

# RFP Response Form

*Lead Agency for the Penn Hills Family Support Center*

## PROPOSER INFORMATION

Proposer Name: Children's Hospital of Pittsburgh of UPMC (CHP) Family Care Connection (FCC)

Authorized Representative Name & Title: Charlotte Byrd, FCC Manager

Address: 849 Braddock Avenue, Pittsburgh, PA 15104

Telephone: 412-273-4614

Email: [charlotte.byrd@chp.edu](mailto:charlotte.byrd@chp.edu)

Website: [www.chp.edu](http://www.chp.edu)

Legal Status:     For-Profit Corp.     Nonprofit Corp.     Sole Proprietor     Partnership

Date Incorporated: 1991

## REQUIRED CONTACTS

	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Chief Executive Officer	Christopher Gessner	412-692-5013	<a href="mailto:christopher.gessner@chp.edu">christopher.gessner@chp.edu</a>
Contract Processing Contact	Sarojini Ramaswamy	412-692-6490	<a href="mailto:sarojini.ramaswamy@chp.edu">sarojini.ramaswamy@chp.edu</a>
Chief Information Officer	Suresh Srinivasan	412-692-6370	<a href="mailto:suresh@chp.edu">suresh@chp.edu</a>
Chief Financial Officer	Nick Barcellona	412-692-7331	<a href="mailto:barcellonaj@upmc.edu">barcellonaj@upmc.edu</a>
Administrative Contact	Anne Marie Kuchera	412-692-5219	<a href="mailto:Annemarie.kuchera@chp.edu">Annemarie.kuchera@chp.edu</a>

## BOARD INFORMATION

Provide a list of your board members as an attachment. (Attached)

Board Chairperson Name & Title: Howard W Hanna III, Chairman & CEO, Hanna Holdings, Inc.

Board Chairperson Address: 4401 Penn Ave, Pittsburgh, PA 15224-1334

Board Chairperson Telephone: 412-692-5013

Board Chairperson Email: [hoddy@howardhanna.com](mailto:hoddy@howardhanna.com)

## REFERENCES

*Please do not use employees of the Allegheny County Department of Human Services as references.*

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Provide the name and contact information [include email address and telephone number] for three families that have been served by your existing programs.

Julia Odhuno, Parent, FCC Lawrenceville  
412-760-3697, [nyawiny@yahoo.com](mailto:nyawiny@yahoo.com)

Tihara Spearman, Parent, FCC Braddock  
412-607-7249 (no email available)

Amy Mackewich, Parent, FCC Braddock  
412-712-4881 (no email available)

Provide the name and contact information [include email address and telephone number] for three residents and/or providers of Penn Hills who can discuss your organization's presence in the community.

Dr. Nancy Hines, Superintendent, Penn Hills School District  
412-793-7000 ext 1282, [nhines@phsd.k12.pa.us](mailto:nhines@phsd.k12.pa.us)

Thomas Wallace, Executive Director, Penn Hills YMCA  
412-795-2600, [TWallace@ymcapgh.org](mailto:TWallace@ymcapgh.org)

Reverend Eric McIntosh, St James Episcopal Church  
412-242-2300, [stjamesecpgh@gmail.com](mailto:stjamesecpgh@gmail.com)

### **PROPOSAL INFORMATION**

Date Submitted: 1/27/2017

Amount Requested: \$400,000

#### Proposal Abstract:

*Please limit your response to 750 characters*

CHP FCC is applying to establish a center that supports the needs of families residing in Penn Hills utilizing an asset model that encourages family growth and competency building. Being the Lead Agency to five family support centers, CHPFCC brings over 25 years of experience and a unique staffing model that will include a nurse, family and child development specialists, community aides, and a behavioral therapist to address a broad spectrum of family needs. CHP FCC will collaborate with Penn Hills families and community partners to focus on serving families in the most efficient and effective way possible by maintaining the established family support principles. Our plan for achieving these goals is detailed within the proposal.

### **CERTIFICATION**

Please check the following before submitting your Proposal, as applicable:

My firm is registered with the Allegheny County Department of Minority, Women and Disadvantaged Business Enterprises.

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By submitting this proposal, I agree that, if offered a contract award, I will comply with the standard County terms and conditions for County contracts.

By submitting this proposal, I agree to comply with DHS Cyber Security, EEOC/Non-Discrimination and HIPAA requirements.

By submitting this proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

### **ATTACHMENTS**

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

- Cover Page
- MWDBE Participation Statement or Waiver Statement
- W-9
- Allegheny County Vendor Creation Form
- Current organizational chart
- List of current board members
- Proposed organizational chart reflecting the PHFSC Program
- Proposed job descriptions
- Your Organization's Budgets
- Audits or Financial Statements
- For non-profit organizations, a copy of your organization's most recent IRS Form 990. For for-profit organizations, provide a copy of the most recent 1120 or 1120S for a corporation or 1065 for a partnership.
- Completed Budget Template

### **REQUIREMENTS**

Please respond to the following items. The maximum score a Proposal can receive is 200 points. Your response to this section should not exceed 15 pages.

