

Allegheny County Department of Human Services

Request for Proposals

Providers of Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Related Services

RFP Posting:

Tuesday, March 10, 2020

Deadline for Questions:

3 p.m. Eastern Time on Tuesday, April 28, 2020

Submission Deadline:

3 p.m. Eastern Time on Tuesday, May 5, 2020

Estimated Award Decision/Notification:

July 2020

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. <u>.5 Intervention Services</u>: Pre-treatment services designed to help individuals identify and reduce risky substance use behaviors.
- 2. <u>Agreement</u>: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services.
- 3. <u>Allegheny County</u>: A home rule county and political subdivision of the Commonwealth of Pennsylvania.
- 4. <u>CRS</u>: Certified Recovery Specialist, a staff member with lived experience who has been trained and certified to work effectively with clients and to model effective coping techniques.
- 5. <u>Contract Services</u>: 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.
- 6. <u>DDAP</u>: [Pennsylvania] Department of Drug and Alcohol Programs.
- 7. <u>DHS</u>: [Allegheny County] Department of Human Services.
- 8. <u>Group</u>: Therapeutic sessions held in small group settings that help clients critically evaluate their substance use or engagement in gambling activities.
- 9. <u>Intervention Services</u>: A group of services consisting of the following: .5 Intervention Services, Group, Outreach and Other Treatment Related Services. Intervention Services are intended to assist clients in coping with a specific crisis or other situation in their lives related to substance use, tobacco use and/or gambling.
- 10. <u>Motivational Interviewing</u>: Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic and short-term process that takes into consideration how difficult it is to make life changes. See Appendix A.
- 11. <u>Outreach</u>: Activities that: a) identify individuals at risk of engaging in risky behaviors concerning substance use and gambling and b) encourage them to access treatment.
- 12. Other Treatment Related Services: Non-treatment recovery support services, not included under other particular services provided as part of Intervention Services, that assist clients and families to recover from substance use and problem gambling disorders.
- 13. <u>Proposal</u>: A completed Response Form, with specified attachments, submitted in response to this RFP.
- 14. <u>Proposer</u>: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP.
- 15. <u>Response Form</u>: The Word document in which Proposers respond to requested information about this RFP.
- 16. RFP: Request for Proposals.
- 17. <u>Successful Proposer</u>: The Proposer(s) selected by the County to provide the Contract Services.

The RFP at a Glance

Purpose

Allegheny County, on behalf of its Department of Human Services (DHS), is seeking Proposals from qualified Proposers to provide Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Related Services (collectively described as Intervention Services) to adolescents and adults throughout the County.

The purpose of this RFP is to improve the health, wellness and recovery of adolescents and adults with substance use disorders (e.g., drugs, alcohol, tobacco) or gambling addiction by contracting with providers who can deliver high quality Intervention Services.

Intervention Services are a group of services that assist a client in coping with a specific crisis or other life situation related to substance use, tobacco use and/or gambling when customary modes of adaptation have proven inadequate. This level of care is aimed at assisting in decision-making and supporting clients until they can cope with the situation independently. DHS is seeking Proposers for one or more of the following Intervention Services: .5 Intervention Services, Group, Outreach and Other Treatment Related Services (see section 2.1 for Service descriptions). Proposers may submit a Proposal for any or all of these Intervention Services. These services are part of an extensive continuum of care for people with behavioral health issues (a continuum that includes prevention, education, intervention, treatment, aftercare and recovery supports). Successful Proposers will provide referrals if the need for a structured treatment regimen or other service in the continuum of care is indicated.

Successful Proposers must use the evidence-based practice Motivational Interviewing for .5 Intervention Services and for Outreach. For Group, Successful Proposers must use a variety of evidence-based and evidence-informed practices (approved models are listed in Appendix A). Proposers must describe in their Proposals the evidence-based, evidence-informed and supplemental programs that they plan to use.

Award details

DHS intends to enter into Agreements with multiple Successful Proposers to provide Intervention Services. Successful Proposers will be awarded a contract to deliver the specific service(s) for up to three years. The contract may be extended for two years at the County's discretion.

DHS intends to contract for Intervention Services on a **fee-for-service basis**. Successful Proposers must meet a standard of 60% billable time per staff member to fully deplete the budget allocation. Anything less than 60% billable time will result in a less than full allocation.

Who can apply

Anyone is eligible to submit a Proposal in response to this RFP. This includes non-profit organizations, for-profit organizations, small businesses and individuals. 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.

Current providers of Intervention Services who wish to continue to provide these services must submit a Proposal in response to this RFP.

What's important to us

Successful Proposers must be able to deliver Intervention Services through evidence-based and evidence-informed modalities and have the ability to implement with fidelity to the model to best serve the needs of County residents as well as to strategically address related issues and trends in real time.

