Allegheny County
Department of Human Services
Request for Proposals Q&A
RFP for Family-Centered Service Coordination for Families Involved with Child Welfare and Mental Health Services

January 13, 2021

1. Question 1 asks for a chart of services our organization currently provides in contract with DHS and/or other PA contracting entity. We have quite a few PA contracts and services. Listing them all would use 3 pages of the 15-page maximum. Should I list our major contracts, or do you require that we list them all?

If your organization has too many contracts to list, please list only your major contracts (largest dollar amounts) and the contracts that are most relevant to FCSC.

January 22, 2021

We received the following questions at the pre-proposal conference:

2. Why are Proposers not required to already be a member in the CoP (Community of Practice)? Can you give us a background to your thinking behind that?

We greatly appreciate the participation of our existing Community of Practice providers; they have committed work and shared their expertise in ways that have been instrumental to advancing the goals of the CoP. That said, we wanted to keep the field of prospective Proposers for this RFP open so that we could get a broad breadth of agencies and ideas.

3. Are the providers in the CoP familiar to the systems?

Yes.

4. The RFP says that providers are not required to be licensed, but they must provide blended case management. Could you expand on that?

Page 8 of the RFP states that "ideally the Successful Proposer will have experience with MH licensure." FCSC is a new service and currently a license for this service does not exist. However, as part of the long-term goal of sustaining the service, should it prove to be successful, we anticipate that licensure will be a component of it, and that licensure would be consistent with the standards and requirements set forth for other licensed MH case management services. The RFP references Title 55 Chapter 5221, entitled "Mental Health Intensive Case Management" and OMHSAS Bulletin 10-03, entitled "Blended Case Management (BCM) Revised" as the comparable standards and requirements, and speaks to our interest in understanding Proposers capacity to fulfill such requirements, but does not state that Proposers must currently be providing Blended Case Management.

5. It was very specific that we must provide blended case management. The RFP said that it was defined in an announcement, but I couldn't find that announcement. "Blended Case Management" is referenced on the top of p. 9 of the RFP.

Please see answer 3. The following links were provided as footnotes on page 9 in relation to the referenced standards and requirements. links: http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter5221/chap5221toc.html&d and https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/OMHSAS-Information.aspx

6. Can you please explain the involvement of DHS with the vetting of staff and interviewing?

On page 16 the RFP references the collaboration between the Successful Proposer and DHS and states "The partnership will involve shared decision making, collaboration in the hiring and support of quality staff and continuous feedback on challenges with program implementation." In terms of the "collaboration in the hiring and support of quality staff," DHS envisions an open dialog between DHS and the Successful Proposer about the staffing requirements, professional supports and trainings available to the staff to ensure high quality service delivery and ongoing performance of staff. We expect DHS and the Successful Proposer to have open communication so both entities are comfortable with who is delivering FCSC.

7. Is the expectation for the delivery of service to be primarily a telephonic/virtual service or an in-person service delivery?

RFP page 8 says, "Ideally, FCSC will be offered in person; however, telehealth or hybrid models are also acceptable." At base we expect it to be primarily in person., similar to other behavioral health service coordination. That said, considering the current environment with the pandemic, we understand the need to be flexible with service delivery. We also want to be responsive to family needs and expectations. We want to allow telephonic/virtual delivery particularly when that is the need and preference of the family.

8. In the RFP it outlines the requirements for the staff involved: 1. Do the people providing the service have to be hired specifically for this service? In other words, can these people providing the service work at other capacities as well? and 2. Can we hire internally or develop these positions with employees we have already or do we need to hire new employees specifically for these positions?

Existing personnel are appropriate if they fit the qualification requirements of this service, can deliver it, and can be trained on it. As for time level commitment, we anticipate that this would be full-time when Coordinators are up to a full caseload.

9. Can you clarify the Coordinator responsibility listed as "at least twice per month for six months following transition out of FCSC." Is this referring to aftercare?

