



REQUEST FOR PROPOSALS

Engagement Center, Safe Place to Stay and Engagement and Coordination Teams

December 18, 2018

Engagement Center, Safe Place to Stay and Engagement and Coordination Teams Release Date: Tuesday, December 18, 2018

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Section 1: Summary and Purpose

Community Care Behavioral Health (Community Care) and the Allegheny County Department of Human Services, Office of Behavioral Health, (DHS) are seeking at least one qualified provider to develop and operate three innovative programs. These programs will provide Allegheny County residents living with substance use disorders (SUD) and/or co-occurring disorders, as well as their family and friends, with substance use education, resources, screenings, Level of Care Assessments (LOCA), recovery support and facilitate transition into treatment services.

Over the past year, Community Care and DHS have gathered provider and consumer stakeholder insights as to what improvements could be made to the continuum of services available so Allegheny County can more effectively address the opioid epidemic as well as the growing prevalence of addiction, co-occurring disorders and the effects of social determinants on recovery and relapse. Community Care and DHS have analyzed this stakeholder input to develop three programs that, when operational, will work in tandem to respond to the needs of all Allegheny residents, including HealthChoices and non-Medicaid eligible individuals with substance use disorders. The three programs described in this Request for Proposals (RFP) are listed below.

- 1. **An Engagement Center** to provide 24/7/365 substance use screenings, assessments, peer support, evaluations, referrals, treatment transition support, access to Medication Assisted Treatment, harm reduction education, and recovery resources to individuals seeking services, as well as family members and loved ones.
- 2. A Safe Place to Stay will provide certified addiction and peer support activities along with food, shelter, and professional monitoring for individuals who have received a Level of Care Assessment (LOC) and have been referred to a treatment program and are awaiting an open treatment slot. The Safe Place to Stay is <u>not</u> intended to be a licensed medically managed or monitored inpatient or non-hospital treatment program.
- 3. **Engagement and Coordination Team**s to provide team delivered, community and site-based, peer recovery support and case management services to reduce the barriers that prevent individuals from initiating and engaging in treatment and recovery services.

Each of these programs are intended to be highly accessible and flexible as they serve the entire community with recovery-oriented services and evidence-based practices. The programs are expected to address and resolve the complex behavioral health and human service needs of a diverse population. Those struggling with SUD and their families should find it easier to get help to needed information, referral and linkage to resources 24/7/365; be assisted in their understanding of the services available including peer supports and services from qualified providers; and/or, assistance in overcoming any obstacles that otherwise prevent them from engaging in recovery.

The following five principles serve as guidelines for the development and ongoing operations of these innovative programs:

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- 1. Alcohol and other drug treatment and interventions are most effective when they are highly individualized, trauma-informed, person-centered, recovery oriented, and aim to strengthen individuals' capacity for resiliency and self-sufficiency.
- 2. Treatment providers are most effective when they assist individuals with complex needs by diligently pursuing the resources and support necessary to attain their recovery goals.
- 3. Individuals at any stage of recovery have a better chance of developing the breadth and depth of internal and external resources they need to initiate, re-initiate, or sustain their recovery if they are presented with repeated opportunities to do so.
- 4. Individuals who receive accurate and unbiased information about all available treatment options, including Medication Assisted Treatment, have a better chance of recovering because they can make a personal and informed choice about how they believe they can achieve recovery.
- 5. Peer support is essential for recovery.
- 6. Addressing the concerns of the family and other natural supports, as well as providing them with education and information related to SUD to the extent appropriate and possible, is an integral component of the recovery process.

Respondents' Proposal Options

Allegheny County and Community Care are looking for one organization with which they can contract for the Engagement Center, Safe Place to Stay, and Engagement and Coordination teams.

The selected vendor may choose to provide all three services described in the RFP or collaborate/subcontract with other providers to deliver one or more of these services.

Respondents must describe, in detail, how they will structure service delivery, collaborative partnerships, and guarantee that the selected vendor and business partners will be accountable to the County and Community Care for the related service provisions.

Each provider partner will need to be Medicaid enrolled, contracted with Community Care for HealthChoices and is expected to bill independently for HealthChoices reimbursable services under this initiative.

Related Solicitations

This RFP is part of a multi-faceted effort that Community Care and DHS have underway to assist the Allegheny County provider community with a more effective response to current needs and trends related to SUD. On October 9, 2018, Community Care, in conjunction with Allegheny County DHS, released a related Request for Qualifications (RFQ) pertaining to the development of a network of Certified Assessment Centers. The Engagement Center defined herein will be required to adhere to the Certified Assessment Center (CAC) requirements and successfully obtain DHS and Community Care designation as a CAC.

