



Request for Proposals

Family Residential Substance Use Disorder Treatment Program

RFP Posting: Friday, August 4, 2017

Deadline for Questions: Friday, September 8, 2017

Submission Deadline: 3 p.m. Eastern Time on Friday, September 15, 2017

Estimated Award Decision/Notification: December 2017

Allegheny County Department of Human Services
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Definitions

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

1. 3C: A DDAP level of care for medically monitored long term residential treatment that includes 24-hour professionally directed evaluation, care and treatment in a non-hospital environment for individuals in chronic distress, whose substance use disorder symptoms severely impair their social, occupational or school functioning
2. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services
3. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania
4. CBT: Cognitive Behavioral Therapy is an evidence-based class of interventions that share the basic premise that mental health disorders and psychological distress are maintained by cognitive factors
5. 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
6. 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
7. 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
8. COS: Circle of Security is an evidence- and attachment-based parenting program for opiate-dependent caregivers
9. CRAFT: Community Reinforcement and Family Training is an evidence-based program that addresses family conflict caused by substance use issues
10. CRS: Certified Recovery Specialist is a person in recovery who can offer guidance and support to families
11. DDAP: [Pennsylvania] Department of Drug and Alcohol Programs
12. DHS: [Allegheny County] Department of Human Services
13. DOH: [Pennsylvania] Department of Health
14. Evidence-Based Intervention: Interventions that have empirical research supporting their efficacy and that include the integration of best research evidence with clinical expertise and patient values
15. FAST: The Family Support and Advocacy Tool is an assessment that focuses on entire families rather than single individuals
16. KIDS: Key Information and Demographic System (KIDS), the electronic case record for clients of the Allegheny County child welfare office
17. LOCA: Level of Care Assessment is used to determine what type of substance use disorder treatment a client needs most
18. MAT: Medication-Assisted Treatment combines behavioral therapy and medications (including Methadone, Vivitrol and Suboxone) to treat substance use disorders

19. Mental Health Disorder: A diagnosis, most often made by a psychiatrist, of a behavioral or mental pattern that may cause suffering or poor ability to function in life. Such features may be persistent, relapsing and remitting, or occur as a single episode.
20. MLSW: Master's Level Social Worker
21. 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.
22. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP
23. Proposer: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP
24. RBT: Reinforcement-Based Treatment uses stimulus control and positive reinforcement to change behavior
25. Residential Treatment: Sometimes called rehab, Residential Treatment is a live-in health care facility providing therapy for substance use, mental illness or other behavioral problems
26. Response Form: The Word document in which Proposers respond to requested information about this RFP
27. RFP: Request for Proposals
28. SAMHSA: Substance Abuse and Mental Health Services Administration, part of the federal Department of Health and Human Services
29. Seeking Safety: A present-focused therapy that helps clients attain safety from trauma (including post-traumatic stress disorder or PTSD) and substance use by emphasizing coping skills, grounding techniques and education
30. Substance Use Disorder: Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability and failure to meet major responsibilities at work, school or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use and pharmacological criteria.
31. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services
32. Trauma-Informed: An organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma
33. UNCOPE: A six-question screening tool for substance use in child welfare settings

The RFP at a Glance

Purpose

Allegheny County, on behalf of its Department of Human Services (DHS), is seeking Proposals from qualified Proposers to develop and manage an innovative, recovery-oriented and trauma-informed residential drug treatment program for families with a parent in critical need of treatment for unhealthy substance use. The families will be referred by DHS's child welfare office and will have a recent history of child abuse and/or neglect. The family residential substance use disorder treatment program being sought by DHS (henceforth referred to as Program) will include residential treatment and supportive services. The Program will offer a new approach to family substance use disorder treatment as an enhanced 3C¹ by providing individualized support to family members while coordinating care to holistically treat the whole family unit. DHS expects the Program to serve eight families at a time, with an average length of stay of four to six months, for a total of 15 to 20 families per year. The Program should have capacity to accept families with up to four children.

