



Allegheny County Department of Human Services

RFP Response Form

Foster Care Agencies

PROPOSER INFORMATION

Proposer Name: The Bair Foundation of Pennsylvania

Authorized Representative Name & Title: Amy Craig, State Director of Pennsylvania

Address: 2550 Kingston RD Suite 202, York PA 17402

Telephone: (717) 900-4444

Email: [REDACTED]

Website: www.bair.org

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

Date Incorporated: 7/13/1999 The Bair Foundation of Pennsylvania was incorporated as it's own corporation. The Bair Foundation national organization was founded on 10/30/1968.

Partners and/or Subcontractors included in this Proposal: Seeking a full DHS Collaborative Approach

How did you hear about this RFP? *Please be specific.* [DHS Email to Private Providers](#)

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Susan J. Miklos	[REDACTED]	[REDACTED]
Contract Processing Contact	Stephanie Devilbiss	[REDACTED]	[REDACTED]
Chief Information Officer	Matthew Book	[REDACTED]	[REDACTED]
Chief Financial Officer	Donna Egbert	[REDACTED]	[REDACTED]
MPER Contact*	Stephanie Devilbiss	[REDACTED]	[REDACTED]

* [MPER](#) is DHS's provider and contract management system. Please list an administrative contact to update and manage this system for your agency.

BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.

Kimberly Thomas, Chairman

William Morvay, Secretary/Treasurer

James Sebastian, Director

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Board Chairperson Name & Title: Kimberly Thomas, Chairman

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [REDACTED]

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization. *Please do not use employees of the Allegheny County Department of Human Services as references.*

Matthew W. Conjelko Administrative Officer Cambria County Children and Youth Services [REDACTED] [REDACTED]	Deawna Wyandt Ongoing Casework Manager Blair County Children and Youth [REDACTED] [REDACTED]	Darlene Krol Administrator of Trauma Services Erie County Office of Children and Youth [REDACTED] [REDACTED]
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PROPOSAL INFORMATION

Date Submitted [2/10/2021](#)

Amount Requested:

TFC Expected Administrative Costs - \$103.13

FC Expected Administrative Costs - \$55.80

CERTIFICATION

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

I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania's Right-to-Know Law.

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.

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Choose one:

My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

My Proposal does not contain information that is either a trade secret or confidential proprietary information.

ATTACHMENTS

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

- MWDBE documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9
- Organizational Chart
- Implementation Timeline
- Line-item Budget, if desired

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is **250** points. Your response to this section should not exceed 30 pages.

Organizational Experience and Capacity (30 points)

1. Describe your organization's demonstrated experience working with the following populations: children from birth up to their 21st birthday who are at-risk or involved with the child welfare system; prospective and current Foster Care parents; birth parents; and all other stakeholders in Foster Care (e.g., court system, DHS caseworkers, other provider agencies), or an equivalent. Include how the input of children, Foster Care parents and birth parents have been incorporated into this Proposal.

Bair (Bair) has been providing foster care services for children ages 0-18 for 54 years and youth ages 18 to 21 for the past 10 years. Since that time, Bair has expanded services to include In-home based, outpatient counseling, parenting education centers, permanency (SWAN affiliate), emergency caregiver kinship, kinship, medically fragile Community Residential Rehabilitation (CRR), Intensive Behavioral Health Services (IBHS) and Treatment Foster Care (TFC) services. Bair is committed to serving children in the lowest level of care possible and to obtain permanency

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through rapid reunification efforts or adoption. Bair believes that every child deserves to have a safe and loving family. As such, Bair is continually investing in foster parent recruitment strategies targeting individuals who can meet the needs of children who come from difficult places.

Bair has focused on 'hard to place' children with 70% of the 1,200 children served requiring services above basic level of care. The focus on finding families to provide homes for teens and children with special needs continues to be where we focus our efforts. Bair has a robust model of care and pre-service training curriculum that is trauma-focused and strengths-based. Bair had 986 children return home or adopted last fiscal year and maintained a 93% placement stability for all children in care. This is a huge testament of the quality of services provided for children with special/intensified needs in a foster care setting.

Bair's permanency staff completed over 1,300 units of service last fiscal year. Children with special/intensified needs were provided services promoting healthy attachment and the opportunity of a forever family. Even during the COVID-19 pandemic, children obtained permanency through the dedication of staff and families.

Currently, Bair is serving 140 children in specialized programs across our offices. Bair's specialized services have been designed for children with significant behaviors and mental health diagnosis, many of which have experienced multiple placements within the child welfare system; most of which have experienced one or more residential mental health and/or congregate care environments. These specialized services include Professional Treatment Foster Care (PTFC), Intensive Alternative Family Treatment (IAFT), Treatment Level Care (TLC) and Community Residential Rehabilitation (CRR). Although the programs have treatment teams that include therapists and clinical oversight, it is the foster parent who is considered the *primary agent of change*. This is a core value for Bair as employees are trained to *coach* families parenting children at risk for higher level of care. Bair's treatment team provides 24/7 support during crisis; however, it is the parent who engages the child with clinical interventions, not the Bair employees. The support a family receives is paramount to the success of the child's placement.

Due to the tremendous amount of support provided by the Bair team, current families are the number one referral source for new families. An example of this support happened when Pennsylvania Bair offices transitioned from paid drivers to foster parents providing the transportation for their children. The team was tremendously successful at promoting the best practice vision of families supporting the children transitioning in and out of family visitation sessions instead of drivers. This trauma-responsive approach to family visitation has become a beautiful partnership between biological families and foster families. When families are engaged in a co-parenting partnership, the triad of emotional obligations to each parent set is reduced for the child. A team is formed and jointly works towards the ultimate goal of permanency for the child. This would not have been possible without Bair employees casting the trauma informed vision to foster families. The desired outcome was successfully achieved in a relatively short period of time.

Bair has tremendous experience and success working with biological families. Bair maintains the core belief that children are not supposed to be raised in foster care or residential facilities. Therefore, Bair has provided services for biological families to focus on rapid reunification of

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children back into their family of origin. These services include: Path to Permanency Program (parenting education and intensive case management supports), supervised visitation, in-home counseling, parenting education, and supportive kinship foster care. In each service, Bair strives for excellence with the families we are honored to serve.

Every initiative Bair has participated in was born from a collaborative relationship with DHS and key stakeholders in the community. Bair is a partner that works hard to provide quality services that are identified within the communities we serve. Bair leadership is actively involved in collaborative initiatives/taskforces such as: Rate Methodology Task Force, SWAN Rates Workgroups, Independent Living Initiative, Statewide Cultural Diversity Taskforce and the Family Focused Treatment Association (FFTA). Bair is an active member of the Pennsylvania Counsel for Children, Youth and Families (PCCYFS) which has afforded opportunities of engagement at the policy level as well as other collaborative initiatives. Bair holds the belief that it is our obligation to be an active stakeholder in supporting positive change for children and families. On many occasions Bair is requested to be a part of initiatives because of the quality work provided and dedication to the populations we serve.

As a result of these close partnerships, Bair leadership has been asked to speak at the Juvenile Court Judges Commission, PA Supreme Court Judges Taskforce for Family First Implementation, the Office of Children Youth and Families (OCYF) Family First Statewide Regional Meetings panel discussions on how to serve children from difficult places in foster care settings, and the FFTA's Annual conference for the award of the prime contract for PA's Kinship Navigator program known as KinConnector. Bair takes initiative within our communities to work alongside counties to identify service gaps and develop programming to fill in those areas of need.

Bair's Allegheny Office team has reviewed the RFP together and has already begun to have conversations regarding a formal foster parent support component. This has been received with excitement. Employees and families are participating in the model development and their suggestions are a part of this proposal. The biological families being served through the multiple programs affirm that their involvement and voice being heard empowers them as parents. Bair is committed to supporting the biological family through supportive strengths-based services that bridges the gap between the foster parent and them.

2. Describe your organization's demonstrated experience working with communities and populations that are diverse in terms of race, ethnicity, religion, culture and SOGIE and reflective of the target population.

Historically, cultural diversity trainings focused on the cultural competence of employees and foster families. This was an ineffective approach to fully embracing one another's culture. Simply having knowledge of culture that is different from your own, creates a stereotypical approach of engaging with one another. To fully understand one another, the introduction of cultural humility came to the field of social work within the past decade. It originated in the healthcare field in 1998 by Melanie Tervalon and Jann Murry-Garica as a means of fully incorporating one's culture into their healthcare needs. However, as social workers, we need to fully address our own biases. When only learning facts about one's culture, we are not fully taking a multiculturalism approach of life-long learning and self-reflection. With this understanding, Bair has been exploring methods of

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which cultural humility can be best incorporated into the work we do with children and families. More information regarding Bair's response to the need for cultural humility can be found in section nine of this document.

Bair has been blessed with amazing diversity among staff, foster families and children served across nine states. Bair is serving children ranging from strict Muslim faith to no faith at all. Bair respects their desires and values their beliefs. Bair is successfully serving children who identify within the LGBTQIA+ community. Many are placed with Bair's LGBTQIA+ families and others are placed with heterosexual families who support and affirm the child's choices. Bair's standard of recruitment of staff and families is based on respect and it is always our desire to have diversity to meet the needs of children and families served.

Bair has worked tirelessly to recruit foster/adoptive families for children of all races, religions and sexual orientation with great success. We have worked together between foster care and permanency departments to make sure permanency options for children have the skill and compassion to provide a loving environment where a child can thrive. The success stories of permanency and reunification are endless at Bair over the past several decades.

