

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

RFP for a Provider of the High-Risk Track of Functional Family Therapy through Child Welfare:
An Evidence-Based Intervention

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| July 30, 2021 |
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1. Census: 60 families seem high for the first year especially since CYF will control the referrals. How will CYF ensure that referrals will be made? Also, how much time will be needed for training and ramp up to get to the desired caseload? Does this target number also include families that enroll but may drop out of services prematurely or not start at all?

The expectation to serve 60 families includes families that have completed the intake process for the intervention. This target number includes families that enroll but may drop out of services prematurely. DHS's child welfare office will generate a report of families eligible for the service, based on FAST data, and will use this report to ensure referrals are made. Therapists can begin building their caseloads once the initial three-day training is completed.

The RFP was amended on July 30 to include additional details about the priority population on pages six and seven. See the amendments section below in this Q&A document.

2. Time needed to complete the EB required staff training: If we invest time and energy in the first year of training, and the county is only funding the first year, what will happen to the resources and partially trained staff for years two and three? It seems that without the full commitment of funding for the three- years of training, an agency may end up with partially trained staff with no opportunity to complete the training or fully utilize the agency's investment of resources. Is there an opportunity for this contract to be extended to three years, if established milestones or benchmarks are met? Only granting a contract for one year for an EB program start up presents a lot of risk to an organization and could waste county resources as well if another provider was chosen in year two.

We expect the Successful Proposer to deliver the FFT-CW program for more than one year. DHS contracts through Allegheny County are usually for a term of just one year, to allow for multiple services to be listed in one contract, reducing the paperwork created by multiple contracts. If the Successful Proposer already has a contract through Allegheny County, they may enter into a separate contract for just FFT-CW for multiple years; or they may amend their existing yearly contract to include FFT-CW. If the Successful Proposer is a new provider to DHS, they can set up their contract term for one year or multiple years. DHS and the Successful Proposer will have a conversation to negotiate and agree upon the contract terms.

3. Duplicate data entry: The use of the FFT data platform, the agency's EMR and the KIDS platform seems to indicate the need for triple data entry. Are we understanding this correctly? Would there be any ability to create an interface with KIDS so that we can avoid duplicate data entry?

FFT LLC is in the process of developing an application programming interface (API) to facilitate data sharing between applications. They expect the API will be available within the next year. DHS has an API that can be utilized to share data across platforms, and we will work with the Successful Proposer to streamline data collection.

4. Expectations for one of the therapists to also be the supervisor: We are concerned about the staffing model. Three therapists with caseloads of 10-12 seems reasonable but to make one of those three therapists also be the supervisor of the program seems too burdensome. Supervisors are required to do much more than just clinically supervise staff – they are often responsible for the day to day administration of the program including work involving personnel issues, financial management, additional leadership training, risk management, marketing and other agency functions. Additionally, without a program assistant, ordering of supplies, maintaining records/files, copying, mailing etc. would also be the responsibility of the supervisor. In today’s labor market, it may be difficult to attract a candidate willing to carry a full caseload and manage the operations of a new program. Is there ability to budget at least a part time supervisor? This supervisor would be trained in the model and could carry a small caseload as well.

FFT LLC requires the FFT-CW site supervisor to carry half a caseload. However, there is some flexibility. For example, in year one, this person could carry a full caseload; then in year two, after this person is trained in the FFT-CW supervision model, they would reduce the caseload so they can provide consultation and fidelity monitoring according to the FFT-CW supervision model. Another example, in year one, the supervisor could provide staff management/supervisory duties while carrying a smaller caseload than the rest of the team; then in year two, this person again will provide consultation and fidelity monitoring under the FFT-CW supervision model, along with a reduced caseload. Proposers should propose a supervision structure for years one and two and describe why they chose it.

5. Managing Turnover: Also, in reference to the labor market trends, turnover of staff is a problem facing many organizations. How would the agency fund the training of new staff if needed? The RFP said it is the responsibility of the agency to cover this cost. Would we need to budget the cost of additional staff training into the total budget cost of 400,000?

DHS expects the Successful Proposer to manage their turnover. FFT LLC provides assistance with the training of new staff. They offer their “Clinical Replacement Training Series” monthly for additional staff added to the existing team (see RFP page 10 for details). The cost is \$1,600 for two, 2-day trainings, and then one two-hour training, both conducted virtually.

