Allegheny County
Department of Human Services
Request for Proposals Q&A
RFP for an In-Home Family-Based Recovery Program

June 14, 2017

1) Is DHS expecting proposals that detail every component of how the Proposer will implement Connecticut FBR model in Allegheny County?

No, DHS is looking for a partner to work with us to adapt the Connecticut FBR model in Allegheny County. DHS will determine specific details and requirements of the program through a collaborative partnership with the Successful Proposer and model developer. That said, we have received questions about the specifics of the Connecticut FBR model that we answer below so that Proposers can consider how they will approach replication/adaptation of the Connecticut FBR model for Allegheny County.

2) What are the expectations for the part-time psychiatrist? Is there a certain number of hours a week? What activities will the psychiatrist contribute to the model?

In the Connecticut model, the part-time psychiatrist is at .10% FTE, for a maximum of four hours per week. The psychiatrist conducts assessments on clients that the FRB team identified as needing a psychiatric evaluation and possible medication. The psychiatrist provides pharmacotherapy to some clients. If a client receives medical services, the psychiatrist meets with them regularly. The psychiatrist also meets with the FRB team for one hour each week to review cases. While the Connecticut model is our guide, because this is an adaptation of the model and not a strict replication, Proposers can propose variations on staffing.

3) Are there any governing guidelines or regulations the provider will need to adhere to?

The Successful Proposer is required to follow DDAPs manuals. See http://www.ddap.pa.gov/Manuals/Forms/AllItems.aspx.

4) What is the cost of the initial training? How many staff are required to attend? For how many days?

The Successful Proposer's staff and DHS staff will travel together to Connecticut for the initial training with the model's developers. We have not determined the specific details of the trip yet, so we amended the budget template to exclude line items associated with the initial training in Connecticut. Please download the new budget template at www.alleghenycounty.us/dhs/solicitations.

5) What is the cost of the ongoing consultation? What is the frequency expectation of the consultation?

There are no defined requirements for ongoing consultation and Proposers do not need to budget for it.

6) What is the cost of ongoing training after initial startup?

There are no defined ongoing training requirements after the initial startup and Proposers do not need to budget for it.

7) What is the expectation for the Part-Time Psychiatrist regarding number of hours to work a week?

See question two.

8) What is the expectation for the Supervisor regarding number of hours to work a week?

In the Connecticut model, the supervisor works 20 hours per week, but is flexible and can work more hours as needed.

9) Family Support Specialist: what are the minimum qualifications/credentials DHS desires?

The Connecticut model requires that the Family Support Specialist have a Bachelor's degree in a behavioral health field. The model does not have specific licensure requirements.

10) Should the Family Support Specialist be a certified peer specialist?

The Family Support Specialist does not have to be a certified peer specialist.

11) What are the education and licensing requirements for the Supervisor position?

The Connecticut model requires that the supervisor have a Master's degree or a PhD in a behavioral health field. It also requires that the supervisor be licensed in the field for at least a few years.

12) Regarding the vouchers for the clean drug screens - would this be the grantee's budget or will DHS provide?

Proposers should budget for this.

13) How specifically are drug screens going to be conducted?

In the Connecticut model, all staff are trained and expected to conduct screens. A client is screened during each home visit. An FBR team member who is the same gender as the client observes the urine screens. The Connecticut model uses a 10 panel rapid screen test that meets SAMSHA's cut offs. Breathalyzers are also done.

14) Will all required staff go to the home together at the same time for the drug screens?

See question 13.

15) Will the drug screen be a dip screen or sent to a lab?

Proposers may propose the method they believe best fits their approach to the FBR model.

16) What personnel will observe urine drug screens?

See question 13.

17) If a person referred to the team is in treatment with another provider, is the expectation that the person would transfer their care to the FB Team?

If a client already is in treatment and they are satisfied with their service, then they will stay with their existing provider.

18) Is it required that the successful bidder be a licensed D&A treatment provider?