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Section 2: Program Objectives

Community Care and DHS intend to shape the development and sustainability of the three programs described herein by aiming to meet the following objectives:

- 1. Immediate access to treatment services for high-risk pregnant injection drug users, pregnant substance users, injection drug users, overdose survivors, and veterans is guaranteed.
- 2. Pennsylvania's "Get Help Now" hotline will be used as the virtual front door for accessing substance use services.
- 3. Access to case management support, certified addiction counseling, and peer recovery support services will increase across the delivery system.
- 4. Community-based support teams will mobilize to facilitating warm handoff of post-overdose survivors and other priority populations through critical transition periods.
- 5. Level of care assessments (LOCA) will be conducted in an impartial manner so determinations result in referrals being going to the most appropriate service program and not only going to the programs provided by the assessing agency.
- 6. Substance use disorder service referrals are:
 - a. Consistent with the findings of an impartial level of care assessment
 - b. Responsive to the with the individual's preferred recovery path and choice of provider.
 - c. Sent to service provider(s) with the timeliest access and/or subspecialty expertise, e.g., working with individuals with trauma, gender or age specific focus, etc.
 - d. Inclusive of at least two providers unless the individual's choice for one provider is notated.
- 7. Initial dosing of Buprenorphine is available 24/7 and 365 days a year throughout Allegheny County.
- 8. Education about the benefits of, and access to, Medication Assisted Treatment is provided routinely.
- 9. Provider stakeholders and human service organizations share a regulatory sound, common interpretation and uniform practices regarding permission and restrictions for sharing information sharing on behalf of individuals with substance use disorders (SUDs), co-occurring SUD and mental illness, and those involved with child protective services if/when/where the safety of children may be at risk.
- 10. Data is collected, aggregated, shared, and analyzed to inform interventions that:
 - Inform, in real time, the demand for services in Allegheny County. Respond to the changing treatment and service needs throughout the community
 - Capitalize on the resources available through multi-sector sponsors working to eliminate substance use issues in Allegheny County
 - Eliminate systemic barriers preventing or inhibiting opportunities for recovery and physical health among and beyond the priority populations recognized by the Department of Drug and Alcohol Programs (DDAP)
- 11. Minimize delays for the initiation of treatment and existence of waiting lists. Maintain and contribute data utilizing technological solutions to further impact the ability to monitor treatment quality, capacity, and availability.

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Section 3: Description of the Services

The Engagement Center, Safe Place to Stay, and the Engagement and Coordination Teams programs described in this solicitation will all have the same referral base, access standards and expectations to eliminate barriers to initiating treatment.

Referral Base

Referrals to a 24/7/365 Engagement Center, 72-hour Safe Place to Stay and a mobile Engagement and Coordination Teams will originate from the following sources:

- Walk in self-referrals and referrals from family and friends of individuals with substance use concerns
- Pennsylvania Get Help Now Hotline
- Emergency Departments and physical health providers
- SUD and mental health providers
- First Responders
- Congregate living residences
- Criminal Justice Agencies and institutions
- Community Care
- HealthChoices Physical Health Plans
- Community HealthChoices Managed Care Plans
- DHS-Bureau of Drug and Alcohol Service
- Other community services

Timely Access to Assessments

The Engagement Center, Safe Place to Stay and Engagement and Coordination Teams will be required to comply with all requirements related to timely assessment as defined in the DDAP Treatment Manual Section 7.00 Performance Measure Requirements.

Elimination of Barriers to Treatment

The Engagement Center, Safe Place to Stay and Engagement and Coordination Teams will address substance use, mental health, housing, human services, and non-treatment needs. Case management services available in each of these programs will address individual's unique barriers that prevent them from initiating or remaining engaged with indicated treatment. Case management services will include but not be limited to addressing the need for health care coverage, transportation, child care, transfer of caregiver responsibilities, housing responsibilities, financial constraints, physical illness, legal issues and access to basic needs such as food, clean clothing and hygiene products for themselves and their families. The staff will link individuals to resources and services that can fulfill treatment and non-treatment needs. In the event the case management activities cannot be completed by the program staff, a referral to an appropriate case management entity will be completed, with consent from the individual, which includes the sharing of identified needs with the case management provider.