#### **Organizational Experience and Capacity (50 points possible)**

1. List the contracts you currently have with Allegheny County DHS or other Pennsylvania counties to provide human services. Describe your experience holding contracts for services similar to Family Support.

CHP currently has an ongoing contract for FY17 with the Allegheny County DHS for both the FCC and Child Advocacy under agreement number 192637 to provide Family Support Services from the FCC centers and the following services under the Child Advocacy Center - Mental Health Services/Psychological Services/Regular Forensic Interview/Health-Related and Home Health Services/Health Screening / Diagnostic Services and General Physical Exams.

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CHP has extensive experience holding contracts for Family Support Services. CHP has served as a Family Support Lead Agency since 1991 and currently operates five FCC centers located in the neighborhoods of Braddock, Lawrenceville, Mt. Oliver, Rankin, and Turtle creek.

2. Has a contract that your organization held with a government entity (local, state, or federal) ever been terminated? If yes, please describe the nature of the contract, name the jurisdiction with which the contract was held, the year that the contract was terminated and the reason for the termination of the contract.

No

3. Describe the level of stakeholder/participant involvement with your current programs. If you work with participant or stakeholder councils, advisory boards or other groups, describe how those groups influence the program, fiscal and strategic decisions of the organization.  
We have a high level of stakeholder and participant involvement with our current programs. CHP has a community advisory panel that consists of hospital board members, hospital staff, and community members. Community members are leaders of organizations that represent different patient constituencies as well as medically underserved, low-income, and minority populations. The advisory panel is invited to participate in community needs assessments to identify health priorities and guide strategy for CHP's community benefit initiatives.

We also serve on a variety of councils, advisory boards, and similar groups that influence FCC programs and decisions. For example, through our involvement on the Allegheny County Health Department's Plan for a Healthier Allegheny's Chronic Disease Task Force, we participate in the discussion about current and needed chronic disease prevention efforts for the county, which also helps guide the initiatives we consider for the families and communities we serve through FCC. Pertinent to FCC, in general, we participate in Project LAUNCH and the Home Visiting Network (under Nurse Family Partnership), and specifically to the PHFSC, we are part of the Mon Valley Provider's Council and the State Health Improvement Plan (specific to Mon Valley).

Through the CHP Office of Health Improvement Partnerships as well as through center/community-specific collaborations, we engage community stakeholders to enhance our services as well as provide additional support and programming to families and staff beyond our scope of services. For the PHFSC, we will leverage existing and develop new partnerships specific to Penn Hills.

4. Describe your organization's experience in serving the Penn Hills community (i.e., the services, programs and activities your organization currently provides in Penn Hills and the partnerships you have in the community).

CHP's Office of Health Improvement Partnerships has forged relationships in Penn Hills with multiple organizations to support the health and wellbeing of children and adolescents. Dr. Elizabeth Miller (Medical Director, Health Improvement Partnerships) is leading a Centers for Disease Control-funded youth violence prevention study called "Manhood 2.0," which involves a partnership with the Penn Hills School District, the Penn Hills YMCA, and St. James Episcopal Church. This community-based program involves an 18-hour curriculum delivered over a six week period by community facilitators, focused on healthy sexuality and masculinity, nonviolence, respect, sexual consent, communication, and positive bystander behaviors. The program is also offered through the Penn

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Hills School District as an alternative to suspension. A complementary program for girls entitled "Sisterhood 2.0" begins in February 2017 in partnership with the St. James Church, Ruth's Way, and Gwen's Girls, as well as the Penn Hills School District. The Allegheny County DHS' liaison in Penn Hills (Jace Ransom) is collaborating with Dr. Miller to connect youth who have participated in the Manhood 2.0 and Sisterhood 2.0 programs with other community engagement opportunities. Additionally, the Ronald McDonald House Charities/CHP Care Mobile is partnering with the Penn Hills School District to provide clinical services and immunizations to students in the district.