The Response Form and RFP was amended on July 30 to include a new question/evaluation criterion asking about Proposers to describe their plan to manage staff turnover. See the amendments section below in this Q&A document.

6. What has been learned with other EBP implementation? We are wondering how referrals have been for Home Builders and how well it is utilized by CYF staff.

Homebuilders is utilized well by staff, with nearly 100 families served the past three fiscal years. DHS's child welfare office tracks the openings for Homebuilders and sends daily notifications containing the number of referral openings to child welfare staff.

7. Families with many needs: Currently, many families referred to our organization's Strategic Family Therapy In-Home services come to us with so many basic needs – housing, food, lack of skills such as budgeting, home management, life skills etc. Will these needs be addressed by another service prior to starting FFT-CW?

FFT-CW and another family model should not occur at the same time. Per Section D of DHS child welfare's Spec Manual:

The Service Provider shall assess the family's need for tangible goods. If needed, the Service Provider shall first pursue them through community resources (e.g., churches, food banks, used appliance stores, etc.) and area organizations (e.g., Blessing Board, Salvation Army, Catholic Charities, etc.). The Service Provider shall advise the Department's Casework Staff of any need that remains unfulfilled and obtain written approval from the Department's Supervisor for the item(s) and cost(s) requested. Upon approval, the Service Provider shall generate the Concrete Goods Procurement (CGP), obtain the item(s), and ensure that the need has been met and the family continues proper use.

8. Why did you amend the RFP?

We had miscommunications during the development of the RFP. After the release of the RFP, FFT LLC brought it to our attention that best practice is to first implement only the High-Risk track. They recommend implementing the Low-Risk track following a successful High-Risk track implementation.

9. How can I be sure that I am working with the correct files after the amendment?

Please download new RFP and Response Form files. You can be sure you are working with the correct copies by checking if:

- The RFP file name is "Functional Family Therapy RFP Amended 073021," and the Response Form file name is "Functional Family Therapy Response Form Amended 073021"
- The title says "RFP for a Provider of **the High-Risk Track** of Functional Family Therapy through Child Welfare: An Evidence-Based Intervention"
- There are 14 questions in the Response Form
- The maximum score a Proposal can receive is 90 points

Please see the amendment section of this Q&A document to see the list of changes to the RFP and Response Form documents.

August 5, 2021

10. The RFP specifies that the FFT-CW team should consist of “three master’s degree level therapists,” out of which a supervisor would be identified in later years of implementation. During the interim, should we plan/budget for an internal supervisor for these counselors, or would external supervision be provided? Per FFT model requirements, would that supervisor also be required to maintain a clinical license or receive training on the program?

The Successful Proposer may have additional supervision for their FFT team, such as their own clinical supervisor. FFT requires that the FFT site supervisor have a master’s degree, but clinical licensure is not a requirement. The Successful Proposer must identify the FFT site supervisor candidate by month six in year one. During year one, FFT, LLC will provide an FFT national consultant to work weekly with the team in the model. In year two, the site supervisor candidate will learn how to supervise in the FFT model and will provide direct supervision to the team, with the support of the FFT national consultant.

11. If the FFT-CW training were to be conducted in-person, would the sessions be held locally or in Seattle?

FFT, LLC will bring the training to the team on site of the agency; however, for the remainder of 2021, all FFT training will occur virtually.

12. Could you clarify the experience and education required for the FFT-CW team?

The FFT site supervisor must have a master’s degree. A master’s degree is preferred for FFT therapists, but therapists may have a bachelor’s degree in a field related to human services and at least two years of experience.

Amendments

July 30, 2021

The RFP was amended to clarify that DHS is seeking a provider for only the High-Risk Track of FFT-CW. The Low-Risk Track is out of scope for this RFP. As a result, the following changes were made.

The RFP title was changed by adding the red text. All instances of the title were changed in the RFP and Response Form.