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A. The Engagement Center

The Engagement Center will provide centralized access to substance use screenings, level of care assessments, peer recovery supports, recovery services referrals, appropriate treatment, including Medication Assisted Treatment, and ongoing engagement efforts utilizing motivational interviewing strategies. The individuals seeking support from the Engagement Center are expected to include youth, young adults, and adults ages 14 and over seeking support for themselves or on behalf of an individual with a SUD or co-occurring substance use disorder and mental illness. Services will be available to individuals regardless of the substance(s) they are using and regardless their current stage of recovery. Subsets of this general population will include all Priority Populations identified by DDAP, including opioid users, overdose survivors, and those at risk for repeated overdose or death from prescription and non-prescription opioids, as well as individuals with co-occurring complex physical health conditions. Please refer to the DDAP Treatment Manual Section 5.00 Special Populations for details related to treatment assessment and admission expectations for Priority Populations.

The Engagement Center will acquire an Intake, Evaluation, and Referral Service license described in the Department of Drug and Alcohol Programs (DDAP) Licensing Alert 01-16 dated December 29, 2016. Consideration will be given to respondents who are able to obtain this license within 60 days of award notification.

The Engagement Center is expected to provide individuals with the opportunity to attend substance use disorder education and support groups. These groups can include but are not limited to:

- Education on drugs and alcohol/SUD and their impact on physical, psychological, social, family, spiritual, and financial health.
- Treatment options, barriers to starting treatment, and how to get the most out of treatment services.
- Education about the recovery process and the availability of recovery support services
 Relapse prevention, harm reduction, and coping skills

The Engagement Center is also expected to offer 24/7/365 access to community-based peer support, case management, and interim services available onsite. Examples of interim services, as defined by DDAP, are services to reduce the adverse health effects of substance use, to promote the health of the individual, and to reduce the risk of transmission of a disease until the individual is admitted to a treatment program.

The Engagement Center is expected to partner with area MAT prescribers to provide on-site MAT options (i.e. buprenorphine and naltrexone), particularly during off-hours and weekends, and will ensure that warm hand-offs occur when linking an individual with methadone treatment services and other off-site MAT services. Establishing collaborative relationships with the six area Centers of

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Excellence providers, as well as other area MAT treatment providers will be essential in ensuring 24/7/365 MAT access occurs both directly and indirectly via the Engagement Center.

The Engagement Center will be required to provide all services and conduct all reporting requirements consistent with a Certified Assessment Center including: impartial screenings and assessments, identifying and facilitating referrals to treatment providers, ensuring seamless and successful transition from assessment to treatment, collaborating with family and natural supports to the extent allowed by consent and/or by regulation, and effectively engaging individuals to assist them on a path toward recovery.

To provide 24/7/365 access, the Engagement Center is expected to create a staffing pattern that includes several teams with a fixed shift schedule. It is expected the staff complement will include part-time or casual staff to cover periods of increased referrals and walk-in volume.

Community Care and DHS suggest the Engagement Center staff include approximately 3 full time equivalents (FTE) Nurses, 3 FTEs Crisis Service Coordinators, 6 FTEs Certified Addictions Counselors, and 3 FTEs Certified Recovery Specialists. The addiction professionals must meet minimum education, training, and certification standards as specified by the Pennsylvania Code 28 Pa. Code § 704 or the Pennsylvania State Civil Service Commission.

B. Safe Place to Stay

In addition to the ambulatory services provided by the Engagement Center, A Safe Place to Stay for up to 72-hours will provide transitional support for up to 14 males and females.

While this is primarily an adult serving program, it is expected that the interested respondent provides a plan to serve as many as up to 4 youth at one time and address the specifics and unique needs for safety and wellbeing of all residents. This program will provide recovery supports while individuals with substance use disorders await treatment admission. During the 72-hour period, individuals are expected to have access to a nurse who will monitor any withdrawal symptoms they may be experiencing, and are expected to receive individualized psychoeducation, ongoing assessment, peer support, continued coordination with family supports, and case management services which includes completing Medical Assistance applications for those who are uninsured. Staff will aid those who are uninsured in individuals with the Medical Assistance application process. The Safe Place to Stay is not intended to be a licensed medically managed or monitored inpatient or non-hospital treatment program.

The 72-hour transitional support unit will offer adequate, semi-private sleeping arrangements. Bathing, laundry, and self-care facilities and toiletries should be available along with food service. Programming is expected to be available daily to anyone staying in the space.

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C. Engagement and Coordination Teams (EC Teams)

A mobile team of D&A Case Managers and Certified Recovery Specialists will be deployed throughout the community, including emergency departments, to conduct LOCAs and to provide case management and peer support services to individuals. Due to the historically unmet need of the availability of these services outside of normal business hours, it is expected that the interested respondent will establish a plan to address adequate coverage and response capability for both business hours and for weekends and evenings. This will further promote initiation and engagement into treatment services and access to community resources and education.

