



Allegheny County Department of Human Services

RFP Response Form

Foster Care Agencies

PROPOSER INFORMATION

Proposer Name: UPMC Western Behavioral Health at Mon Yough

Authorized Representative Name & Title: Christine Hogan-Zellefrow, Director Clinical Care Services

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Website: www.mycs.org

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

Date Incorporated: September, 1969

Partners and/or Subcontractors included in this Proposal: N/A

How did you hear about this RFP? *Please be specific.* Allegheny County Department of Human Services

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Christine Zellefrow	[REDACTED]	[REDACTED]
Contract Processing Contact	Amber Vash	[REDACTED]	[REDACTED]
Chief Information Officer	Becky Burkley	[REDACTED]	[REDACTED]
Chief Financial Officer	Thomas Rector	[REDACTED]	[REDACTED]
MPER Contact*	Margaret Ogurchak	[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.

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BOARD INFORMATION

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

Board Chairperson Name & Title: Noreen Fredrick, President

Board Chairperson Address:

Board Chairperson Telephone:

Board Chairperson Email:

Mark Zacharia, Board Vice President

David Bobrzynski, Board Treasurer

Carol VanZile, Board Secretary

Jane Urish, Board Member

Dawndra Jones, Board Member

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.*

[REDACTED] Foster Parent, [REDACTED]

[REDACTED] former Foster Child, [REDACTED]

[REDACTED] Foster Parent, [REDACTED]

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PROPOSAL INFORMATION

Date Submitted 2/10/2021

Amount Requested: Year 1 - \$844,007 - Year 2 - \$864,093 - Year 3 - \$888,039

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.

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

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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.

UPMC Western Behavioral Health at Mon Yough (UPMC WBH @ MY) has over 50 years of experience as a mental health and substance use service provider for youth and adults in the Mon Valley Region of Allegheny County. Over the past 10 years, UPMC WBH @ MY Specialized Foster Care program has been providing quality therapeutic homes and services for children in the foster care system. Services include collaboration with the court system, Kids Voice, DHS Caseworkers and many other provider agencies. Close collaboration is paramount to our day-to-day business to ensure that the children in our care have continuity and seamless transitions to the services they need.

During the ten years we have been in operation, our foster care team has been working with children that have complex behavioral and mental health needs within the system. We have not hesitated to take on challenging cases and have ensured that our families are well trained to meet the needs of our children. Foster parents are the backbone of our program, and we work hard to ensure they have the tools they need to be successful. The foster families in our system have a minimum of 30 hours of training on an annual basis. This includes an eight-hour training on Trauma Informed Care which is essential to ensure successful placements for children and families. We have in person and video training sessions facilitated by instructors that are qualified and specialized in the required areas. Healthy foster families that are confident and feel supported by our team help to increase foster child stability. We value the relationship between our children and their birth families. We have our own recently renovated visitation room so that birth families have an inviting space to visit with their children. Our foster families are encouraged to transport their foster child to the birth family visits. This practice helps to secure a positive relationship between the birth family and the foster family.

UPMC WBH @ MY provides a myriad of services that target at risk youth and their families. We have a robust array of services in our CHILD department area. Services are delivered both on-site as well as in the community. We currently provide services in twenty-eight schools and nine Propel Charter schools. These services include: Prevention, Student Assistance Program, and School-Based Therapy. UPMC WBH @ MY also provides traditional, on-site Outpatient and Medication Management services. We have walk-in hours where clients can receive an intake and assessment appointment with a skilled therapist immediately so that there is no delay in access to services. From there, frequency of appointments are determined based on needs of the child. Psychiatric services are scheduled with either a CRNP or Psychiatrist based on history

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of medication management and current need. Foster children in our care can receive these services at an expedited schedule to ensure a smooth transition into a new home. Children's Service Coordination is offered as well and can be helpful with obtaining and sustaining social determinants of health needs that can be a bridge to accessing needed supports for our children and their families. Lastly, we offer Certified Peer Support for adolescents, it is important to have someone who understands the system from a client's perspective and provides support in ways that other mental health professionals may not be successful. All these services can have a positive impact for the children in care and the children at risk of coming into care.

As a provider currently offering foster care services, UPMC WBH @ MY currently attends conferencing and teaming meetings for all children in our care. It is expected that this process continues and that at minimum one staff member attend these meetings to ensure continuity of care for each child.