This is referring to the idea of wanting to keep consistent support and smooth transitions of care for families when they are moving between levels of service. We don't want FCSC to abruptly end. Instead, we want these follow-up touch points to ensure a smooth transition for the family when it has been determined they no longer need FCSC.

10. Can you speak about the referral plan – how families will be chosen to be referred and what your thoughts are on how long families will be involved with the service?

The referral process is outlined on page 10 of the RFP. Details of this referral process will be determined in the initial planning phase between DHS and the Successful Proposer. While we do know that the families initially will be coming out of child welfare, the specifics of who those cases are have yet to be determined. The referral process also may evolve over time from the initial plan. As the RFP describes, we are seeking to have 10 families referred in the first year and then 20 families referred in subsequent years for a total of 50 families over three years.

We understand your concerns with staffing caseloads and the length of time a family will be engaged in FCSC. It is difficult at this time to determine the length of stay. The discharge process in some levels of care is more specific than others. The families engaged in FCSC will have many needs and will be involved in many services. However, a family will not be involved in FCSC indefinitely. We anticipate that length of service will depend on a family's need. As we move through the process of developing and learning the specificities of FCSC, things like length of stay will be determined.

11. Will funding be provided to cover all staffing and operational costs while the program is scaling up?

Yes, this service will be program funded through the grant term. "Program funded" means that we have a contract with the provider for an annual allocation for services with specified performance standards. Providers then invoice us monthly for reimbursement.

Page 10 of the RFP says, "DHS is open to other staffing configurations if feasible within the allocated funds" and page 16 says "Proposers should factor start-up costs into a proposed budget and clearly describe assumptions in the budget narrative." We are interested in realistic Proposals to practically carry out this work. We want to hear from Proposers about what you think the caseload and staffing configurations will need to be to make FCSC operate effectively. If you are proposing a different staffing plan, you should indicate the caseload and number of staff in your Proposals, as well as your proposed ramp up timeline and plan.

12. Will the funding cover staff ramp up?

Yes, please see the response to Question 11.

13. The supervisor position, does that person need to be only dedicated to FCSC or can they hold other job duties within the agency/practice?

The supervisor does not need to be dedicated solely to FCSC and may hold other job duties, as long as they can meet the expectations of the FCSC supervisor role.

14. Since the referrals are coming from child welfare, do we need to already have a contract with CCBH?

During the grant funding, no you do not need a contract with CCBH. Moving forward into a sustainable funding source, you may be required to get one.

15. Will family participation be voluntary or mandated?

Family participation is voluntary. We will work with the Successful Proposer during the design phase and as we move forward to see how other services that a family is involved in intersect and overlap with FCSC.

16. What are your measurements for program success? Will the selected provider have a voice in identifying measurable benchmarks?

Please refer to the RFP pages 13 and 14 for FCSC Evaluation and Quality Monitoring. We anticipate partnering with the Successful Proposer to determine the evaluation process. We have some outputs and outcomes that we must report to SAMHSA. We have other benchmarks we are considering on pages 13 and 14 that DHS and the Successful Proposer may collaborate to finalize.

17. How is this coordinator to operate within the team when the individuals may have other case managers or service coordinators involved?

When there are other case managers or service coordinators involved within the behavioral health realm, there will be a discussion of what that looks like for the family. The case managers or service coordinators may stay involve or the family's care may be handed off to FCSC Coordinators. The makeup of the team will depend on what is determined to be best and appropriate for the family. There is an expectation that FCSC Coordinators will collaborate with their child welfare counterparts and all other involved professionals in supporting the family and developing plans.

We have not predetermined which services will be closed and which will stay open when a family enters FCSC. We want to be inclusive of what the family wants and needs. The FCSC Coordinator will help bring all those services together. Coordinators will help the family determine what is most important to them and the goals they are setting.

18. Does the Response Form have a word limit? Is there a limit on total number of pages?

The Response Form does not have a word limit; instead, it has a total response limit of 15 pages. The line-item budget and budget narrative does not count towards the 15 pages. The line-item budget may be an attachment. Attachments are not counted towards the 15 pages.