The EC Teams are to follow the Pennsylvania's Department of Drug and Alcohol Programs (DDAPP) warm hand-off procedures to support an overdose survivor's direct transfer from the Emergency Department to a SUD treatment provider. The EC Teams will place an emphasis on supporting overdose survivors with a heightened potential for overdose risk due to a previous overdose(s), and those with a new or ongoing diagnosis of opioid use disorder, however the Teams will also provide services to individuals using any substance(s)

The EC Teams program was conceptualized as two teams. Each team is expected to consist of approximately three Drug and Alcohol Case Managers and two Certified Recovery Specialist for a combined total of 10 FTE Drug and Alcohol Case Managers and Certified Recovery Specialists. Both teams are expected to report to 1 FTE D&A Case Manager supervisor and 1 FTE Certified Recovery Specialists Supervisor. Case management and peer recovery support services could be provided in tandem or independently of each other.

The EC Teams program will be an approved Drug and Alcohol Case Management Program with an approved Supplemental Service Description for both D&A Case Management and Certified Recovery Specialists.

Referrals to the EC Teams will be made by police, emergency medical services, crisis response teams, emergency departments, and acute drug and alcohol and psychiatric units, as well as the Engagement Center itself. If a referral is received within 72 hours of an overdose, a Drug and Alcohol Case Manager and a Certified Recovery Specialist will be expected to meet the overdose survivor in the community, at the emergency department, in the hospital, or at the Engagement Center within one hour of the referral. The D&A Case Manager will complete a Level of Care Assessment, identify the available treatment options, complete necessary referrals, and support the survivor through the admission process. The Case Manager will also maintain coordination responsibilities throughout the course of treatment, as appropriate, as well as coordinate the first follow up appointment post discharge. Certified Recovery Specialists will offer peer support services throughout the course of treatment and through the first follow up appointment post discharge. EC

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Teams will be expected to be delivered primarily through face-to-face encounters, with telephone contacts not representing more than 25% of all encounters.

D&A Case Management staff are expected to meet the 28 Pa. Code Chapter 704. Staffing Requirements for Drug and Alcohol Treatment Activities outlined in the PA Code and comply with all PA DDAP regulations and standards. The D&A Case Management Supervisor will be required to meet the criteria for D&A Therapist or Case Manager plus a minimum of five years of experience delivering substance use disorder treatment or case management services to individuals with substance use disorders or co-occurring disorders. The D&A Case Management Supervisor will offer administrative and case management oversight to the proposed six Case Managers.

Certified Recovery Specialist (CRS) services will include outreach, mentoring, peer support and guidance, as well as resource information and referrals. For those who have recently experienced an overdose, CRS will work closely with the individual to support and assist them in understanding and navigating the available supports, as well as to encourage and guide any necessary connections with other service systems. The Certified Recovery Specialist Supervisor will be credentialed by the Pennsylvania Certification Board and have a minimum of three years' experience delivering recovery support services to individuals with substance use disorders or co-occurring disorders. All Certified Recovery Specialist staff will be credentialed by the Pennsylvania Certification Board and have at least one year of experience delivering recovery support services to individuals with substance use disorders or co-occurring disorders.

Section 4: Funding

Individuals either presenting at or referred to the Engagement Center, referred to the EC Teams, or staying at the 72-Hour Safe Space to Stay may be beneficiaries of one or more of the following health care coverage types: commercial insurance, PA Medicaid, PA HealthChoices, PA Community HealthChoices, or Medicare. Some individuals may not have insurance at the time they seek assistance and help. Some services may not be insurance billable and may be supported by Allegheny County funding

All services provided by each program must be available to all Allegheny residents regardless of their insurance coverage or ability to pay. In addition, Community Care and Allegheny County DHS will monitor frequency of linking individuals without insurance coverage to healthcare navigators, including staff at the Allegheny County Assistance Offices. This also includes helping people apply for coverage through Compass' online application.

HealthChoices reinvestment funds are targeted for the purchase and/or renovation of a facility to house the Engagement Center and Safe Place to Stay. Separate allotments of Reinvestment Funds have been targeted for the startup and development of the Engagement Center program, Safe Place to Stay, and

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EC Teams. The availability of reinvestment funds to support the development of each program will be dependent on OMHSAS' approval of the use of funds for the purposed described above.

