



Request for Proposals

In-Home Family-Based Recovery Program

RFP Posting: Wednesday, May 24, 2017

Deadline for Questions: Friday, June 23, 2017

Submission Deadline: 3 p.m. Eastern Time on Friday, June 30, 2017

Estimated Award Decision/Notification: October 2017

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

Contents

Definitions

The RFP at a Glance

Section 1: Why We Are Issuing this RFP

Section 2: What We Are Looking For

Section 3: Proposal Requirements and Evaluation Criteria

Section 4: How to Submit a Proposal

Section 5: How We Will Evaluate Your Proposal

Section 6: Contract Requirements for Successful Proposers

Definitions

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

1. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services
2. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania
3. CIWI: Coordinated Intervention for Women and Infants is an evidence-based model developed at the Yale Child Study Center that uses an attachment-based therapeutic approach to foster positive change in a parent-child relationship
4. Community Reinforcement Approach: A behavioral program for treating substance use problems that is based on the belief that environmental contingencies play a powerful role in encouraging or discouraging drinking or drug use
5. Conferencing and Teaming: The DHS standard of practice that engages individuals, families, supports and professionals in assessing strengths and needs and developing a plan for keeping children, youth and adults safe and healthy while continually integrating individual and family actions with professional services
6. Contract Services: The specific services which the Successful Proposer agrees to provide to the County in response to this RFP as more particularly described in the Scope of Services in the Agreement
7. DHS: [Allegheny County] Department of Human Services
8. Evidence-Based Intervention: Interventions that have empirical research supporting their efficacy and includes the integration of best research evidence with clinical expertise and patient values
9. FAST: The Family Advocacy and Support Tool is an assessment tool that supports effective interventions when the focus of those efforts is on entire families rather than single individuals.
10. FBR: Family-Based Recovery is an in-home substance use disorder treatment model originally developed for the Connecticut Department of Children and Families and that focuses on the parent-child relationship
11. Gender Non-Binary: A catch-all category for gender identities that are not exclusively masculine or feminine
12. Home Removal: Occurs when a child or youth is removed from the home of their primary caregiver and either placed with relatives or placed in a family-based or residential foster care setting
13. KIDS: Key Information and Demographic System (KIDS), the electronic case record for clients of the Allegheny County child welfare office
14. LOCA: Level of Care Assessment is an assessment tool that used to determine what type of substance use disorder treatment a client most needs
15. MAT: Medication Assisted Treatment combines behavioral therapy and medications (including Methadone, Vivitrol and Suboxone) to treat substance use disorders
16. Mental Health Disorder: A diagnosis, most often by a psychiatrist, of a behavioral or mental pattern that may cause suffering or a poor ability to function in life. Such features may be persistent, relapsing and remitting, or occur as a single episode.

17. Motivational Interviewing: An evidence-based intervention that uses a conversational approach designed to help people address their ambivalence to change. There are four core principles: 1) express empathy, 2) roll with resistance, 3) develop discrepancy and 4) support self-efficacy.
18. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP
19. Proposer: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP
20. Reflective Functioning: A parenting theory that focuses on ability to imagine mental states in self and others
21. RBT: Reinforcement-Based Treatment is an evidence-based model developed at Johns Hopkins University that uses stimulus control and positive reinforcement to change behavior
22. Response Form: The Word document in which Proposers respond to requested information about this RFP
23. RFP: Request for Proposals
24. SAMHSA: Substance Abuse and Mental Health Services Administration
25. Substance Use Disorder: A condition, also known as a drug use disorder, in which the use of one or more substances leads to a clinically significant impairment or distress. Although the term substance can refer to any physical matter, "substance" in this context is limited to psychoactive drugs, including alcohol.
26. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services
27. Trauma-Informed: An organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma
28. UNCOPE: A six-question screening tool for substance use

The RFP at a Glance

Purpose

Allegheny County, on behalf of its Department of Human Services' (DHS), is seeking Proposals from qualified Proposers to partner with DHS to replicate and adapt a recovery-oriented, trauma-informed, in-home substance use disorder treatment model originally developed for the Connecticut Department of Children and Families called "Family-Based Recovery" or "FBR." The FBR model uses in-home therapy and substance use disorder treatment to help parents overcome substance use disorders while improving the parent-child relationship.¹

The FBR model in Connecticut provides weekly in-home parent-child therapy and substance use disorder treatment to parents who are actively using substances OR have a recent history of unhealthy or risky substance use AND are parenting a child under the age of 36 months.

