Allegheny County
Department of Human Services
Request for Proposals Q&A
Intensive Engagement and Case Management Service for High-Need Families of Newborns

August 2, 2019

1. **For the position of Family Engagement Specialist, what are the educational requirements (i.e., Pennsylvania Peer Support Certification, Certification in Family Advocacy, Bachelor's Degree, High School Diploma, or any combination of these)?**

   The Family Engagement Specialist does not have specific educational requirements. Proposers should propose their vision of the position and its qualifications in question 10 of the Response Form and their attached job description.

2. **Is there a cap on the total budget for this project?**

   No. Proposers should propose a total they believe meets the requested Service and clearly explain all assumptions used within the budget. DHS will evaluate all costs for reasonableness and will negotiate a final budget with the Successful Proposer.

August 7, 2019

3. **Do you foresee that the Successful Proposer will be required to utilize certain providers when making referrals for service?**

   The intent is to connect families to the best services the County has to offer based on their needs. DHS staff will help to identify service providers by domain (e.g., drug and alcohol, mental health, etc.). Additionally, DHS will track provider outcomes over time and work with the Successful Proposer to ensure referrals are made to high performing providers.

August 12, 2019

4. **What are the Hello Baby Priority Service PRM data input elements?**

   The model is not yet finalized but is likely to use county birth records, child protective services, homeless services, and justice system data. Please refer to the Hello Baby FAQ document on the Solicitations webpage for more information.

5. **What information about the parent/family comes to the successful proposer within the referral from the PRM or a community referrer?**

   DHS has not determined what information about the parent/family will come to the Successful Proposer. We are in the process of discussing this and are willing to include the Successful Proposer in this discussion.

6. **What pieces of the Hello Baby Priority Service communications strategy have already been developed?**

   No materials have been developed yet for both the communication strategy and hospital recruitment materials. We are meeting with DHS' internal marketing team as well as external consultants to develop a communication and marketing strategy. The Successful Proposer can be involved in this process.

7. **Can the social worker be a master's level clinician capable of therapeutic case management? Is this in conflict with the model?**

   Proposers should propose their vision of the position and its qualifications in question 10 of the Response Form and their attached job description.

8. **Is there a postpartum enrollment window for a new mom/family?**

   Yes. Families will be eligible to enroll up to the baby's first birthday.

9. **Is the funding project-based or billable hours in KIDS?**

   The funding is project-based.

10. **Will the Successful Proposer be required to use the KIDS system for data collection?**

    No. The Successful Proposer will not use the KIDS system but will be using another computer application for data collection.

11. **What is the opt-out window of time?**

    We will give families two weeks to opt-out of using data/modeling to determine if they are eligible for Hello Baby Family Support Center services and the Hello Baby Priority Service.

12. **Can there be consideration for other methodology for opt in/out?**

    DHS is committed to the opt-out approach, but we are willing to consider alternative ways for clients to opt-out apart from those mentioned in the FAQ document. Additionally, all services are voluntary, so families will have the opportunity to decline services at any point.

13. **Can the Successful Proposer refer families to Hello Baby Priority Service per established criteria?**

    Yes. The Successful Proposer can refer to Hello Baby Priority Service per established criteria.

14. **Has any of the preliminary hospital recruitment materials and/or messaging been developed? Can it be shared?**

See question 6.

15. Who are the partners already involved in Hello Baby?

The partners that are already involved in Hello Baby are The Pittsburgh Study at Children's Hospital, Allegheny Health Department, Camden Coalition, and The United Way 211.

16. Is there any current insight into what proportion of the 5% may be non-English speakers?

We are unable to give an exact proportion of the 5% who may be non-English speakers. Accurately estimating the number of individuals with Limited English Proficiency (LEP) receiving or seeking services from DHS and its partner agencies is difficult, as client-level and financial data is captured across numerous systems. However, DHS currently funds a service coordination program called Immigrant Services & Connections (ISAC) that works with foreign-born residents seeking human services. From the period of July 2014 through June 2015, ISAC reported serving approximately 1,700 individuals speaking over 40 distinct languages. The most commonly spoken languages were Nepali, Spanish, Arabic and Karen. Common countries of origin included Bhutan, Mexico, Burma and Iraq.