The RFP for a Provider of **the High-Risk Track of** Functional Family Therapy through Child Welfare: An Evidence-Based Intervention

RFP Amendment Changes

All instances of the timeline throughout the RFP were changed:

| | Original Date | New Date |
|--|---|---|
| RFP Posting | Wednesday, June 30, 2021 | - |
| RFP Amendment | - | Friday, July 30, 2021 |
| Pre-Proposal Information Session | 11 a.m. Eastern Time on Thursday, July 22, 2021 | 1 p.m. Eastern Time on Tuesday, August 17, 2021 |
| Deadline for Questions | 3 p.m. Eastern Time on Wednesday, August 4, 2021 | 3 p.m. Eastern Time on Friday, September 3, 2021 |
| Submission Deadline | 3 p.m. Eastern Time on Wednesday, August 11, 2021 | 3 p.m. Eastern Time on Friday, September 10, 2021 |
| Estimated Award Decision/Notification | September 2021 | October 2021 |

The red text was added to the first sentence under the *Purpose* subheading in The RFP at a Glance section on page 3:

Allegheny County, on behalf of its Department of Human Services (DHS), is seeking Proposals from qualified Proposers to implement **the High-Risk Track** of Functional Family Therapy through Child Welfare (referred to variously as FFT-CW or the FFT-CW Program or the Program).

The red text was added as the third paragraph under the *Purpose* subheading on page 3:

In the first phase of DHS’s FFT-CW implementation, this RFP will determine the Successful Proposer to implement the High-Risk track. DHS will seek a provider for the Low-Risk track through a subsequent RFP, depending on the success of the High-Risk track implementation. At this time, DHS is seeking a provider for only the High-Risk track; the Low-Risk track is out of scope for this RFP.

The red text was added to the first sentence of the *Award Details* subheading on page 3:

DHS intends to enter into an Agreement with one Successful Proposer to provide FFT-CW **High-Risk track** to approximately 60 families, for a term of one year, subject to renewal for an additional period at the discretion of the County.

The strikethrough text was deleted and the red text was added in the first sentence of Section 2: What We Are Looking For on page 6:

The Successful Proposer must implement ~~all aspects~~ **the High-Risk track** of FFT-CW, including participating in required training, hiring and supervising staff, and ensuring fidelity to the model of the EBP.

The red text was added to the first paragraph under the *Priority Population* subheading on page 6:

The population to be served is families with children from birth through age 17 who:

- Are at **high** risk of home removal
- Have been referred to Prevention Services by the family's child welfare team
- Have been assessed to have high needs in areas that can be addressed by FFT-CW (i.e., two or more items endorsed from the FAST domains of Caregiver Functioning, Neglect and Substance Use)

The last two sentences in red were added to the last paragraph on page 7:

In the first year of FFT-CW Program implementation, the Successful Proposer is expected to serve approximately 60 families. **In the past three calendar years, nearly 300 newly accepted cases have met the eligibility profile for High-Risk FFT, for an average of approximately 100 per year. DHS expects that not all eligible families will engage in the FFT-CW High-Risk track service.**

The red text was added to the first sentence under the *Services* subheading on page 7:

The Successful Proposer must deliver FFT-CW **High-Risk track** services in fidelity to its EBP model.

The red text was added to the first sentence in the second paragraph under the *Services* subheading on page 7:

During the first year of implementation, the Successful Proposer must staff one FFT-CW **High-Risk track** team of three therapists who will serve approximately 60 families.

The last paragraph under the *Services* subheading on page 7 was deleted:

~~The Successful Proposer must deliver FFT-CW Program services through the following tracks:~~

- ~~• **Low Risk Track:** Families in the Low Risk track meet with a therapist who provides case management and counseling. The Low Risk track model is implemented in three distinct phases: 1) Engagement/Motivation, 2) Supporting/Monitoring and 3) Generalization.~~
- ~~• **High Risk Track:** Families in the High Risk track meet with a therapist and receive traditional therapeutic FFT-CW services, focusing on familial relationships and risk factors. The High Risk track model includes five phases: 1) Engagement, 2) Motivation, 3) Relational Assessment, 4) Behavior Change and 5) Generalization.~~

It was replaced by this paragraph in red:

For the first phase of DHS's FFT-CW implementation, the Successful Proposer must deliver the High-Risk Track of FFT-CW. Families participating in the High-Risk track meet with a therapist and receive traditional therapeutic FFT-CW services, focusing on familial relationships and risk factors. The High-Risk track model includes five phases: 1) Engagement, 2) Motivation, 3) Relational Assessment, 4) Behavior Change and 5) Generalization. Depending on the success of the first phase of implementation, DHS will release another RFP to select a Successful Proposer to deliver the Low-Risk Track.