The Successful Proposer is expected to implement, manage and staff the Program to:

- 1) Provide residential treatment to parent(s) with substance use disorders and have a trauma-informed approach to programming and in the residential environment, or milieu.
- 2) Provide psychoeducation groups, life skills classes and parenting programs to promote positive parent-child interaction for the development of secure attachments, with a focus on prevention and early intervention.
- 3) Provide childcare, transportation, case management and other supports so that families can focus on treatment.
- 4) Promote holistic health with medical care partnerships or with a commitment to assist people to access their physicians and other medical personnel.
- 5) Provide case management and care coordination services.

This family-centered Program will create a safe and supportive environment for families who are struggling with the negative effects of unhealthy substance use and trauma.

Award Details

The County, on behalf of DHS, intends to award one Agreement to the Successful Proposer to provide the Contract Services (see Section 2.6 for details).

Who can apply

All entities are eligible for this solicitation, including but not limited to, government organizations, education organizations, non-profit organizations, for-profit organizations, small businesses and individuals. Entities 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

¹ See 3C description starting on page 74 at [http://www.ddap.pa.gov/Manuals/PA%20Client%20Placement%20Criteria%20\(PCPC\)%20Edition%203%20Manual.pdf](http://www.ddap.pa.gov/Manuals/PA%20Client%20Placement%20Criteria%20(PCPC)%20Edition%203%20Manual.pdf)

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 provision of Medication-Assisted Treatment (MAT) within the Program either directly or through a specifically designed partnership with an MAT provider who combines behavioral therapy and medications (including Methadone, Vivitrol and Suboxone) in their proposed design for the Program.

Proposers must be licensed in substance use disorder treatment with experience in treating co-occurring mental health disorders, and must partner with licensed mental health providers to assure integrated services for clients with severe mental health disorders and significant limitations (e.g., bipolar disorder). Proposers must be credentialed with all major insurers with a presence locally, and/or make arrangements for non-participating provider payments.

What's Important to Us

Our goal is to help parents who are living with the challenges of addiction and substance use disorders to achieve a path toward recovery, and to improve and manage their conditions while safely parenting their children. Our hope is that a recovery-oriented Program will help preserve families and prevent the adverse effects that arise from family disruption and dissolution caused by unhealthy substance use, including home removal of the child(ren).

Timeline

Deadline for Proposers to submit questions is Friday, September 8, 2017.
Proposals must be submitted by 3 p.m. Eastern Time on Friday, September 15, 2017.
Proposers will be notified of their selection status by December 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 member of an individual's immediate family, with children being the most vulnerable. Addiction affects a family's financial health, physical health and psychological wellbeing. 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 or neglect 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.

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 inpatient substance use disorder treatment for parents throughout the County, but many programs are for mothers only, have a limit on the number of children that a parent can bring, and may not allow for longer stays in treatment when necessary.

Through a family residential treatment Program with fewer limitations for parents in critical need of services, DHS aims to help parents with substance use disorders establish a clear path to recovery,³ strengthen family relationships, and increase the safety and stability of children's homes.

The family residential treatment Program envisioned in this RFP is intended to expand upon existing treatment options to include fathers and partners involved in child welfare cases who also have a recent history of unhealthy substance use. This expansion of family treatment services is part of a larger plan to provide inclusive treatment and strengthen the continuum of services available to families who are struggling to deal with the effects of substance use disorders.

The Program also aims to:

- Help caregivers 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 childcare
- Help caregivers cope with co-occurring mental health disorders (where applicable)

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 wellbeing.

Section 2: What We Are Looking For

The Proposed Program: A New Approach to Residential Treatment for Families

DHS is seeking a Successful Proposer to develop and manage a new approach to residential treatment for families with substance use disorders in Allegheny County. The Program, an enhanced 3C, will be a sanctuary where families can heal from the negative impact of unhealthy substance use and trauma on their path to recovery. The core group of services that the Successful Proposer must provide as part of the Program are as follows:

- Evidence-based substance use disorder treatment focusing on the underlying psychological and physical sources of addiction
- Psychoeducation groups (evidence-based therapeutic intervention for understanding and coping with illness), life skills classes and parenting programs
- Childcare and other supportive services, including transportation support for children and case management
- Holistic health and wellness programs
- Identification of additional needs and appropriate referrals

The Successful Proposer will staff and manage the Program to provide the core group of services to the target population in Allegheny County, as described below.