Bair office in Allegheny County currently has 17 families in process 8 are of color. These individuals are just beginning the training and the assessment process therefore, child preferences have not yet been identified. During the training process they are educated on the needs of teens, sibling groups. SOGIE training concepts are also incorporated into the pre service training affording staff and potential foster families a healthy discussion on the needs of children who identify as LGBTQ and in the foster care system.

Bair employees in Pittsburgh and around the state participate in SOGIE trainings. These concepts are incorporated in training for staff and families. It is our primary goal to continue to recruit homes that are open to children from all backgrounds, religions, sexual orientation/identity, race, cultures and education. The State Director of Pennsylvania is on the state wide cultural diversity task force and is utilizing this experience to continue to keep Bair on the cutting edge of progress. Bair is using foster family support group component of the model of care to continue trainings on cultural competencies that promote respect for all the children served. Education is the key to unlock the mind and the heart.

Bair developed a Structured Intervention (SI) Model of Care® that is grounded in trauma-responsive practices that build on strengths-based principles and incorporates two evidence-based trainings. Together Facing the Challenge, a training/consultation approach created out of Duke University utilizes Foster Care Specialist as the coaches and supervisors of the foster parents. Bair is enhancing this model by also bringing on board Trust-Based Relational Intervention (TBRI) developed by Karyn Purvis from Texas Christian Institute. This model of care focuses on skill development for staff and families so that their responses are healthy, promoting a relational connectedness and empowerment for children with trauma. The desired outcome is for caregivers to respond to the child's trauma instead of reacting to the behaviors. Understanding that a child's behavior is their means of communication is transforming for the caregiver-child relationship.

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3. Provide clear reasoning why your organization feels it is a strong candidate for this opportunity and how Foster Care fits well within your organization's mission.

Opening services in 1968, Bair has a plethora of experience in the arena of traditional and treatment foster care. Therefore, we understand the resources needed to begin the initiative in Allegheny County. Bair has always asserted children are best served in a family setting and not in congregate care. In fact, with the incorporation of Family First Legislation, Bair took a pro-active approach and began providing a TFC level of care within our foster care services as of July 1st, 2020. One of the barriers in PA has historically been having children with significant mental health needs approved for Community Residential Rehabilitation (CRR) programming or other long term mental health programs. Even if the medical field approved of such services, the authorizations were short term of 3-9 months. The wait time for such approvals proved challenging within the foster environment as children were disrupting from care without the services in place from the start of the placement. Children end up in residential treatment facilities simply because they aren't approved for CRR, or their CRR authorization has ended or there were no CRR homes available due to the difficulties involved with becoming a CRR provider. Bair saw the gap in services for children and knew that these children couldn't remain in residential facilities. Thus, the TFC level of care was born to Bair in July 2020. The 2008 decision on behalf of the Administration of Children and Family's (ACF) to place PA on a Corrective Action Plan (CAP) surrounding the utilization of Title IV-E funding has created a belief that treatment/therapy could not happen in foster care because it was not an allowable service. Bair worked closely with the Public Consulting Group (PCG) and OCYF to develop a level of care "BZ" to help these children without it impacting the allowable participation of federal draw down of Title IV-E funding of the other levels of service provided. The proactive approach has led to serving 11 children in Western Pa in this level of service within the first 6-months of program start date.

Bair strives to continually provide quality services through training on cutting edge concepts and targeted recruitment of families. Bair understands that constant focus on the needs of the children served is the guiding force for program components. Bair is the largest statewide provider for Permanency services as a SWAN affiliate, because of a team of diverse dedicated professionals passionate about making sure children have a forever family. Bair has just become certified to provide IBHS services enhancing the continuum of care for children and families. Bair has supportive visitation programs which have afforded the opportunity to build trusting relationships with the biological families. In the state of Pennsylvania kinship families are supported by Bair through the Kinship Navigator program called KinConnector. Bair is always willing to collaborate with stakeholders at every level to ensure services are available. Bair leadership is highly involved at multiple levels with the Family Focused Treatment Association (FFTA) to have national advocacy for agencies providing care to the nation's most vulnerable. Bair's CEO, Dr. Susan Miklos, is the president of the FFTA Board of Directors.

Bair certified a total of 123 families across the state of Pennsylvania since the beginning of the pandemic in March through the end of December. There are challenges every day in child welfare arena however Bair is an agency determined to work through them to ensure resources are available.

Bair is a an agency that encourages professionals to bring ideas to the table and participate in change. This is why we have had success and continue to thrive in difficult times. Staff at Bair

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have taken concepts from Pennsylvania regarding supportive kinship foster care and changed policy in other states. This philosophy of learning and sharing what works is paramount to the mission at Bair. Our employees are dedicated to provide the best quality services and learn amazing things that will benefit children and families. We hope you will allow us join alongside you in this endeavor.

4. Provide the number of homes and total bed capacity you anticipate being able to maintain at any given time. Be specific about the number of homes you anticipate being best equipped to care for different child demographics and other characteristics (e.g., infants, teenagers, Therapeutic Foster Care, LGBTQIA+ individuals).

By July 1, 2021 the Bair Foundation will have certified 50 families and will maintain 50 families at any given time. Of the 50 certified families, 15 of those families will be equipped to care for different child demographics and other characteristics. There are 7 families currently equipped, and 8 additional families in process. Bair will continue to grow our capacity to serve children with various demographics and other characteristics as defined by this RFP. The Bair Foundation will be prepared at any given time to maintain a bed capacity of 100 children and youth. It is anticipated that Bair will reach this capacity in the ramp-up of family certifications and child availability by October 2022. Bair recognizes this as an aggressive; doubling our capacity within 18 months of implementation. However, the team is excited about the changes and looking forward to moving in this new direction.

Promoting Placement Stability (60 points)

5. Describe your plan for *recruitment* of diverse, culturally humble Foster Care families who will provide high-quality and trauma-informed care and safety for children. Please include:
 - a. Specifics about which populations you will target.
 - b. The strategies you will use to ensure your Foster Care families are diverse and culturally humble.
 - c. The recruitment staffing strategy, specific roles and number of staff involved in the recruitment of Foster Care families.
 - d. The specific recruitment strategies you will use for Emergency Placement Homes, Respite Homes and Emergency Respite Homes.
 - e. How you will incorporate a “customer service” approach.
 - f. How you include matching events and preplacement visits in your approach.

Bair understands that placement stability begins with successful recruitment strategies that are strategically planned and regularly evaluated. We believe in a “One Family, One Home, Go Home” approach. This means that we will work to ensure we have all known information at the time of placement utilized in the matching of a child with *one family* to serve them. This home will be the *one home* the child will then experience if we are doing a good job matching the family and child. This one family will partner with the biological family until the child can successfully *go home*.

- a. **Specifics about which populations you will target:** Bair is targeting recruitment for families who reflect the demographics of our child/youth population. Bair will continue to highlight the need for families of diverse color and those who can best serve the LGBTQIA+ youth in care. We experience a statistically significant number of teens of

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color and/or high mental/behavioral health needs. Therefore, we are seeking families that will serve children in this capacity. We also experience a number of children in need of families to serve sibling groups. We have not received many youth referrals within the LGBTQIA+ community, but we know there is a need here in Allegheny County. As such our targeted approach to family recruitment will continue to highlight families of diversity and those who can best serve the LGBTQIA+ youth in care.

- b. The strategies you will use to ensure your Foster Care families are diverse and culturally humble:** Bair's National Marketing Director works closely with the local office to develop a plan of engagement that will work for the community served. This plan of recruitment includes a three-tiered approach to maximize results. The first level is a broad sweep utilizing social media and other avenues of advertisement such as radio or television. This broad sweep is tailored to activate heart strings of potential inquiries. As a part of the recruitment plan the Marketing director ensures the visual content of the ads captures the population we are seeking to recruit. Seeing like individuals in advertisement communicates a welcome environment for diversity. Bair will continue to highlight families of diverse color and LGBTQIA+ parents who have fostered and or adopted on social media as a mechanism to promote interest in foster parenting. Because we will be looking for teen homes, success stories and the heart felt need for this population will be a continued focus in advertising in Allegheny County.

Community engagement is the second level of recruitment. Due to the statistics provided in the proposal, Bair recruitment staff will target racially diverse and LGBTQIA+ affirming churches for a partnership. This partnership is not only vital for foster parent recruitment it provides essential support for resource families and the children they serve. Respite providers and individuals willing to help with transportation are just a few supports Bair has established through church/agency partnerships. Bair has a church partnership curriculum that the recruitment staff in Allegheny County have been trained with and is seeing success with the highest responses nationally. As a part of the recruitment plan a minimum of 5 church partnerships will be expected.

The third level in recruitment plan is word of mouth. This is extremely effective and Bair capitalizes on this venue by offering a \$500 'thank you' to every family who gives our recruitment team a family's contact information and the family becomes certified, taking a child placement. In order to recruit emergency homes and respite homes Bair will assess a similar program adjusting monetary amount based on budget.

Bair marketing department tracks family inquiries and where they learned of Bair in order to make data-driven decisions on effective recruitment strategies that yield results. As a part of this plan local leadership and the Marketing department track the diversity of families inquiring after events and media advertisements. Tracking the percentage of

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families certified is also relevant in making decisions on marketing initiatives. All this information will be analyzed monthly by all levels of management and the marketing department to ensure marketing strategies are effective in producing desired outcomes.