The red text was added to the first criterion under the *Organizational Capacity and Experience* subheading:

- Clear and concise statement about why the Proposer is interested in implementing an FFT-CW **High-Risk track** Program and how FFT-CW fits well within the Proposer's mission (10 points)

The red text was added and the strikethrough text was removed from the first criterion under the *Implementation Plan* subheading:

- Specific plan for hiring and/or reassigning, as well as retaining, qualified diverse staff to provide FFT-CW **High-Risk track** ~~Program~~ services (5 points)

A new evaluation criterion was added as the second bullet under the *Implementation Plan* subheading in Section 3: Proposal Requirements and Evaluation Criteria on page 11.

- **Plan to manage staff turnover, including specifics about the plan to sustain fidelity to the evidence-based model and reduce disruptions for families (5 points)**

As a result of the new criterion, the maximum score that a Proposal can receive was updated to **90** points from ~~85~~ points and the *Implementation Plan* subsection was updated to **30** points possible from ~~25~~ points possible.

The red text was added to the third criterion under the *Implementation Plan* subheading:

- Plan to ensure that FFT-CW **High-Risk track** therapists accommodate family schedules and reduce barriers to family participation (5 points)

The red text was added to the fourth criterion under the *Implementation Plan* subheading:

- Identification of organizations and agencies whose support will be necessary to successfully implement **the High-Risk track of FFT-CW** (e.g., schools, social service agencies, juvenile courts, youth and family peer support partners) (5 points)

The red text was added to the fifth criterion under the *Implementation Plan* subheading:

- Detailed plan to ensure appropriate flow of referrals beginning at start -up, **including how the referral family will be triaged, engaged and served, with details about plan for**

documentation and collaboration with DHS child welfare and other system partners (5 points)

The red text was added to sixth fifth criterion under the *Implementation Plan* subheading:

- Anticipation of key challenges to providing the High-Risk track of FFT-CW and a plan to overcome them (5 points)

Response Form Amendment Changes

The red text was added to the first question:

1. Explain why your organization is the best candidate to provide an FFT-CW High-Risk track Program and how FFT-CW fits within your mission.

The red text was added and the strikethrough text was deleted in the seventh question:

7. Provide a plan for hiring and/or reassigning, as well as retaining, qualified diverse staff to provide FFT-CW ~~Program~~ High-Risk track services. Include the minimum education and experience you will require and the traits you will emphasize in hiring decisions. If you have already identified individuals to staff FFT-CW, include their names and a short description of their qualifications.

A new question was added as the eighth question:

8. Provide a plan to manage staff turnover for FFT-CW High-Risk track team. Include specifics about your plan to sustain fidelity to the evidence-based model and to reduce disruptions for families involved.

As a result of the new criterion, the maximum score that a Proposal can receive was updated to 90 points from 85 points and the *Implementation Plan* subsection was updated to 30 points possible from 25 points possible. Additionally, the remaining questions in the Response Form were renumbered.

The red text was added to the ninth question:

9. One barrier to family participation in the FFT-CW High-Risk track is scheduling appointments at times that are convenient for the family. How would your organization ensure that FFT-CW therapists accommodate family schedules? In addition, identify other barriers to family participation in the FFT-CW High-Risk track and provide examples of strategies you would employ to reduce these barriers.

The red text was added to the tenth question:

10. What support do you envision your organization may need to successfully implement the High-Risk track of FFT-CW and why? Which organizations and agencies (e.g.,

schools, social service agencies, juvenile courts, youth and family peer support partners) do you envision your organization may work with?

The red text was added to the 11th question:

11. Broadly describe how you envision a family will move through FFT-CW from referral to discharge, **including specifics about how a family will be triaged, engaged and served.** Include your plan to ensure that the referral process will flow smoothly at start-up. **Additionally, provide your plan for documentation and collaboration with DHS's child welfare office and other system partners.**

The red text was added to the 12th question:

12. What key challenges do you anticipate in providing **the High-Risk track of FFT-CW** and how will you overcome them?

Info Session Questions

13. Are startup costs eligible to be part of the budget and thus reimbursable?

Proposers can propose any costs they see as needed for the program. The evaluation committee will evaluate proposed costs for reasonableness. Then, DHS will negotiate all final costs and budget with the Successful Proposer.

14. How soon after an award decision is made will the provider begin model implementation?

In order to become an FFT-CW provider, the Successful Proposer will participate in an application process. The application process is one way to help providers think through structuring their CW program and team (see an example of the application linked in the RFP posting on the solicitations website). FFT, LLC will meet with the Successful Proposer and go through that application process, and if all agree that the Successful Proposer is ready to move forward, then training can be set up. FFT, LLC understands the Successful Proposer's need for time to hire and orient new staff, so this can be considered in the timeline for training. Right now, FFT LLC is providing trainings virtually until the end of the year, which makes it more convenient. Traditionally, FFT, LLC would come on site to provide the training, but there is more flexibility because it is virtual right now. It takes about a month to set up the training dates, but the Successful Proposer can set up dates further out than a month if needed.