Following the expenditure of reinvestment funds, each program will be sustained through HealthChoices, SCA, and third-party liability funding. The contracted awardee will be eligible to contract with both Community Care and the County of Allegheny to provide the services reimbursable under public funding described herein.

Section 5: Monitoring and Reporting Deliverables

The Engagement Center, functioning as a 24/7/365 Certified Assessment Center, Safe Place to Stay and the Engagement and Coordination Teams will be required to track, collect, aggregate and submit reports on referrals, referral sources, screenings, LOCA determinations, barriers to engagement, treatment refusal, access standards, admissions, successful transitions and treatment slot availability in addition to reporting required under current HealthChoices Behavioral Health Contract agreements.

Section 6: The RFP Process

Minimum Standards for Respondents

This competitive procurement process will result in the evaluation of proposals by qualified treatment and/or services provider respondents. Community Care and DHS will jointly establish an Evaluation Committee to be comprised of consumers and behavioral health stakeholders ("the Evaluation Committee"). Based on the evaluation of the proposals and the qualifications described above, Community Care, and DHS will award the contract to the most qualified provider(s).

RFP Timeline

Tuesday, December 18, 2018	RFP is released	
Tuesday, January 8, 2019	Round 1 Questions due to boiceja@ccbh.com	
Tuesday, January 8, 2019	RSVP to Respondents' Conference due to boiceja@ccbh.com	
Tuesday, January 22, 2019 from 10:00	Respondents' Conference at Community Care Behavioral Health	
a.m. to Noon.	339 Sixth Avenue, Suite 1300, Pittsburgh, PA 15222	
Monday, February 4, 2019	Letter of Intent to respond to RFP due no later than 4:00 p.m.	
Thursday, February 14, 2019	Round 2 (Final) questions due to boiceja@ccbh.com	
Thursday, February 21, 2019	Final Q&A distributed to Respondents with timely LOI received	
Monday, March 4, 2019 by 3.30 p.m.	. Proposal Due Date	
Friday, March 8, 2019	Distribution to Review Committee	
Friday, March 15, 2019	Review Committee Session 1	
Thursday, March 21, 2019	Review Committee Session 2 (if necessary)	
Thursday, March 28, 2019	Final Respondent Interviews (if necessary)	

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Friday, April 12, 2019	Selection of Awardee and Notification
Monday, April 29, 2019	First in the series of monthly implementation meetings

^{*}Dates are subject to change

RFP Respondents' Conference

On Tuesday, January 22, 2019 a Respondents' Conference will be held beginning at 10:00 a.m. until noon. The conference will be held at Community Care office at 339 Sixth Avenue, Suite 1300, Pittsburgh, PA 15222. This conference will also be available through a global crossing connection at 1-888-744-8762, access code 454 2642#. All prospective Respondents meeting the qualifications noted below are invited to attend.

Registration for the Respondents' Conference is required for each person planning to attend. Use the following link to register each person and indicate whether the representative will attend in person or via teleconference https://www.surveymonkey.com/r/MX7JB58.

Q&A Round 1: If respondents would like to have questions answered at the RFP Respondents' Conference on **Tuesday, January 22, 2019**, questions need to be submitted by **Tuesday, January 8, 2019. Submit all questions through this survey link:** https://www.surveymonkey.com/r/GTVXYKP. Please include one question per field. If you need to submit more than ten questions, use a different email address to access the survey and enter additional questions. Jenn House, Program Manager, will collect questions and prepare answers on behalf of Community Care and DHS. for review at the Respondents' Conference

Q&A Round 2: Additional questions will also be accepted *after* the Respondents' Conference until **Thursday, February 14, 2019**. Use the following survey link to submit questions related to the RFP after the Respondents' conference. https://www.surveymonkey.com/r/GTVXYKP.

The Program Manager will disseminate the final Q&A to Respondents who submit a timely letter of intent. This process will ensure that all committed Respondents receive the same information.

Letter of Intent to Submit

All Respondents intending to apply to this RFP must submit a Letter of Intent. Letter of intent must be received by Community Care by **4:00 p.m.** on **Monday, February 4, 2019.**

The Letter of Intent should include, at a minimum, the following:

- Name of the Responding Organization
- A statement of the intent to submit a response and signed by an Executive of the organization

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 Name, title, address, telephone number, and email address of the contact person(s) for the intended submission

Respondents are to **email Letters of Intent** by **4:00 p.m. on Monday, February 4, 2019** to: Jenn House at boiceja@ccbh.com. The Committee will only evaluate submissions from Respondents who submit a timely Letter of Intent.