2.1 Target Population

The Program will treat adults in Allegheny County over the age of 18 who are actively using substances and who have a child who is:

- Under the age of 18
- Residing with the parent at the time of referral and at risk for removal from parental custody due to parental substance use

Families (also referred to as Clients) will vary in size; and families with up to four children will be accepted, but the average family will have two to three children. Each family will have its own living unit with bedrooms, a living room and dining area, a full bathroom and a fully equipped kitchen.

Families will have a recent history of child abuse and/or neglect, and all Client referrals will come from DHS's child welfare office. DHS will perform the Family Support and Advocacy Tool (FAST)/UNCOPE screenings for substance use, followed by a Level of Care Assessment (LOCA) administered by the Pennsylvania Organization for Women in Early Recovery (POWER)⁴ to determine whether a parent(s) meet(s) the criteria for the Program or require(s) a different level of care.

Parents who enter the Program more than likely have their own history of trauma from childhood, and/or from unhealthy substance use, which justifies the need for a trauma-informed approach to treatment and in the residential environment. The long-term impact of youth-experienced trauma (also

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

referred to as “adverse childhood experiences”)⁵ can be devastating. Because of their traumatic experiences and unhealthy substance use, caregivers may not have formed healthy attachments to their children. The goal of the Program is to treat the whole family, and not just individuals within the family unit, to strengthen familial attachments.

2.2 Core Services

Staff will engage families using a trauma-informed approach and Motivational Interviewing. Motivational Interviewing is the evidence-based gold standard for substance use disorder treatment that uses a conversational approach designed to help people address their ambivalence to change.⁶ Staff must be trained in trauma-informed approaches and clinicians must be trained in Motivational Interviewing. Services for children and families will be provided onsite in the Program’s residential facility.

2.2, A. Evidence-Based Substance Use Disorder Treatment Focusing on the Underlying Psychological and Physical Sources of Addiction

The Successful Proposer must provide evidence-based, recovery-oriented substance use disorder treatment programming at a residential facility to help parents enter recovery from substance use disorders. Examples of evidence-based substance use disorder treatments include:

- Medication-Assisted Treatment (MAT): MAT is treatment that combines behavioral therapy and medications (including Methadone, Vivitrol and Suboxone) to treat opioid dependency.
- Cognitive Behavioral Therapy (CBT): CBT is a class of interventions that share the basic premise that mental health disorders and psychological distress are maintained by cognitive factors. Individual and group CBT treatments include motivational interventions, contingency management, relapse prevention and combination treatment strategies.
- Reinforcement-Based Treatment (RBT): RBT is a treatment model that uses stimulus control and positive reinforcement to change behavior. RBT incorporates Motivational Interviewing and the Community Reinforcement Approach. The Community Reinforcement Approach is based on the belief that environmental contingencies can play a powerful role in encouraging or discouraging drinking or drug use. The RBT model is centered on the idea 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 Program, the infant or child could be the primary positive reinforcer.
- Seeking Safety: Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance use. It can be conducted in group (any size) and/or individual settings. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of unsettling traumatic memories). It is relevant to a broad range of clients.

⁵ Learn more about Adverse Childhood Experiences at <https://www.cdc.gov/violenceprevention/acestudy/>

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

- Community Reinforcement and Family Training (CRAFT): CRAFT is a model that addresses family conflict caused by substance use issues. CRAFT teaches family and friends effective strategies for helping their loved one change and for feeling better themselves. It works to affect the loved one's behavior by changing the way the family interacts with him or her. Participants learn the power of positive reinforcement for positive behavior (and of withdrawing it for unwanted behavior), and how to use positive communication skills to improve interactions and maximize their influences. Specific skills CRAFT teaches include: understanding a loved one's triggers to use substance; positive communication strategies; positive reinforcement strategies; problem-solving; self-care; domestic violence precautions; and getting a loved one to accept help.

Proposers must propose a model for recovery that can include the examples listed above or other evidence-based substance use disorder treatments that show efficacy for opioid users. All models must be supportive of MAT as a treatment option. Proposers may partner with one or more organizations to meet this requirement.

2.2, B. Psychoeducation Groups, Life Skills Classes, and Parenting Programs

The Program proposed by a Proposer in response to this RFP must include psychoeducation groups, life skills classes and parenting programs. These groups, classes and programs must use structured curriculums.