5. Describe your organization's experience in collaborating with agencies that serve school-age children/youth and their families.  
CHP partners with several local school districts and out-of-school time partners to implement the Healthy Schools and Healthy Out-of-School Time Programs. With school districts and after school programs including Pittsburgh Public Schools, Woodland Hills, Clairton and Duquesne, and YMCAs, YouthPlaces, Boys & Girls Clubs and others, CHP provides technical assistance and training to help schools and after school programs create healthier environments for school-age youth, and encourage healthier home environments for families. Furthermore, we collaborate with agencies that have shared goals for youth, such as Allegheny County Health Department's Live Well campaign and fitUnited of United Way of Southwestern PA, and other youth-serving organizations such as Allegheny Partners for Out of School Time (APOST) and Pittsburgh Parks Conservancy to promote health-supportive environments for children and families.
6. Describe your organization's existing internal quality assurance systems, how those systems have been used to identify programmatic deficiencies, and the process involved in designing and implementing program performance improvement strategies. Discuss the strategies taken to resolve identified deficiencies and barriers and to strengthen your organization and its service.  
CHP has rigorous internal quality assurance systems to ensure that we adhere to our organizations' overarching values, which include 1) creating a safe environment where quality is our guiding principle, 2) treating all individuals with dignity and respect, 3) performing our work with the highest level of responsibility and integrity, and 4) thinking creatively and building excellence into everything we do. These values are operationalized through departmental goals, standards of care, and staff competencies, and continuously monitored and evaluated against performance and evidence-based benchmarks. We apply proven quality improvement strategies to address identified deficiencies and strengthen our organization and service.

Specific to FCC, we use internal quality assurance systems to ensure that we are also upholding the Family Support standards and principles, and meeting program goals and benchmarks. This includes routinely gathering feedback from families, program/service evaluations, chart reviews, staff performance evaluations, reflective supervisory sessions, and site performance outcomes measurements. Through these multitudes of measures, both strengths and deficiencies are identified. Program performance improvement strategies are determined by the nature of the deficiency, benchmarks by which it is measured, and guided heavily by parent input. Strategies may include additional staff training on specific topics and content areas, improving communication about programs and services, and better tailoring approaches to the community being served.

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7. Describe how your organization will strategically position its Board of Directors, management and staffing structure to enhance the implementation of the services as described in the RFP. CHP's Board of Directors and executive management encouraged and are supportive of the expansion of FCC from five to six centers. The hospital will contribute to financially supporting a Penn Hills location and to the acquisition and retention of additional staff to implement services as described in the RFP. PHFSC staff will include a dedicated site coordinator, family and child development specialists, a registered nurse, community aid, and in year 2, a behavioral therapist. A health promotion specialist, financial analyst, and senior level manager of FCC will provide additional programming and operational support. Reporting directly to CHP's executive management, the Health Improvement Partnerships leadership team will provide strategic and medical direction, as well as evaluation support.
8. Attach an organizational chart which shows how the PHFSC program fits into and is supported by the full organization. Attach a list of current board members and their professional affiliations. Attachments do not count against page limits. Documents attached.

#### **Strategy for Adhering to Program Standards (35 points possible)**

9. Describe the role that the PHFSC will play in your overall organization and the changes that your organization will need to make in order to operate a Family Support Center that delivers the services according to the standards laid out in the RFP.  
The PHFSC will join the CHP FCC network to deliver services according to DHS and Family Support standards, and consistent with programming and services offered by CHP's current centers while tailoring to meet specific needs and interests of families in the Penn Hills community. One specific change that we will make is to elevate our existing FCC manager into a senior manager position. This will allow us to ensure consistency and quality among all FCC centers, including the PHFSC, in coordination with site level management and staff.
10. Describe how your organization will accomplish the following as the Lead Agency for the PHFSC:
  - a. Partner with families  
We consider families to be integral partners in every aspect of the center – decision-making, advocacy, programming, outreach, etc. As the lead agency, we will partner with families utilizing an evidence-based style of communication where compassion, collaboration, respect and honoring autonomy, and evocation are central to the approach, and where parents are recognized as the experts of themselves and their families. All PHFSC staff will receive training in strengths-based approaches, such as motivational interviewing, as strategies for partnering with families, and ongoing mentoring and supervision to enhance competency. Staff will recognize the vital importance of interpersonal communication to effective parent and family engagement and retention.
  - b. Implement an evidence-based or evidence-informed home visiting program (Please name the home visiting model you propose for the PHFSC)  
PHFSC will utilize Parents as Teachers (PAT) and the Nurturing Parenting Program (both the curriculum for infants, toddlers and preschoolers and school-aged children, ages 5 to 12). We already use PAT and are preparing to implement Nurturing Parenting with fidelity to drive our

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home visits across all FCC sites. PHFSC staff will be trained on the program models. Within the first three months of home visits, staff will work with families to complete program intake assessments. Starting generally in month 4, home visiting programs will be initiated according to curricula guidelines and family assessment scores. Family participation in the home visiting programs is ongoing and progress is made at a pace dictated by family needs.