The Successful Provider will be trained by the Connecticut developer about the approach to the model and lessons learned. Then, the Successful Provider will work with DHS to replicate and adapt it as necessary for Allegheny County. The Successful Proposer must have experience implementing an Evidence-Based Intervention, and demonstrate how their current licensure would support implementation of this treatment model.

DHS will award one Successful Proposer an Agreement to implement and manage an FBR program based on the Connecticut model. The Successful Proposer will staff one team to deliver FBR program services to 24 families per year. DHS will provide additional resources to expand to two teams serving 48 families per year, pending successful implementation. Following a fidelity assessment performed by the FBR program's staff, Allegheny County may provide further opportunities for program expansion.

The Successful Proposer will staff one FBR team who will:

- 1) Provide treatment to parent(s) for substance use disorders
- 2) Provide individual and parent-child therapy
- 3) Promote positive parent-child interaction for the development of secure attachments
- 4) Increase a parent's awareness and understanding of early child development
- 5) Provide case management services and conduct weekly relapse prevention
- 6) Coordinate weekly parenting group meetups

Award Details

DHS intends to award one Agreement to the Successful Proposer to provide the Contract Services. DHS estimates the annual funding to be within the range of \$325,000 to \$375,000 for one team, but will consider Proposals both below and above this range if they are well-justified.

Who can apply

¹ For more information, see <https://medicine.yale.edu/childstudy/family/fbr.aspx>

All entities are eligible for this RFP, including but not limited to, government organizations, education organizations, non-profit organizations, for-profit organizations, small businesses and individuals. Organizations do not need to have an existing contract with Allegheny County but must meet all of Allegheny County's contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capability to conduct the Contract Services. Collaborative proposals are encouraged but not required. Entities may participate in more than one collaborative proposal.

Proposers must include the option for clients to receive Medication-Assisted Treatment (MAT), which combines behavioral therapy and medications (including Methadone, Vivitrol and Suboxone), in their proposed program design for the FBR. Proposers may partner with one or more organizations to meet this requirement.

Timeline

Deadline for Proposers to submit questions is Friday, June 23, 2017.
Proposals must be submitted by 3 p.m. Eastern Time on Friday, June 30, 2017.
Proposers will be notified of their selection status by October 2017.

Who we are

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

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>

The issuance of this RFP and the receipt of any Proposals does not obligate the County to enter into an Agreement with a Proposer. The County reserves the right at all times to reject any and all Proposals.

Section 1: Why We Are Issuing this RFP

Addiction impacts every person in an individual's immediate family, and children are the most vulnerable family members impacted. Addiction affects a family's financial health, physical health and psychological well-being. Parental substance use disorders can cause poor self-image, loneliness, guilt, anxiety, feelings of helplessness, fear of abandonment and chronic depression in children.² Maternal substance use during pregnancy can lead to behavioral and developmental disorders in children.

Unhealthy and risky substance use jeopardizes the safety and well-being of children by:

- Exposing them to environments with dangerous substances that can cause death or serious illness if ingested
- Causing neglect if drug or alcohol use is prioritized over the child's safety and well-being
- Exposing them to potential abuse while caregivers are under the influence

Substance use disorders in Allegheny County are the leading cause of child welfare referrals, and this has been exacerbated by the current opioid crisis affecting families in the County. This growing epidemic is directly related to the increase in parental substance use allegations and subsequent home removals. Two thirds of child welfare home removals in Allegheny County are related to unhealthy or risky parental substance use.

There is a critical need for more family treatment services to mitigate the effects of parental substance use disorders and to help strengthen and preserve families. Allegheny County currently offers outpatient substance use treatment for parents throughout the County, but barriers like transportation and childcare often prevent clients from fully engaging with treatment. Many programs are limited to mothers only and may not address co-occurring disorders. A large percentage of parents involved with child welfare have co-occurring substance use and mental health disorders.

By replicating and adapting the FBR model developed in Connecticut, DHS aims to help parents with substance use disorders establish a clear path to recovery,³ strengthen the parent-child attachment and ensure that children affected by substance use have safe and stable homes with their parent(s).

