

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

RFP for Case Management for Law Enforcement Assisted Diversion (LEAD)

<b>January 7, 2022</b>
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**1. Are you open to partnerships?**

Yes, collaborative Proposals in which two or more organizations partner to apply together, are permitted. The County can hold a contract with only one partner of a collaborative Proposal; therefore, one partner should be identified as the lead organization that will hold the contract with the County. Organizations may participate in more than one collaborative Proposal.

<b>January 20, 2022</b>
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**2. My company provides a niche service. Although the LEAD RFP doesn't directly ask for our service, we would like to submit a proposal for a portion of the LEAD RFP. Could we apply in a secondary role?**

DHS intends to enter into an Agreement with only one Successful Proposer to provide all Contact Services described in the RFP. You cannot submit a Proposal for only a portion of the work. However, as question #1 says, you may partner with one or more organizations in a collaborative Proposal. Only one partner of a collaborative Proposal will hold the contract with Allegheny County, and the partners can propose to split the work as they see fit. You will have to forge partnerships for a collaborative Proposal yourself; DHS cannot connect you to other organizations because we do not keep an interested bidders list for our solicitations.

**3. Would the program need to be licensed? If so, what type of license would be required?**

It is not a requirement that the case management provider have existing Drug and Alcohol or Mental Health licenses. While it is possible we may see a need to explore licensing for program sustainability purposes in the future, we would make that decision in collaboration with the Successful Proposer and Community Care Behavioral Health (CCBH), while retaining fidelity to the low-barrier, harm-reduction informed focus on service delivery that is core to the LEAD model.

CCBH is the organization that authorizes and pays for Behavioral Health Services used by DHS clients.

**4. How is the program reimbursed? Program funded, expense reimbursed, etc? After the initial pilot, is it anticipated to be reimbursed through a FFS model?**

During the pilot phase, case management services will be program funded. We may see a need to move to a fee for service model in the future, so that Medicaid dollars can be leveraged moving forward, but we would make that decision in collaboration with the Successful Proposer and CCBH, while seeking to retain fidelity to the low-barrier, harm-reduction informed focus on service delivery that is core to the LEAD model.

**5. Is there a cap on indirect costs?**

DHS will consider all proposed budget requests for reasonableness and negotiate them with the Successful Proposer.

**6. Is there a percent cap on indirect expenses?**

Please see the answer to question five.

**7. Regarding section 2.3, page 10 of the RFP which states that the "Successful Proposer must employ and supervise 4-6 LEAD case managers who provide long-term, intensive and direct services to a caseload of Participants, which will be capped at 20- 25 individuals." Question: Is the 20-25 cap per LEAD case manager or is that a combined cap for all the LEAD case managers?**

Yes, the 20-25 cap is per LEAD case manager. It is not a combined cap.

**8. Is there an anticipated or required length of service for program participants?**

No. In LEAD, there is no required length of service. LEAD participants can be on a case manager's roster for as long as they want or need to be. Advisors from the LEAD Support Bureau have shared with us that LEAD participants in other sites often stay on a case manager's roster for several years. There is no "graduation" from LEAD, though LEAD participants can go from being active to inactive as needed.

**9. Will the awarded contract be cost reimbursement or rate-based?**

Please see the answer to question four.

February 1, 2022
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**10. On page 10 when discussing the 3 pathways to making a referral, the third pathway references Community Referrals. It goes on to say that "an authorized member of the community" refers an individual to LEAD staff. Can you describe more about who are "authorized members of the community."?**

The eligibility criteria for who within a community is authorized to make referrals to LEAD staff will be decided by the Policy Coordinating Group (PCG) governing the cohort. PCGs can

authorize anyone in a jurisdiction, including residents, business owners, workers, shelter employees, supportive housing staff/property managers, librarians, food pantries, pharmacists, transit workers, hospitals and/or outpatient providers. PCGs will consider case management capacity when authorizing community referral sources, and the LEAD project manager will train people who are authorized to make community referrals to ensure their referrals are appropriate for LEAD. The process by which community referrals will come in will be developed by operational partners (the Operations Work Group members) and approved by the PCG.

**11. In the RFP it references “LEAD case managers must complete training related to LEAD and Harm Reduction case management, which will be provided by the LSB and/or its partners.” Are there any costs associated with the LEAD Training/support that need to be included in the budget and will this training be provided virtually or will there be travel costs that we need to include?**

Any trainings provided by the LSB as part of the proof-of-concept project will be provided in-person, in-kind. The training referenced in the RFP can cover or be supplemental to the training needs you identify. If you believe there are additional trainings that would benefit your staff, please include a description of the trainings and topics the trainings would cover in the Response Form under question nine, “Describe your plan to onboard and train LEAD staff.” Please also include the expected costs of the trainings in your budget.