Throughout all of the levels of the three-tiered approach, Bair is having open dialogue about the culture of the children we serve. We are challenging families to reflect on their own experiences with racism and discrimination. These challenging conversations will happen one-on-one with the Bair recruitment personnel and the family as well as in the larger groups in our certification trainings. We will be challenging them to explore how their experiences have shaped their beliefs about groups of people who are different from themselves. We will be asking them difficult questions around what their shaped beliefs may mean for a child placed in their homes. We will go beyond the child and discuss how it may impact their beliefs about the child's family as well. They will be asked to identify how their biases may impact their ability to effectively work with the child as well as the child's family. This conversation will not end at the certification process as families will engage in similar discussions in foster family support groups and on-going trainings.

- c **The recruitment staffing strategy, specific roles and number of staff involved in the recruitment of Foster Care families:** Currently, the Bair recruitment team in Allegheny County encompasses: two full-time Intake Coordinators (IC), two part-time home study assessors under the support of the Director. We believe that all employees and foster families are critical in the recruitment of new families. Therefore, our current employees outside of the 'identified team' are critical to ensure they are providing the best customer service possible with current foster families. Then the current foster families will also support the mission of growing our foster family network. The IC's conduct community engagement and follow-up on inquiries within the time frames allotted. It is their main responsibility to move the families through the process and ensure the files are complete. One administrative staff person is assigned to this department and provides assistance in follow-up and uploading documents into the electronic record. The IC provides most of the pre-service training with the assistance of the Program Director and the Clinical Supervisor. Bair's pre-service training is intended for all foster families regardless of the level of care they will be providing. The goal of the training is to ensure all families receive exceptional training. This will prepare them for fostering in traditional foster care and potentially expand their competencies for therapeutic level of care in the future. As stated previously, the IC coordinates marketing initiatives with the national marketing department. ICs are also trained to complete home studies, however, additional home study assessors are available to assist with this task when an abundance of families are in the pipeline of approval.

Bair utilizes the evidence-based Structured Analysis Family Evaluation (SAFE) home study process. This process of assessment identifies areas of risk and guides the assessor

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and their supervisor in mitigating the risk. Placement stability and positive outcomes are dependent on having quality families. Therefore, Bair invests in the certification process. Bair has a national Risk Committee that reviews areas of concern to ensure all risk is mitigated. This committee is from a diverse population of clinicians and directors across the organization. When necessary, mental health assessments are required for potential foster parents who have experienced significant trauma in their past. Bair understands that trauma of caregivers can prevent them from successfully managing behaviors of the child as it can trigger traumas of the caregiver themselves.

From the beginning to the end foster parent recruitment and certification process is structured and intentional. Families who are certified with Bair are trauma-responsive and able to provide a safe nurturing environment. This process lays the foundation for continued development through coaching and training that will occur throughout their tenor at Bair.

- d. **The specific recruitment strategies you will use for Emergency Placement Homes, Respite Homes and Emergency Respite Homes:** For the recruitment of respite homes Bair will utilize a similar venue of social media, church presentations, and radio ads and community event participation as listed above. Many inquiries of families are not ready to commit to full-time fostering and when this is apparent the option to do respite will be offered and encouraged. These families will be the focus for Emergency Respite Homes and Emergency Placement Homes, if they are able to commit to providing care for a minimum of 90 days as per the length of time identified by Allegheny County's RFP. Bair is already in partnership with Allison Park Church (APC) as a ministry partner in serving children and youth throughout Allegheny and Butler Counties. APC became a partner with Bair in 2020 as they were seeing the impacts of the pandemic plaguing our communities. APC encourages their congregation to become foster, respite, and emergency placement/respite homes. They also have teams within the ministry that will provide child care, transportation, and meal support for those families that commit to children. This partnership is continuing to develop and grow the support the work Bair is doing in Allegheny County with children and families.

The second approach will be to recommend that **all** families identify a respite provider who will attend the trainings alongside them. This is an optimal avenue for respite because the child placed in the home will know the respite provider and have a consistent respite option. This avenue supports trauma informed care and it creates normalcy within the prudent parent standards. As a trauma-responsive agency Bair understands consistency is paramount to the healing process of a child.

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Emergency homes will also use method of social media, church presentations, and radio ads and community event participation recruitment activities as listed above for foster parenting. This will be an option for families who can do more than part time respite but do not feel they can commit to the treatment process needed for full time fostering. Bair values this level of care and feels that if done correctly can assist the child for the next steps in his care. It is a safe place where the child is not pressured to attach or to engage in a deep emotional level affording the foster parent the time to act as a coach assisting the child in making good choices for the next steps. Bair will also approach current homes who do not want to continue to foster long term or who may have adopted but still want to serve children. Bair believes that with ongoing focus respite and emergency homes will be recruited and developed for the children in need. Bair knows that continued efforts will be needed as many of these temporary homes will become full time parents for a child in need of a longer-term placement. Bair looks forward to participating in the DHS Recruitment Collaborative so that efforts are coordinated and there is opportunity for shared learning.

- e. **How you will incorporate a “customer service” approach:** Customer service begins at time of inquiry for foster parents. Building strong relationships that communicate worth to all potential families is the foundation of the recruitment structure at Bair. Components of our successful customer service approach includes:
1. Once a family reaches out with interest of becoming a foster parent, we contact them within one business day to provide a brief overview of Bair and register them for an orientation.
 2. Orientations are scheduled to be held at least two times per month to ensure that there is not significant time lapse between their heart’s calling and us initiating the process.
 3. The orientation sessions are held virtually to ensure that there are no childcare or travel barriers for the family. Once they are committed to the process, more in-person time will be invested by both the family and the Bair team.
 4. The initial trainings on our model of care (SITFC) are broken down into pre-service and one year post certification trainings. While engaging in these trainings, snacks are provided for the families to make them feel welcomed.
 5. When a family (or family member) is not available at the times of the scheduled trainings, Bair will provide customized one-on-one trainings for the family.
 6. At Bair we believe a family inquiry is as good as gold! Therefore, we nourish these relationships with consistent follow up calls and warm reach outs. We recognize that families need to hear about fostering and have it laid on their heart 4-6 times before they fully commit. Their call to us may only be the seed that was planted on the first time they thought about fostering. Therefore, at Bair we ‘work the list’ of families back 6-12 months. During that 6-12 month time frame we do not give up on families. We reach out consistently to let them know we are thinking about them and check in on how things are going for their family. Then when the time is right

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for the family, they recognize our efforts to maintain a good relationship and they join us in their fostering journey. Relationships are key to the success of

7. Strong relationships are the key to successful placements of children in our homes. We must have strong relationships with our families, for them to desire strong relationships with the children and the children's biological families. We demonstrate this by being available for families 24/7 during crisis moments; reminding them that crisis is always time limited and encouraging them that we will get through it together; responding in person when a family or child is struggling; and being a promise keeper of getting back to families when we say we will get back to them and conducting follow up items as requested by the family.
 8. Coaching: Bair provides specialized coaching to support families in the delivery of intervention strategies for the children in their care. Whether it be in-person or virtual trainings; crisis support; regular home visits; weekly contact by phone or in-person; or participation in support groups for peer support – WE ARE HERE!
- f. How you include matching events and preplacement visits in your approach:**

Bair sees DHS as a valuable partner and has a long-standing relationship working alongside the county dating back to 1997. This relationship will continually be enhanced to better meet the needs through this RFP. Bair will be an active participant in Option Meetings to assist in matching children to available foster homes. Communication utilizing the Foster Care System where two-way communication on bed capacity is shared between the providers and DHS will be updated daily. Bair will meet the reporting requirements monthly and monitor the Foster Care system to manage referrals on children in need of foster placement.

When a placement is needed, our Program Director, Clinical Supervisor, IC, and foster care staff will meet to discuss the child's referral information. The team will review current open homes as well as possible families that may be close to completing the certification process in attempts to find the best match for the identified youth. When matching, the team will consider families experience, skill set, demographics of the home and community, child's needs, preferences, and interest. When a match or matches are made, Bair will provide Allegheny County with the home studies for the identified families.

Once a match has been made, Bair will work with Allegheny County to get a meet and greet set up within 3 working days. The meet and greet will provide the foster family, child, and when appropriate the biological family, an opportunity to meet to discuss common interest and goals. If all parties are in agreement with the plan to move forward, Bair will then partner with Allegheny County to set-up an appropriate transition plan including day and overnight visitation.

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Additionally, Bair will be utilizing technology for virtual Family Group Decision Making (FGDM) style meetings similar to how Crawford County utilizes a “First Meeting” approach. Crawford County has created a great trifold document that assists both the foster family and the biological family to understand the process and flow of the “First Meeting”. This information is available upon request of DHS. This meeting will be held within the first 72 hours of placement.

6. Describe specific efforts you will take and approaches you will use to *retain* foster parents, including Foster Care parents who have Emergency Placement Homes, Respite Homes and/or Emergency Respite Homes. Include how support will be available to Foster Care parents 24 hours a day, seven days a week.

Foster parent retention begins with Bair Foster Care Specialist (FCS) which we will refer to as “coaches” for the remainder of the document. Bair invests in our coaches to ensure they are confident in the work and services they are providing. The coach is considered the supervisor for the home and is an active participant in of the caregiver’s development. Coaches are ‘train-the-trainers’ for The Together Facing the Challenge evidence-based foster parent curriculum. Bair understands that when caregivers have confidence in their coach, placement stability increases and so does foster parent satisfaction. Families remain foster families when they feel successful. This success is fueled by the coach empowering the family through coaching and support.