Psychoeducation is an evidence-based therapeutic intervention for Clients and their loved ones that provides information and support to better understand and cope with illness. Through psychoeducation groups, parents and their children will learn problem-solving and communication skills in an empathetic and supportive environment.

Life skills classes offered at the Program must include, but not be limited to: budgeting and financial skills (including understanding personal credit and loans), job skills (building a resume and cover letter, interviewing and professional behavior), home cleaning and hygiene, understanding health and healthcare, time management, and first aid.

The Program proposed by a Proposer in response to this RFP must include evidence-based parenting programming to help strengthen the attachment between parents and the child(ren). An example of an evidence-based parenting program is Circle of Security (COS). COS is an evidence- and attachment-based parenting program for opiate-dependent caregivers. Through COS, parents learn how to understand their child's emotional world. They learn how to read their child's emotional needs, support their child's ability to successfully manage emotions, enhance the development of their child's self-esteem, and ensure that their children develop secure attachments.

2.2, C. Childcare and Other Supportive Services Including Transportation and Case Management

For recovery to be successful, it is important for parents to have the time and space that they need to focus on treatment-related activities and learn important parenting skills. To reduce parental stress, the Program proposed by a Proposer in response to this RFP must offer childcare support while parents complete treatment-related activities. Childcare support must be offered during the day, in the evenings and on weekends. Parents will be responsible for their children during breakfast, lunch, dinner and bedtime/overnight. The Program must include a Child Development Specialist for children under 13 and

a Youth Specialist for youth 13 and older (these staff positions are described further in section 2.3, A). The staff-to-child ratio for the Program must be in accordance with Pennsylvania child care regulations.⁷

The childcare facilities to be used for the Program must have stimulating activities for children in a child-friendly environment where Program staff can engage children and assess any developmental needs. It is strongly encouraged to consider partnerships with local child and youth educators to design enriching play spaces for children.

The Program will be responsible for transporting children and youth to and from school and school-related activities. Additionally, Program staff will provide case management for the children and youth at the Program site.

2.2, D. Holistic Health and Wellness Programs

The Successful Proposer must provide health and wellness programming as a core service to families as part of its Proposal for the Program. Health and wellness programming includes, but is not limited to:

- Medical Healthcare Services: Medical services can be provided onsite or at a nearby location if the Successful Proposer coordinates transportation to and from the medical services. Partnerships with pediatric and healthcare services must also be included in the Program.
- Cooking and Nutrition Classes: Proper nutrition is critical for healthy brain functioning and family health. The Program must have a food pantry stocked with fresh produce and nutrient-rich foods for families to cook and eat. Cooking and nutrition programs must be offered onsite and may be led by the Master's Level Social Worker and/or Certified Recovery Specialist (these staff positions are described further in section 2.3, A). DHS encourages Proposers to consider partnerships with academia and other outside organizations to teach nutrition classes. Proposers are also encouraged, but not required, to have a vegetable garden on the facility grounds for potential use as ecotherapy.⁸
- Exercise Programs: Regular exercise is vital to both physical and mental health, and significantly reduces stress. The Program must have daily exercise classes for families. Classes can range from high intensity cardiovascular workouts to low intensity yoga sessions and walking programs. Yoga and meditative breathing classes are recommended by clinicians for adults and children to help manage stress, anxiety and post-traumatic stress disorder (PTSD), which are common among people who have experienced trauma. Proposers are encouraged to consider partnerships with local fitness facilities.
- Smoking Cessation Programs: Programming that helps Clients stop smoking must also be offered by the Proposer as part of the Program.

⁷ <http://www.pacode.com/secure/data/055/chapter3280/s3280.52.html>

⁸ "Identification of an immune-responsive mesolimbocortical serotonergic system: Potential role in regulation of emotional behavior," see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1868963/>

2.2, E. Identification and Referral to Address Any Additional Needs of the Family Members

Program staff are responsible for identifying and making the appropriate referrals for any additional needs of family members, including but not limited to transportation, physical and mental health, and post-treatment housing. The Successful Proposer will be responsible for making therapeutic referrals for children who exhibit or express the need for such services. Program staff will work closely with DHS's child welfare office to address issues related to child welfare and to participate in Conferencing and Teaming meetings.