UPMC WBH @ MY truly understands that the goal of the program is to ensure that every child is safe, supported and is receiving the appropriate level of services to meet their unique needs. Upon admission and annually thereafter, all children are educated on their rights and the grievance procedures and are encouraged to speak out if they have a complaint or concern. An intake checklist and annual spreadsheet is utilized by administrative staff to ensure that this process occurs, and that all essential information is reviewed with each child.

Medical and dental care is an important piece of each child's health and wellbeing. UPMC WBH @ MY ensures that each child receives the highest level of medical and dental care available. It is an expectation that the foster parents schedule appointments and arrange transportation to these appointments, however when this cannot be accommodated, it is the agency's responsibility to coordinate these services and provide transportation. Upon completion of all appointments, we ensure that proper documentation is received. If further follow up is needed or recommended by a physician, UPMC WBH @ MY ensures this coordination.

UPMC WBH @ MY Foster parents and previous foster children were interviewed for their input into this proposal. Any time we work with a child, foster parent, or birth parent, we take their opinions and experiences into great consideration. They are not only integral to this proposal but to developing our service plans and planning treatment and care for the children.

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.

UPMC WBH @ MY has remained a beacon of hope and an agent of change supporting individuals, youth, and families across Allegheny County for 50 years. Located in the heart of McKeesport and throughout the Mon Valley, UPMC WBH @ MY has the unique opportunity to position itself as a pillar of the community and continues to be accessible to many individuals who call the Mon Valley area home. Over the past 30 years, damage to the infrastructure and drivers of the region's industrial economy has impacted the median income of residents and access to resources in the area has diminished which has negatively impacted the community.

UPMC WBH @ MY has demonstrated a commitment to bring excellent care to an often-underserved population. We take pride in creating a safe space, where quality is our guiding principle. One of the ways we demonstrate commitment to our values of *Quality and Safety*,

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Responsibility and Integrity, and *Excellence and Innovation* is through an extensive foster care training curriculum designated for our foster parents and families. The goal is to aid our providers, foster parents, youth, and families with increasing their awareness of trauma informed care and incorporate these concepts into practice. We facilitate this learning in part through our Resource Parent Trauma Curriculum workshops which consists of two 4-hour workshops for a total of eight hours annually specifically dedicated to reviewing the tenants of Attachment Theory parenting techniques with a trauma-informed lens. Our resource materials are derived from the National Child Stress and Trauma Network's evidence-based Resource Parent Curriculum and the Anne E. Casey Foundation ARC Reflections training program, which provides our parents the framework to maintain a therapeutic home culture.

We are equally committed to ensuring that as a provider agency, we promote an environment that is characterized by cultural humility in the ways in which give and empower voices to those often overlooked in the community. In the common areas of the Child and Adolescent Outpatient department, we prioritize making culturally diverse reading materials available as well as prominently displaying LGBTQIA+ affirmative signage and artwork to ensure all members of the community receive adequate representation. We also provide diverse training materials to engage our providers, parents, and families on the topic of cultural humility. We offer a Trans-Racial/Multicultural workshop to begin the evolving conversation of how we as a community can assist each other through learning, sharing, and most importantly, listening to and practicing cultural humility in our homes. We curated a specialized foster care training curriculum adapting the Growing Up Different: Understanding Our Families training resource by NACAC (North American Council on Adoptable Children) to offer training workshops aimed at teaching our providers, parents, families, and children the skills needed to promote the best outcomes in our placements.

Furthermore, our commitment to *Quality and Safety*, *Responsibility and Integrity*, and *Excellence and Innovation* includes providing LGBTQIA+ affirmative training workshops as part of our required annual training. To that end, we give foster providers, parents, youth, and families an opportunity to familiarize themselves with terminology and concerns specific to LGBTQIA+ youth as well as learn positive parent engagement via our use of the Safe Zone, which is an LGBTQ training workshop aimed at teaching affirmative parenting approaches to help support LGBTQ youth. In addition to these workshops, we also link providers, parents, families, and youth to targeted community-based supports as opportunities for socialization and participation in other LGBTQIA+ events.