Bair is committed to ensuring foster parents have what they need to continue fostering. Self-care is a full training module within Together Facing the Challenge. Research shows if caregivers do not take care of their own needs they will struggle with meeting the needs of others. A few Self-Care categories include regular respite, relaxation activities, physical activities and diet/hydration. Families create a self-care plan and this is reviewed by the coach and caregiver regularly and updated as needed.

Bair provides many avenues of celebration and connection opportunities for families. Monthly support groups that include a pot luck (pre-COVID) and special parties and picnics throughout the year. Bair foster parents are considered ‘family’ and extremely valued within the organization.

Emergency foster parents will also have a coach to provide support and oversight. They too will participate in the monthly support groups and receive ongoing development through peer training and support. Emergency foster parents will be encouraged to short breaks throughout the year in order to promote self-care. The need for a break will be evaluated monthly.

Respite providers that are linked directly to the foster family will have a quarterly check in by the coach to make sure that their needs are being addressed. They will be invited to all the connection opportunities in order to keep them engaged. It is important that they feel a part of the bigger picture and have the opportunity for additional training and connection. For families certified by Bair who provide respite only for any family monthly check-ins will occur. This will be done by either the IC or Director. Quarterly a home visit will be made by qualified coaching staff to ensure the home is maintaining compliance and the family is supported.

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Bair provides all families including respite families on-call services twenty-four hours a day and seven days a week. During office hours, coaches and the Director are available through work-issued cell phones as well as office based staffing. After hours, an on-call number is used to access a coach immediately. The coach will attempt provide guidance to the family by phone to resolve the crisis. This is an important part of the SI Model of Care®. Foster parents must take the role of the parent and work through difficult behaviors with support. If this is not possible, the coach will go to the foster family home. The Director is available for back-up and to provide additional support. For Therapeutic level of care children/youth, a qualified clinician will be available 24/7 to assist in a crisis. When there is a crisis, Bair coaches work with the family and child to resolve the crisis and re-establish the relationship before utilizing respite.

Bair has developed a peer support program, however, during a crisis the caregiver will call the on-call coach first. This will ensure all the appropriate contacts are made timely and safety is documented. The coach and/or the family can utilize peer support during a crisis as part of the resolution if requested by the family. The peer support parents will be trained on when to contact Bair for crisis support to ensure notification protocols and HCSIS reporting measures are followed.

7. Please describe a plan for facilitating peer supports for Foster Care parents. This may include strategies, a specific model (such as the Mockingbird Model) or informal mechanisms, and be based on common challenges, geography or something else.
 - a. Where you see fit, include innovative solutions that have arisen as a result of COVID-19 (e.g., videoconferencing, virtual visits).

Bair has developed a formalized peer support program and is in the process of implementing the plan in Allegheny County. Bair has identified two families who will begin the process to become a peer support family. The goal will be to have 5 additional peer support families within the next 12 months. It is the goal of Bair to have peer support parents in close proximity to the foster parent they are mentoring. Each peer support family will provide services to no more than 3 families at a time. Peer support families will receive formal training that focuses on how to support caregivers through coaching; education on additional supports available to foster families; respite care; potential challenges; and when to involve the agency. This initial training will occur prior to services beginning.

The peer support parents will sign a description of duties that includes: the commitment to support permanency and reunification; upholding Bair policy and procedures; reporting all areas of concern to leadership within the agency; and promoting an environment that is respectful and supportive. Peer support parents will meet with the Director and/or Clinical Supervisor monthly in order to develop and review plans of support for each family they are assigned. Peer Support parents will be readily available to their families to discuss interventions, working with biological families, and provide guidance on accessing community and school resources. A minimum of once quarterly the peer support family will have ‘family fun time’ with the families they are assigned. Examples include meals, community events, game night or any other activity or event that is relationship building. Peer Support parents receive a monthly stipend in order to offset costs. |

Bair will evaluate the peer support program through the Performance and Quality Improvement (PQI) process. As a part of the evaluation, surveys will be sent out quarterly to families receiving peer support, to assess the effectiveness and quality of the support they are receiving from peer

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support parent. During quarterly meetings with the PQI department the peer support program will be evaluated for program compliance and effectiveness. Results from this meeting is shared with all levels of management up to the Executive Director.

Bair has utilized virtual platforms such as: Zoom, Microsoft Teams and Facetime during the pandemic to create community among coaches and families. For peer support parents, Bair will continue to utilize virtual platforms for family activities, which may be limited, but we are hopeful normal business will resume soon.

8. Describe your process and timeline for Foster Care Home approval. If your anticipated timeline will routinely take more than three months for approval from receipt of application, please explain.

Bair process of approval includes a structured inquiry engagement process to aggressively follow up with individuals interested in fostering. All contacts are tracked in Bair's electronic records system. Once the pending family inquiry becomes an applicant, all the requirements to becoming a foster parent fires on a workflow in the system. The potential foster parent will become an applicant upon receipt of a completed application. This workflow has due dates of completion within 60 days of becoming an applicant. The Director utilizes reports from BairTrax to monitor the progress of the IC. The supervisory process is utilized to identify barriers to completing the certification process timely and mitigate these barriers to ensure the monthly certification goals are met.

Bair has been tracking and monitoring family certification for years. Monthly meetings on how offices are progressing towards their annual certification goals are held by all levels of leadership. A marketing report is completed monthly by the IC that informs leadership of the number of inquiries received; orientations completed including number of viable families in attendance; families certified that month; and who will complete the certification process in the next 30 and 60 days. This report details the names of the families in process, if they are teen home and one or two parent home. The report includes a list of families who have closed and the reason for closing. All this information is important to ensure capacity is built through recruitment and retention. As a part of this project the marketing report will be updated to track certification from time of application. Bair's standard is that families are completely certified from 60 days of completing pre-service training which typically equates to a 90 day process. A few exceptions include major life changes in a family that occurs during the certification process that causes the application to put on hold. A copy of our marketing report document is available upon request.

Promoting Well-Being (65 points)

9. Provide a detailed pre-service and ongoing training plan for Foster Care parents that emphasizes cultural humility and includes all required and relevant topic areas.

The Bair Foundation provides foster parents with a robust pre-service training curriculum to ensure they are prepared to meet the needs of the children entering their home. Bair Foster families are required to complete at least 32 hours of training at pre-service. Pre-Service training at Bair includes a basic orientation that addresses philosophy, expectations, and requirements. Following orientation, families will receive training on child development, trauma, fostering the child who has been sexually abused, the importance of placement stability, prudent parenting, child

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development, and fostering teens/siblings. Our Permanency team wraps it all together at the end of pre-service with a four-hour training that addresses grief and loss, co-parenting and the importance of attachment/permanency. Families are also required to obtain Safe Crisis Management (through JKM), CPSL, and First Aid training prior to certification. The Bair Foundation is committed to continuing our partnership with JKM to ensure our families are provided the tools needed to prevent and manage crisis.

Throughout each of these trainings families are encouraged to participate in activities that challenge them to step out of their comfort zone, challenge their own bias, and reflect on the material being presented. We have spent the last two years revamping our pre-service training curriculum to ensure that material is presented through a trauma lens. We recognize that although diversity, equity, inclusion, and cultural responsiveness is covered in each of the trainings listed above, that it would be more impactful and appropriate to develop a new training for families that will be included as a pre-service requirement. We have created a diverse team within the state of Pennsylvania to develop this training. The plan is to have this training ready to roll out by Spring 2021.

Once families complete pre-service, the learning does not stop. Our new families are required to complete all seven modules of Together Facing the Challenge, an evidence-based training program that focuses on the relationship between the agency, foster family, and child. Families are provided interventions to help address challenging behaviors in a supportive and therapeutic way that still allows for a trusting relationship to be developed between the child and foster family.

After the completion of Together Facing the Challenge, families are required to attend monthly support groups. Our support group model includes providing families the opportunity to gather to enjoy fellowship and a meal with other families, and then attend a clinically driven training. Training topics will vary per month, but each year families will be required to attend a SOGIE, Cultural Competency, co-parenting, and trauma training. The Bair Foundation is committed to providing trainings on these topics but will also continue to provide families with information about relevant trainings that outside agencies and providers are presenting.

Bair has been exploring methods of which cultural humility can be best incorporated into the work we do with children and families. This must first start with leadership strategically planning cultural humility integration into our organization. Allegheny County's child welfare system is not immune to racial disparity even with diversity reflected within our leadership. Children of color are disproportionately placed in out-of-home care at an alarming rate compared to their Caucasian counterparts. Bair is an integral part of the solution. Not only are more families of color needed, we also need to better prepare our employees and families in the on-going discussion of self-exploration of experiences and life-long learning. Cultural competency trainings at a new hire employee and/or pre-service foster family trainings is a good starting point, but to fully incorporate cultural humility is more of a practice model and as such, Bair is making strong considerations of infusing dialogue of cultural experiences into our daily functions. Bair is evolving our practice of making space for the conversations within our staff meetings, initial trainings (employees and families) and ongoing foster parent support groups.

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10. Describe your plan to facilitate co-parenting between birth parents and Foster Care parents, including how you will connect these people as early on as possible after a new placement is established.

Bair is committed to bridging the gap between foster parents and the biological families. This commitment is evident with the organizational change that occurred when drivers were eliminated and foster families became responsible for transportation to family visits. In order to accomplish the change extensive training and communication about the time line was provided to coaches and current families. The change was initially met with resistance, but because of a well-defined vision provided by the State Director and the leadership team, families and coaches realized that families providing transportation to visits is best practice and trauma-responsive. Bair understands that this is only one step toward bridging the gap.

