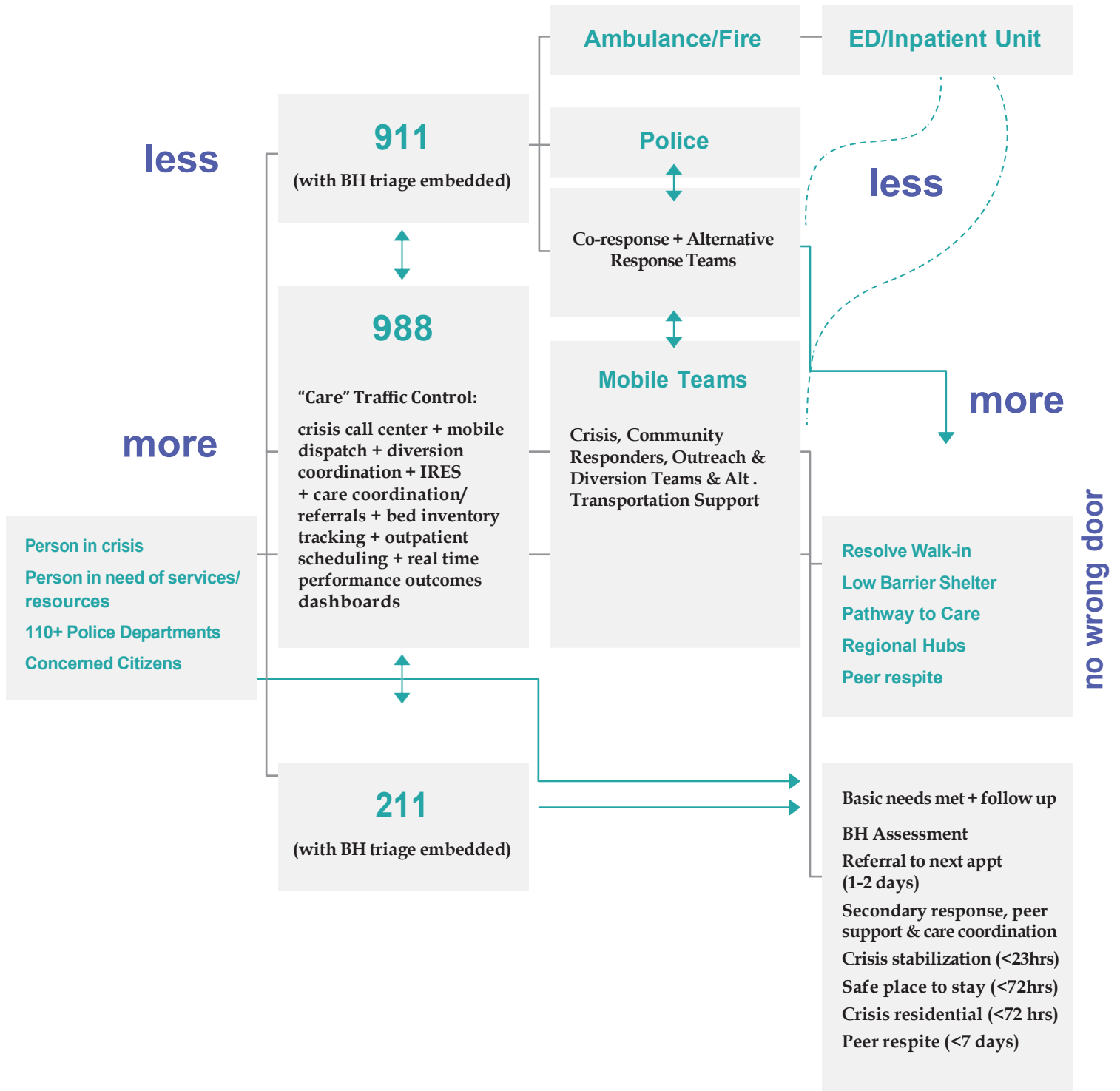
- Leverages the new national mental health crisis line, called 988, that launches in July 2022.
- Equips 911 and law enforcement to send the appropriate responder(s) to behavioral health calls.
- Strives to have “no wrong door,” so people are more likely to get connected to the care they need, regardless of where they call or show up for help.
- Improves access to care by bolstering existing 24/7/365 human services and by adding new services that are available during both traditional and non-traditional hours, in new areas around the county.