Yes.

19) Is there a requirement for the amount of psychiatric time?

See question two.

20) Must the psychiatrist be mobile or may the psychiatrist see the program participants in another setting including a licensed OP program?

In the Connecticut model, clients see the psychiatrist at an outpatient facility so they can bill for service. Connecticut also uses psychiatry fellows to make home visits. Proposers may propose an approach that they believe best fits their FBR adaption.

21) Are there expectations regarding the length of sessions provided for individuals or will the discretion of the team member and person served prevail?

The Connecticut models uses 60-minute sessions as a standard, but there is flexibility depending on the client and focus of the session.

22) We presume that the team leader/supervisor is part time anticipating that the person may supervise a potential second team in year 2. However, in year 1 may the person who is supervisor be both a part time clinician and a part time supervisor for a full time equivalent?

Connecticut tried having a supervisor be a part-time clinician and a part-time supervisor for a full-time equivalent. However, they found it was a challenge for the employee to be both a peer and supervisor to the other members of the team. At times, they found it challenging to maintain perspective that is needed as a supervisor.

23) Are there specific documentation requirements for the clinical services?

Yes, the Successful Proposer must follow D&A regulations.

24) Can you clarify the education, experience, licensure requirements for the Family Support Specialist?

See question nine.

25) Training in Connecticut:

> **a. Confirming that the travel budget is a second budget and apart from the team operating budget.**

See question 4.

b. Is the travel amount separate and above the program range of $325K to $375K?

See question 4.

c. In planning/budgeting for travel, reference is made to County personnel also traveling. We presume that the bidder is submitting a budget for their own travel, but it is unclear what/if any arrangements have already been made; length of the training, honorarium for the trainers, location, who on the team must attend, etc.

See question 4.

d. Will the bidder need to plan for recurring training in response to eventual staff turnover?

No.

26) Is it expected that screenings/lab work be billed to 3rd party insurance?

It is not covered through MA or ALDA. The urine screen cost should be built into the unit rate.

27) Budget:

a. Are start up costs to be included in the operating budget?

There are no additional funds for startup costs.

b. Is it permissible to include an expense line to cover costs related to the required groups, play dates, refreshments, etc.

Groups are billable through fee for service if they are counseling-based. Proposers may propose costs not listed in the budget template in the "other expense" line items. Please describe and justify all expenses in the budget narrative.

June 16, 2017

28) What type of billing structure will be used for this program initially and ongoing?

It will be fee for service.

June 28, 2017

29) What is the line item "assessment tools/analysis" referring to? Drug screening costs or something else?

The line item for "assessment tools/analysis" is intended for costs associated with the data collection tools and assessments for the program.

30) Is it possible to get an estimate on the number of travel hours per week required (perhaps based on Connecticut's experiences)?

In Connecticut, travel hours per week vary widely depending on geographic area served. They encourage their FBR teams to schedule home visits by geographic area so that it minimizes travel time. Proposers should make a reasonable estimate of travel time/costs based on their previous experience.

31) Can you provide an estimate as to how many hours per week will the team need to transport clients/children?

Connecticut has seen that the number of hours per week that they transport clients also varies widely. However, Connecticut said that most weeks there will be no client transportation and that on average, they transport clients once per week.

32) Will the County provide brochures information to clients that they refer to this team or does that need to be part of our advertising costs?

In the Connecticut model, each agency that provides FBR developed their own brochure so that they could use their own logo, branding and contact information. DHS will work with the Successful Proposer to develop and produce basic materials but Proposers may propose to create additional marketing/recruitment materials.

June 29, 2017

33) Is the FBR Team expected to be on call 24-7 for families on their caseload? Is there an expectation that CYF would be able to reach the supervisor any time day or night or just during specified time frames?

In Connecticut, the FBR Team Clinicians and Supervisor rotate on call responsibilities 24/7. They talk with clients about the reasons to call during off hours.