Timeline

Deadline for Proposers to submit questions about this RFP is 3 p.m. Eastern Time on Tuesday, April 28, 2020. Proposals must be submitted by 3 p.m. Eastern Time on Tuesday, May 5, 2020. We expect to notify Proposers of the County's decision to award an Agreement in July 2020.

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

Section 1: Why We Are Issuing this RFP

DHS is seeking Successful Proposers to provide Intervention Services under a fee-for-service funding model that uses evidence-based and evidence-informed treatment. This new model will allow all clients to receive evidence-based services that are proven to be more effective in serving the needs of people with substance use disorders or gambling addiction.

In Fiscal Year 2018-2019, DHS spent almost \$2 million on program funded Intervention Services. Program funding means having a contract with a provider for an annual allocation for

services. Program funding is not considered a best practice as it neither allows for appropriate fiscal and programmatic oversight nor for equitable funding across programs (e.g., a program that serves 10 individuals may be funded at the same level as a program that serves 50 individuals; two programs providing the same service may be funded at very different levels). For these reasons, DHS is transitioning to a **fee-for-service model**.

This RFP provides an opportunity to use the limited funding more effectively and to serve clients better by implementing this new reimbursement strategy while also offering more evidence-based and evidence-informed Intervention Services throughout the County.

Current providers of Intervention Services who wish to continue their program must submit a Proposal in response to this RFP. The current Agreements for these Services will be replaced by contracts with the Successful Proposers selected through this RFP.

Section 2: What We Are Looking For

DHS seeks multiple Successful Proposers to provide one or multiple Intervention Services to adolescents and adults in communities throughout Allegheny County.

2.1 Service Descriptions

.5 Intervention Services

As defined in the American Society of Addiction Medicine Patient Placement Criteria (ASAM – PPC), .5 Intervention Services are organized screening and psycho-educational pre-treatment services designed to help individuals identify and reduce risky substance use behaviors. .5 Intervention Services explore and address problems or risk factors that appear to be related to substance use and aim to help the individual recognize the harmful consequences of inappropriate substance use. Successful Proposers must use the evidence-based practice Motivational Interviewing for .5 Intervention Services. Proposers can apply for one or both of the following:

- 1. Pre-Treatment Linking: Ensuring linkage to counseling and community support services through warm handoffs
- 2. Pre-Treatment Mentoring Programs: Using Certified Recovery Specialists (CRSs) to support recovery for non-treatment needs (must be pre-treatment consumers). A CRS is a staff member with lived experience who has been trained and certified to work effectively with clients and to model effective coping techniques.

Group

Group brings multiple clients together to help them critically evaluate their substance use or engagement in gambling activities and the negative effects this behavior is having on their personal, family and societal development.

Topics addressed under Group may include, but are not limited, to the following: DUI, DWI, Grief Support Groups, Hepatitis C, Family/Friend Psychoeducation Group and Group for Veterans.

Successful Proposers must use a variety of evidence-based and evidence-informed practices. Please refer to Appendix A for suggested evidence-based modalities.

Successful Proposers must run on-going Group meetings and Proposers are required to provide an overview of Group frequency and timing in their Proposal. Proposers also should be specific about the type(s) of Groups and the evidence-based practices they propose to use to facilitate those Groups.

Outreach

Outreach are activities designed to identify those individuals who are at high risk of engaging in risky behavior concerning substance use or problem gambling and then encourage them to access treatment. Outreach also includes promoting awareness about substance use and its relationship to the risk of contracting communicable diseases. Staff conducting Outreach will provide information to clients about how they can access other services, including treatment for substance use disorders, gambling addiction and Hepatitis C. Successful Proposers must use Motivational Interviewing for Outreach.

Outreach includes all three of the following activities:

- Material Distribution: Handing out pamphlets and distributing educational information at community or provider locations (capped at four hours per event)
- Intervention Education: Presenting at community events, conferences, child welfare offices, etc. These activities can be one-time or session based.
- Safe Practice: Handing out safety supplies (e.g., condoms, Narcan)

Other Treatment Related Services

In addition, Proposers may apply for Other Treatment Related Services:

- Recovery support services: Providing non-treatment services, not included in another particular service under Intervention Services, that assist clients and families to recover from substance use and/or problem gambling disorders. Examples include, but are not limited to, training and education programs and the following:
 - o Treatment Related Support: Providing one-on-one support to individuals with a substance use disorder
 - Linking: Ensuring clients are receiving counseling and community support services through warm handoffs
 - Mentoring Programs: Using CRSs to support members in recovery for nontreatment needs (must be pre-treatment clients)
 - Telephonic Recovery Support: Operating a warmline to assist community members to access treatment and/or peer support

2.2 Service Volume

To give Proposers a sense of Intervention Services volume, the following are DHS program numbers from Fiscal Year 2018-2019:

- 4,197 referrals made
- 1,566 people involved in screening and assessment
- 12,955 people received Material Distribution
- 12,087 people received Intervention Education
- 3,512 duplicated number of people served by Intervention Groups
- 2,913 unique individuals served by Intervention Groups
- 2,488 hours spent in Intervention Groups
- 1,814 Intervention Groups held

2.3 Target Population

Successful Proposers will target populations affected by risk factors associated with substance use and/or gambling. Proposed Intervention Services can serve adults, adolescents or both. Target populations are categorized into three Institute of Medicine Prevention Classifications:

- 1. <u>Universal</u>: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk
- 2. <u>Selective</u>: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average
- 3. <u>Indicated</u>: Activities targeted to individuals in high-risk environments who have been identified as having minimal but detectable signs or symptoms foreshadowing a disorder or having biological markers indicating predisposition for a disorder but do not yet meet diagnostic levels

2.4 Priority Issues

Proposers should consider designing their proposed Intervention Services to address priority issues. Priority issues are determined by national, state and local drug and alcohol data and trends to be at levels which identify concerns for the public. Standard priority issues are the opioid crisis and drunk driving and involve priority populations which include pregnant injection drug users, pregnant substance users, injection drug users generally, overdose survivors and veterans.

2.5 High-Need Communities

In addition to the priority issues, Proposers should consider designing their Intervention Services to reach high-need communities in the County.

The Allegheny County Health Department has identified County Council districts having higher-than-average rates of smoking; marijuana, opiates or non-prescribed painkiller use; and binge drinking or chronic alcohol use.

ISSUE	AVERAGE USE BY %	ABOVE AVERAGE DISTRICTS
Smoking	19%	All but 1, 2, 3 and 5
Marijuana Use	48%	4, 8, 10, 12 and 13
Heroin Use	3%	4, 12 and 13
Non-Prescribed Painkiller Use	9%	4, 6, 8, 10, 12 and 13
Binge Drinking	35%	4, 6,7, 8, 10, 12 and 13
Chronic Alcohol Use	5%	3, 7, 9 and 13

See Appendix C for district maps and rates of Smoking, Marijuana Use, Heroin Use and Non-Prescription Painkiller Use by County Council District. More details about these communities can be found at

https://alleghenycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Resources/Data_and_Reporting/Chronic_Disease_Epidemiology/ACHS-snapshots.pdf.

Similar data is not available for gambling; Proposers seeking to address gambling should be able to justify their choice of community(ies) by providing data or other source of support.

2.6 Data Collection and Reporting

DHS will be using the PA WITS Prevention application for Intervention Services, a Department of Drug and Alcohol Programs (DDAP) web-based platform for providers to document client level information and for billing purposes. Successful Proposers will be required to use this system.

Successful Proposers performance of the Contract Services will be monitored by a DHS quality assurance coordinator through monthly intervention reports, yearly monitoring and ongoing technical assistance. Successful Proposers will be required to submit monthly reports with multiple datapoints including, but not limited to:

- Number of Groups conducted
- Number of hours of Group sessions
- Number of unduplicated participants
- Number of hours that service was provided (by type of service)
- Number of unduplicated clients (by type of service)
- Number of calls received (Telephonic Support)
- Number of crisis calls received (Telephonic Support)
- Number of referrals made to services
- Number of Level of Care¹ assessments (LOCA) scheduled
- Number of LOCA completed
- Number of LOCA unscheduled
- Number of LOCA unscheduled completed

See Appendix D: Intervention Services Monthly Report Template.

¹ The Level of Care Assessment (LOCA) is a survey used to gather information about a client and to assess and recommend the appropriate treatment and service options according to the client's personalized needs.

2.7 Staffing & Staff Qualifications

Proposers must employ qualified staff, including at least one staff member with lived experience, and provide staff with appropriate training that meets County and DDAP requirements (at a minimum). Proposers will provide information on staffing, including qualifications, for each service.

2.8 Budget

The approximate total allocation for the services solicited through this RFP is \$2 million. The estimated allocation by type of service is:

• .5 Intervention Services: \$100,000

Group: \$537,000 Outreach: \$475,000

• Other Treatment Related Services: \$625,000

DHS intends to reimburse Successful Proposers on the following fee-for-service rates:

• .5 Intervention Services: \$15.38/unit²

Group: \$10/person/groupOutreach: \$15.38/unit

o If Outreach is specific to Hep C, rates are the following:

Case Management: \$12/unit
 Pre Test Counseling: \$15/unit
 Post Test Counseling: \$15/unit

■ Testing: \$30/test

• Other Treatment Related Services: \$15.84/unit

Successful Proposers will each receive an allocation for Intervention Services and will draw down on this allocation through the approved billable time entered via PA WITS Prevention. Successful Proposers must meet a standard of 60% billable time per staff member to fully deplete the budget allocation. Anything less than 60% billable time will result in a less than full allocation for Intervention Services. See Appendix B: Intervention Services Codes and Descriptions for information on the relevant billing codes used for these services.