19. Being a pilot, how flexible is the timeline and the goals for the start up?

We are confined to the grant timelines in terms of what our grant period is. RFP page 13 briefly outlines a timeline according to the SAMHSA grant (please note the RFP amendment below). The startup timeline will be responsive to when a contract is executed, and when DHS and the Successful Proposer are in a mutually agreed upon space about what the service expectations are. The exact date of when the first referral will be accepted will be negotiated and agreed upon with the Successful Proposer.

20. Will there be any flexibility on the caseload ramp up?

Page 9 of the RFP says, "the Successful Proposer must be able to serve 10 families by August 2022 and 20 families per year in the third and fourth grant year, totaling a minimum of 50 families between July 1, 2021 and August 30, 2024." However, as stated above, the startup timeline will be responsive to when a contract is executed and when DHS and the Successful Proposer have agreed on service expectations and referrals have begun.

Please see the RFP amendment described at the end of this Q&A document. The original RFP contained a mistake in the list of outputs and outcomes reported to SAMHSA concerning caseload ramp up. The RFP now states, "By October 2022, FCSC Coordinators will be at 100% of caseload capacity (8–10 families each)."

21. Will most of the documentation and contacts be through the KIDS system and will the data be pulled from there?

KIDS is the Key Information and Demographic System and is DHS's child welfare case management information system. The RFP includes expectations that the Successful Proposal will be willing to accept electronic referrals through KIDS (page 10) and partner with DHS to "explore ways to document client contact information in KIDS or share client contact information with DHS to facilitate collaboration" (page 13). Regarding documentation of client contacts, this speaks to the expectation that the Successful Proposal works with DHS to facilitate effective collaboration strategies and it is reasonable to expect the use of technology to support such information sharing.

22. Is the goal for CYF to close once FCSC is assigned or will the expectation CYF remain open for coordination and collaboration?

There is no expectation that going into FCSC will close the case in child welfare. Either one may close out before the other. There is an expectation that there will be coordination between FCSC and child welfare, both while cases are open with each and when one closes out. The services will end only when it is determined that the family does not need them anymore. The intention is that the two systems will be mutually supportive of each other.

23. Do you have a preferred assessment tool for the families at DHS for the FCSC to utilize or would the applying agency recommend or create one for FCSC in the Proposal?

We do not have a preferred assessment tool. Page 12 of the RFP says, "The Successful Proposer must collaboratively work with DHS and the CoP to identify and/or develop an appropriate family strength and needs assessment and related planning tools." Question 11 of the Response form asks Proposers to describe how they will identify and/or develop FCSC assessment tools or to describe which assessment tools they recommend we use for FCSC and why. DHS will have a dialog with the Successful Proposer to determine which assessment tools are used based on what is available and what is most appropriate for FCSC families. Some assessment tools currently used at DHS are the CANS, ANSA, and child welfare uses the FAST.

24. Do you foresee foster families being eligible for this service?

Yes. We have no intention to limit which families are eligible or the composition of those families, including what engaged supports are part of a family. We are using a very broad definition of family and want to use the definition that the family itself uses.

25. Will the MH providers that accept medical assistance insurances be provided or is that expectation for the Successful Proposer to provide? For example, when we are coordinating services for the family, and we need to refer them to therapists, we need to be sure that those therapists accept medical assistance insurances. Will the Successful Proposer be provided with a list of MH providers who accept medial assistance insurances? Or do you expect the Successful Proposer to develop that list?

DHS already have those lists already available. CCBH is the Managed Care Organization (MCO) for Allegheny County and they have lists like that easily accessible on their website (https://www.ccbh.com/). That would not be something that we would leave you to figure out. We would provide lists to the Successful Proposer.

26. There are similarities to Joint Planning Teams (JPT) – how is FCSC different?

While there are similarities in the values and practices between JPT and the proposed FCSC model, FCSC does not specifically target the child for admission criteria. Additionally, FCSC is a specialized form of service coordination and would not be subject the specific standards and phases of the High Fidelity wraparound model that is used by JPT.