15. How will referrals to the program be made? Will CYF staff be encouraged in some way to make the referrals? Will the referrals have a point person to help us get connected to the caseworkers?

Referrals will be made through the KIDS system. DHS child welfare and support staff will receive educational sessions on the intervention, and the In-Home Navigator will be the point person for FFT-CW. There is also a contract monitor assigned to the selected agency.

16. How large of a team is needed?

FFT, LLC trains teams of three to eight therapists. The Successful Proposer will need to staff their team to ensure they can serve 60 families the first year. Each therapist will need to handle multiple cases at a time and complete their caseloads two to three times a year. For example, if you have a team of three therapists, they would each need to see 10 families at a time, twice a year, to serve 60 families.

17. Is this a mandated or voluntary program for families?

FFT-CW works with mandatory and voluntary iterations of this programs, but for this RFP through DHS, it will be voluntary.

18. Will CYF staff help to explain the program to the families so they will understand this is a different program than other CYF and in-home services?

Yes, DHS child welfare staff in collaboration with the in-home navigator will provide the family with an accurate description of FFT-CW, including but not limited to the eligibility criteria, the frequency and duration of the service and how FFT-CW is an appropriate intervention based on the family's needs assessment.

19. How will we balance the need to meet basic needs and find time to do the therapy/clinical model?

FFT-CW is a clinical model with a focus on the therapeutic component and relational needs of the family. This often involves addressing basic needs and safety concerns; therefore, FFT-CW does allow case management to happen at the same time, but FFT-CW will have a more clinical focus and help to meet any basic needs of the family through a collaborative relationship with caseworkers.

DHS had a similar question to this earlier in the summer. See question seven in this document.

20. Has it been decided if a Master's degree is required for staff, or is a Bachelor's acceptable?

See question 12 in this document.

August 24, 2021

21. How will this program impact the number or type of referrals to Homebuilders if at all? Both homebuilders and FFT-CW will serve high-risk families. How will referrals to each be determined? Is there a difference in inclusion/exclusion criteria between the two programs? If so, what are they?

FFT-CW has a broader inclusion criterion than Homebuilders. FFT-CW can accept families that are considered “high risk” as a result of suspected or indicated abuse or neglect. Homebuilders is narrow in its criteria; in that it only accepts cases where the Child is at risk of removal from the home, or the child is already in out of home placement and the plan is for the child to return home. Homebuilders’ therapists typically carry low caseloads, which enables them to provide more frequent and intensive service delivery.

August 31, 2021

22. Do providers have to already be approved to be part of their training center to be eligible for the award?

No. Once the Successful Proposer is chosen, they will enter a contract award with DHS contingent on their ability to complete the FFT, LLC application and become an approved FFT, LLC provider.

23. If the program had a director, would that suffice for the supervisor position in lieu of one of the therapists?

If the director completes FFT, LLC training, consultation, and the practice requirements in year one (carrying a minimum of 5 cases and a maximum of 15) then yes, they could be eligible for the FFT Site Supervisor role. In year two, The FFT Site Supervisor is required to work 20 plus hours a week.

24. What are the supervision requirements in year one?

FFT, LLC requires that the team of the Successful Proposer meet weekly for group consultation with an FFT National Consultant for approximately one hour per week. FFT, LLC strongly

recommends the team of the Successful Proper meet as peers for group consultation at least one hour a week as well.

25. If it is awarded, what is the expectation for how quickly providers should staff cases?

Therapists can begin seeing cases as soon as they complete the first clinical training. FFT, LLC recommends that each therapist have three to five cases to start. Once the Successful Proper has their training dates established and knows the size of their team, they can plan for when additional cases will be needed and how many.

26. Is there an administrative cap?

No. See question 13 in this document.

27. Is this funded through Allegheny County, and if so, how long will the funding continue?

Yes. See question two in this document.

28. Are there any expectations around billing Medicaid for these services, or will there be as part of a sustainability plan?

Right now, FFT-CW is not a Medicaid billable service under Intensive Behavioral Health Services. It is billed through other means (county funding for example).