2.2, F. Other Services

Proposers may propose other services for the Program in addition to the five core services.

2.3 Program Management and Services Coordination

A trauma-informed approach to Client engagement is important for recovery. The Program proposed by a Proposer in response to this RFP must be welcoming and have staff who treat all families with respect and compassion.

2.3, A. Program Staffing

The Program must be managed and staffed by qualified clinicians, counselors and peers in recovery. DHS encourages Proposers to consider individuals in recovery, or family members of someone with a substance use disorder, for each position. These positions should work together as a coordinated treatment team to design holistic plans for families. The positions listed below represent a single care delivery team. Proposers are encouraged to determine staffing needs based on their model design, and may adjust the following team composition. Proposers may also suggest other key staff positions for the Program.

- **Program Director**: This person sets the tone for the Program. Being a key position, it is recommended that Proposers consider someone in recovery for this position. The position must be filled by a strong, passionate and welcoming leader who is recovery-oriented and engaged with the community. The Program Director should have a Master's degree in social work, counseling, public administration with a drug and alcohol track, education with a drug and alcohol track, or related degree. The Program Director will oversee Program staff, be responsible for quality assurance and monitoring of outcomes, and be the main point of contact with DHS.
- **Clinical Supervisor**: The Clinical Supervisor will oversee clinical staff, and provide ongoing training for them, so that they deliver effective and ethical services. The Clinical Supervisor must be well-trained, knowledgeable and skilled in the practice of clinical supervision and should have at a minimum a Master's degree in a relevant field. Child welfare experience is preferred.
- **Addictions Counselor**: The Addiction Counselor should have at a minimum a Master's degree in addiction-focused psychology or related field. Certified addiction counselors and certified alcohol and other drug abuse counselors are preferred. This person will be responsible for all substance use disorder treatment delivered at the Program and must have mental health education. The Addictions Counselor also will be responsible for referring families with intensive mental health needs to the consulting psychiatrist.

- Consulting Psychiatrist: The Program should have a Consulting Psychiatrist available for families as needed.
- Master's Level Social Worker: The Master's Level Social Worker (MLSW) will be responsible for case management for families at the Program and should have previous experience working in child welfare. The MLSW will address any challenging family, occupational or living problems. The MLSW will be responsible for case management for families, provide support to the Addictions Counselor, and will be responsible for leading psychoeducation groups including life skills, budgeting and parenting programs. Child welfare experience is preferred.
- Certified Recovery Specialists: A Certified Recovery Specialist (CRS) is a person in recovery who provides guidance and support to families in the Program. They are living proof of recovery, and show what life can look like post-substance use. They will be paid staff, and they will be critical to creating a supportive and welcoming recovery- and community-oriented atmosphere. A CRS's responsibilities may include supporting MLSW with case management and psychoeducation groups, leading wellness classes and programming, and providing childcare support.
- Child Development Specialist(s): The Child Development Specialists will assist the MLSW with case management, and work with children in the daytime and evenings while parents are participating in treatment-related activities. They should be able to identify when children have developmental delays, and work with the MLSW to make referrals for children's needs. A Child Development Specialist must have a Bachelor's level degree or higher related in child development, early childhood education, or another child-related field. A Child Development Specialist will provide homework assistance to children at the Program. On weekends, a Child Development Specialist will be responsible for taking families on engaging field trips offsite to help families bond outside of the facility. Child welfare experience is preferred.
- Youth Specialist: The Youth Specialist will be responsible for caring for youth over the age of 13 while their parents are focusing on treatment-related activities. Youth Specialists will provide homework assistance to youth at the Program, and connect eligible youth age 16 and up to the 412 Youth Zone and other youth support partners. Child welfare experience is preferred.

2.3, B. Program Logistics

Assessments: Upon entering the Program, children in the families should receive developmental assessments, and parents should receive psychosocial assessments to determine the best course of action for treatment and services. Treatment for the family must be considered from a holistic point of view. As part of their Proposal for the Program, Proposers should suggest a tool to use for assessing family history.