In creating this crisis prevention and response system, DHS seeks to ensure that no matter what people need help with, no matter when they need help, they can get the right level of care. We aim for all this work to reduce the use of and interaction with law enforcement, jail, emergency departments and inpatient hospitalization for people with behavioral health and other human service needs, while improving health and human service outcomes for those individuals.

DHS will be releasing several solicitations in 2022 as part of our efforts to improve crisis prevention and response. Information about these opportunities and other improvement strategies we are supporting can be found [here](#).

Building a comprehensive system will take time, as well as the commitment of new and existing partners. We look forward to building together.

Improved Crisis System Vision



Appendix B: Position Descriptions

1. Program Director

Required Qualifications:

- A minimum of a master's degree in social work, psychology, counseling or other human service field with 2 years of experience working with people with ID/A and behavioral health needs
- 2 years of supervisory experience
- Experience collaborating with community service systems
- Must be a certified START Coordinator or can complete the START Coordinator certification process within 6-12 months of hiring
- Prior experience as a START Coordinator and/or START Clinical Team Leader preferred

Primary Responsibilities:

- Supervise Assistant Director, Clinical Director and Resource Center Director
- Establish community linkages
- Serve as liaison to community network partners
- Act as representative of the START team in the community
- Coordinate trainings utilizing expertise of psychologists and psychiatrists, team leaders and specialists within the community
- Maintain communication with other regional START directors
- Respond to requests from state agencies for data and program information
- Chair and coordinate the START Advisory Council
- Provide support as needed to Clinical Team and resource center 24/7/365
- Collaborate with other members of the START leadership team to monitor quality of START service delivery and assure fidelity to the START Model
- Participate in and complete the START Coordinator Certification training process
- Enter, monitor and assure data entry for all team members in the START Information Reporting System. Use data to inform programmatic decision-making.

2. Clinical Director

Required Qualifications:

- Ph.D. in psychology and licensed by the state's Psychology Board
- Extensive experience in intellectual disabilities/autism (ID/A), specifically with people who have ID/A and behavioral health needs. Experience developing and implementing positive behavior support plans preferred.
- Must be a certified coordinator or can complete the START Coordinator certification process within 6-12 months of hiring.

* In some START program sites, a full-time clinical director is a master's level clinician with a minimum of 7 years of clinical experience working with individuals with MH/ID/A. In these situations, supervision and consultation from a clinical psychologist (Ph.D. required) must be available. This is an exception and must be approved by CSS.

Primary Responsibilities:

- Provide oversight and consultation on positive behavior and interaction supports and other written documents
- Review START related documentation and provide clinical input
- Provide training and consultation to staff, families and providers including ongoing organization and conducting of CETs
- Assist START Coordinators with preparation for START Coordinator certification
- Participate in recurring team meetings as necessary
- Develop positive support and interaction plans as necessary for guests at the resource center who require more extensive safety measures
- Participate in discussion regarding potential resource center admissions
- Provide on-site consultation as needed for individuals receiving START therapeutic
- Enter, monitor and assure data entry for all team members in the START Information Reporting System. Use data to inform programmatic decision-making.