2.9 Inclusion

Intervention Services should be designed, with expertise and compassion, to serve a diverse population. All clients should feel welcomed, well-served and supported regardless of their ethnic or racial heritage, sexual orientation and gender identity, intellectual or physical disability, English language proficiency or life experiences.

² A unit is 15 minutes of billable service.

Section 3: Application 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 105 points per Intervention Service (.5 Intervention Services, Group, Outreach and Other Treatment Related Services), as outlined in the following sections. Each specific Intervention Service will be evaluated and scored separately. Please refer to the Response Form for further detail on scoring.

3.1 Organizational Experience (15 points)

- Experience in providing drug and alcohol, tobacco and/or gambling Intervention Services to a variety of audiences, and knowledge of related issues (5 points)
- Experience working with adults and adolescents in need of Intervention Services (5 points)
- Demonstrated ability to partner with other providers or organizations (5 points)

3.2 Intervention Service Delivery Plans (50 points per service)

- A plan for .5 Intervention Services that:
 - a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate .5 Intervention Services (5 points)
 - b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen (5 points)
 - c. targets community(ies) where high needs exist and explains why they were chosen (5 points)
 - d. addresses one or more of the three target population categories and explains why they were chosen (5 points)
 - e. addresses one or both Pre-Treatment Linking and Pre-Treatment Mentoring Programs (5 points)
 - f. describes how Motivational Interviewing and any other evidence-based and/or evidence-informed practices will be used (5 points)
 - g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured (5 points)
 - h. describes how to meet the required 60% billable rate (5 points)
 - i. describes how to meet the needs of a culturally diverse population and those with special needs (5 points)
 - j. describes how the proposed .5 Intervention Services enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure (5 points)

• A plan for Group that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate Groups (5 points)
- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen (5 points)
- c. targets community(ies) where high needs exist and explains why they were chosen (5 points)
- d. addresses one or more of the three target population categories and explains why they were chosen (5 points)
- e. describes the frequency of meetings and topics that will be covered (5 points)
- f. describes how at least two evidence-based and/or evidence-informed practices will be used (5 points)
- g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured (5 points)
- h. describes how to meet the required 60% billable rate (5 points)
- i. describes how to meet the needs of a culturally diverse population and those with special needs (5 points)
- j. describes how the proposed Groups enhance and integrate within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure (5 points)

• A plan for Outreach that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate Outreach (5 points)
- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen (5 points)
- c. targets community(ies) where high needs exist and explains why they were chosen (5 points)
- d. addresses one or more of the three target population categories and explains why they were chosen (5 points)
- e. addresses all of the acceptable Outreach activities (e.g., Material Distribution, Intervention Education, Safe Practice) (5 points)
- f. describes how Motivational Interviewing and any other evidence-based and/or evidence-informed practices will be used (5 points)
- g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured (5 points)
- h. describes how to meet the required 60% billable rate (5 points)
- i. describes how to meet the needs of a culturally diverse population and those with special needs (5 points)
- j. describes how the proposed Outreach enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure (5 points)

• A plan for Other Treatment Related Services that:

a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate Other Treatment Related Services (5 points)

- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen (5 points)
- c. targets community(ies) where high needs exist and explains why they were chosen (5 points)
- d. addresses one or more of the three target population categories and explains why they were chosen (5 points)
- e. describes the proposed service(s), not included under another Intervention Service, that assist clients and families to recover from substance use and/or problem gambling disorders (5 points)
- f. describes the outcomes the proposed service(s) aims to achieve (5 points)
- g. describes how the desired outcomes will be measured (5 points)
- h. describes how to meet the required 60% billable rate (5 points)
- i. describes how to meet the needs of a culturally diverse population and those with special needs (5 points)
- j. describes how the proposed Other Treatment Related Services enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure (5 points)

3.3 Staffing (10 points)

- A plan for recruiting and retaining qualified, committed and knowledgeable staff, including at least one staff member with lived experience (5 points)
- A training plan that meets County and DDAP requirements (at a minimum) (5 points)

3.4 Data Collection and Delivery (15 points)

- A plan for tracking, entering and reporting data in a timely way (5 points)
- Regular pre- and post-test evaluations and a plan for incorporating feedback into programming, including a sample pre- and post-test with the Proposal (5 points)
- A plan for quality assurance (5 points)

3.5 Financial Management and Budget (15 points)

• A budget that reflects a realistic estimate of the costs associated with implementing the proposed Intervention Service(s) and a reasonable balance between direct and indirect costs, and a budget narrative that clearly justifies costs outlined in the budget (15 points)