Bair has a strategic plan already in place to address the gap between foster families and the biological family. This process starts with education, but continues throughout the system by intentional steps that promotes engagement. In the pre-service training Bair conducts activities that help the potential foster parents evaluate their thinking of the biological families and critique biases that will hinder relationship development. The families are placed in a visual imagery session where they imagine being in the shoes of biological families who have to make difficult decisions around employment, child care, and what to spend their paychecks on this pay period. The families are then asked to process how that felt. The families and staff are trained on the value of the child's family and the importance of working together. During training the expectations are addressed regarding transportation to family visits and interaction with the biological family through scheduled meetings, such as icebreakers and treatment team meetings. Bair has current families who just naturally bridge the gap to the biological families without systematic interventions. These families will assist in additional training and discussion groups throughout the year.

Training is only one aspect of bridging the gap. The second component is a system that requires it to be addressed formally. At referral the IC or Director will gather information from DHS on the biological family, identifying who needs to be actively engaged with the foster parents. This information will be documented on the intake assessment. These early identifiers of treatment members' roles will help to facilitate the 72-hour icebreaker meetings. During the initial 72-hours meeting the foster parent and the biological family will work out how to facilitate regular communication. Ongoing foster family engagement will be monitored through regular home visits with the coaches

The foster parent is trained to involve the parent in school meetings, special events and assisting in decision normally would be the sole responsibility of the foster parent. Progress toward co-parenting will be documented on the monthly progress report. Barriers to this process will be addressed and all efforts will be made to maintain positive relationships.

The third aspect of bridging the gap is intentionally incorporating the permanency resource in the healing process. In the model of care presented Bair would work with DHS to ensure a permanency resource is identified and who on the treatment team will actively participate in services. This will better prepare the entire family for reunification. The involvement of the permanency resource would include treatment planning, family therapy and skill development. Therapeutic Foster Care is a time limited program with discharge planning an essential component to success.

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11. Provide a detailed plan for establishing and sustaining Therapeutic Foster Care (TFC) homes. Please include:

- a. The standards of the specific model you intend to use and why you chose it.
- b. How you will implement the model, including specifics about the development and use of treatment plans at the client level.
- c. How your organizational capacity and infrastructure will be able meet all model standards and train and support Foster Care parents.
- d. Your proposed process and timeline to establish between 30% and 50% of your Foster Care homes as TFC settings.

a. The standard of the specific model you intend to use and why you chose it:

Bair's experience has afforded us the ability to develop a highly effective Structured Intervention Model of Care® which includes four evidence-based components: Together Facing The Challenge (TFTC), Trust-Based Relational Intervention (TBRI), Child and Adolescent Needs and Strengths (CANS), and Child and Youth Resiliency Measure (CYRM). The first two being competency based trainings and the second two are assessment tools incorporated into the model to drive the interventions for the family and the child. The coaches and foster parents are equipped with tools to respond to trauma effectively. Together Facing the Challenge (TFTC) developers at Duke University, intentionally incorporated trauma-informed care concepts into the curriculum to assist agencies with: (a) understanding more thoroughly the connections between trauma and behavioral health challenges, and (b) applying best practice, research-supported interventions in a trauma-informed approach. There are six key principles of a trauma-informed approach identified as necessary. These principles are embedded in the TFTC training curriculum:

- 1) Safety: psychological, physical, and emotional safety (including predictability, dependability, following through)
- 2) Trustworthiness and transparency: focus on building strong relationships where clients feel respected, informed, connected, and hopeful regarding their own recovery
- 3) Peer support: advocacy, education, and empowerment; encourages involvement of consumers in planning, implementing, monitoring and delivery of treatment services
- 4) Collaboration and mutuality: provider-client relationships and client-collateral relationships are collaborative; emphasis on clients/providers learning from each other
- 5) Empowerment, voice and choice: encouraging participation in treatment to increase sense of control; shift from "provider knows best" to "together, we can find solutions"
- 6) Cultural, historical, and gender identity: Life experiences and cultural background are key contextual factors in shaping a traumatic experience and individual/community responses to it.

TFTC is a 14-hour in-service training designed for foster parents who have children in their home. After each session the foster parent is given home work to practice the interventions taught and share their experience in the next training. The training components of TFTC include relationship building, teaching moments, setting expectations, avoiding power struggles, effective instructions, implementation of effective consequences, cultural humility,

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fostering youth transitioning to adulthood, and self-care. Bair is certified in this model of care through Duke University.

Trust-Based Relational Intervention (TBRI) developers (Karyn Purvis, TCU) understood the holistic approach of intervention needed for children who have experienced trauma. The concepts in TBRI marry perfectly with the interventions in TFTC. Caregivers are taught to respond to the child and give cues that help the child use coping skills and words as opposed to acting their feelings. The families and staff are taught to pay close attention to physical needs of the child such as hydration and nutrition.

Cultural humility is the ability to self-evaluate through process and be other-oriented. It also includes a desire to fix power imbalance and includes cultural understanding and advocacy. TFTC and TBRI has a process-oriented approach to the training helping parents gain life changing concepts that when put into place empowers children affected by trauma. Bair desires to infuse cultural humility in all aspects of service delivery.

Bair is committed to the assessment of strengths and needs driving the service planning process. Prior to the initial service plan the child is assessed using the CANS and the CYRM. The CANS is utilized to drive goals to address functioning where the CYRM identifies specific resiliency promoting skills that are lacking. The coach utilize the assessments and participate in a teaming case conceptualization to identify specific interventions the foster family will incorporate into their care of the child in promoting resiliency. This could be finding an activity in which they are able to succeed or identifying a trusting adult in which they can rely. All of these components are then documented in the Individual Service Plan (ISP).

The coach uses the tools outlined in the training and the goals established from the assessments to provide structured home visits. During visits the coach evaluates the foster parent's adherence to the interventions and the child's response. The family is then coached on how to improve service delivery and praised for success. In the TFC program the case load size is 1 coach per every 10-14 children with face-to-face visits twice per month. The coach is responsible for ensuring the family is supported and adhering to the model of care. The Bair therapist also meets with the TFC level children a minimum of once weekly in the delivery of individual and family therapy.

b. How you will implement the model, including specifics about the development and use of treatment plans at the client level.

The Bair coaches and families in Allegheny County are utilizing the model of care and currently 89% of children discharged to less restrictive and over 95% of children served maintained placement stability in only one foster home per placement episode. Additional components that will be added to the SI Model of Care include therapy provided by Bair therapist and peer support. These additional components that Bair will add as a result of this RFP will only enhance supports for children with higher needs.

The Peer Support parents will also assist the foster parents in skill development as outlined in the SI Model of Care. Through regular phone contact and meetings face-to-face they will discuss how the interventions are being used and how the child is responding. The coach and

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the peer support parent will have open communication on the progress of the foster family in providing services and any identified needs.

Weekly therapy will be provided by a Bair Foundation therapist. The therapist is highly engaged in the service planning process. They will participate in the assessment of the child and participate in plan development. When appropriate, they will incorporate the permanency option (either the biological family or foster family) in family sessions to prepare for reunification/adoption. The therapist will be trained in all aspects of the SI Model of Care® and utilize the concepts when providing guidance to the foster or the biological family.

Bair works to engage a comprehensive treatment team approach that gives the child and family ‘voice and choice’ in the treatment planning process. The treatment team involves key stakeholders working collaboratively to develop a treatment plan, implement this plan and evaluate success over time. Bair treatment team and treatment planning process reflect wraparound principles in that it draws upon the strengths and resources of the committed team including family, friends, professional and community members. It is important that the identified permanent caregiver be engaged in this process to ensure a successful and timely transition to permanency. Barriers to engagement should be addressed prior to placement or immediately thereafter. Bair’s supervision structure and low caseload sizes ensure effective treatment planning occurs.

Bair’s Treatment Family Foster Care Program is responsible for initiating, coordinating, and completion of required treatment plans. The child’s treatment plan is developed utilizing the Child and Adolescent Needs Strengths (CANS), the Child and Youth Resilience Measure (CYRM) and case conceptualization. The CANS is used to assess strengths and needs, least restrictive level of care, and to assess progress and discharge readiness. The CYRM is used to measure the resources (individual, relational, communal and cultural) available to individuals that will bolster their resilience. Case Conceptualizations are used to incorporate what we want the child to be hoping, dreaming, and believing about themselves by the end of treatment. This concept goes far beyond a reduction in negative behaviors and increase in replacement behaviors, and speaks to resiliency; how the child sees themselves and them having a healthy self-esteem and self-concept. Case Conceptualizations are road maps for the treatment team to follow and are implemented by the foster parent who is coached through the steps by the Treatment Coordinator and therapist. Treatment plans are developed within 30 days of placement and progress towards goals are reported to DHS every 30 days. Treatment plan updates are done every 90 days. Treatment team meeting include the child, the biological family and/or other permanent caregiver option, the DHS caseworker, Bair Therapist, Foster Care Specialist, Foster Parents, and any other invested persons in the child’s life. The CYRM is administered at intake and every six months. The CANS are completed within 30 days of intake and every 180 days thereafter. The results are incorporated into the treatment team meeting. In addition to the child’s clinical treatment goals, family therapy, shared parenting, case management needs of the child/permanent caregiver, are reviewed each month.

Bair understands the more involved the biological family is with the agency, the probability of successful reunification increases.

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c. How your organizational capacity and infrastructure will be able to meet all model standards and train and support Foster Care parents.