3. Clinical Team Leader

Required Qualifications:

- Master's degree in social work, counseling, psychology or human service field with a
- Minimum of 2 years of experience providing services to with people who have ID/A and mental health and/or challenging behavior needs
- At least one year of supervisory experience
- Must be a certified START Coordinator within 12 months of employment as team leader
- Prior experience as a START Coordinator preferred

Primary Responsibilities:

- Provide administrative supervision to START Coordinators and provide daily clinical triage support
- Maintain linkages and relationships with community partners
- Ensure the coordination of support meetings and crisis plans for individuals served through START
- Share on-call responsibilities to ensure 24/7 response to crisis situations within one hour of call telephonically and within 24 hours of call in-person
- Participate in recurring meetings with START leadership, Clinical Team and resource center
- Development of cross-systems crisis plans, intake/assessments, intervention and outcomes and any other applicable documentation of services provided
- Maintain a small, active caseload (about 5 cases) until START Coordinator certification is achieved. Following certification, team leader caseload should be fluid and temporary to provide opportunity to support START Coordinators when needed

4. START Coordinator

Required Qualifications:

- A master's degree* in social work, psychology, counseling or other human service field
- 2 years of experience working with people with ID/A and behavioral health needs
- The ability to work with complex systems and an interest in the population is essential
- Independent and organized with strong communication and writing skills are necessary
- Experience working with families and individuals
- Ability to complete START Coordinator certification within 12 months following employment (May be 18 months for part-time coordinators)

*For some START program sites, a bachelor's degree in social work, psychology, counseling or other human service field with 5 years of experience working with people who have ID/A and behavioral health needs is acceptable. This is an exception and the Successful Proposer should work collaboratively with the CSS to determine when necessary.

Responsibilities:

- Maintain an active caseload of individuals referred for START Services (variability occurs depending on activity level of cases and the project scope).
- Must successfully participate in and complete the START Coordinator certification training within 12 months of employment. This includes the demonstration of competencies in all areas associated with START coordination
- Understand how to use ecomaps as part of systemic analysis and provide consultation to systems/teams as needed using best practices
- Assist with referrals for START services as needed including screening for enrollment in START
- Ensure the coordination of support meetings and crisis plan development for individuals enrolled in START
- Provide outreach visits to the individuals' home, day and vocational settings regularly
- Use the START Action Plan for case planning and strategizing.
- Develop Comprehensive Service Evaluations, Cross-Systems Crisis Prevention and Intervention Plans, intake/assessments, admission/discharge summaries for resource center admissions or inpatient hospital admissions, and any other applicable documentation of services provided
- Develop materials and present cases at Clinical Education Team Meetings as assigned by the director or designee
- Complete all required data entry expectations
- Provide on-call support on a rotational basis as part of a START team
- Participate in CSS National Network, which brings together projects from across North America through an online resource center, conference calls, select study groups and a meeting at an annual conference as recommended

5. Therapeutic Coaching Team Leader

Required Qualifications:

- A Master's degree in psychology, social work, counseling or other human service related field
- At least 2 years of experience working with individuals with ID/A and behavioral health needs
- At least 2 years of experience supervising others in the implementation of direct service
- Experience in therapeutic programming for individuals with challenging behavior
- Experience with expressive therapies (music therapy, art therapy, recreational therapy, occupational therapy, etc.)
- Must be able to meet all coordinator certification competencies and obtain certification within 12 months of employment

Primary Responsibilities:

- Provide oversight and supervision of the START coaches and track training requirements are current for coaches
- Work with the coordinators and clinical director in all scheduling related to utilization including assuring availability of emergency services when deemed necessary by the team
- Provide direct care to individuals receiving when needed
- Assist coaches with identifying activities to utilize to meet the goals of the service and provide triage of issues as needed
- Provide de-escalation and intervention services for individuals displaying emergency behavioral health concerns
- Communicate with the individual's caregiver and support system regarding the person's care and any significant issues
- Communicate with the START Clinical Team regarding the individual's and caregiver's responses to interventions and what is learned about behaviors/signs/symptoms, setting events, triggers and effective interventions

6. Therapeutic Coach

Required Qualifications:

- Bachelor's degree in psychology, social work or other human service-related field and a minimum of 2 years of experience working with individuals with ID/A and behavioral health needs

*It is recommended that a writing sample be submitted during the screening process to assure that documentation and writing skills meet the requirements of START program certification