Once a Successful Proposer is selected, a training budget and curriculum will be finalized. As mentioned in the most recent [“Improving Crisis Prevention and Response” update](#), the County is working to identify partners to support training needs for frontline staff.

## Information Session Q&A

**The information session on Tuesday, January 25 had a few guest speakers who helped to provide answers to questions:**

- Logan Hunt, Practice Advisor, LEAD Support Bureau
- Corinna Yazbek, Site Advisor, LEAD Support Bureau
- JoEllen Marsh, LEAD Program Director, CONNECT
- Kelley Kelley, LEAD Community Engagement Coordinator, CONNECT

**12. Can you comment on how many folks refuse participation in the program and how many drop out?**

Currently, there is no data available on the number of participants who refused participation or dropped out from LEAD initiatives elsewhere. According to our partners at the LEAD Support Bureau, they have anecdotally and through their own experience with LEAD initiatives, found that declining participation in LEAD is more likely with social contact and community referrals, and less likely with arrest diversions. Even when an individual declines participation, case managers can still offer their services in the future if they encounter the individual again – either

in the course of their work or via an arrest diversion referral. LEAD Support Bureau partners also noted that clients do sometimes “disappear” or “drop away,” and go into non-active status during their time on a case manager’s roster. When this happens, the individual is not kicked out of the program and their file is not closed; instead, their file and information is kept so they can always be brought seamlessly back into the program if or when they reappear. It is possible that Allegheny County’s County and Cohort Policy Coordinating Groups will decide on a time frame after which an individual’s current file is closed, but this hasn’t been decided as of yet.

**13. The caseloads are in the twenties. How often do the case managers interact with the clients, or is it as-needed?**

There is not a specific number of client contacts per week or month that case managers must complete. The expectation is that case managers are meeting their clients’ needs. Some individuals on a case manager’s roster may require daily contact or may take up entire days; others may need a check in a few times a week, others may need a check in one a week or a few times a month, or once every other month. The expectation is that case managers meet with individuals as much or as little as is needed, based on each client’s needs.

**14. Will there be a City of Pittsburgh cohort in addition to the Allegheny County cohorts?**

There is a City of Pittsburgh cohort, but they are identifying and funding their own case management provider, which will be separate from the case management provider selected in response to this RFP. While the City of Pittsburgh’s case management will be separate from the rest of the County’s, the City will be participating in the County-wide Policy Coordinating Group, and we envision case managers from the City and County will communicate with each other as needed in an ad-hoc manner and via community of practice groups that the LEAD Project Managers for the County and the City help or organize.

**15. Will there only be one contractor for all cohorts and the expansion, or is there an opportunity for an organization that has significant connections in a few of the municipalities?**

DHS intends to enter into an Agreement with only one Successful Proposer to provide all Contract Services described in the RFP. You cannot submit a Proposal for only one or two of the three pilot cohorts. However, as question one says, you may partner with one or more organizations in a collaborative Proposal. Only one partner of a collaborative Proposal will hold the contract with Allegheny County, and the partners can propose to split the work as they see fit. You will have to forge partnerships for a collaborative Proposal yourself; DHS cannot connect you to other organizations because we do not keep an interested bidders list for our solicitations. We may consider additional providers when LEAD expands to more cohorts.

**16. Do you know the next likely cohort of municipalities for the expansion or how soon the expansion is anticipated?**

We foresee the pilot running for two years with the possibility of adding additional cohorts or municipalities in the second year of the pilot, and, therefore, additional DHS-funded case management and supervisors. As the pilots begin, we are going to focus on doing additional outreach work to other municipalities, especially in areas of high need. The growth will be managed and planned with both the Policy Coordinating Group and the Successful Proposer to ensure its sustainability.

**17. Are case management staff dispatched from an office location, or is this mostly a mobile service where staff work from their car?**

It will likely be a combination of both. Case managers will be out in the field often, and we also think it would be useful for case managers to have an office space or a “hoteling desk” at a local community-based organization to use when needed. However, we’ve left this decision open purposely and we’ve asked within the RFP for Proposers to describe their plan for timely service delivery, including where case managers and supervisors will be staged or located. Budgets should reflect proposed plans.