Proposal Submission Deadline

Respondents are to submit the following response documentation by 3:30 p.m. on Monday, March 4, 2019

- One originally signed hard copy with the hard copy budget proposal placed in a sealed folder separated from the proposal
- Twelve (12) hard copies of the proposal.
 - o All hardcopies should be sent or hand-delivered to Jenn House, Program Manager, at Community Care, 339 Sixth Avenue, Suite 1300, Pittsburgh, PA 15222.
- Submit via email, an electronic copy of the proposal and the budget proposal to Jenn House at boiceja@ccbh.com

Recommendations:

Securely bind and paginate all proposals and budgets Do not send more than one copy of the budget proposal.

PLEASE NOTE: THE COMMITTEE WILL NOT REVIEW ANY PROPOSALS SUBMITTED AFTER 3:30 P.M. ON MONDAY, MARCH 4, 2019

All forms of communication regarding this procurement with any staff at Community Care, Allegheny County DHS, or any representatives from Allegheny HealthChoices, Inc., other than Jenn House, Program Manager, is grounds for disqualification.

Requirements

- A. Proposal submissions should be based on interest and the ability to meet the qualifications described throughout this document, however, qualified respondents must meet the following minimum requirements:
 - 1. Possess an existing PA PROMISe enrollment(s).
 - Be a licensed drug and alcohol provider credentialed and contracted with Community Care and/or the Allegheny County DHS at the time of the proposal submission as reimbursement from Community Care and/or the Allegheny County DHS is contingent upon successful execution of a contract amendment.

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- 3. Adhere to an organizational philosophy that aligns with the Community Care and Allegheny County DHS position on the use of Medication Assisted Treatment.
- B. The provider(s) awarded the Engagement Center and Safe Place to Stay contract(s) must:
 - 1. Obtain or possess an existing Intake, Evaluation, and Referral Service licenses as defined in the DDAP Licensing Alert 01-16 dated December 29, 2016.
 - 2. Be qualified by DHS and Community Care as a Certified Assessment Center.
- C. The provider(s) awarded the Engagement and Coordination Teams must develop and have OMHSAS approve a Supplemental Service Description for D&A Case Management and Certified Recovery Specialists.

Miscellaneous Bidder Information:

Responses to this this RFP must be according to the format, content, sequence, and page limit as outlined. An authorized representative of the Responding agency must sign the proposal. Any proposal may be rejected if it is conditional, incomplete, or deviates from guidelines set forth in this RFP. However, Community Care reserves the right to accept any part of the proposal and not be obligated in any way to accept those parts that do not meet with approval. Community Care and DHS reserve the right to negotiate any part of the proposal.

Limitations

- 1. This RFP does not commit Allegheny County or Community Care to award funding. Allegheny County and Community Care reserve the right to cancel this RFP in whole or in part.
- 2. Allegheny County and Community Care reserve the right to seek additional proposals beyond the final submission date, if, in their sole discretion, the proposals received do not meet the guidelines or the intent of this RFP.

Proposal Scoring

- 1. Each member of the Evaluation Committee will individually evaluate and assign ratings, with a maximum of 100 points signifying excellence. For each section, the mid-value will be awarded for proposals meeting the criteria. For those exceeding it, additional points will be awarded. For example, those proposals which meet the criteria for a section that totals 10 points will be awarded 5 points. If the Respondent exceeds the criteria, 6-10 points will be awarded. If the criteria are not fully met, 0-4 points will be awarded for that section.
- 2. The Evaluators' scores will be averaged for a single score for each proposal.

Interviews

- 1. Interviews with Respondents will be scheduled at the discretion of the Evaluation Committee, DHS, and Community Care.
- 2. Written questions will be provided to Respondents prior to the interview.

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Selection Criteria

Allegheny County DHS' OBH and Community Care believe the ideal physical facility arrangement would be the three programs operate out of the same facility located within a one-mile radius of downtown Pittsburgh. Also, the facility would be owned or leased by the respondent(s) at the time of proposal submission. Allegheny County DHS and Community Care are open to alternative arrangements since these preferences could be restrictive.

An Evaluation Committee will be formed to work with Community Care to provide feedback on all proposal submissions. Community Care will forward this feedback to DHS. DHS will be responsible for the review and ultimate decision regarding the issuance of the award.

Section 7. Technical Proposal

Respondents' submissions should address the specific questions below for each of the five topic areas.

RFP Respondents must limit their responses in keeping with the page limits for each section.

Respondents should include the question before their narrative response. Responses should be succinct and emphasis "how" they will meet the spirit of the question.