Bair is prepared to take an ‘all-hands-on-deck’ approach to ensuring the program implementation is fulfilled to fidelity. Bair’s board of directors is aware of Bair’s response to this RFP. The Executive Vice President, Vice President, State Director, Regional Director, Program Director, Clinical Director, and Intake Coordinators have all made contributions to this RFP and its content. The team is prepared to move forward with collaboration between private agencies and DHS. Bair is honored to be a vast network throughout PA and beyond. Bair has four office locations in Western Pennsylvania: Allegheny, Erie, Mercer, and Butler Counties are all host counties to our Bair offices. These offices work closely together to support one another in trainings and other resource needs. As an example, families are able to attend one another’s trainings in various offices based on the day and time of the trainings that work best for the family. Most trainings are available via in person or virtually (this will continue post-Covid 19). Therefore, in sharing resources and rotating facilitators of the trainings, we are able to elevate some of the ongoing time of our leadership trainers as well as create an accommodating manner in which families are able to receive trainings.

d. Your proposed process and timeline to establish between 30% and 50% of your Foster Care homes as TFC settings.

Bair is training all families in the SI Model of Care® to prepare them to one day become a therapeutic home. We believe that when a child is placed into a foster home, they should never require a move just because a family did not have the proper level trainings while a child’s level of care increases. With diligent targeted recruitment for families Bair is expecting to reach 30% of the TFC families. By October 2022 Bair will have 50% of the families serving as TFC families. See attached timeline.

12. Describe your plan to ensure timely completion of assessments for children in Foster Care through staff training, supervision and quality assurance.

Bair provides a comprehensive assessment at placement that includes the CANS and the CYRM. An additional intake assessment is completed to determine educational, emotional, and physical needs and strengths. All of this information is utilized in the development of the treatment plan. The assessment is updated when life changes occur, such as a move or permanency change, and every 6 months thereafter. Bair's robust electronic record tracking system, BairTrax, will alert the coach when an assessment is due. Coaches are trained on how to complete the assessment at hire. The Director/Supervisor reviews all documentation for accuracy. During supervision the Director/Supervisor discusses risk areas that need to be mitigated through the treatment planning process. If an assessment indicates high risk behavior that is potentially harmful to the child or family the mitigation steps will be done immediately and the outcome is documented in the child’s record.

Bair also has a national level Performance and Quality Improvement (PQI) department which employs Quality Management Specialists (QMS). The QMS performs quarterly reviews of compliance with a sampling of 10-25% of children reviewed. Additionally, Directors are trained in how to perform peer-reviews and targeted reviews that are completed at least once every two months. In the peer review process, coaches are able to review one another’s files for documentation and assist with ensuring items are on track. This also helps the coaches to see how

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others complete their work and gives them other tools for their toolbox in how they complete their own work on a daily basis.

Building a High-Quality and Consistent System (15 points)

13. Describe your organization's plan to regularly collect feedback from Foster Care children, parents and families and how you will incorporate it into your Foster Care program and ensure continuous quality improvements. Please include:
- How you will collect feedback from children in Foster Care and use it to inform your practice.
 - How you will get Foster Care family input to evaluate what supports are needed, and how this feedback will inform changes to practices.

Bair continually evaluates program standards and outcomes to ensure services are provided in a trauma informed, culturally sensitive and strength-based manner. Program improvements have been made when areas of improvement are identified. Bair has an extensive PQI system established in the year 2001 when Bair became accredited by the Counsel On Accreditation (COA). As a part of the PQI process surveys are given to foster parents, the child, the county worker and the biological parent if applicable in an effort to improve service delivery. Follow-up calls have also been instituted where surveys are not returned. Quarterly survey information is reviewed by the QMS and local office employees, and plans of improvement are established where weaknesses are identified. Employee surveys are conducted annually with all levels of management participating in the process to improve the work environment and the quality of care provided by the local teams. An example where feedback changed process was when a county worker identified that kinship families struggle with the cost of certification and often do not have the means of needed financial support. Bair was able to adjust the budget and offer certification funding for families in need. This did have an impact on families completing the certification process more timely as well as receiving the necessary support to sustain the child's placement. Under the enhancements to the SI Model of Care® per this RFP, the PQI department will begin conducting surveys with peer support families and those they mentor for valuable feedback in a very new process. Lastly, the peer support families will be meeting regularly in person with the Director and coaches. A meaningful part of the discussion is to process what is working and what needs refined. As a result of these collaborative discussions, Bair will work with DHS on the recommendations made by the team and determine if a system change needs to be made if it cannot be made at the Bair organizational level. It would be encouraged that a collaborative meeting of peer families be held with organizational staff and DHS with all providers annually to review possible systematic enhancements to the great work already being conducted.

14. Describe your process and plan for tracking, entering and reporting data in a timely and accurate manner. Be specific about which staff will be required to perform the data entry, how they will be supervised, monitored and supported and where data entry fits into the overall business process.

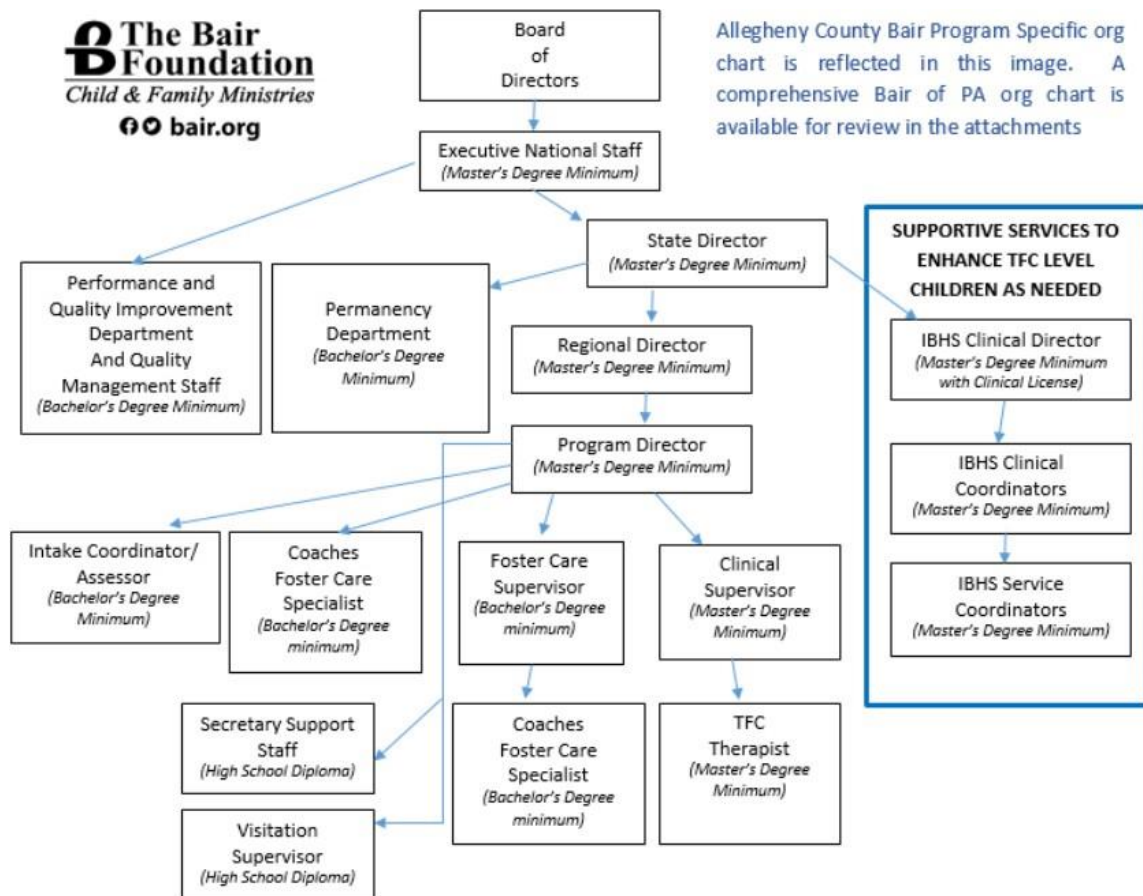
Once Bair has received the information that needs to be gathered, we will ensure that our BairTrax electronic record keeping system has data fields available for such data to be entered by the various members of the treatment team. For instance, if clinical data needs to be gathered based on increase or decrease in CANS scores/CYRM measures, then the Clinical Supervisor would be responsible for entering this data into the BairTrax system. However, if coaching interventions

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or peer support family feedback needs to be collected, the coaches and/or Director will enter the data. Similarly, the Intake Coordinator will be entering data related to family recruitment efforts and successful certification completions. Everyone will play a role in preparing the data in the BairTrax system or the Allegheny KIDS/MPER systems if it is desired to be housed in such platform. If housed internally, Bair will work with our programmers to ensure that a customized report will pull the data from BairTrax that can then be sent to DHS on the required intervals.

Staffing and Staff Training (40 points)

15. Attach an organizational chart that reflects the positions, including responsibilities and current or desired qualifications, of all staff members involved with all components of operating Foster Care. The attachment is not included in the page count.



16. Describe your plan and strategy for recruiting any additional staff needed for Foster Care, or how current staff meets all needs, including the staff who will support TFC homes. Describe past successes using this strategy.

Bair currently has a third-party contracted service, StaffServe, to assist the local office Directors in screening viable/qualified candidates for positions. Positions are posted on various local and other on-line job boards. StaffServe also advertises in local newspapers and with university partners. Once awarded the RFP, Bair will contact StaffServe within 5 business days to post for the positions of Clinical Supervisor and Foster Care Specialist (coach) to help support the children specific to the TFC level of care. As the Foster Care program grows, Bair will continually hire to

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accommodate such growth and caseload size. Once Bair reaches 85 children in care, an additional Program Supervisor will be added to help the Director with supervision and documentation needs of the team.