- c. Assess a family's strengths and needs  
Family strengths and needs will be assessed through a variety of mechanisms. A standardized intake will capture information related to demographics, family composition, housing arrangements, immunizations, insurance status, income, and subsidy program participation. Families will also complete the Ages and Stages Questionnaire (ASQ, PAT assessment, for families with children ages 0-5), the Adult Parenting Inventory (AAPI-2, Nurturing Parenting Program assessment that considers the entire family, not just those with children ages 0-5), and the Family Advocacy and Support Tool (FAST), when it is rolled out by the county.
- d. Assist parents in setting goals for themselves and their children based on the assessment  
Staff will be trained to partner with families to facilitate setting and accomplishing realistic and achievable goals. Staff will help parents establish goals for themselves and their child(ren) that are linked to intake and assessment scores. For example, if parent responses to the AAPI-2 result in a low score for the category of expectations of a child, staff will work with the parent to educate them about realistic expectations and encourage the parent to set an associated goal.
- e. Facilitate groups including support groups for parents and parent-child interaction groups  
Trained staff, including registered nurses and child and family development specialists, and invited outside organizations (e.g., Penn State Cooperative) will facilitate a variety of types of programs to achieve family support principals and standards based on what our parents tell us that they need and desire. They will employ educational approaches and communication styles that promote participation, behavior modeling and peer learning, and, are sensitive to cultural factors, educational and developmental levels and other factors that are relevant to group members. We will also encourage parent facilitators when appropriate and help prepare them to perform in this role.
- f. Provide leadership development opportunities for parents  
CHP FCC encourages parents to participate in Community Voices and the Family Support Policy Board as ways to develop and practice advocacy skills and become leaders in their communities. Like our other FCC centers, the PHFSC will have a parent council which will provide an opportunity to develop leadership skills through active participation in center governance, ensuring quality standards are met, and providing input into programming and overall center operations. We also will encourage parents to participate in the county-wide Family Support Conference, which brings together parents from all over the county to network and participate in parent-chosen educational workshops. We routinely promote new leadership opportunities (e.g., AMACHI's advocacy leadership program) as they become available.
- g. Reach out to and recruit new families. Provide examples of how you will engage expectant parents, teen parents, fathers, grandparents raising grandchildren, and families experiencing isolation.

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Parent to parent outreach serves as our most effective FCC recruitment strategy followed by linking to parents through community stakeholders, organizations, and agencies. We intend to rely heavily on these two methods when initiating our recruitment process for the PHFSC. In particular, we will partner with parents and community stakeholders who have already committed to serving on a PHFSC leadership council. We also know that building strong relationships in the community plays an important role in recruiting families. We will deploy our staff to become involved and promote our program (e.g., present at events at churches, the YMCA, teen elect programs, etc). We intend to leverage existing Penn Hills relationships as we work to build respect and appreciation specific to the PHFSC. Other recruitment avenues will include linking to Project Launch/211 to route Penn Hills-based referrals and disseminating brochures and newsletters.

We acknowledge that it can be difficult to engage certain parents and caregivers, including expectant parents, teen parents, fathers, grandparents raising grandchildren, and families experiencing isolation. Yet, these are the very individuals who may be in most need of strengthening and support. We will do our best to empower engaged parents to make these connections. We will also rely on community stakeholders to help us understand the best methods for reaching families. We know through experience that tangible incentives can serve as effective ways to entice families to pursue participation in FCC events and programs. Incentives might include free services (e.g., child programming or child care during parent-focused events), toys and books for children, field trips and outings that parents can attend with their children, and access to emergency funds (via Real Time/Real Help mini-grants).

- h. Retain families for a period of time that will allow them to get the full benefit of services. We will apply strategies proven to retain families at our other FCC centers to the PHFSC. We will offer quality, family-centered services that families find worthwhile, foster relationships and community building, and provide a sense of fulfillment and enjoyment. Such services include those we directly provide as well as those we offer access to through our community partners (e.g., Allegheny Family Network and AMACHI) to meet the needs of the whole family. We will stay attuned to evolving family needs and interest, and introduce new programming and activities. For example, many of our FCC families have expressed interest in cooking courses and strategies for buying healthy food on a limited budget. In response, this past year, in partnership with 412 Food Rescue, we introduced Cooking Matters, a six week course that teaches cooking, shopping, and food resource management skills. In addition to providing hands-on skill development, the course supports interaction among participants, and provides groceries to apply skills (and try new foods) with families at home. The program has been an amazing success, with nearly an 85% graduation rate and growing wait list of families eager to participate in future sessions. We see such programs as opportunities to not only retain families but as a mechanism to recruit new ones too. Another strategy is to offer rewards and incentives for participation, such as encouraging engagement of fathers by offering tickets to attend sporting events with their children. The PHFSC will be offered these opportunities as well as one of the FCC's most effective reward programs, which is a trip to Kennywood at the end of the summer. Families are eligible to purchase discounted tickets and receive free transportation and lunch if they complete center participation requirements, (e.g., assessments at set intervals, goal planning, child immunizations, and at least 8-9 home visits within a 12 month period). As a



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testament to retention, over 75% of our current FCC families meet these requirements annually. Kennywood, like other activities, serves a joint purpose of building community, family interactions, and engaging isolated families.