The FBR model aims to:

- Help parents who are involved in unhealthy substance use enter a path to recovery and greater self-sufficiency while they remain with their families in a safe, supportive setting
- Preserve and strengthen families and thereby prevent abuse, neglect and family dissolution
- Improve family relationships by including therapies that focus on interpersonal dynamics
- Reduce common barriers to treatment like transportation and child care
- Help parents cope with co-occurring mental health disorders

Section 2: What We Are Looking For

² <http://www.aaets.org/article230.htm>

³ DHS defines recovery as abstinence from alcohol and other non-prescribed drug use and improvement in one's physical, mental, spiritual and social well-being.

DHS is seeking a Successful Proposer to partner with us to replicate and adapt the Connecticut FBR model in Allegheny County. The Successful Proposer will be responsible for implementing and managing an FBR program based on the model. The Successful Proposer will travel to Connecticut with representatives from DHS to learn about the FBR model from its developers, and plan logistics for replicating and adapting the model for use in Allegheny County. The Connecticut model uses evidence-based interventions to treat families in their home. It has a core group of three services that the Successful Proposer must adapt for Allegheny County:

- Evidence-based parental substance use disorder treatment focusing on the underlying psychological and physical sources of addiction and mental health disorders
- Evidence-based therapy to improve the parent-child relationship
- Social engagement opportunities to improve parental social connectedness and peer supports

Through their FBR program, the Successful Proposer must provide the core group of services to the target population in Allegheny County, as described below.

2.1 Target Population

The FBR program will treat adults in Allegheny County over the age of 18 who are actively abusing substances and/or have a recent (within 30 days) history of substance use AND who have a child who is:

- Under the age of 36 months
- Residing with the parent at the time of referral and at risk for removal from parental custody due to parental substance use
- Or in out-of-home care due to parental substance use, with a plan for imminent reunification

The individuals who will participate in the program will henceforth be referred to as “clients” or “parents.” The parents who need treatment will be male, female or Gender Non-Binary. There will be no restrictions on admission into the program based on the sexual orientation of parent(s) or the ages, geographic restrictions or number of children in the family.

All referrals will come from DHS. DHS will perform FAST/UNCOPE screenings for substance use, followed by a Level of Care Assessment (LOCA) administered by POWER⁴ to determine whether parent(s) meets the criteria for FBR or if they require a different level of service.

2.2 Core Services

The Connecticut FBR model merges two evidence-based models of parenting support and substance use treatment—Coordinated Intervention for Women and Infants (CIWI) developed at the Yale Child Study Center and Reinforcement-Based Treatment (RBT) developed at Johns Hopkins University. It has a core group of services:

1. Substance use disorder treatment
2. Parent-child relationship services
3. Parental social connectedness services

⁴ LOCAs for families in Allegheny County are administered by POWER and their partners.

The core group of services incorporate good clinical skills and Motivational Interviewing. Services are provided in a family's home and parents and children are engaged and treated separately and together.

A. Substance Use Disorder Treatment

The Connecticut FBR model relies on an evidence-based contingency management (a type of clinical behavior analysis) substance use disorder treatment called Reinforcement-Based Treatment (RBT) which uses stimulus control and positive reinforcement to change behavior. RBT incorporates Motivational Interviewing and the Community Reinforcement Approach. Motivational Interviewing is an evidence-based intervention that uses a conversational approach designed to help people address their ambivalence to change. The Community Reinforcement Approach is a form of treatment based on the belief that environmental contingencies can play a powerful role in encouraging or discouraging drinking or drug use. RBT is based on the belief that positive reinforcement is the most effective means of producing behavior change and the best way to eliminate an individual's drug use is to offer competing reinforcers that can take the place of drug use. Competing reinforcers include people, places and things that can replace drug use. In the FBR, the infant or child is the primary positive reinforcer. A healthy parent-child relationship helps to work toward producing positive substance use behavior change in the parent.