Once StaffServe conducts the screening of applications, they will also conduct the first level of interviews. StaffServe then sends the top 3-5 candidates to the hiring manager at the local office for a second level interview. Bair averages 6 weeks from the time of the posting until the chosen applicant is hired. Thus, ongoing staffing needs will be handled with professionalism, selectivity, and quality.

17. Provide a detailed staff training plan that emphasizes cultural humility and ensures that staff are trained in relevant topic areas, including the changes you will make to the existing training program to meet requirements.

The current training curriculum already encompasses a significant portion of what is needed for the initiation of this new level of program service delivery for Allegheny County. Bair has training manuals (available upon request) that help to keep a new hire employee on track for the trainings needed for each position. Bair recently began implementation of E-learning as an enhancement to the existing structure. As such the training manuals are being phased out, but until that time, these are available for review upon your request. The training manuals (and E-Learning) lets employees know which trainings are due on the first day, second-fifth day, 30th day, 60th day, 120th day, and 6 month mark of their onboarding process. As E-learning is instituted, the new employee will receive emails letting them know it is time to join in on their next training. The majority of the E-learning trainings are for non-SI Model of Care® related training components. Items such as the Indian Child Welfare Act, HIPAA compliance, Computer Safety, etc are taught in the E-learning capacity. However, all SI Model of Care® components are taught utilizing a de-centralized manner at the local office level by local leadership. Bair believes that in order for leaders to effectively engage their teams, they must know the material intimately and be able to teach the material with quality. Therefore, local office leadership and coaches trained as ‘train-the-trainers’ for the majority of the components to include: Opportunities in Crisis; Promoting Placement Stability; Teens and Siblings; Caring for the Sexually Abused Child; and the NCTSN Trauma trainings; and Together Facing the Challenge. TBRI is slightly different as one must be a TBRI Practitioner with TCU to provide such trainings and even then, these are considered ‘educational sessions’ not ‘trainings.’ Therefore, these educational sessions are currently provided with special permission from TCU, by our National Director of Performance and Quality Assurance. To reiterate, the cultural humility practices are going to be interwoven into our practices and dialogue rather than being a stand-alone training. We believe that as a stand-alone training it will become a ‘check the box’ requirement, instead of an intentional conversation. Employees will receive a cultural diversity training at hire that incorporates the need to understand cultural humility and it will provide a basic framework of why cultural humility and self-exploration is necessary in the field of child welfare. However, through regular staff meeting discussions and family support group discussions, it is believed that the practice of life-long learning, growing and developing in this area will better become ingrained in the practice of our team. Developing the new hire training may be somewhat of a challenge as we are all newly introducing the concept of life-long learning and growth; we have a qualified research team that will gather information necessary and develop the training curriculum. It is expected that a committee will be developed to evaluate such initial trainings and practices to have cultural humility become part of the organizational procedures and

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practices. This committee is expected to meet annually to review the progressiveness of the organization in this area and make continual recommendations for improvement. However, if DHS would rather this be a collaborative meeting with all providers and DHS employees as we learn and grow, Bair would welcome the teaming approach!

18. Describe your plan for hiring racially and culturally diverse staff.

The Bair Foundation currently uses WorkplaceDiversity.com data bases to recruit qualified minority staff. The Bair Foundation, in conjunction with StaffServe, actively recruit through posting employment opportunities with the following organizations: Community Action Association of PA, Military.com, NAACP, National Black MBA, PA Workforce Commission, U.S. Department of Labor, U.S. Department of Veteran Affairs, Urban League of Pittsburgh.

Organizational Capacity and Implementation Challenges (30 points)

19. Complete the following chart of services your organization currently provides in contract with DHS and/or other PA counties. You may add additional lines to the chart, as needed.

Service Name	Service Description	Contracting Entity	Contract Amount	Start Date of Contract
Class BA	Supported Enhancement FC/KC	Erie	\$94.47	FY2007
Class BM	Supported Moderate FC/KC	Erie	\$89.47	FY2007
Class BB	Medically Needy FC/KC	Erie	\$86.31	FY2007
Class BI	Medically Needy Level 2 FC	Erie	\$101.31	FY2007
Class BC	Medically Needy Level 3 FC	Erie	\$112.66	FY2007
Class BK	Medically Needy Level 4 FC	Erie	\$132.66	FY2007
Class BD	Lower Level FC/KC, ages 0-11	Erie	\$76.28	FY2007
Class BL	Lower Level FC/KC, ages 12-21	Erie	\$81.28	FY2007
Class BE	Supported FC/KC, Young Parent, Non-Dependent Infant	Erie	\$119.10	FY2007
Class BF	Structured Intervention Foster Care	Erie	\$106.69	FY2007
Class BZ	Treatment Foster Care	Erie	\$175.00	FY2007
Class BA	Supported Enhancement Foster Care/Kinship Care	Somerset, Warren, Northumberland, Mifflin, Mercer, Mckean, Lebanon, Juniata, Indiana, Franklin, Fayette, Cumberland, Crawford, Columbia, Clinton, Center, Blair, Adams	\$77.50	Bair in 1968 in the state of PA and has served the majority of its contract counties for at least 30 years.

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Class BM	Supported Moderate FC/KC	Same as above	\$77.50	Same as above
Class BB	Medically Needy Level 1	Same as above	\$63.81	Same as above
Class BI	Medically Needy Level 2	Same as above	\$63.81	Same as above
Class BC	Medically Needy Level 3	Same as above	\$70.16	Same as above
Class BK	Medically Needy Level 4	Same as above	\$70.16	Same as above
Class BD	Lower Level, ages 0-11 FC/KC	Same as above	\$66.28	Same as above
Class BL	Lower Level, ages 12-21 FC/KC	Same as above	\$66.28.	Same as above
Class BE	Supported FC/KC-Young parent/non-independent infant	Same as above	\$92.96	Same as above
Class BF	Structured Intervention Foster Care	Same as above	\$119.10	Same as above
Class BZ	Treatment Foster Care	Same as above	\$175.00	Same as above
Class BD	Basic Foster Care Level 1	Allegheny	\$68.00	FY97
Class BA	Basic Foster Care Level 2	Allegheny	\$71.72	FY97
Class BF	Supported Foster Care	Allegheny	\$89.84	FY97
Class BZ	Supported Foster Care / SITFC	Allegheny	\$90.72	FY97
Class BB	Medically Needy Level 1	Allegheny	\$68.00	FY97
Class BI	Medically Needy Level 2	Allegheny	\$71.72	FY97
Class BC	Medically Needy Level 3	Allegheny	\$76.74	FY97
Class BK	Medically Needy Level 4	Allegheny	\$89.84	FY97
Class BE	Level 1-4 Mother and Baby	Allegheny	\$81.87-\$103.32	FY97

**The Bair Foundation currently contracts with 53 counties in the state of Pennsylvania. Erie County has set its rates higher than most other counties as a proactive strategy to managing the mandates associated with the Family First Act. The remaining counties are contracted slightly lower than the rates listed above. A comprehensive county listing of levels and rates are available upon your request.

20. Describe the challenges that your organization has experienced in the past and/or that you anticipate with fulfilling the Foster Care Scope of Services, as described in the RFP, and how you will mitigate those challenges.

Bair is determined to work through barriers when they present themselves. Bair is currently making great strides in recruitment for Allegheny County by adding additional staff and creating additional community partnerships. Bair has 17 new families beginning the certification process as a result of the changes made. A new Director has been hired, with a strong belief that children coming

RFP for Foster Care Agencies

from hard places should be placed in a family who shares and/or understands those challenges. Families are stretching their preferences, which is increasing capacity for teens and 'hard-to-place' children. Developing Emergency homes was a challenge in another state. This was accomplished by making sure that this option was discussed in training as well as recruitment materials. Emergency Respite homes also assist families in prioritizing the need for self-care which increases retention. We see challenges as opportunities for improvement. Bair makes it priority at all levels of the organization, to review our recruitment and retention needs.

21. Provide a plan for implementation that clearly identifies your organization's strengths and challenges to implementing the Scope of Services, including the changes your organization will need to make (in terms of staffing, training, structure, Board of Directors, etc.) to deliver the services described. Attach a timeline for implementation that includes benchmarks and anticipated completion dates, clearly showing what can be in place by July 2021 and what will require more time to implement. The attachment is not included in the page count.

Bair has been serving children in Allegheny County since 1997. Bair is extremely proud of the working relationship that has been established with DHS and other local providers. Bair has worked hard to ensure the needs and the requirements of the County system are met. DHS has been a valuable partner for Bair and we are looking forward to continuing to provide care for children and families from Allegheny County. Bair has an already established SI Model of Care® has proven results. We also have a robust system of program improvement. Thus, adjusting services to include peer support will not be a barrier to implementation. Bair is already working on the peer support program as a formalized process. We expect to have this fully operational by July 2021. Bair is currently serving children in TFC through Bair foster homes and coaching staff. Regular foster care has been a long-standing program at Bair and will utilize current families to recruit and/or accept TFC or emergency placements. Bair is committed to investing resources to increase capacity to meet the needs of all children.

Financial Management and Budget (10 points, not included in page count)

22. Provide a detailed line-item budget that reflects a realistic estimate of the costs associated with implementing and sustaining Foster Care, including the suggested Maintenance Rate for TFC homes for the selected model and whether that amount varies based on the age of the child in care. You may provide the line-item budget as an attachment (e.g., Excel file) or in the space below.

See Attachment

23. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget.