Section 4: How to Submit a Proposal

4.1 Submission Process

- a. Proposers should take time to review and understand the RFP in its entirety including:
 - The background (see Section 1: Why We Are Issuing this RFP)
 - The narrative (see Section 2: What We Are Looking For)

- The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
- The evaluation process (see Section 5: How We Will Evaluate Your Proposal)
- 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.alleghenvcounty.us/dhs/solicitations.
- c. Proposers must submit a complete Proposal, which includes the following attachments that are available on our Active Solicitations website:
 - Response Form
 - MWDBE documents
 - Allegheny County Vendor Creation Form
 - Audited financial reports for the last three years
 - W-9
 - Budget
 - Sample pre-/post-tests
- d. Proposers should not send any attachments other than those listed above and on the Response Form.
- e. If you do not have audited financial reports for the last three years, you may submit other financial documentation that attest to the financial health of your organization. Tax returns are the preferred alternative. Please note that providing financial documentation is a requirement of contracting through Allegheny County.
- f. Make sure to complete each section of the Response Form and to stay within any word counts or page limits that may be specified in the Response Form.
- g. Proposals must be submitted electronically to DHSProposals@alleghenycounty.us no later than 3:00 p.m. Eastern Time on Tuesday, May 5, 2020 to be considered for review.
- h. Please make sure to get your Proposal in before the deadline! If your Proposal is late, it will be rejected and will not be presented to the Evaluation Committee for review and scoring, as described in Section 5 below.
- i. You will receive an email when your Proposal is received. If you do not receive this notification within 48 hours of submitting your Proposal, please contact DHSProposals@alleghenycounty.us.

4.2 How to Contact DHS about this RFP

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

4.3 Other Information

- a. The issuance of this RFP does not obligate the County to enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals.
- b. Any Agreement originating from this RFP is subject to all of the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
- c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.
- d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.
- e. Successful Proposal(s) will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).

4.4 Pennsylvania's Right-to-Know Law

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

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

Section 5: How We Will Evaluate Your Proposal

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

5.1 Evaluation Model

The evaluation process will consist of the following steps:

- a. DHS will form an Evaluation Committee
- b. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points for each response on a Proposer's Response Form according to their expertise and best judgment of how the Proposal submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:
 - 0 Not addressed in Proposal
 - 1 Poor
 - 2 Below expectations
 - 3 Meets expectations
 - 4 Exceeds expectations
 - 5 Outstanding
- c. DHS will tally the average scores of the Evaluation Committee and report a list of average scores to the Committee. The Committee will meet, consider the scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services as described in the RFP. The Committee will recommend to the Director of DHS either that a reduced number of Proposals be shortlisted for more extensive review or that the County enter into an Agreement with the Successful Proposer(s).
- d. DHS, on behalf of the County, shall have the exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. Each committee member will individually score the oral presentation using the following criteria and the scale outlined in 5.1b. The maximum score that an oral presentation can receive is 15 points:
 - Presentation demonstrates Proposer's ability to implement the proposed program effectively (5 points)
 - Proposer's answers to Evaluation Committee's questions (5 points)
 - Proposer's presentation is thoughtful and professional (5 points)
- e. DHS will tally the average scores of the Evaluation Committee and report a list of average scores to the Committee. The Committee will meet, consider the scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services as described in the RFP.
- f. The Committee will submit their recommendation for award of an Agreement to the Director of DHS for approval. The Director will in turn submit a request to the County Manager for approval for the County to enter into an Agreement with the Successful Proposer.
- g. At any time during the review process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
- h. As part of determining Proposers' eligibility to enter into a contract with Allegheny County, all Proposers' financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure Proposers' financial stability.

- i. The County is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. The County reserves the right to reject any and all Proposals.
- j. All Proposers will be notified of their status following the final determination of which Proposer(s) will be awarded Agreements.
- k. Proposers not awarded an Agreement who are interested in receiving feedback regarding their submission may request a phone call at DHSProposals@alleghenycounty.us.

5.2 Other Requirements

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

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

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

Section 6: Contract Requirements for Successful Proposers

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

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

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

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

- o MWDBE Participation Statement
- o MWDBE Waiver Request
- o MWDBE Contact Information form
- MWDBE Resources
 - MWDBE Contract Specifications Manual
 - o MWDBE Response Checklist
 - o Guide for completing the MWDBE Participation Statement
 - o Sample Diversity Policy
 - o MWDBE Presentation for Proposers
- c. For more information about MWDBEs, visit the Allegheny County MWDBE website.