- i. Refer and provide guidance (or a “warm hand-off”) to families for services they may need. Staff will receive initial and ongoing training on available social services and assistance programs (e.g., eligibility criteria, application processes, local sites and staff, etc.) and make every effort to make active referrals when a need is identified. For example, if a family identifies as needing food assistance, staff will help them through the process of signing up for food assistance programs (e.g., WIC, SNAP) and, then assist them with accessing local food resources (e.g., the local WIC office, community food pantry). This will likely include accompanying a family to the resource site, as is a typical practice for our existing FCC staff. In addition to making referrals, staff will follow up with families to assess their progress and determine if their needs are being met. We also will bring social services to the PHFSC to remove potential barriers to utilization and take advantage of centralized services, like those available through LINK. In addition to aiding families with social services, as CHP, we are uniquely positioned to facilitate and support coordinated medical and behavioral health services and serve as a liaison between primary and specialty care to help parents understand health concerns.
- j. Evaluate program outcomes  
We will evaluate program outcomes with program-specific validated evaluation tools, when available, as well utilize and tailor, as needed, additional pre/post evaluations that we have developed to assess changes in knowledge, attitudes/beliefs, behavior, and program satisfaction with existing FCC programs. Where possible, we use existing scoring structures, benchmarks, and best practices to measure performance.

### **Parent Voice in Program Management (35 points possible)**

11. Describe how Penn Hills parents or community members were involved in writing your organization’s response to this RFP.

By invitation to a community meeting held at the Penn Hills library, and through phone calls and email correspondence, ten individuals including Penn Hills parents and community members, a Penn Hills school probation officer, and the Penn Hills School District superintendent responded to key questions that guided our response to this RFP. Eliciting input on these key questions also helped us better understand needs and desires of the community around topics including parent and family engagement and retention, what’s important to Penn Hills families, ways for parents to be involved in the decision-making process of a PHFSC, physical attributes of the center, and ways that a PHFSC can meet the unique needs of the community. Community input to these questions, and others, shaped our responses to the questions in this application.

As a result of this process, we gained commitment from parents and community members (including the school superintendent, school probation officer, Manhood 2.0 leader, Penn Hills library, YMCA, and Holy Families) to serve as part of a leadership group to guide initial center decisions and development.

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12. Describe how you understand the role of your organization and the role of parents when managerial and strategic decisions need to be made for the PHFSC (e.g., program planning, hiring, budgeting)? CHP recognizes parents as the experts of themselves and their children. We also understand parent participation in the PHFSC decision-making process as a critical component to the success of the Family Support model. It is this component that distinguishes Family Support from other services that families might receive. Input from parents will play a key role in shaping many facets of PHFSC. These include decisions about programming and services offered at the center, providing center leadership and governance, and guiding the hiring of staff that are local to Penn Hills.

CHP also recognizes the value of strengthening and supporting families and, for this reason, have advocated for the Family Support model for more than 25 years. As the lead agency, CHP will be involved in strategic decisions for the PHFSC that impact organizational goals related to community health and benefit. These include decisions, such as addressing social determinants of health, which align with the hospital's 10-year strategic plan. From a managerial standpoint, CHP Human Resources supports the hiring of staff who are vetted by center parents. CHP Supply Chain also values parent input and supports and includes vendors in their system who are recommended by center parents. From a programming perspective, CHP offers strategic input on the offering of services that can be provided by the hospital to FCC families, such as nurse home visits, behavioral health, and health promotion activities.

13. Describe your specific plans for engaging families in the proposed Family Support Center:
- How will the "family voice" be organized?  
The family voice will be organized through a parent council and through representation on a joint parent/staff/community partner advisory council that will meet on a bi-monthly basis. A representative staff person from the center will be present at council meetings to elicit feedback from participants and communicate council concerns and input to center staff and management. All family members are invited to participate in the councils and/or to offer feedback on center operations. We also encourage parents to participate in Community Voices and the Allegheny County Parent Support Policy Board to strength their voice through developing leadership and advocacy skills.
  - What decisions will be made with family input?  
Family input is highly valued and viewed as essential to the success of the PHFSC. All decisions will be made with family input to the extent possible per the lead agency policies. Family input was sought to guide responses included in this application and will continue to be considered for decisions moving forward, including those related to establishing the center (e.g., determining the site location and physical characteristics, selecting furniture, planning and developing programs, hiring staff, establishing bylaws, etc.), strategies for recruiting and retaining families, center governance (e.g., parent advisory council, governance of real time/real help emergency funds for families and mini grants for parent leadership), quality standards, community outreach, budgeting (certain non-personnel expenses), providing support to other parents, communication strategies and more. As is the case with our existing FCC centers, we will rely on families and parent leaders to work with the PHFSC to ensure that programs reflect the community in which it resides and what the families whom its serves have decided are important and relevant to them.