Essential Job Functions:

- Implement person-centered therapeutic interventions within an individual's home and support primary caregivers with also implementing these interventions
- Conduct observational assessments and provide feedback to START team about biopsychosocial factors influencing current functioning, effects of interventions and coaching outcomes
- Offer consultation and hands-on education with entire family/support system to create a safe, nurturing and meaningful home environment
- Assists individuals with daily activities, personal care, behavioral health needs, and health, wellness and leisure activities
- Maintain professional boundaries with individuals and families receiving services and follow ethical and licensing guidelines
- Participates in development and implementation of persons' cross system crisis prevention and intervention plan
- Plans, structures and prompts social and leisure time activities, including activities that build skills for positive supports, stress reduction, health and wellness, communication, adaptive living and daily living
- Serves as a positive representative for the START Program with other professionals, families and the community
- Maintains timely documentation, progress notes, and other data, including incident and accident reports
- Responds to individual safety needs, including reporting significant changes in behavior and health

7. Medical Director

Required Qualifications:

- M.D./D.O. or APRN with specialty in psychiatry, licensed to practice in Pennsylvania
- Extensive experience treating individuals with ID/A

Primary Responsibilities:

- Provide consultation and training to all members of the team (Clinical Team and therapeutic supports)
- Collaborate with primary treating physicians of individuals supported by START and provide recommendations
- Consultation to psychiatric hospitals regarding treatment of individuals with ID/A and mental or behavioral health needs and provide recommendations
- Participate in recurring team meetings as necessary and provide recommendations
- Provide on-site consultation and treatment as needed for guests receiving resource center services and therapeutic in-home coaching services. Review health needs, complete assessments, provide recommendations and follow up.
- Participate in monthly CETs including supporting the Clinical Director with training, multidisciplinary assessment, recommendations and treatment planning
- Assist with the collection of assessment data and analyze the data with the assistance of START team members
- Participate in regular START network learning opportunities including quarterly Medical Director practice group sessions

Appendix C: Required Reporting

1. **Monthly Reports** - The Successful Proposer must ensure that prior month's data is entered into SIRS no later than the last day of the month. The START Program Director or designee is responsible for reviewing the aggregated data and submitting reports. Monthly reports are sent out by the University of New Hampshire to the contract monitor regarding this data.
2. **Quarterly Reports** - The Successful Proposer must ensure all data is entered into SIRS by the last day of the month prior to the end of that quarter. The START Program Director is responsible for reviewing the aggregated data and submitting the reports. Quarterly reports are sent out by the University of New Hampshire to the contract monitor regarding this data.
3. **Annual Reports** - The Successful Proposer must ensure all data is entered into SIRS by the last day of the year. The Successful Proposer must be required to compile an annual report to review with the advisory council. Based on analysis and discussions of the outcomes documented in the reports, the Successful Proposer must develop goals and objectives for the Program in the coming year.
4. **Additional Reporting** - DHS, PA ODP and OMHSAS will require additional data submitted through their systems and submission requirements will be outlined in subsequent contractual standards. The Successful Proposer must follow all data requirements for ODP and OMHSAS providers (e.g., incident management, provider monitoring).

Appendix D: Examples of DHS Policies, Procedures, Monitoring and Oversight Expectations

The Successful Proposer must provide and maintain a Problem Escalation Procedure (PEP) for both routine and emergency situations. The PEP must state how the Successful Proposer will address problem situations as they occur during the performance of the Agreement, especially problems that are not resolved to the satisfaction of Allegheny County and the State within appropriate timeframes.

Allegheny County expects the Successful Proposer to adhere to all applicable incident reporting policies. Allegheny County ODS and OBH will conduct joint monitoring of the START Program. Part of this oversight will include the continuing evaluation for Allegheny County and PA trainings relative to this project. This includes participation in Allegheny County's Individual Monitoring for Quality surveys (IM4Q) and family satisfaction surveys.