Respondents interested in developing and operating the Engagement Center, Safe Place to Stay and/or Engagement and Coordination Teams in Allegheny County must meet the following requirements and are required to submit verifying documentation or information covering the following areas:

- A. Mandatory Criteria
- B. Licensure and Staffing Requirements
- C. Skill and Experience Requirements
- D. Programmatic Requirements
- E. Quality Requirements
- F. Project Budgets include a 6-month startup costs and a separate 12-month operating budget

A. Mandatory Criteria (Page limit – 1)

The following are mandatory requirements. Proposals not clearly demonstrating that they are met will not receive further consideration during the qualifications review process.

Provide a statement of your organizational commitment to each of the following criteria:

- 1. Indicate how all staff will complete required DDAP trainings within one year of employment (Addictions 101, Case Management Overview, Screening and Assessment, Confidentiality).
- 2. Attest to functioning as a participating/contracted SUD service provider in good standing with Community Care, DHS, and DDAP.
- 3. Possess an active PROMISe enrollment. Attach copies of your current PROMISe number(s)

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4. Confirming a commitment to work with DHS and Community Care through the implementation, development, and ongoing monitoring of the Engagement Center, Safe Place to Stay and Engagement and Coordination Teams.

B. Licensure and Staffing Requirements: (Page limit – 2)

Provide evidence of the following:

- 1. For the Engagement Center and Safe Place to Stay:
 - a. A current Intake, Evaluation and Referral license(s) or provide a statement of commitment to obtain within 60 days. Attach copies of your current SUD license(s) or commitment statement (not included in page limit).

2. For the EC Teams:

- a. An OMHSAS approved D&A Case Management and/or Certified Recovery Specialists Supplemental Service Description(s) or provide a statement of commitment to obtain one or both within 60 days of award. Attach copies of your current SUD license(s) or commitment statement (not included in page limit).
- A current Level of Care Assessment license(s) or commitment to obtain within 60 days unless the provider possesses a current Intake, Evaluation and Referral license or provides a statement of commitment to obtain one within 60 days of award.
 Attach copies of your current LOCA license or commitment to obtain one if necessary (not included in the page limit).
- 3. Provide a Table of Organization for your agency depicting the lines of responsibility for the clinical and administrative oversight of these three programs. (not included in the page limit.)
- 4. Describe the supervisory structure to support the overall functioning of each (not included in page limit).

5. Staffing Requirements

- a. Verify D&A Case Management staff will meet the 28 Pa. Code Chapter 704. Staffing Requirements for Drug and Alcohol Treatment Activities outlined in the PA Code and comply with all PA DDAP regulations and standards.
- b. Verify the D&A Case Management Supervisor will meet the criteria for D&A

 Therapist or Case Manager plus a minimum of five years of experience delivering
 substance use disorder treatment or case management services to survivors with
 substance use disorders or co-occurring substance use and mental health concerns.
- c. Verify the Certified Recovery Specialist Supervisor and will be credentialed by the Pennsylvania Certification Board and have a minimum of three years' experience delivering recovery support services to individuals with substance use disorders or co-occurring substance use and mental health concerns.
- d. Verify all Recovery Specialist staff will all be credentialed by the Pennsylvania Certification Board and have at least one year of experience delivering recovery

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- support services to individuals with substance use disorders or co-occurring substance use and mental health concerns.
- e. Verify the addiction professional will meet minimum education, training and certification standards as specified by the Pennsylvania Code 28 Pa. Code § 704 or the Pennsylvania State Civil Service Commission.

C. Skills and Experience Requirements: (Page limit – 3)

- 1. Provide an overview of your organization's experience serving individuals with diagnosed and undiagnosed substance use disorders, as well as family members and friends, on a 24/7 hasis
- 2. Provide an overview of your organization's working knowledge of all human service resources and programs, and ability to work collaboratively with them if/when needed.
- 3. Explain your organization's experience working with Emergency Medical Services, law enforcement, and Emergency Departments.
- 4. Describe your organization's experience providing the DDAP identified Interim Services (see page 7).

D. Programmatic Requirements: (Page limit –6)

For each program:

- 1. Indicate if the proposal being submitted is to develop the Engagement Center, Safe Place to Stay and/or the Engagement & Coordination Team.
- 2. Describe, in detail,
 - a. The structure of service delivery
 - b. Collaborative partnerships
 - c. How your organization and your business partners will be accountable to the county and community care for all related service provision.
- 3. the programing and services that will be provided for each program, including specific information regarding the following:
 - a. Do you intend to operate the program(s) as an independent agency, or will you be working in partnership with other agencies?
 - b. If partnering with other agencies, please provide a detailed outline as to how working in partnership will meet the objectives and requirements of the program(s).
 - c. Please provide accompanying letters of agreement between the parties to demonstrate a uniform understanding of the respective roles in this effort.
 - d. Respondents must
- 4. Describe how your organization will meet the DDAP access standards.
- 5. Describe the education, training, and professional qualifications required of staff. Submit a draft staff schedule that includes on-call coverage.
- 6. Describe the service location where your organization intends to operate.