Calendar of Events: There must be a weekly calendar of events accessible to families to keep them updated about any group sessions, classes, workshops, or other social events.

Caseload: The Program envisioned in this RFP should serve eight families at a time for four to six months each, with approximately 15 to 20 families served per year. One Addiction Counselor is required for eight families.

Case Management: The MLSW will provide case management to families using the Pennsylvania Department of Drug and Alcohol Programs' (DDAP) Case Management Service Plan. The DDAP Case Management Service Plan includes: healthcare coverage, basic needs, physical health, emotional/mental health, family, child care, legal status, education/vocation, life skills, social and employment.

Client Engagement: The Program staff will focus on quality Client service at the entry point into the Program and throughout its various programmatic touchpoints. Families should be imbued with hope from the moment they step into the residential Program facility. Motivational Interviewing should be core to the Program. 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").⁹

Facilitate Steps in Continuum of Care: Program staff will be expected to collaborate with families and DHS to plan for the next step in the substance use recovery Continuum of Care, such as relapse and safety planning and connecting Clients to County housing services, if needed, when they are ready to leave the Program. Families who leave the Program and would otherwise face homelessness may be considered for other Allegheny County housing support services for families who are affected by unhealthy substance use. The Successful Proposer must help coordinate the transition into Allegheny County housing services in the continuum. Additionally, when a caregiver leaves the Program without their family, the Successful Proposer must help the family find new housing.

Individual & Family Planning: The Successful Proposer should design a model for treatment and service planning that generates personalized plans for individuals within families, and demonstrate how Program staff will work together to understand and address the needs of the whole family unit. The Successful Proposer should demonstrate in its Proposal how Program staff will work together to deliver coordinated care to families. The Successful Proposer must include families in treatment and service planning, as well as decision-making.

Program Length: One of the biggest barriers to recovery success is a lack of long-term treatment options. For that reason, the length of stay for families will be determined by the complexity of their needs. The length of stay generally will be at least four months and at most usually six months. Proposers must describe in their Proposals how they will work with Community Care Behavioral Health Organization (CCBHO), DHS Bureau of Drug and Alcohol Services, and the DHS child welfare office to ensure that the appropriate payer is invoiced for various segments of the Program.

2.4 Criteria for the Residential Treatment Facility

DHS expects the Successful Proposer to identify a space (either to rent, purchase or create within its existing facilities) and to develop it into a welcoming, family-friendly residential treatment Program. In some cases, this will require working with an architect, space planner and/or contractor and collecting input from families about the spatial design. Proposers should identify how they will select their partners for designing and developing the space, provide a timeframe for this process from beginning to the point when space will be ready for occupancy for treatment, provide photos of the site and renovation sketches (if available), and provide a separate budget for this one-time process. DHS will not

⁹ 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>

provide funding directly for renovations, but will support the Successful Proposer in procuring private funds for renovations.

DHS prefers sites that require minimal renovations. Proposers may consider partnering with other agencies that own appropriate spaces and are encouraged to consider buildings that previously served similar residential needs. Proposers must include in their Proposals a strategy for incorporating family input on the space design and amenities. DHS will be available to collaborate with the Successful Proposer to hold focus groups with families. Proposers are strongly encouraged to consider behavioral economics for interior design decisions that promote healthy habits in facility renovations. An example of an organization that uses behavioral economics to foster healthy families and communities is the Center for Active Design.¹⁰

Proposers may want to contact the Office of the Mayor of the City of Pittsburgh or the Urban Redevelopment Authority of Pittsburgh to learn about real estate available as a possible location for the residential treatment facility for the envisioned Program.

Proposers must propose a residential treatment facility site that meets the following criteria regarding the its environment, location and amenities.

2.4, A. Environment

DHS requires that the residential treatment facility envisioned for the Program not be “one-size-fits-all” for families, but must be family-centered in its design. The physical environment should be welcoming and inspire hope. Family input must be incorporated to design a space that they find comfortable and appealing. Each family must have its own living unit with bedroom(s), a living room, a full bathroom, and a fully equipped kitchen and dining area. The average family will have two to three children, but there should be accommodations available for families with up to four children. The facility should have approximately 32 beds.