6.2 HIPAA Compliance

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

6.3 Cyber Security

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

6.4 Equal Employment Opportunity and Non-Discrimination Requirements

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

6.5 New Provider Requirements

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

Appendix A: Relevant Evidence-Based Practices

EBP Relevant for .5 Intervention and Outreach:

Motivational Interviewing: Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic and short-term process that takes into consideration how difficult it is to make life changes.

EBPs Relevant for Group:

Cognitive Behavioral Therapy (**CBT**): Cognitive behavioral therapy is a psycho-social intervention that aims to improve health. CBT focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and developing personal coping strategies that target solving current problems.

Node-Link Mapping: This strategy involves the intervention staff member and client in the development of visual representations, or maps, of issues that emerge in substance abuse treatment. Drawing a map or diagram can help clients see and understand relationships between their actions and consequences and can help them express complex relationships and parallel ideas that are difficult to verbalize. Maps can also be used as communication aids for group and individual discussions. The counselor leads the client through the first mapping process by asking a series of questions and then drawing the answers in the form of a schematic or map. Clients can also complete parts or all of their own maps once they understand the process.

Relapse Prevention Therapy: In Relapse Prevention Therapy, individuals learn to identify and correct problematic behaviors. RPT encompasses several cognitive-behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse.

Reality Therapy: Reality Therapy focuses on problem-solving and making better, healthier choices in order to achieve goals. Reality therapy is founded on the idea that everyone is seeking to fulfill five basic needs (survival, love and belonging, power, freedom or independence, and fun), and that issues arise when any of these needs are not being met. The delivery methodology, is best summarized as the WDEP (Wants, Doing, Evaluation and Planning) system. Each letter represents a cluster of interventions.

Appendix B: Intervention Services Codes and Descriptions

Intervention Services involve the provision of services designed to encourage individuals to examine their own patterns of substance use and to reduce risky substance use behaviors. Referral is provided if the need for a structured treatment regimen or other service is indicated. This level also captures services related to HIV and Hepatitis C as well as supportive services provided to families of individuals with a substance use disorder.

CODE	DESCRIPTION	PROGRAM FREQUENCY
INT01	DUI/DWI Programs	Session-based
INT02	Intervention Sessions/Counseling	One-time or session-based
INT03	Family/Friend Support Groups	Session-based
INT04	Grief Support Group	Session-based
INT05	Outreach	One-time
INT07	.5 Intervention Services	One-time or session-based

INT01 DUI/DWI Programs – Structured programs intended to change the behavior of adolescents and adults who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle.

Examples are:

- Alcohol-related highway traffic safety classes
- Alcohol and other drug awareness seminars
- Court-mandated alcohol and other drug awareness and education programs

Program Frequency: Session-Based

Demographics: Record the number and demographics of participants.

Other Count: Use, if applicable, to capture additional count defined by the Single

County Authority (SCA) or provider agency.

INT02 Intervention Sessions/Counseling – A group or individual session with adolescents or adults with problematic/risky substance use behaviors to include individuals assessed as needing 0.5 Early Intervention Level of Care. Session content could include, but is not limited to, discussing use and consequences to use, setting goals, and discussing and developing skills to reach goals such as coping skills, stress management, conflict resolution, etc. The session could also include additional screening and referring individuals to other services and resources.

Program Frequency: One-Time or Session-Based

Demographics: Record the demographics of participants.

Other Count: Use, if applicable, to capture additional count defined by SCA or provider agency.

Note: A session whose purpose is to only provide screening or referral should NOT be captured under this code. **This code should be utilized to capture tobacco cessation programs/sessions.**

INT03 Family/Friend Support Groups – Groups for family, friends and other loved ones of individuals with a substance use disorder. This includes support groups for family/friends as well as groups to help family/friends understand addiction and learn how to appropriately support their loved one with a substance use disorder. This also includes support groups for children of substance abusing parents/caregivers.

Program Frequency: Session-Based

Demographics: Record the number and demographics of participant

Other Count: Use, if applicable, to capture additional count defined by SCA or provider agency.

Note: Prevention programs provided to children of substance abusing parents/caregivers should be captured under the appropriate prevention service code.

INT04 Grief Support Groups – Groups designed to provide support for family, friends and other loved ones of individuals who have died from alcohol or other drug related causes.

Program Frequency: Session-Based

Demographics: Record the number and demographics of participants.

Other Count: Use, if applicable, to capture additional count defined by SCA or provider agency.

INT05 Outreach – Involves identifying substance abusing individuals and encouraging those individuals who are substance abusers or problem gamblers to them to access treatment. Includes providing specific outreach activities in locations where substance abusing individuals are likely to be, encouraging entry into treatment, and following-up with individuals identified during outreach activities. Also includes the provision of outreach services to the injection drug users population.