27. Are the attachments included in the page limit?

Attachments are not included in the 15-page limit. Please submit only the attachments listed in the RFP. If you submit additional attachments that are not listed, the evaluation committee will not receive them and will not consider them during the evaluation process.

We received the following questions through email after the pre-proposal conference:

28. At the end of the 3rd year, if long term funding is unavailable, how will the six-month transition period be handled? Is the expectation that agencies continue to provide services for six months post grant, or will general services end six months prior to the contract period ending with all transition periods for families to begin at that time?

DHS will work with the Successful Proposer on transition planning at the end of the grant term, should long term funding be unavailable.

29. We understand that the Proposer must be able to serve 10 families by August 2022 and 20 families in the third and fourth year and that one coordinator cannot have more than 10 families. Would you want or allow the second Coordinator to start earlier than the summer of 2022? We believe that we can ramp up more quickly and serve more than 10 families by August of 2022. This has budget implications.

Yes, this is allowable. Please see the response to Question 11.

30. Regarding question 1 in the Response Form, our organization operates close to 100 programs in PA. It would be exhaustive to list them all. Can we limit the details in this response to Allegheny County services or relevant services?

See question 1 in this Q&A document. Please limit your response to your largest contracts and those most relevant to DHS and FCSC.

January 29, 2021

31. Would you like the budget for all 3.5 years or just year 1?

We are looking for a budget for the entirety of the FCSC service. In the "Fiscal Management and Budget" section of the Proposal Requirement and Evaluation Section, we request "A line-item budget that reflects a realistic estimate of costs associated with implementing and sustaining FCSC, including staff salary and benefit estimates." As such, we need the budget to be inclusive of program start-up costs and costs at full program implementation.

32. Are there any restrictions around indirect or administrative costs?

The line-item budget should include indirect costs, administrative costs and staff salary and benefit estimates. The funds for this Agreement were provided to Allegheny County under a grant from SAMHSA and SAMHSA follows federal uniform guidance. The Successful Proposer with be a subrecipient of the SAMHSA grant and therefore must follow that guidance. Proposers with a federally approved indirect cost rate can use that rate and Proposers without a federally approved rate are limited to 10% of total modified direct costs.

33. We understand that we are expected to serve 50 families by August 2024. Do you expect us to have 50 active families by August 2024 or to have had 50 families run through the program (considering discharges) by August 2024?t

The 50 family estimate reflects an expectation to begin FCSC services with 50 families between program start (estimated as July 2021) and August 2024. All 50 families are not expected to be currently active, nor all discharged, by August of 2024.

February 2, 2021

34. When preparing the response form, do we need to maintain the question text, or can we delete the text of the question in order to create more room for the response?

Please keep the question text in the Response Form. Use the text boxes provided to enter your responses and do not drastically alter the formatting of the Response Form.

February 3, 2021

35. Do you suggest we reiterate the outputs and outcomes from pp 13-14 of the RFP within the text of our response? Or is it sufficient to reference those pages in our response(s) regarding measurement?

Proposers can use their discretion on whether to reiterate RFP text or reference RFP page numbers. Both are allowed.

Amendments

January 22, 2021

We corrected a mistake in the SAMHSA outputs and outcomes list on page 13. The third bullet should begin with "By October 2022," not "By October 2021." The correction is:

- Outputs and outcomes that DHS needs to report to the SAMHSA as a condition of the grant that will fund this Agreement:
    - By June 2021, the Successful Proposer will hire and train at least one supervisor and two Coordinators and develop 100% of policies and procedures identified for FCSC implementation.
    - By July 2021, the Successful Proposer will begin accepting referrals
    - By October ~~2021~~ 2022, FCSC Coordinators will be at 100% of caseload capacity (8–10 families each)
    - The Successful Proposer will serve at least 50 families over a 3 ½ year period