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- c. Which decisions will be made without family input?  
Family input will not be solicited for non-substantive decisions, e.g., staff compensation, utilities, budget line item details, etc.

#### **Program Quality Management (20 points possible)**

- 14. Describe your strategy for supporting a Center that adheres to the Family Support Quality Standards (Appendix C) and your process for ongoing center self-assessment.

Staff and parent leaders are trained on the Family Support Quality Standards. On an annual basis, parent leaders along with staff and engaged community members complete the program self-assessment tool to measure our performance in meeting the 17 standards. If deficiencies are identified, a group discussion is held to identify factors that may be contributing to the deficiency and develop an action plan to strengthen performance. During the following 3 to 6 months period, the action plan is executed and performance reviewed again to determine if additional steps are needed. For example, during a recent review of standards, parent leaders identified a need to enhance father engagement. They suggested that one way to do this would be to promote fatherhood through images in the center. This guided the decision to post images of father and children and increase promotion of the fatherhood support group and opportunities for fathers to engage with their children (e.g., father-daughter dances) onsite, through newsletters, and other modes of communication.

#### **Staff Qualifications and Experience (20 points possible)**

- 15. Describe your proposed staffing plan for the PHFSC.
  - a. What do you think is a reasonable number of families that a direct service staff member should work with?  
A direct service staff member should be able to work with 18 to 22 families. This estimate is based on the staff:family ratios at our existing FCC centers. The specific number of families will vary depending on the intensity of services required.
  - b. Please attach an organizational chart reflecting the names and positions of any staff members who you propose will participate in the PHFSC Program. Also attach job descriptions for the positions you propose. Include compensation and education requirements in the job descriptions. Attachments do not count against page limits.  
The proposed organizational chart and job descriptions are attached.
- 16. Describe how your staffing plan reflects the Penn Hills community.
  - a. Describe how the Family Support Center staff will be recruited to reflect the Penn Hills community.  
We intend to utilize new and existing Penn Hills's collaborators (e.g., Office of Child Development, Urban League, Allegheny Intermediate Unit, Penn Hills YMCA, local churches, etc), community events, community-based publications and word of mouth (e.g., families) to advertise positions and obtain input on how to direct our recruitment efforts with the goal of recruiting from within the Penn Hills community.
  - b. Provide data on the total number of staff currently employed by your organization who live in Penn Hills.

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One Lawrenceville FCC staff member currently lives in Penn Hills; our staff generally reside within the communities served by their corresponding FCC.

17. Describe your organization's current staffing policies.
- Describe how your organization ensures diversity in staffing.  
FCCs follow CHP's diversity policy (see attached). We attempt to recruit and hire from within the communities we serve.
  - Provide statistics for annual staff turnover in your existing programs, for each of the last three years.  
We highly value our staff and their commitment to working with FCC families, which is reflected in high retention rates. Staff turnover statistics for the last three years are as follows:  
2014: 3.7% (1/27); staff member left to pursue other interests  
2015: 7.1% (2/28); one staff member resigned due to an illness in the family and the other left to pursue other interests.  
2016: 5.9% (2/34); one staff member chose not to return after maternity leave and the other opted to move from a full time FCC position to a part time position within another area of CHP.
18. Describe your organization's ongoing employee professional development process and how the training needs of Family Support staff will be addressed.  
In addition to initial and on-going training provided through the University of Pittsburgh's Office of Child Development, as an employee of CHP, PHFSC staff will have access to a variety of professional development opportunities available through the hospital and the UPMC system. Further, the specific training needs of PHFSC staff will be continuously evaluated and addressed.

#### **Implementation Plan (20 points possible)**

19. Describe your organization's implementation plan for the PHFSC.
- Describe how you will implement parent engagement; staff recruitment and training; program development for your proposed home visiting program, group work and other activities; and other steps to launch the PHFSC.  
To launch the PHFSC, we will follow our existing family support framework, details of which have been described throughout this proposal. We will charge parents and community members who have committed to serving as part of a leadership group with guiding initial center decisions and development. They will also play an active role in recruiting families and staff, determining initial onsite programming and activities (after being introduced to the variety of programs offered at our other FCC sites), and setting baseline quality standards. FCC leadership will ensure staff are provided the opportunities to enroll and complete necessary training via CHP, Office of Child Development, program-specific (e.g., Nurturing Parenting), as well as observe and shadow staff at other FCC sites, in preparation for enacting their specific responsibilities. As previously stated, we intend to implement existing, evidence-based/informed home visiting programs (PAT and Nurturing Parenting). Additionally, as described in our timeline below, we have considered a number of other steps required to launch the PHFSC (e.g., site build out, purchasing equipment and supplies, developing a calendar of programming, training parent leaders and establishing a parent advisory council), all of which are informed by our experiencing launching and maintaining FCC centers.