The Connecticut FBR model uses a variety of methods to treat substance use, such as:

- **Functional Assessments:** A functional assessment is a clinical instrument that structures the gathering of information on a client's drug use at intake and after each relapse. Information is organized into categories including: internal and external triggers, behavior (route of use, amount), short-term positive consequences and long-term consequences.
- **Contracts:** Contracts are agreements between parents and FBR staff used throughout treatment to achieve a specific behavioral goal. Contracts include sobriety sampling and critical points in time.
- **Graphs:** Graphs are clinical tools that makes abstinence and abstinence-related goals salient to the client, helps clients understand the ongoing relationship between substitution behaviors and abstinence, provides a concrete way for FBR staff to reinforce social and tangible progress towards goals and helps FBR staff predict relapse.
- **Relapse and Safety Plans for Children:** Parent(s) and FBR staff will work together to determine a plan for children if a parent should relapse.
- **Feedback Reports:** Feedback reports are techniques that have been shown effective in helping clients think about change. A feedback report pulls together the information collected during the assessment phase, gives information tailored to the individual, provides SAMHSA data on client's drug(s) of choice, offers alternatives to drug use and organizes the arguments for change.
- **Drug Testing and Vouchers:** The Connecticut FBR model provides weekly incentives to parents whose drug tests show they are abstaining from substances (with the exception of medically-administered substances and other prescribed medications). Parents who abstain from unhealthy or risky substance will receive \$10 for every screening that shows abstinence from substances that are not medically-prescribed.

For parents dealing with significant physical addictions due to sustained use of opiates, the Successful Proposer must offer them the option of receiving Medication-Assisted Treatment (MAT) to help them on the path to recovery.⁵ Proposers may partner with one or more organizations to meet this requirement.

B. Parent-Child Relationship Services

The parent-child relationship therapy used in Connecticut's FBR model is the attachment-based, parent-child therapeutic approach of the CIWI model. Attachment-based work fosters change in parent-child relationships with unhealthy attachments and targets the "Internal Working Model," or the cognitive framework for understanding the world, self and others, of the relationship for both the parent and the child.

A young child's relationship with their primary caregiver is critical to healthy development in social emotional, cognitive and health domains. Parents' perceptions of their relationship to their own parents as a child affect how they parent and how they see their own child now.

The Connecticut FBR uses an infant mental health approach that encourages parents to identify and explore their feelings about parenting. This approach emphasizes the infant's feelings, (i.e., "speaking for the baby"), to help focus parents on the needs of the child. This approach helps to link past parenting experiences with current caregiving experiences. Parenting that requires emotional regulation can easily overwhelm and be a source of disconnection. FBR staff listen, observe and reflect with parents "in the moment" to help parents overcome their first emotional responses of anger or hopelessness and focus on what is happening with the infant when the infant is expressing a need. This is referred to as "Reflective Functioning."

Techniques that enhance Reflective Functioning include:

- Helping the parent identify which emotions are the baby's and which are the parent's
- Helping the parent see the baby as a separate being, developing with age-appropriate behaviors and needs
- Helping the parent feel her/his unique importance to the child

Nurturing the parent-child relationship addresses parental childhood wounds while working to prevent future child abuse and neglect. This therapy helps parents feel competent in being a "secure base" from which their children can explore the world, and for babies to feel understood and safe in their parents' care.

If at any time the Successful Proposer's staff assesses a child to be living in an unsafe or potentially life-threatening environment, they are required to report it.

C. Parental Social Connectedness Services

A sense of community and connection is vital to substance use recovery. The Successful Proposer must offer opportunities for parents participating in the program to meet and socialize.

⁵ See the joint position statement on MAT in Allegheny County at http://www.achd.net/overdoseprevention/010917_Final_MAT_Position_Paper.pdf

The FBR model in Connecticut includes peer support groups, weekly group get togethers for parents and their children participating in the FBR program. During these group sessions, parents have opportunities to interact with other non-substance using parents in a substance-free environment. Children can use the peer support group as a “playdate” with other children. Parents receive peer and staff reinforcement and support for their parenting skills and recovery success.

The Successful Proposer’s staff has the role of linking peer support group activities and conversation topics to parenting and/or substance use. As the group evolves and membership stabilizes, activities becomes more parent-led. Peer support groups aim to build a supportive network of parents in recovery and provide continued support after graduation from the FBR program.

D. Other Services

Proposers may propose other services for their FBR program in addition to the three core services.

2.3 Program Management and Services Coordination

The Connecticut model operates, manages and staffs as described below. Based on the model, the Successful Proposer must manage an FBR program adapted for the needs of Allegheny County.

A. Program Teams

The Connecticut model uses the team structure identified below. DHS strongly recommends that the Successful Proposer consider individuals with lived experience in recovery and/or family members with lived experience for any FBR team position.