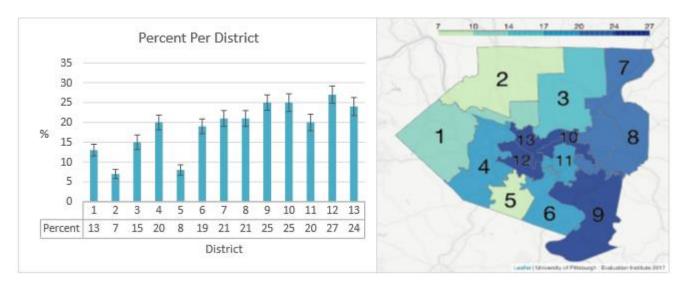
Program Frequency: One-time

Demographics: Record the number and demographics of participants.

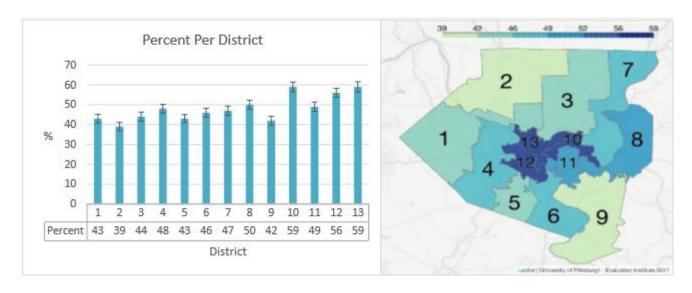
Other Count: Use, if applicable, to capture additional count defined by SCA or provider agency.

Appendix C: Rates of Smoking, Marijuana Use, Heroin Use and Non-Prescription Painkiller Use by County Council District

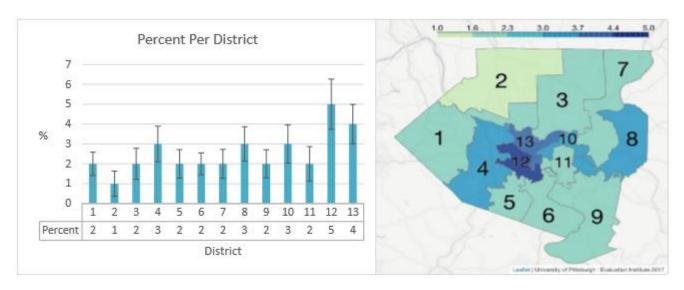
Smoking



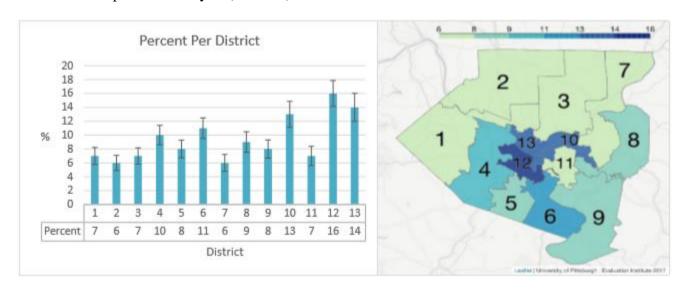
Marijuana (ever use)



Heroin (ever use)



Painkillers not prescribed to you (ever use)



Appendix D: Intervention Service Monthly Report Template

PROVIDER NAME:						
PRIMARY CONTACT FOR MONTHLY REPORT		SECONDARY CONTACT FOR MONTHLY REPORT				
NAME OF SUBMITTER:		NAME OF SUBMITTER:				
TITLE OF SUBMITTER:		TITLE OF SUBMITTER:				
EMAIL:		EMAIL:				
PHONE NUMBER:		PHONE NUMBER:				
☐ 1st Quar	ter	☐ 3rd Quarter ☐ 4	t th Quarter			
REPORT MONTH / YEAR:		DATE SUBMITTED:				
Intervention target populatio	n:					

List Program Goals & Objectives from the Implementation Plan and Progress toward those goals and objectives in the spaces provided below.

PROGRAM GOALS	PROGRESS TOWARD PROGRAM GOALS THIS MONTH (For example: Have any goals in the plan been achieved? Has the number of people served increased? Have any increases in positive outcomes and/or decreases in negative outcomes been documented?)	PROGRAM OBJECTIVES	PROGRESS TOWARD PROGRAM OBJECTIVES THIS MONTH (For example: Have any objectives in the plan been achieved? Have groups/outreach activities been completed as planned? Have targets regarding number of people served been reached for the month?)