Bair is excited to consider a consolidation of rate structures for Allegheny County. Bair understands that excluding CRR, Medically Needy, and Mother Baby child/youth placements; the county is seeking to create a two-tier system of child payment categories: Foster Care and Therapeutic Foster Care. Bair also understands that the county has researched maintenance rates and is planning to utilize rates for families based on age categories. It is expected that youth with TFC levels of care will have enhanced rates of maintenance beyond the age categories.

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Bair has prepared a budget attachment that defines each line item in the manner represented on the State Title IV-E cost reporting process on Tab IV “Direct Administrative Expenses.” In modeling this type of budget, the reviewers of this response will be able to closely align it to the pre-determined categories of the cost reporting process. Bair has also included in the budget, recommended administrative rates and the already approved extension of rates that Bair has from the state in classes BA and BZ for the FY 21/22 year. The approved extension letter is available upon request.

Bair has added the capacity of currently serving 46 children in our Allegheny County office, to a capacity of 100 children and youth served by October 2022. As such, Bair has matched the staffing capacity and leadership to support such capacity and enhanced levels of care for the TFC level children/youth. This includes expanded expenses related to travel costs, communications, and foster parent recruitment costs. Bair has also included funding to support the peer support parents with a monthly stipend for their extra efforts in supporting other families as well as a recreational support building budget for these families to engage the group of families in activities that nurture a supportive network and relationship building.

Lastly, there are formulas in several of the item areas that help to explain the method of which the budget amounts were determined. For instance our office runs a current history of spending \$0.21 per child per day in care on our office supplies. Therefore, with 100 children/youth in care during a year’s time, the formula will read = $(0.21 * 100 * 365)$. Another example is that of the staffing line items. In line 4 of “Case Management” there is a formula that represents the salaries of the FCS coaches at having 7.5 employed with a 3% expected annual performance increase; ICs at 2 FTE with a 3% increase expected for annual performance; and 2 part time assessors which do not receive annual increases without further merit awarding such increase. There are times that no other methodology can be applied other than known history which may be a line item that requires us to double the expected expense based on doubling capacity of children/youth served. Whereas, rent space is not needed to increase at this time and remains constant to the current history of this line item. Thus a straight number is prepared in that formula block.

Should the reviewers have any questions during the review of the budget items and formulas, Bair will be available to respond and prepare further details.

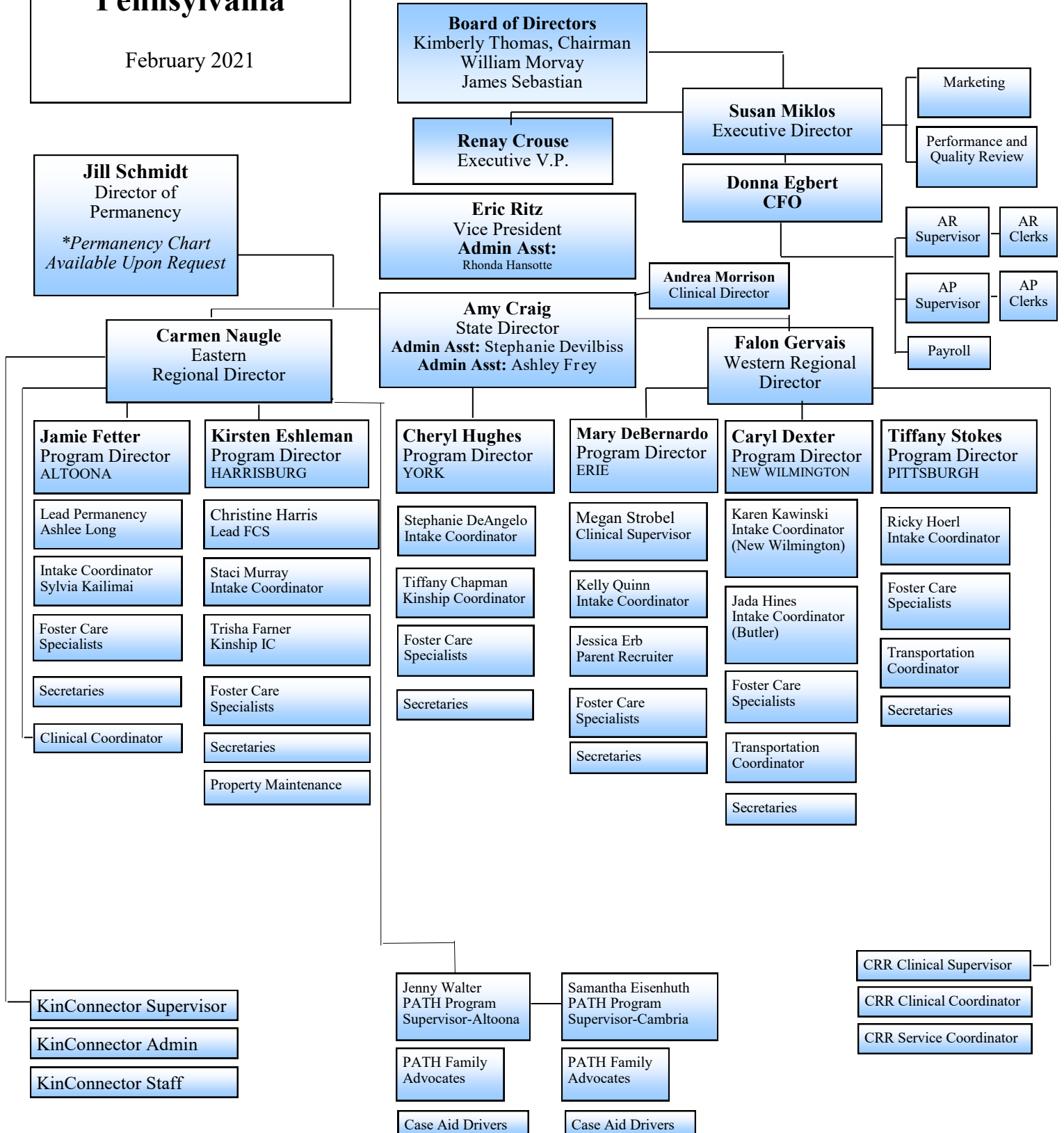
THE BAIR FOUNDATION

Personnel Expenses	
Case Management	\$ 405,950.00
Manage/Supervise Staff	\$ 168,700.00
Support Staff	\$ 108,125.00
Clinical/Treatment/S.S./Med Services	\$ 245,000.00
MH/ID and Education Services	\$ -
Employee Benefits	\$ 1,143,083.25
Staff Training	\$ 27,600.00
Total Personnel Expenses Minus Clinical	\$ 1,607,412.85
Total Personnel Expenses	\$ 2,098,458.25
Facility / Operational Expenses	
Facility - (Rent/Depreciation)	\$ 63,398.00
Maintenance	\$ 7,531.00
Building Utilities	\$ -
Communication	\$ 40,715.40
Office Supplies	\$ 7,665.00
Staff Transportation/Travel	\$ 51,252.00
Foster Parent Transportation/Travel	\$ 7,525.00
Vehicle Maintenance and Repair	\$ -
Postage and Shipping	\$ 9,125.00
Printing and Publications	\$ 1,500.00
Insurance	\$ 19,007.93
Equipment and Furniture (Depreciation)	\$ 12,870.00
Association Dues/ License Fees	\$ 4,733.00
Foster Parent Training	\$ 14,200.00
Recruitment of Foster Parents	\$ 18,000.00
Recruitment of Staff	\$ 14,400.00
Advertising	\$ -
Bank Fees	\$ -
Interest	\$ -
Foster Parent Support	\$ 44,650.00
Professional Fees	\$ 28,346.00
Miscellaneous	\$ -
Foster Child Incidentals	\$ 2,000.00
Child Assessment Supplies	\$ 285.00
Total Facility / Operational Expenses	\$ 347,203.33
Total including Admin Facility/Operational/Personnel Expenses	\$ 2,098,458.25
Indirect Administrative Expenses	\$ 314,732.24
Total Admin Exp:	\$ 2,760,393.82

Administrative Costs			Existing Approval for Bair Title IV-E Budget	
TFC expected CCD	8030	\$ 103.13	\$105.70	Class BZ
FC expected CCD	28470	\$ 55.80	\$55.95	Class BA

The Bair Foundation Of Pennsylvania

February 2021



Allegheny Foster Care RFP Implementation Timeline

February 1, 2021	June 30, 2021	October 1, 2021	December 1, 2021	January 1, 2022	October 1, 2022
Begin targeted recruitment and training of TFC foster families. Survey existing families as potential TFC families.	Ready to implement the respite care and emergency placement model using the identified pool of respite/emergency placement homes.	Of 50+ foster families certified, at least 15 will be certified as TFC families (30%).	Peer Support Model is fully integrated.	All TFC foster families will have received SOGIE training to supplement the existing treatment model training that includes curriculum content in cultural humility. SOGIE will continue as an annual Bair training.	50% of foster families will be certified as TFC families.
Begin recruitment of respite/ emergency placement families through targeted marketing and through survey of existing foster families. New and existing families will identify additional families in their personal network who would consider being respite caregivers.	By June 30th, 50 total families will be certified. Of the 50 families certified, 10 families will be certified as TFC families (20%).	The Peer Support Model and Curriculum is complete and ready to begin implementation.			
Initiate communication with our network of known partnerships in the region (such as Allison Park Church) to identify potential families for respite care and transportation.	Foster Care Specialist will be employed and fully trained to begin managing the TFC caseload.				
Create job posting for an experienced Foster Care Specialist to manage TFC Caseload.					