We were recently selected to participate in the AHCI (Allegheny County Health Choices, Inc.) and Allegheny County Department of Human Services Anti-Racist Leadership Cohort Training. This is a year-long endeavor that will assist us with our journey to become an organization that is inclusive for all and addresses the issues of racism and social injustice head on. We currently offer a monthly forum for staff which fosters and creates an open discussion of these issues and identifies tangible action steps to move our organization forward.

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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.

UPMC WBH @ MY Foster Care program originated from the need to provide specialized foster care services for a youth involved with OCYF. At that time, the youth's needs were not being met in traditional foster care settings. With the goal to support the youth and meet social/emotional needs, UPMC WBH @ MY was approached by DHS to support the youth in a highly specialized and supported foster home. From this first placement in 2010, UPMC WBH @ MY has grown in capacity to serve youth in foster care. Our mission is to nurture hope, renewal, healing, and wellness. We are committed to providing services that are relevant, effective, well-coordinated and accessible.

Over the years, UPMC WBH @ MY has provided specialized foster care to 174 youth with permanency provided to 48 youth. All UPMC WBH @ MY foster homes are trauma informed and specialized foster homes. Annual training requirements cover a plethora of topics including: Trauma Informed Parenting, Transracial Placements, supporting LGBTQIA+ youth, understanding Reactive Attachment Disorder, Prudent Parenting, Impact of Poly-Victimization of K-12 schools, Placement Preservation and Comprehensive Crisis Management. Our foster care caseworkers have manageable caseloads, permitting individualized and responsive care to youth and foster parents. Ongoing training for caseworkers includes SOGIE, Commercial Sexual Exploitation of Children (CSEC), Prudent Parenting, Trauma Informed Care, Mental Health 101, Conflict Resolution, among a host of others.

At UPMC WBH @ Mon Yough our agency prioritizes equipping all team members with the skills necessary to promote emotional stability, well-being and positive development to the children we serve. Considering the multifactorial impact of adverse child experiences, we have taken a proactive approach to implement a trauma -informed culture across all service lines. We have a comprehensive trauma-informed training program, which provides 8 hours of targeted training for Foster Care staff and parents annually. We adapted materials from NCTSN (National Child Trauma and Stress Network) and Annie E Casey Foundation Attachment, Regulation and Competency (ARC) Reflections training program to teach Foster Care staff and parents the tenants of ARC. This ensures that the children in our care receive high-quality, trauma-informed services rooted in cultural humility. We are also planning to provide additional training specifically designated to equip Foster Care agency staff with the skills and tools to assist parents in their learning by incorporating the accompanying Case Manager's Guide. This is a how-to guide to implement goal-oriented follow-up actions to reinforce the foster care staff-to-parent as well as parent-to-child therapeutic alliances during each module/phase of training.

Addressing the social/emotional needs of youth in care is our primary concern. A full-time Behavior Health Therapist works within the program to provide behavioral health care to children in foster care, training, and support to foster parents and training for UPMC WBH @ MY caseworkers. Within the Child and Adolescent Department, youth that need additional support are referred to our Outpatient Therapy program where individual, group and/or family therapy serves are available. When specialized coordination of behavioral health needs is warranted, a referral to our Blended Service Coordination Unit occurs.

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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).

UPMC WBH @ MY would like to continue providing therapeutic foster care services for youth throughout Allegheny County. A strong commitment to providing care and support 24/7 to youth and foster parents requires expansion at a controlled rate. UPMC WBH @ MY envisions supporting up to 50 youth in therapeutic foster care at a time. We will continue working with teenagers, LGBTQIA+ youth, and youth with significant social/emotional needs. UPMC WBH @ Mon Yough also strives to support sibling groups, allowing youth who identify as family to live as family. We are also able to support homes where English is a second language; providing culturally responsive care and support. We can support medically fragile children as well. We are currently serving 38 children in 28 foster homes.

Due to the intensity of need exhibited by the youth in our services, we need to have adequate staff to meet the needs of the children in our care. If awarded the contract, we intend to hire an additional Caseworker and Behavioral Health Therapist. This will ensure that we are able to provide both high quality services and individual attention to the children and families in our care. The addition of these position will allow us to serve 10-15 more youth.

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.