**18. In the RFP, it is noted that these services may be billable to medical assistance in the future. For eligibility criteria for the individuals, does that mean that they must have a BH (Behavioral Health) need to be a part of LEAD case management, or is the four more arrests the only criteria?**

LEAD case managers are intended to serve those who regularly encounter the criminal legal system because of unmet behavioral health and human service needs. However, there is no requirement that an individual must have a behavioral health diagnosis to be a participant. The County Level Police Coordinating Group and the Cohort Level Policy Coordinating Groups will work together to determine who is eligible for LEAD case management services; usually this eligibility criteria is focused on the type of offenses that make a person eligible for case management (i.e. shoplifting and theft, drug possession, prostitution) and the types of offenses that may exclude a person from being able to receive case management services (i.e. murder, sex crimes).

In addition to reviewing the answer to Question 4, please also note that we are continuing to explore if and how Medical Assistance will be able to support this work moving forward in a way that does not compromise the flexibility to engage participants who, potentially, might not have a diagnosis. Our partners at the LEAD Support Bureau plan to work with Allegheny County to explore the topic of financial sustainability.

**February 8, 2022**

**19. Regarding eligibility, it was discussed during the listening session that each cohort would be developing their own specific criteria for eligibility. If the intention is for LEAD to grow to other municipalities, having different criteria between all cohorts could become hard to manage for the provider selected for this RFP. Is there an opportunity for consistency among the cohorts on eligibility criteria?**

The County Level Police Coordinating Group and the Cohort Level Policy Coordinating Groups will work together to determine who is eligible for LEAD case management services. Usually, this eligibility criteria is focused on the type of offenses that make a person eligible for case management (e.g. shoplifting and theft, drug possession, prostitution) and the types of offenses that may exclude a person from being able to receive case management services (e.g. murder, sex crimes). DHS will encourage consistency in eligibility across cohorts as a part of the County Level Policy Coordinating Group. However, we also recognize that all communities and populations have unique characteristics, and cohorts may make different decisions about which offenses are eligible for participation and which might be exclusionary.

It will not be up to the Successful Proposer, or any one entity, to assess an individual's eligibility for services. Officers, social contact referrers and community referrers will all be aware of eligibility requirements for participants and will refer individuals that meet those requirements to the Successful Proposer. DHS and its partners will be tracking participants and will be able to address situations in which the target population is not being appropriately referred.

**20. Has it been decided who will be managing and screening potential referrals – the provider selected or another cohort entity?**

Please see the answer to question 12.

**21. The page limit noted for the RFP is 22 pages. Is this just the write up or does that include the job descriptions and letter of support?**

No, the "Attachments" required with your submission do not count toward the 22-page limit for the Response Form.

**February 17, 2022**

**22. Will there be a warm handoff with some background information, and will the 1st responder have any ongoing relationship with the participant? Or do they anticipate this is someone the 1st responder has only seen once?**

There are two kinds of referrals that may come from a first responder: an arrest diversion and a social contact referral. In other places that have implemented LEAD, arrest diversions generally include a warm hand off where the case manager meets a first responder on scene, at which point the first responder will be able to provide basic information to the case manager. Social contact referrals can be taken by the case manager alone or with the first responder, depending on the situation. These referrals will be for individuals who are regularly coming into contact with the criminal legal system. It is expected that LEAD participants may come into contact with other law enforcement and first responders during their time in LEAD case management. Generally, these interactions are brought up during Operational Work Group meetings and discussed by both the first responders and the case managers.

**23. What are the benchmarks and requirements of meeting with people?**

Each participant's experience with case management may look different, and there are no predetermined benchmarks or requirements, aside from being harm reduction focused. Case managers will work with each participant to identify their goals and determine a plan of action to reach those goals, which may be in areas like housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care, and other support services. Case managers will also identify how often they should be touching base, in person or remotely, with the participant, depending on the participant's needs at the time.

**24. On page 11 – what does “quickly” mean?**

When case managers are on duty, the expectation is that they will be able to respond to a scene while the law enforcement officer is still there, so “quickly” means as soon as possible, as determined by the Operational Work Group and the Successful Proposer. In other jurisdictions implementing LEAD, “quickly” has meant within 10-20 minutes of a call from law enforcement. Given that there may be times when case managers cannot make it to a scene in the desired amount of time, cohort OWGs and the Successful Proposer will work together to define a process for managing these scenarios.

**25. Is there a timeline for when discharge needs to occur? What does “long term comprehensive CM” equate to?**

Please see the answer to question eight.

**4. Can you describe more about the number of people the program is expected to serve in a program year? Page 10 says 200 potential individuals. Is that the expected caseload?**

With caseloads capped between a range of 20-25, and four to six case managers being hired, we expect the overall number of individuals served by the pilot to be between 80 and 150 people overall.