STAFFING CONFIGURATION							
Name of Staff Title Full time or Part time							

TRAININGS						
	STAFF TRAIN	IINGS ATT	ENDED THIS MONTH			
Total Unduplicated Staff:			Total Training Hours:			
Name of Trai	ning	# of hours	Name of Staff	Title		

PROVIDER TRAININGS CONDUCTED THIS MONTH						
		Total Training Hours:				
9			Title			
			Total Training Hours: ng # of Name of Staff			

CONTRACTED SERVICES

PLEASE COMPLETE THIS SECTION IN OCTOBER, JANUARY, APRIL, & AUGUST

CHECK ALL THAT APPLY as indicated in the implementation plan and facility data sheet. All applicable information must be entered cumulatively for each quarter

	applicable information must be entered cumulatively for each quarter						
SER	VICE	TOTAL ALLOCATION	Q1 EXPENDITURES	Q2 EXPENDITURES	Q3 EXPENDITURES	Q4 EXPENDITURES	Total YTD
	Intervention (7200) Group						
	Intervention (7200) Hotline						
	Intervention (7200) Outreach						
	Recovery Supports (930R)						
	Telephonic Supports (Recovery Supports) (930R)						
	Recovery Housing (920R)						
	Case/Care Management (9100)						
	Other (Identify Service):						
Tota	als						

**/	□ NOT CONTRACTED FOR THIS SERVICE				
Name of Group	Description of Group	Total # of groups conducted	Total # of hours	Total # of unduplicated Participants	Location of Groups

INTERVEN* **Attach a call log	☐ NOT CONTRACTED FOR THIS SERVICE		
Total # of calls received this month:	Total # referrals made to services this month:	Total # crisis intervention calls this month:	

INTERVENTION (**Attach any applicable documentation this report for	□ NOT CONTRACTED FOR THIS SERVICE		
Outreach Service:	# of hours service was provided this month:	Check if recurring	
Referrals			
Information Dissemination	rmation Dissemination		
Community Events/Meetings			
Other (Describe):			

**Attach client list, sign-in this	□ NOT CONTRACTED FOR THIS SERVICE		
Total Unduplicated Individuals Served (All Support Services):		Total Support Service Hours (All Support Services):	
Type of Support Services:	# of hours of service provided this month:	# of unduplicated pomonth:	articipants served this
Drop in Center			
Transportation			
Child Care Services			
Spiritual Services			
Other (Describe):			

TELEPHONIC SUPPORTS (REC	☐ NOT CONTRACTED FOR THIS SERVICE	
Total # of calls received this month:	Total # referrals made to services this month:	Total # crisis calls received this month:

CASE/CARE MANAGEMENT (9100) **Attach client list for this month to the report**				□ NOT CONTRACT			
Total unduplicated # Level of Care assessments (LOCA) scheduled this month:	Total unduplicated # To scheduled LOCAs un		Total unduplicated # unscheduled (walk- in) requests for LOCA this month:		Total unduplicated unscheduled (walk in) LOCA complete this month:	- referrals made	to
	NALOXONE (NARCAN) DISTRIBUTION **Attach count, sign-up sheet, or other applicable documentation to this report for the month** Description: NOT DISTRIBUTE NALOXONE				_		
Community/Location naloxone was distributed month:		distributed in each community/location this		Nar	people revived by can distributed in each nunity/location this month:	Total # naloxone ki received from Allegh County Health Department this mor	eny

Total # naloxone kits received from another source:

List source(s) of naloxone kits:

MATERIAL DISSEMINATION □ N/A **Attach a sample of materials disseminated during this month**			
Topic of information dissemination:	Targeted population:	How and where the information was distributed:	Total # of materials disseminated

CHANGES TO IMPLEMENTA	TON PLAN AND/OR DISTRIBUTION OF ALLOCATION	□ N/A
List any changes made during this month to the Implementation Plan:		
List any changes to the distribution (re-budgets) of the total allocation for FY 19-20 this month:		

COMMUNITY EVENTS/MEETINGS			
Attach sign-in sheets, minu	ites, or other applicable documentation to the	report for the month	
List community events/meetings attended by staff during this month:			
List community events/meetings facilitated			
by staff during this month:			
List any other types of outreach events attended or			
facilitated by staff this month:			
	REFERRALS	□ N/A	
Attach referral sheet or other applicable documentation to this report for the month			
Services referred to this month:		Total unduplicated #	
(e.g., Outpatient, Certified Recovery Spe	ecialist, Case Management, Inpatient, Detox)	individuals referred to each service listed:	
	-		

OUTCOME MEASURES / ASSESSMENT	
Attach docum	entation of outcome tracking to this report for the month
Describe what data is	
collected and how it is used	
to measure outcomes	
toward program goals and	
objectives listed at the top	
of this report:	

OVERALL PROGRESS		
List accomplishments and		
successes this month:		
List difficulties and barriers		
this month:		

Please email the completed report to your Allegheny County Bureau of Drug and Alcohol Services Program Representative and copy: Maisha Howze

Maisha.Howze@AlleghenyCounty.US; Michael Zylinski

Michael.Zylinski@AlleghenyCounty.US; and Kathryn Gadd

Kathryn.Gadd@AlleghenyCounty.US within 15 days of the end of the reporting quarter.