UPMC WBH @ MY is committed in maintaining a diverse pool of foster parents and families that are representative of the community we serve. Our current foster parent providers and families are a diverse group of individuals as demonstrated by race, ethnicity, culture, religion, sexual identity and gender identity/expression. At the time a youth comes into care, we begin to consider the child’s needs through a socio-cultural lens to determine the most appropriate placement. We recognize the importance of representation and the availability of culturally congruent reference points to a child’s sense of self and wellbeing. In the event the cultures of reference of a child and foster family differ, we consider the socio-cultural lens of both child and family to develop a plan to ensure appropriate supports as well as education and/or information is available to the foster family to preserve the child’s unique self-identity as well as promote connection in the home. UPMC WBH @ Mon Yough has incorporated an annual training

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workshop aimed at specifically addressing the nuances of transracial/multicultural placements and increasing parents understanding of intersectionality and how to best meet the needs of youth based on who they are as socio-cultural beings.

Positioned as a pillar of the community, UPMC WBH @ MY has a unique opportunity to bridge gaps in contributing to inequity within the social service and health care systems. Children of color are disproportionality overrepresented in the child welfare system and account for a high number of the youth in the foster care system. UPMC WBH @ MY aims to actively recruit Black/African American foster parents to ensure our pool of foster parent providers and families are representative of the population we serve. To meet this goal, our objective is to broker relationships with and within the Black/African American community. This relationship must be one built on the willingness to listen and learn while recognizing the historical context of communities of color not being treated equitably by the child welfare system. We must be respectful and sensitive with these communities. We will be proactive in our efforts to meet families where they are via assertive community outreach and engage the community in the conversation about the number of children in care for which they have a unique skillset to create nurturing restorative foster homes. Considering the historical and cultural context regarding disparities of access to care, there is a disconnect among communities and helping professionals.

We, as an agency, must build trust, be transparent, show integrity and provide excellent customer service to combat this historical barrier. We need to eliminate hurdles by making the approval process as smooth as possible. We can complete initial trainings in the home and can use a virtual platform as well to ease the burden on our families. We plan to find the informational networks with the hubs of the community to get our message of services and goals out. We plan to provide participation in houses of Worship, attend Black/African American events, use the expansive net of social media, and have a presence within the communities that youth come from in an effort to not only support the community but to also provide an opportunity to identify foster parents.

We are committed to identifying and securing foster families. We educate our team and the larger organizational team on the qualities that we are looking for in families and who to connect them with for a high-level conversation. We have several staff on our team that have been or currently are foster parents and are passionate about this work which makes it easier to relate to potential candidates and develops a level of trust. The supervisor of the department is primarily responsible for spearheading the recruitment process; however, the diverse staff of caseworkers will also be relied upon in efforts to provide an all-encompassing approach to recruitment.

UPMC WBH @ MY consistently completes and will continue to conduct in-person emergency placement contacts within 24 hours of a child being placed in our foster homes. There after the child will be seen at a minimum of every 15 days. Children placed in our therapeutic homes are often seen more frequently due to the complex needs they present. All contacts are documented in the KIDS system within 48 hours of them occurring.

UPMC WBH @ MY being a specialized, therapeutic agency historically has not taken emergency placements; however, in the past two years, several families have been trained to answer these emergency calls. We serve the complex needs of the children placed with our agency more appropriately with intentional placement of the child in one of our skilled homes.

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Our respite is handled internally, and our families know each other through our mentoring program. This makes respite a therapeutic event for everyone. The children do not feel displaced because of the familiarity they have with each other, and the foster parents can focus on what they need to or just have a well-deserved break.

At the time of foster parent certification, we actively encourage and promote foster parents to participate in being respite placements. Many of our current foster parents regularly provide respite on an emergency basis. We identify on the MYCS Face sheet for each child a Traditional Respite Provider that could meet the specific needs of the child and an Emergency Respite Provider for crisis situations. This is provided for each child to ensure continuity of care for each child's specific needs.

UPMC WBH @ MY provides monetary incentives for recruiting new foster homes. Current foster parents (who are fostering or open for a placement) and agency staff members are eligible for the incentive plan. To receive the incentive, a new foster parent(s) must successfully pass the recruitment process and have one or more youth in their home for a minimum of 90 days. For each child residing in the new foster home, the following payout will occur: Child aged 0-11 years, \$300; Child aged 12 years and older, \$500.