The physical environment of the residential treatment facility for the Program should be secure, with onsite staff, locking door and security cameras. It must comply with the Americans with Disabilities Act (ADA) standards, Pennsylvania DDAP standards, and Pennsylvania Department of Health (DOH) standards and have a valid occupancy permit, a Pennsylvania childcare license, and a valid Allegheny County Health Department permit for serving food. It must comply with all applicable fire and safety codes, and comply with any other necessary habitability standards, licensures, certificates, etc.

Prior to opening the Program, the County must approve the Successful Proposer’s procedures for Program operation, including the Program agreement, resident’s handbook, rules and regulations.

2.4, B. Location

Proposers must propose possible location(s) for the Program. The identified location(s) must be easily accessible by public transportation from as many areas of Allegheny County as possible. Proposers should consider proximity to schools when selecting a location for the residential treatment facility

¹⁰ The Center for Active Design is a 501(c)3 nonprofit that works with New York City to design housing & community spaces that promote healthy behaviors using behavioral economics principles.
<https://centerforactivedesign.org/>

envisioned for the Program.

2.4, C. Facility Amenities

At a minimum, the Program facility should include:

- A welcoming entry area for greeting families
- A security system at the front entrance, with a trauma-informed approach to greeting Clients
- All elements necessary to make it a secure facility, with staff onsite 24/7, locked entrance and room doors, and monitored security cameras
- Private one-on-one meeting spaces for Program staff to conduct intake and regular service meetings and for the use of partnering agencies (e.g., child welfare staff)
- Multi-use room(s) for group meetings and classes and age-appropriate play areas and spaces for children, including infants and toddlers, and older youth
- A computer lab
- A kitchen (properly equipped) from which congregate meals (breakfast, lunch and dinner) can be prepared and served, and secure space for families to store their personal food supplies
- A community dining room
- A common lounge area and a quiet space for reflection, meditation, or prayer
- Private living units with varying or flexible sizes that include bedroom(s), living room, fully equipped kitchen, and full bathrooms with showers or bathtubs
- Laundry facilities
- Outdoor recreation space, including a children’s playground that is open and available for consistent use
- A designated space for exercise or physical activity (e.g., weightlifting, yoga, dance)
- Premises that are cleaned and maintained on a regular basis and remain free of vermin, rodents, insects, bedbugs and all other unwanted insects, animals, etc.

2.5 Key Performance Indicators and Desired Outcomes

The Successful Proposer is expected to track both quantitative and qualitative data about families in the Program. A record of successful data collection, management and use of data for quality assurance is a requirement for the Successful Proposer. The Successful Proposer must input regular, timely and accurate Client-level and Program-level data into a DHS information system. This data will be verified by DHS.

For DHS, the key performance indicators for the success of the envisioned Program 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)
- Recovery maintenance status within 14 days, 90 days and six months of release
- Improved parent-child relationship, as indicated by an assessment agreed to by the Proposer and County. Examples include:
 - Parental Stress Index (PSI)
 - Edinburgh Postnatal Depression Scale
 - Postpartum Bonding Questionnaire
- Out-of-home placement prevention or reduction in time to permanency

Additional key performance indicators for the Program are family wellbeing measures that may include but are not limited to: school attendance of school-aged children and employment status of parents eligible to work.

The Successful Proposer also must report key process measures such as caseload demographics, start and end dates, and key case completion milestones. DHS also is interested in the Proposer tracking qualitative data including point-of-service Client feedback and Client suggestions for improved effectiveness. The Successful Proposer must have a plan for appropriate use of technology and incentives to capture Client satisfaction data.

2.6 Budget and Award Details

DHS intends to award one Agreement to the Successful Proposer to fund those Contract Services that are not reimbursable by a Client's health insurance. Contract Services that will be funded could include non-clinical services that are designed to complement clinical and supportive services covered by insurance plans, as well as services for people who are un- or under-insured. The Successful Proposer must be able to accept reimbursement from major insurers and/or make arrangements for non-participating provider payments for other insurers.