- Two Master’s Level Clinicians: The Master’s level clinicians provide on-going clinical case management services and advocate on behalf of children and their families to help them meet their needs and achieve their desired outcomes.
- Part-Time Psychiatrist: The part-time psychiatrist evaluates clients and prescribes MAT and other pharmacotherapy to clients in FBR.
- Part-Time Supervisor: The part-time supervisor provides clinical supervision to the team and acts as the liaison between the team and DHS.
- Family Support Specialist: The family support specialist connects families to additional human services and provides guidance through the substance use recovery continuum of care.

B. Program Logistics

Caseload: An FBR team’s caseload is 12 families for an average of six months (24 families per year).

Program Length: Length of time for family participation varies depending upon need, with the average duration being six months.

Client Engagement: The FBR focuses on quality client service at the entry point into the FBR program and throughout its various programmatic touchpoints. Motivational Interviewing is the evidence-based

gold standard for substance use disorder treatment and must be core to a proposed FBR program.⁶ Staff should be mindful of the language they use. “Person-first language” limits stigmatizing clients (e.g., “client with a substance use disorder” rather than “addict” or “junkie”).⁷

Facilitate Access to Human Services: FBR staff participate with child welfare staff and work proactively with human services program offices to help ensure families are accessing needed services not available directly through the FBR program.

Transportation for Children: Some children live outside of the parent’s home with imminent plans for reunification. FBR teams must coordinate transportation for the child to receive weekly in-home therapy with the parent.

2.4 Key Performance Indicators and Desired Outcomes

The Connecticut model tracks measures about families in FBR every 90 days. Below are the key performance indicators used by the Connecticut model that can be adapted for Allegheny County. The Successful Proposer must ensure accurate and timely client-level and program-level data collection and data entry into an agreed upon information management system.

The key performance indicators for FBR are:

- Reduction or elimination of referred parent(s) substance use excluding MAT and other prescribed medications, as measured by weekly drug tests (urine and/or breathalyzer) at each home visit
- Improved parent-child relationship, as indicated by the following assessments conducted by the FBR team:
 - Parental Stress Index (PSI)
 - Edinburgh Postnatal Depression Scale
 - Postpartum Bonding Questionnaire
- Placement prevention or reduction in time to permanency

The Successful Proposer must also report about key process measures such as caseload demographics, start and end dates and key case completion milestones. DHS is also interested in the Successful Proposer tracking qualitative data including point-of-service client feedback and client suggestions for improved effectiveness to provide Continuous Quality Improvement (CQI).

2.5 Budget

DHS estimates the annual funding to be within the range of \$325,000 to \$375,000 for one FBR Team, but will consider a Proposal below and above this range if it is well justified. DHS will award one Agreement to a Successful Proposer to implement the FBR with one team serving 24 families per year. Following a

⁶ Evidence-based interventions for Motivational Interviewing techniques can be found at <https://www.centerforebp.case.edu/practices/mi>

⁷ Information about person-first language can be found at <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf>

fidelity assessment, Allegheny County may provide further opportunities for program expansion. The trip visit the model developers in Connecticut is included in the budget.

Section 3: Proposal Requirements and Evaluation Criteria

Proposers must meet the following evaluation criteria and must address their qualifications by responding to the specifically-requested items or questions in the Response Form. Proposers should download and type their responses directly into the Response Form available on the Active Solicitations webpage at www.alleghenycounty.us/dhs/solicitations. The maximum score a Proposal can receive is 100 points, as outlined in the following sections.

A. Organizational Experience (40 points possible)

- Experience replicating and adapting evidence-based interventions, particularly substance use disorder treatment, and achieving desired outcomes (20 points)
- Experience working with families with substance use disorders, particularly families with infants, and achieving desired outcomes (5 points)
- Experience providing in-home therapeutic supports to children and families (5 points)
- Experience using data to measure and improve program and client outcomes (5 points)
- Experience providing culturally-competent, linguistically-competent, trauma-informed, and gender-responsive services, including staff training and supervision in the subject areas (5 points)

B. Core Services (15 points possible)

- A vision for the overall design of the proposed FBR program, including a description of the proposed substance use disorder treatment, parent-child relationship services, parental social connectedness services, any additional services, and how the proposed FBR Program may differ from the Connecticut model (15 points)