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- b. Provide measurable benchmarks and describe activities that will take place each month for the first 12 months of operation.

Measurable benchmarks to be accomplished during the first 12 months of operation:

- 50 families enrolled (year 2 enrollment goal of 70 families)
- 75% of total children will have at least 1 ASQ completed
- 100% of children 0-18 will have health insurance
- 100% of families enrolled will have a least one home visit per month
- 50% of families will attend parent/child, child only or adult or family programming
- 50% of families will attend social and/or recreational events
- 100% of families will get referrals to other services when needed

Descriptions and estimated timeline for activities during the first 12 months of operations:

	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Complete and execute agreement	X	X										
Establish a parent/community member leadership council	X	X	X									
Identify and select physical space	X	X										
Perform building upgrades as necessary		X	X	X	X	X						
Purchase/install center equipment (including information technology/communication equipment, furnishings, supplies, program curricula and educational materials)		X	X	X	X	X						
Post jobs, receive/review applications, identify/interview/hire candidates			X	X	X							
Engage community partners through advertising, community events, existing CHP and FCC programs and services			X	X	X	X	X	X	X	X	X	X
Recruit and engage families through advertising, community meetings, relationships, programs, and services			X	X	X	X	X	X	X	X	X	X
Establish and convene advisory councils – one for parents and one for parents, staff, and community partners (to meet bimonthly)			X	X	X	X	X	X	X	X	X	X
Conduct staff orientation, training and team building			X	X	X	X	X					
Develop calendar and begin advertising of on-site programming			X	X	X	X	X	X	X	X	X	X
Conduct quality standards training (parents/staff)					X	X	X					
Complete initial and annual quality standards assessment						X						X
Begin on-site programming						X	X	X	X	X	X	X
Initiate home visits							X	X	X	X	X	X
PHFSC established as a fully functioning center												X

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- c. Identify the challenges you expect and your plan to address them.

Based on CHP's extensive experience operating FCC centers, and feedback from Penn Hills parents and community members, we anticipate challenges in implementing our plan. These challenges were considered when developing the aforementioned timeline. Key challenges include referral of families to the center, retaining families, and staff needs and support. We will build a strong referral base via existing hospital and community partnerships. These include both the hospital's network of primary care-based pediatric practices, as well as other pediatric and family-based practices in the Penn Hills area. We will also leverage our current partnerships with Penn Hills School District, Gwen's Girls, Ruth's Way, Penn Hills YMCA, and St. James Church to recruit families as well as understand strategies they have used to successfully recruit and retain the families they serve. Community engagement and family-centered programming will be an ongoing process, and this was affirmed by input from parents and community members. As we build our community partnerships in the Penn Hills area, we will utilize these networks for family recruitment. We also will take advantage of the county-wide LINK system for referrals.

FCC centers have a history of success with retaining families by building strong relationships with parents that are based on compassion, collaboration, and honoring autonomy. We also provide programs and services that are relevant to families, due in large part to the input from families who we serve. With a PHFSC, CHP will apply this same approach, with a focus on the specific needs and input from Penn Hills residents. In addition, because of CHP's existing network of five FCCs and FCC staff, PHFSC staff will be well supported by opportunities for mentoring, supervision, joint staff and all-site meetings.

- d. Describe who will be responsible for managing and overseeing the various aspects of the implementation plan.

The PHFSC Program Coordinator will be responsible for managing the PHFSC implementation plan, as well as center staff. The program coordinator and staff will receive oversight and support from the FCC management team including the FCC Senior Manager, Financial Analyst and Health Promotion Program Manager, as well as the CHP Community Health/Health Improvement Partnerships leadership team.

20. Describe your plan for the PHFSC site.

- a. If you are proposing a specific location for the PHFSC, please provide the address and describe its accessibility (e.g., signage, bus routes, parking, accessibility for individuals with disabilities and parents with strollers), size (e.g., number and approximate size of rooms), hours of operation, security and other amenities.

We are not proposing a specific location for the PHFSC.

- b. If you do not have a proposed location, please describe the process you would like to use to identify and secure a site.

Per FCC request for a preliminary search, UPMC corporate real estate has identified approximately 20 locations in Penn Hills that are currently available. General criteria considered in the search included accessibility to public transportation; availability of free parking; space to accommodate offices for 7 to 8 staff members, a conference room, onsite programming (adult and child), play space, and a kitchen; square footage (approximately 3,000 sq ft based on other

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FCC centers size), and cost (range provided based on other FCC leases). Other factors that will be considered in the decision making process include expenses to build out space, safety (we are interested in a location that is part of a complex or co-located with other businesses), specific geographic location within Penn Hills (acknowledging that there is already Family Support Center serving a portion of Penn Hills), and proximity to other agencies, services (e.g., medical and social), and youth/family serving organizations and schools. As described in the response to the subsequent item (#21), families will play a key role in guiding the process of identifying and securing a site.