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- 7. Describe what steps are necessary to secure the location so that the Engagement Center, Safe Place to Stay, and Engagement and Coordination Teams can become operational.
 - a. Is this property/service location currently owned and operated by your organization?
 - b. Does the service location currently have a DDAP program license and is it PROMISE enrolled?
 - c. Do you expect that at the time of submission your organization will need to identify, purchase, and/or renovate a physical property to provide these services at the time of proposal submission?
- 8. Describe the Evidence Based Practices (EBPs) you will implement and how you will monitor them.
- 9. Submit a project plan with a timeline that details the tasks required to start up each program.

E. Case Scenarios: (Page limit -2)

Please read each scenario and formulate an engagement strategy, LOCA completion plan, barrier and needs assessment, resources and support to recommend, transition plan and follow up arrangements. Also, describe the strategies, resources, linkages, and supports you would provide.

Case Scenario #1

Doug is a 30-year-old male who is currently homeless, has been using opiates for the past 5 years, and admits that he also sometimes smokes crack cocaine. He overdosed on heroin at his homeless camp near downtown Pittsburgh earlier this evening. He was revived by EMS and refused to go to the ED for further medical treatment, but indicated he was willing to talk with someone about his current housing and treatment needs, as this is his third overdose and he feels that perhaps he's truly reached his "bottom". He does not have insurance so is hesitant to seek formal treatment. He says he's tried 12 step meetings in the past, but he has never attempted formal treatment. Doug also has medical complications of hepatitis C and was recently told after his second overdose that he is HIV positive. He has not sought any medical attention after learning this diagnosis. He admits he has become more hopeless than ever after learning this and has no idea what to do next.

Case Scenario #2

Holly is a 17-year-old female who lives with her mother in Springdale, PA. Her mother, Judith, has known that her daughter has experimented with marijuana and alcohol before, however she has just learned that Holly is now snorting opiate pills and occasionally uses Xanax that a friend is prescribed. Her mother called the PA Get Help line to figure out what she can do to help Holly. Holly admitted to using substances after Judith found a prescription bottle with someone else's name on it, however Holly said she could easily stop using at any time, she just doesn't feel like she needs to. Judith is worried about getting Holly into a treatment program – she feels that maybe if she would go to some

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individual counseling that might help her, but Judith said that transportation is an issue, as she works two jobs and relies on a friend to drive.

Case Scenario #3

Lawrence is a 58-year-old male who has been attending pain management and physical therapy after a car accident two months ago. Lawrence was taking prescribed opiates daily for chronic back pain prior to the accident, and he now indicates to his pain management physician that his pain has increased due to the accident and he needs either more medication, a stronger medication, or both. The physician is concerned that Lawrence has mentioned that he sometimes takes more medication more often than prescribed, or simply forgets when he last took the medication and so takes another dose. He also has voiced loneliness and hopelessness after the death of his wife last year and he tends to sleep a lot more often. The physical therapist has also reported to the pain management physician that sometimes Lawrence seems lethargic and slurs his words when he is at his physical therapy appointments. Lawrence is insured with both Medicare and Medicaid. He has been told by his physician that he should be assessed for substance use concerns and was provided with the PA Get Help number to find out where he can receive an assessment.

F. Quality and Data Reporting Requirements: (Page limit -2)

- 1. Describe your organization's approach to quality improvement and outcomes monitoring and intervention management.
- 2. Submit a draft monitoring and improvement plan with specific measures and monitoring frequencies.
- 3. Describe the staff that will support the collection, aggregation, and reporting of the data.

G. Cost: Budget

Respondents' are required to submit a detailed budget, using Attachment A, for their proposed scope of work. The budget should reflect the first six months of startup costs and 12 months of operations post-startup. Respondents' budgets will inform but not determine the eventual reimbursement rates established by Community Care or Allegheny County DHS.

Submit the following budget items:

- 1. One electronic copy and one hard copy of Attachment A, the startup and annual budget which includes a detailed narrative
- 2. A copy of the Respondent organization's most recent financial statement.