UPMC WBH @ MY plans to have an emergency respite home for youth currently in our specialized foster care program who need immediate placement outside of their assigned foster home. First, the youth will be cleared medically/psychiatrically to be placed in a foster home environment. In addition, plans will be to have an emergency foster placement of new youth unfamiliar to UPMC WBH @ MY. Those youth will be cleared medically/psychiatrically prior to being placed in the foster home environment. The goal will be for the youth to reside in the emergency foster care home for up to two weeks. This will allow UPMC WBH @ MY and Allegheny County OCYF sufficient time for a placement preservation meeting and planning for a longer-term placement.

Ideally, the foster parents will have experience in the mental health field (either professionally or personally), short-term placement availability 24/7, no young children in the home, and be willing to accept the short-term nature of placement. UPMC WBH @ MY will provide a stipend rate to the foster care providers for their willingness and ability to accept an emergency placement, without notice, at any time of day or night. Due to the nature of placement (24/7), a higher than typical daily rate is proposed for payment to the foster parent. The higher daily rate is compensation for the foster parent accepting an emergency placement, without notice, at any time of day or night.

This program will be recruited for in the mental health provider community. An ideal foster family candidate would be a retired or partially retired mental health provider/professional that wants to give back to the community and the initiative. Ideally this will be someone that long-term foster care is not desired but a focus to be involved with children needing a safe place to go will be their motivation.

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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.

Retaining foster homes is as important as recruitment. The supervisor of the Specialized Foster Care program has been a foster parent since 1994. She knows personally what it takes to retain foster parents. Foster parents need to feel supported. There needs to be an entire team behind each foster family. UPMC WBH@ MY overwhelmingly provides this assistance. Caseworker's caseloads are kept intentionally low so not only does the caseworker know the child in their care but the foster family as well. As an agency we have the resources to meet the complex needs of the children coming into care. Our families have access to trauma informed respite care for when another responsibility requires their time and attention, or when they just need a few days to recharge. We assist with transportation when the family is feeling overwhelmed and needs some further help.

Parent coaching is available by our in-house Behavioral Health Therapist when help is needed for behaviors a child may be displaying that the foster parents are not quite sure how to address.

We have a 24-hour crisis hotline in place to assist the families with de-escalating challenging situations. This intervention can help to prevent hospitalizations and/or calls to the police for escalated intervention. Calls to the hotline are returned within ten minutes of receiving them. We have a rotation of our highly trained staff to participate in the process so as not to overwhelm any team member. We connect the foster parents to other foster parents who can normalize, support, and provide a sense of comradery.

Most importantly, these services take place in real time; meeting the family's need for support when they require it. Foster parents need to believe they are being heard and are respected. When a foster parent has a concern, it must be met in a timely manner. UPMC WBH @ MY is committed to and strives toward ensuring that this level of attention take place.

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).

Since we currently provide Foster Care services, we have lived experience in this area and a proven process in place. A new foster family is paired with a tenured foster family to serve as a mentor and confidant for the new family. This relationship is vitally important to supporting the family. People who have a shared experience of a common problem or goal have unique resources to offer one another. They could be paired geographically or by the type of child that may be placed in the home. Foster parents of medically fragile children have an expertise that is unique to this situation and is very valuable to a new family serving a medically fragile child. This specific engagement will assist foster parents with validation and combat feelings of isolation.

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UPMC WBH @ MY, directly after the certification process, links the new foster parent with an experienced foster parent. This intentional relationship supports the new foster parents in many ways, including mentoring, respite care and cultural supports. We have utilized the Mockingbird approach with one very experienced foster home being the hub to several other geographically located, less experienced foster homes. We have also applied tenets from the Foster Care Family Support Partner model with new foster parents that benefit from a more one to one support system. This assists the new family in feeling less isolated and creates a sense of belonging to the larger foster family network that we at UPMC WBH @ MY promote.

Our agency is also unique because 44% of our staff have been personally involved with foster care and adoption. Several of our staff have been Foster Parents and intimately understand the challenges these families face and can respond with kindness and empathy to difficult situations. Our team has also personally experienced many of the successes and rewards of being foster parents and that shared experience can be drawn from.