21. Describe the role parents will play in determining PHFSC site specifics (e.g., location, type of space to be used, layout of space, décor).

Parents will play a lead role in determining PHFSC site specifics. Already, as part of this application process, we have elicited input from parents as well as community stakeholders as to what factors we should take into consideration when choosing a location and space. They identified access to public transportation as a key factor in site selection, as well physical characteristics including a bright, open and inviting space that is colorful and comfortable. As we move forward in the decision making process, we will benefit from feedback from parents, community members and leaders who possess an understanding of and familiarity with the Penn Hills area and know what factors need to be considered as well as what elements are required to meet family needs and interests.

#### **Budget and Budget Narrative (20 points possible)**

22. Please Attach:

- a. Your organization's budgets for the two most recent fiscal years
- b. A copy of your organization's latest audit report or certified financial statement
- c. For non-profit organizations, a copy of your organization's most recent Internal Revenue Service Tax Form 990. For for-profit organizations, provide a copy of the most recent 1120 or 1120S for a corporation or 1065 for a partnership.

Documents attached.

23. Using the template provided (Attachment F), provide a detailed two-year budget that clearly supports the proposed PHFSC and implementation plan. Your budget should include all the required fields and line items as identified in the template. (The budget template can be downloaded at <http://www.alleghenycounty.us/dhs/solicitations>).

A detailed two-year budget is attached.

24. Provide a budget narrative (not to exceed 5 pages) that explains and justifies each budget item and how amounts were calculated. It will not be counted towards the 15-page Proposal limit.

#### **Personnel Expenses**

**Program Staff** (YR1 \$189,280, YR2 \$238,160): 1 community health registered nurse (RN, \$28/hr), 1 child development specialist (CDS, \$21/hr), 2 family development specialists (FDS, \$15/hr) and 1 community aid (CA, \$12/hr) in both years plus a behavioral therapist (BT, \$23.50/hr) added in YR2.

**Manager/Supervision Staff** (YR1 \$43,680, YR2 \$43,680): One program coordinator (\$21/hr) responsible for program oversight, operations, staff, and facility management at the PHFSC.

**Employee Benefits** (YR1 \$60,919, YR2 \$73,701): Benefits calculated using CHP's rate of 26.15%; includes FICA (7.65%) and other benefits (18.5%). "Other" benefits are offset by CHP.

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**Management Staff** (YR1 \$20,000, YR2 \$20,000): Cost for time of manager, financial analyst, director and program evaluator (\$5,000/management staff) to provide strategic and administrative oversight, program development/evaluation and similar services to center. Expenses offset by CHP.

#### **Non-Personnel Expenses**

**Office Space** (YR1 \$36,000, YR2 \$36,000): Estimated rent (\$3,000/month) for a 3,000 sq.ft. space (@\$12/sq.ft.).

**Maintenance** (YR1 \$12,662, YR2 \$12,662): Cleaning Service Contract @ \$48.70/day - 5 days/week for 52 weeks totaling \$12,662/year (\$1,055/month).

**Building Utilities** (YR1 \$6,000, YR2 \$6,000): Utilities estimated at \$500/month.

**Communication** (YR1 \$10,600, YR2 \$6,000): Telephone and internet connections @ \$10,000 and monthly charges @\$500/month.

**Office Supplies** (YR1 \$5,000, YR2 \$3,000): Stationary and supplies for the center

**Transportation and Travel** (YR1 \$7,000, YR2 \$7,000): Van expense and/or reimbursement for staff using personal vehicles.

**Postage and Shipping** (YR1 \$2,500, YR2 \$2,000): Newsletters, outreach materials, reports, etc.

**Printing and Publications** (YR1 \$3,000, YR2 \$1,000): Printing of newsletters, forms for documentation, brochures, flyers, reports, etc.

**Equipment and Furniture** (YR1 \$20,000): Equipment (computers, printers, fax machine, scanners, telephones) and furniture (desks, filing cabinets, television, DVD player, etc) for staff and programming.

**Recruitment and Advertising** (YR1 \$6,000, YR2 \$2,000): Advertising within the Penn Hills and surrounding Community, creating advertising materials, providing transportation for families, etc.

**Refreshments for meetings** (YR1 \$12,000, YR2 \$6,000): \$1,000/month for first year and \$500/month in second year. Higher in first year to account for events to recruit and engage families and community partners.

**Childcare at meetings** (YR1 \$4,000): Materials and food supplies for staff to provide childcare during the family engagement process during the first year.

**Indirect Administrative** (YR1 \$29,629.63, YR2 \$29,629.63): 8% of total cost.