

**Allegheny County
Department of Human Services
Request for Proposals Q&A**

RFP for a Family Residential Substance Use Disorder Treatment Program

September 7, 2017

1. How will client families be selected for this program? Will DHS's child welfare office refer on the basis of eligibility criteria in addition to a parent's substance use disorder and CYF involvement? If so, what are the additional criteria? Will the Successful Proposer participate in the selection, and/or have the option to refuse a referred family?

All referrals will come from DHS's child welfare office. Families will have a parent who is actively using substances and a recent history of child abuse and/or neglect. Families will be assessed to determine eligibility and prioritize by need, safety, risk as well as preservation and permanence. DHS will negotiate with the Successful Proposer about the short list of reasons that a family can be refused.

2. Will parents with criminal justice involvement (including parents who are currently incarcerated) be eligible for this program?

Yes, parents with criminal justice system involvement are eligible and those cases will be reviewed on a case by case basis for acceptance into the Program.

3. The RFP refers to "fully equipped individual kitchens" in each apartment as well as communal kitchen/dining facilities. Please clarify the expectation regarding meal preparation and provision. Will the program provide three meals a day to families or provide ingredients for meals that families prepare in their apartments? Or will families be responsible for all aspects of meal preparation, including buying groceries?

Families will be responsible for their daily food provision and meal preparation. However, the Successful Proposer must provide communal food and kitchen/dining facilities for cooking and nutrition classes as part of their holistic health and wellness programming. DHS encourages Proposers to propose other offerings and partnerships for healthy eating such as community food pantries, Community Supported Agriculture (CSA), food rescue and vegetable gardening.

4. What are the expectations with regard to meeting families' other material needs during residential treatment? For example, who will provide diapers, formula, and other infant needs? Will families be responsible for providing personal supplies such as toiletries, school supplies, necessary items of clothing, apartment cleaning supplies, etc.?

Families will be responsible for their material needs. However, the Successful Proposer should have partnerships with community resources to connect families to basic need supplies. DHS can provide support for some emergency/contingency needs for each family.

5. Is there an anticipated time frame for program implementation upon a contract award? Will this be a multi-year award and, if so, for how many years? Will funding for non-clinical services be on a program or per diem basis?

This award will be program-funded, at least for the first year. It is a multi-year contract for three years with a possible two-year extension. DHS will negotiate the timeline for program implementation with the Successful Proposer.

September 12, 2017

6. On Page 3 of the RFP it reads, “...treatment includes a 24 hour professionally directed evaluation, care and treatment in a non-hospital environment...” What are the credentials required of the professional providing 24 hour evals, care and treatment?

This quote is from the definition of 3C from the DDAP Pennsylvania’s Client Placement Criteria for Adults manual on page 74. Through this RFP, we are seeking an enhanced 3C. A 3C has the follow staffing expectations:

- Facility professionals are expected to earn credentials by completing a variety of trainings within their first year of employment. Facility professionals not permitted to work alone without some trainings such as First Aid and CPR. Other necessary trainings include:
 - Addictions 101, Confidentiality, Practical Apps of Confidentiality, Case Management Overview, Screening and Assessment, ASAM Criteria
- Clinical staff are expected to have at least a Bachelor’s degree with experience specifically in counseling or related field.
- Facility professionals are expected to monitor the clients while in care. The “evaluation” would be their observations of a client’s behaviors and interaction in the treatment community.

Proposers are encouraged to determine staffing needs based on their model design, and may propose adjustments to the team composition listed on pages 12 to 13 of the RFP. However, all employees and contracted professionals providing clinical services within the facility must comply with DDAP staffing requirements for a 3C.

7. Since this program is described as a residential treatment facility, should we assume that staff providing injectable medications and administering intravenous treatments will not be required or necessary? What is the level of medical treatment required daily and on-site?

In a 3C, staff are not expected to provide injectable medications and administer intravenous treatments.

8. Would you say that this program is less medically intensive than an inpatient treatment facility?

We are seeking a 3C level of care which is a residential, non-hospital inpatient treatment and rehabilitation facility.

9. One of the core services is medical healthcare services. What are the specific medical healthcare services that we would need to provide? What level of medical care do you imagine referrals will require?

Proposers may provide medical healthcare services or may partner to provide healthcare services. Healthcare may be provided onsite or offsite if transportation is provided. Referred families will have a variety of needed care. DDAP requires that a client receive a physical (including a TB screening) within seven days of admission. At a minimum, the Successful Proposer should provide a nurse onsite that could complete this initial physical or collaborate with a healthcare provider that could do so.