During the COVID-19 pandemic, UPMC WBH @ MY held town meetings on a bi-monthly basis to support these peer relationships via virtual platforms. They also gave the foster parents a chance to be heard and feel supported through a very challenging period. The feedback from our families was positive, and we plan to continue these meetings as it provides support without the barriers that in-person meetings sometimes create. Having the combination of in-person and virtual meetings is a win for our families.

Our foster families have also developed an informal network of support. There are families that will watch other family's children on snow days when schools are closed. They offer respite for one another, and there was even one foster mom that provided after school supports for foster families that had to work outside of the home. We help to build these informal supports and encourage these relationships along the way.

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.

We initially send out a list of requirements for certification and a guide to meeting requirements within 72 hours of receiving an application or inquiry about becoming a foster parent. Within the first month, we schedule an initial home visit, send out reference letter requests, and refer the applicant to our trainer to schedule in-person trainings. During the initial home visit, we collect information for the home study (family profile), complete the safety assessment and DPW checklist, and have the applicant sign enhanced criminal background forms. After the initial home visit, we reach out to the applicant by phone and email several times a month to provide follow-up with requirements and collect documentation from applicants. We schedule a second home visit within three months of receiving the application and completing and receiving all documentation. During the second home visit, we give final in-person trainings and gauge their readiness. We also have the applicant sign policy and procedure forms for certification including the home study (family profile). We then complete bankruptcy and PFA checks and submit their enrollment to SWAN. Within three months, we then complete their foster parent certificate and certification letter and send to foster parent.

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UPMC WBH @ MY has been completing the foster care home approval process in three months from receipt of the prospective foster parents' application and will continue to do so. UPMC WBH @ MY ensures all foster homes being approved are consistent with all the state and county requirements. UPMC WBH @ MY foster homes exceed the preservice training hours. Our therapeutic homes are required to have 30 hours of training. We assist with background checks and all Act 160 requirements. The written home study is completed within the three-month window of certification. UPMC WBH@ MY currently reevaluates foster homes annually and assists with obtaining required clearances every five years and will continue to do so.

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.

At UPMC WBH @ MY, our values of *Dignity and Respect* and *Caring and Listening* allow us to recognize the wealth of knowledge and lived experience prospective Foster Care Parents possess. Our goal is to maximize individual strengths paired with experiential learning. Identifying those actual life experiences that are immersive, interactive, experimental, and purposive is an important part of the process.

For the purpose of Foster Care Parent pre-service development, we conduct needs assessments via structured and unstructured interviews during meetings with incoming foster care parents to determine strengths as well as areas for growth to focus on experiential learning.

Previously at UPMC WBH @ Mon Yough we required foster parents to complete 25 hours of training annually. Due to our commitment to ensuring that the children in our care receive high-quality, trauma-informed services that are culturally humble and age-appropriate we increased the requirement to 30 hours annually. We increased the hours to include targeted training workshops aimed at addressing the following: trauma-informed care and attachment parenting approaches, LGBTQIA+ affirmative parenting and cultural humility and intersectionality. Additionally, we developed Foster Parent training guidelines to streamline the learning process as well as ensure continuity of care. The current training resource we offer to provide Trauma informed Care and Attachment parenting approaches training is an 8-hour workshop, Resource Parent Trauma Training Curriculum, historically facilitated by a trainer via in-person instruction over the course of four 2-hour workshops. Currently the training resource has been made available via the online LMS (learning management system) Blackboard Coursesites ®. Additionally, our training resources which are aimed at providing LGBTQIA+ affirmative parenting and cultural humility and intersectionality, LGBTQ Placement Training and Trans-racial/ Multicultural Workshop respectively have been made available online.

The required 30 hours of training must be completed prior to certification and annually thereafter. The following includes additional required training topics:

- Resource Parent Trauma Curriculum
- Reactive Attachment Disorder
- Impact of Poly-victimization of K-12 Schools

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- Prudent Parenting
- Fire Safety
- CCM (Comprehensive Crisis Management)
- Placement Preservation
- Trans-racial/ Multicultural Placement
- Supporting LGBTQ+ Youth
- First Aid/CPR/AED

In addition to the required training, we conduct individualized in-home training workshops to enhance the parent, youth, and family learning experience through engaging with the subject matter in real time in ways that fit into the individual's lived experiences. We have a designated in-home interventionist/therapist/educator meeting with families to reinforce trauma-informed parenting and socio-cultural concepts in real time and in real life situations. We assist our foster care parents with integrating the learned skills from trauma-informed care and cultural humility training in the role of caretakers.