The Program is a new initiative and thus DHS does not know the full cost. DHS is interested what costs Proposers anticipate for the Program. Proposers are requested to submit an operating budget which includes estimated costs for the following budget categories: 1) startup expenses, 2) staffing, 3) facility management and 4) ongoing (concrete) expenses (e.g., furnishings, linens, kitchen supplies). Proposed budgets will not be scored during the evaluation process. DHS will work with the Successful Proposer to develop a reasonable operating budget for the Program. Please note: the funding provided under this Agreement for the services sought by this RFP cannot be used to support capital upgrades to the Proposer's existing or any new residential facility. Refer to section 2.4 for further details.

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 (25 points possible)

- Experience implementing residential substance use disorder treatment and achieving desired outcomes (10 points)
- Experience working with families with substance use disorders and achieving desired outcomes (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 (20 points possible)

- A vision for the overall design of the Program, including a description of what intake, assessment, treatment and services, exit planning, and exiting the Program would look like from a family's perspective (5 points)
- A description of proposed substance use disorder interventions (5 points)
- A description of the additional core services (sections 2.2, B through F) (10 points)
 - Psycho-education groups, life skills classes and parenting programs
 - Childcare and other supportive services including transportation support for children and case management
 - Holistic health and wellness programs
 - Identification and referral to address any additional needs of family members
 - Any additional services

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

- An understanding of the challenges anticipated in developing the Program envisioned by this RFP and a plan to mitigate those challenges (5 points)
- A plan to staff the Program, including proposed qualifications for team positions, a plan for recruitment and retention of staff, and a strategy for staff training, supervision and quality assurance, including how staff will receive new-hire and ongoing trainings (10 points)
- A plan for working with any outside organizations to assist with meeting Program goals, including working with CCBHO, the DHS Bureau of Drug and Alcohol Services, and the DHS child welfare office to ensure that the appropriate payer is invoiced for various segments of the Program (5 points)
- A plan for Program logistics including: (5 points)
 - A strategy for greeting families, and discussing and completing intake procedures and assessments with families
 - A plan for how Program staff will deliver coordinated care to families
 - An understanding of how Program staff would facilitate movement within the County's continuum of care
- A strategy for tracking and reporting Program outcomes and Client outcomes, both quantitative and qualitative (5 points)

D. Residential Treatment Facility (20 points possible)

- An overall plan for the residential treatment facility (or facilities) including how it will accommodate eight families of varying sizes and assure safety and privacy for families using a trauma-informed approach (5 points)
- A description of the proposed facility location, including a description of the facility's accessibility, location to public transportation, hours of operation, security and compliance to the appropriate standards, licensures, certifications and other habitability standards (5 points)
- A description of how the proposed residential facility will provides the amenities described in **Section 2.4, C** (5 points)
- A strategy for designing and developing facility space and for collecting input about the space design from families, a timeline and the approximate budget for any required facility

renovations, photo documentation of the proposed site and renovation/design sketches, if any (5 points)

E. Financial Management and Budget (5 points possible)

- Organizational financial health, as shown by financial audits or certified financial statements for the past three years (5 points)
- Cost estimates for the following budget categories: 1) startup expenses, 2) staffing, 3) facility management and 4) ongoing (concrete) expenses (e.g., furnishings, linens, kitchen supplies), (not scored)

Section 4: How to Submit a Proposal

4.1 Submission Process

- a. Proposers should 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. Proposers must 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
 - 3 years of audited financial reports
 - W-9
 - Photos of the proposed facility site and renovation/design sketches, if any
 - Cost estimates
- d. Proposer should 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 documentation that attest to the financial health of your organization. Tax returns are the preferred alternative. Please note that providing financial documentation 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, September 15, 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 be rejected and will not be presented to the evaluation committee for review and scoring as described in Section 5 below.

- 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. The County reserves the right to reject any and all Proposals.
- 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 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 discuss the individual scores and evaluations 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. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. The Evaluation Committee will score the oral presentation and add it to the Proposer's Proposal score. The oral presentation will be scored using the following criteria and the scale outlined in 5.1b. The maximum score that an oral presentation can receive is 15 points:
- Presentation demonstrates Proposer's ability to implement the proposed Program effectively (5 points)
 - Proposer's answers to Evaluation Committee's questions (5 points)
 - Proposer's presentation is thoughtful and professional (5 points)
- 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 be automatically rejected and will not be presented to the evaluation committee.

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-Providers.aspx), 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.