17. Is there a more defined example of "ultimately engage in the service" (per RFP page 9)? Does this simply mean enrolled?

By "ultimately engage in the service" we mean enrolled in the program.

August 13, 2019

18. Regarding the 15:1 caseload goal that was stated, does this mean each Social Worker and Family Engagement Specialist two-person team would serve 15 families? Or would the overall goal for staff to family be 15:1, meaning each two-person team would serve closer to 30 families?

The overall goal is that each two-person team would serve 15 families. We are open to adjustments up or down based on learning in the pilot phase.

19. Since the title of Social Worker is used, is there an expectation of education or professional license for that position? Additionally, is there an education or professional license expectation of the supervisor position?

See question 7.

20. Page 8 explains the eligible population as families with newborns that are identified as high-risk/-need, but also to include community referrals from community partners of families with newborns. Who are the community partners that can identify at-risk families?

Community partners are any provider that works with newborns. Some potential community partners are Family Support Center staff, home visitors or Early Intervention professionals.

21. How old is too old for a community referral. In other words, what is the definition of a newborn?

See question 8.

22. Page 9 gives a large range of engagement for in home visiting programs of 46-97% but goes on to say "we expect enrollment rates in the Service to be much lower..." Are you suggesting it will be in the low end of the range, or below the range provided? For example, 40%.

Since no other home visiting program has attempted to serve families at this level of risk, we cannot provide an exact estimate of the engagement rate for the highest need families. We know that engagement will be challenging, but we hope to meet the low end of the range.

23. Pages 11-12 outlines Staffing. Is there a recommended limit to the number of two-person teams that a Clinical Supervisor can manage?

We recommend one supervisor per six two-person teams (Family Engagement Specialist and Social Worker).

24. What is the page count limit?

The Response Form says that the page count limit for the Requirements section is 20 pages.

25. Where can the full list of PA birth record data points be found?

The Allegheny County Health Department does not have a publicly-available data dictionary of indicators from the birth record. However, they have developed a set of interactive dashboards that enable users to see data about different public health topics, including Maternal, Fetal and Infant Health and Family Planning that are captured in the birth record (https://www.alleghenycounty.us/Health-Department/Resources/Data-and-Reporting/Chronic-Disease-Epidemiology/Allegheny-County-Community-Indicators.aspx). Additionally, the Pennsylvania Department of Health publishes data on birth statistics, including data by age, race/ethnicity and various birth related topics (https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Pages/birth-statistics.aspx).

August 19, 2019

26. What are the educational requirements for the Clinical Supervisor?

Proposers should propose their vision of the position and its qualifications in question 10 of the Response Form and their attached job description.

The following eight questions were asked during the webinar with the Camden Coalition on August 13. These are the finalized answers to the verbal answers provided on the webinar. Please use these finalized answers to inform your Proposal.

27. What role do peers play in the COACH and RELATE models at the Camden Coalition?

The Camden Coalition has a multi-disciplinary team comprised of social workers, case managers, nurses, and Community Health Workers. The Camden Coalition essentially uses the term "Community Health Worker" for peers. The Camden Coalition relies heavily on these Community Health Workers to take the responsibility to engage with clients in tasks such as navigating benefits, setting up transportation, and connecting them to food pantries. They also accompany clients during some of their appointments for support and to model behaviors and conversations.

Community Health Workers do not necessarily have a background in health. Instead, many Community Health Workers have lived experience. For example, some Community Health Workers who are on Camden Coalition's team have experienced homelessness. That experience has been beneficial as the Community Health Workers help individuals navigate the homeless system. Other Community Health Workers were living with addiction. It has been beneficial to have them as a member of the multi-disciplinary team. Community Health Workers are valued and credible members of the community and very relatable to the clients that the Camden Coalition serves.

28. Approximately how many clients are assigned to a team?

In the Camden Coalition model, it changes depending on how many clients are moving in and out of the panel. The number may fluctuate depending on how many clients are onboarding or graduating. On average, there are approximately 20 to 25 clients per dyad at any given time. The average panel size is approximately 80 to 90 clients at any given time.