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.

During the certification process, the foster parents are educated on the importance and complexities of the child's relationship with their biological families. We explain that in the best-case scenarios, the foster parents can communicate openly with the biological family and co-parent while not residing with them. When there are obstacles to this relationship, we provide extensive and tailored training to the foster parents to overcome any barriers. We are in the process of developing a training based on Charles Horejsi's work, "The Cycle of Birth Parent Grief." This training explains the stages that the birth parent is going through and identifies tools for the foster parents to utilize to forge a well-rounded relationship. This could quite possibly be the most difficult task a foster parent is called on to do. Shock, Protest and Adjustment can be three stages that birth parents are experiencing. Initially, parents are in disbelief that their child has been taken from them. Behaviors exhibited can range from extreme anger to crying. This is the stage where the foster parent will have their first point of contact. They will be trained on how to start the conversation and be prepared to be confronted with extreme emotion. Our parents will be trained to understand that the birth parents' anger is an expression of grief. Some of the tools that have been used successfully are reflective listening and the back-and-forth journal.

At the initial placement of a child, if it is permitted by the court and CYF, we will support the foster parents to facilitate phone calls and virtual or in-person visits between the child and biological family. If this is not an option, or prohibited by CYF or the courts, our trained foster care caseworkers can facilitate this communication and visitation as well as support the foster parents and biological families through the process.

UPMC WBH@ MY strongly supports the co-parenting approach and will train all foster parents on promoting a positive and healthy relationship between the foster family and birth family. The first point of contact will be the "icebreaking" phone call that takes place within 72 hours of a

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child being placed in a UPMC WBH @ MY therapeutic foster home. This initial point of contact will be supported by our trained staff when extra support is needed.

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.

Since 2010, we have delivered Therapeutic Foster Care (TFC) services to Allegheny County. All our homes are Therapeutic Foster Homes. We do not subscribe to one specific model and have had success tailoring our interventions based on the needs of the youth and the foster families we serve. We train foster parents to build on their own qualities and experiences and to adapt their parenting skills to put forth a therapeutic approach to foster parenting. We provide one to one support and coaching to help build familiarity and confidence. We have added 31 homes, 27 of which have been retained and are still currently active. Some of the homes we lost is due to providing permanency to children.

Since we have been providing TFC services for several years, we have already developed the infrastructure and have a team of qualified staff members in place to support this service. We hope to be able to expand our services in this area and have planned for the additional resources that will be needed to meet the expanded capacity.

We believe in providing our families with extensive training and offer our parents a minimum of 30 hours of targeted and relevant training on an annual basis. We focus on trauma and work to help our families to understand the trauma the child may have experienced and how to best support the child's emotional, psychological, and social development. Our training continuum has helped us to maintain stable placements. We assess the needs on an ongoing basis and implement trainings that will be of benefit to staff and families.

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

The KIDS system is monitored weekly to ensure that our foster care case workers are completing all safety assessments, ISPs with SMART goals, CANS, Educational Screenings, and visitation reports in a timely manner. These assessments are reviewed in monthly supervisions to ensure that documentation meets all quality and compliance standards. This provides us with the opportunity to offer our staff additional training if these reviews indicate that the documentation is not meeting regulatory requirements. If needed, more frequent supervision can be provided to our team members in efforts to enhance their performance.

As an additional check and balance, our agency's Compliance Team assists with auditing documentation and reports findings to the Supervisor. This team also helps with developing any

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corrective measures that may need to be implemented. In addition, UPMC WBH @ MY conducts monthly Compliance/Quality Assurance meetings as well Safety Committee meetings, where an interdisciplinary group of staff have the opportunity to review findings and make recommendations to improve quality, compliance and safety standards. Data is collected in all these areas and is shared monthly with the team so that areas needing improvement are addressed immediately. UPMC WBH @ MY has a full time Director of Risk and Compliance who ensures that these high standards are maintained throughout the organization.

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:
- a. How you will collect feedback from children in Foster Care and use it to inform your practice.
 - b. How you will get Foster Care family input to evaluate what supports are needed, and how this feedback will inform changes to practices.