C. Program Management and Services Coordination (30 points possible)

- An understanding of the challenges anticipated in replicating and adapting the Connecticut model and a plan to mitigate those challenges (15 points)
- A plan to staff the proposed FBR Program's team positions, including the desired qualifications and a plan for recruitment and retention of the staff (5 points)
- A strategy for staff training, supervision and quality assurance (5 points)
- A strategy for tracking and reporting FBR outcomes and client outcomes, both quantitative and qualitative (5 points)

D. Financial Management and Budget (15 points possible)

- Financial health, as shown by financial audits or certified financial statements for the past three years (5 points)
- A one-year line-item budget for the proposed FBR program for one FBR team and a budget for a visit to Connecticut to meet with the program developer. Budgets must show all planned expenses and reflects a realistic estimate of the costs associated with implementing and

sustaining the FBR program. The budget narrative must clearly describe and justify the line-item budget. (10 points)

Section 4: How to Submit a Proposal

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

4.1 Submission Process

- a. Please take time to review and understand the RFP in its entirety including:
 - The background (see Section 1: Why We Are Issuing this RFP)
 - The narrative (see Section 2: What We Are Looking For)
 - The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
 - The evaluation process (see Section 5: How We Will Evaluate Your Proposal)
- b. Please use the Response Form to develop your Proposal. Type your responses to each requested item directly into the Response Form. It is available at our Active Solicitations website with the RFP announcement at www.alleghenycounty.us/dhs/solicitations.
- 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
- d. Please do 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 statements that attest to the financial health of your organization. Tax returns are the preferred alternative. Please note that providing financial statements 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 Friday, June 30, 2017 to be considered for review.**
- h. Please make sure to get your Proposal in before the deadline! If your Proposal is late, it will not be considered.
- 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.
- b. Any Agreement originating from this RFP is subject to all of the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
- c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.
- d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.
- e. The Successful Proposal will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).
- f. Proposers should also be aware that other records submitted in response to this RFP are subject to requests made pursuant to Pennsylvania's Right-To-Know Law and that the County may have to make submitted materials available to a requestor after an award of an Agreement is made.

Section 5: How We Will Evaluate Your Proposal

Proposals will be evaluated by an evaluation committee convened by DHS. The evaluation committee will assign scores based on the program description in Section 2: What We Are Looking For and on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria using the scale listed in Section 5.1 b.

5.1 Evaluation Model

The evaluation process will consist of the following steps:

- a. An Evaluation Committee will be formed by DHS and will consist of some or all of the following:
 - Content experts from within DHS, selected for their expertise and/or experience
 - Representatives of foundations, educational institutions, community and civic organizations, businesses and/or non-profit agencies
- b. 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. The Evaluation Committee members then will meet collectively to compile and discuss the individual scores and evaluation of each committee member.
- d. DHS, on behalf of the County, shall have exclusive discretion to shortlist a reduced number of Proposals for more extensive review using the same criteria outlined above. In this case, DHS may request that shortlisted Proposers make modifications to their Proposal or budget or make a formal oral presentation. The Evaluation Committee will review the modifications and/or oral presentation and rescore the shortlisted Proposals using the original evaluation criteria.
- e. At any time during the review process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
- f. The Evaluation Committee will submit their recommendation for award of an Agreement to the Director of DHS for his approval, who in turn will submit a request to the County Manager for approval for the County to enter into an Agreement with the Successful Proposer(s).
- g. 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.**
- h. All Proposers will be notified of their status following the final determination of which Proposer(s) will be awarded Agreements.
- i. 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:

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

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

Section 6: Contract Requirements for Successful Proposers

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

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 your organization is able to meet the MWDBE 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 your organization will request 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
 - [MWDBE Participation Statement](#)
 - [MWDBE Waiver Request](#)
 - [MWDBE Contact Information form](#)
 - MWDBE Resources
 - [MWDBE Contract Specifications Manual](#)
 - [MWDBE Response Checklist](#)
 - [Guide for completing the MWDBE Participation Statement](#)
 - [Sample Diversity Policy](#)
- 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 [DHS Contract Specifications Manual](#), available at www.alleghenycounty.us/dhs/solicitations.
- b. All electronic devices must have sufficient security software and settings to minimize the risk of an information breach.
- c. Successful Proposers must also have policies in place to ensure that electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected).

6.4 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](http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Prospective-), 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.