For the Hello Baby Priority Service, caseloads would be 15 families that each two-person team would be actively engaging with. There would be more families that the team would be doing outreach with. We will learn if these numbers are appropriate in the pilot phase and adjust as needed. See also question 18.

29. Where and how do you document services and how do you manage written communication among provider agencies? Do consumers have access to this data?

The Camden Coalition documents in two different platforms. They created, first a city-wide and now a state-wide, health information exchange where providers, the board of social services, community-based organizations, hospitals, primary case physicians, school systems,

and police systems, among others, can document, share documentation and see records. The Camden Coalition also works from weekly scorecards to assess their key performance metrics. For these internal data-driven purposes, they use a platform called TrackVia. Consumers have access to their data in the health information exchange but do not have access to TrackVia.

For the Hello Baby Priority Service, there will be a client management system to document with DHS. We want to learn in the pilot phase what is needed. We will have some system to start with and then will build from there.

30. How intense or frequent are the case management services? The model talks about an average of 90 days while the RFP describes being involved until the child is three years old.

The Camden Coalition model is going to be different from what is co-created for the Hello Baby Priority Service. The Camden Coalition will offer lessons learned, and we will develop what is best for the Hello Baby Priority Service. For the Camden Coalition model, there is no hard stop to involvement. The average length of time a client is with them is approximately 90 to 100 days. They have clients who are with them for two or three years, depending upon how complex the client's needs are and how the client is progressing through the intervention. This aligns with the COACH model by assuming a coaching style and then assessing a client's time spent in the intervention and comparing that to the goals and priorities that they've identified and accomplished. The Camden Coalition also looks to see if a client is connected to longer-term community resources. The Camden Coalition intervention is short term, but a priority is to connect a client to already-existing resources in the community that can further assist the client for the long term.

For the Hello Baby Priority Service, we said that we will work with a family up until the child's third birthday. We expect a similar intensive involvement with a family at the outset, and then we would have ongoing touchpoints to check in on the family. Families also potentially could have some ongoing access to concrete goods. We like that the COACH model is short term and prepares families to face challenges on their own. We imagine that the level of intensity for most families would significantly decrease after the first year as they set themselves up with their extended network of service partners in an ongoing way.

31. Will the hospital where the baby is delivered be identifying the families for referral?

No. At the hospital, every family will receive some touchpoint to learn about Hello Baby. There's no data used at that point. We will let families know that they are fortunate that their baby resides in Allegheny County and that there's many resources available to you. Then, there will be an opt-out window where we let families know that, unless they tell us not to, we will use their data to see which services they are eligible for. For families that do not opt out, then we will reach out to them. So there's no use of data at the hospital itself.

32. Will it be up to the service providers to obtain the informed consent?

No. DHS will analyze the data centrally and then provide the list of the families who meet the eligibility criteria for the Hello Baby Priority Service to the Successful Proposer. DHS will lead the informed consent process and will work with the Successful Proposer to review and refine the process and the language.

33. The RFP emphasizes the importance of working with fathers. How will that work or do Proposers propose how this will look?

This is an area where we want to hear from Proposers about their ideas. From our perspective, other interventions often feel focused on only the mom. We do not want the Hello Baby Priority Service to feel like that because we believe that both mothers and fathers are very important in a child's life. We do not have a dad's curriculum or a specific way to engage dads in mind. This is an area where Proposers can be creative and share their thoughts on how we can accomplish that.

34. Are there any instances where you would engage mothers prior to delivery?

Our plan is to promote Hello Baby as much as possible and connect with OB/GYN offices. We will promote the existence of the Hello Baby website where anyone can connect to resources. However, the way that the data model works, birth is essential in order to run the data. So for the tiered intervention, nothing will happen until postpartum. Hopefully, families who are eligible for the tiered intervention are already connected to resources such as Nurse-Family Partnerships, Healthy Families of America, or a Family Support Center. That would be a great starting point and we would come in to support that work. There will not be outreach in a tiered approach until after birth.