UPMC WBH @ MY plans to implement a satisfaction survey/questionnaire that will be completed annually or more often if needed, based on the survey results. Areas of concern/dissatisfaction will be addressed immediately, and an improvement plan will be developed to inform change. Survey results will be reviewed by the quality and compliance teams as well to solicit feedback for plans of improvement.

The target group for this survey will include foster children, foster parents, and their families. We plan to standardize our protocol and review the responses over time to perform an annual qualitative analysis of the responses. This methodology would include categorizing responses, counting, sorting, and observing the most prevalent types of responses to identify patterns that point to areas requiring improvement. Information from the questionnaire will be submitted to the agency's Data Clinical Administrator for a trend analysis and discussion. When completed the survey results and any planned improvements will be discussed at the agency's Quality Assurance meeting and will be shared with the foster children and foster parents as well.

While we value face to face interactions, we are planning to offer our clients (children and foster parents) online surveys as an alternative to protect anonymity and alleviate any roadblocks to completing the survey. We feel it is important to provide both options to participants to gain feedback to improve our services. The data collected will be utilized to add specific training topics or improve upon existing training to better support individuals and families. Data will also be used to improve services for youth and families by taking suggestions and incorporating them into actions which could include, new service delivery options, discontinuation of options that are not helpful, increasing social activities, resources, trainings, etc. with the implementation of a survey, we are excited to see from a data-collection level what ideas our children and families provide to help us improve our services.

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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.

It is the role of the Supervisor and/or Assistant Supervisor to enter the foster parents' information into the MPER system. They also ensure that all demographic information is updated, accurate, and submitted in a timely manner. Currently, this information is entered weekly. The Assistant Supervisor also updates the Sharepoint System daily to ensure that all open and available foster homes and their preferences are documented, updated, and available for DHS CYF staff. These functions are tracked and monitored by the Program Director and Director of Compliance.

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.

Program Director – 40% of Full Time Position - The Program Director is responsible for overseeing and directing all services for one or more departments. Responsibilities include planning, development and evaluation of a program or programs in the service line. The Program Director will work to provide clinical and administrative leadership for programs. Master's Degree in a human services field is preferred. Will consider a combination of experience and education in lieu of Master's Degree. Certifications/professional licensure required by licensing agency (if applicable) Five years demonstrated competence in program administration required. Proven leadership skills required and an ability to work with consumers and their families and to work collaboratively with other staff members specifically demonstrating communication, coordination and organizational skills. Knowledge of community and outpatient programs to provide continuing behavioral treatment to the patient and family. Must be able to work independently, set priorities and meet deadlines.

Program Supervisor – 100% of Full Time Position – The Program Supervisor's responsibilities include planning, development and day to day operations of the program. Bachelor's Degree in a human services field with a minimum of 3 years' experience in a behavioral health setting. At least two years supervisory experience preferred. Clinical experience in a behavioral health setting with knowledge of psychiatric assessment, diagnosis, family, individual and group treatment.

Program Assistant Supervisor – 100% of Full Time Position – The Program Assistant Supervisor assists the Program Supervisor with the day to day operations of the program. Bachelor's degree in social science field and (1) one-year related experience. Will consider any equivalent combination of experience and training as approved by County OBH Program Director. Extensive knowledge of crisis intervention techniques. Extensive knowledge of theories, principles, and techniques related to services provided. Familiarity with medication monitoring practices. Knowledge of Microsoft word and Excel.

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Administrative Assistant – 100% of Full Time Position – The Administrative Assistant, under direct supervision provides general administrative support to the program. High School diploma or equivalent. Up to one-year administrative experience preferred. Working knowledge of word processing, electronic mail/calendar, spreadsheet, presentation, and database software Ability to use applicable MS Suite products. Knowledge of business processes and procedures. Ability to use basic reasoning skills.

Specialized Foster Care Specialist – 7 Full Time Staff – The Specialized Foster Care Specialist provides direct support to Foster Parents and Children in the program. Including transportation, supervision of visits, attending court hearing and various meetings. Completes various required documentation and evaluations as needed. Ensures implementation of the Individual Supports Plans (ISP).

Behavioral Health Therapist – 2 Full Time Staff – The Behavioral Health Therapist provides various supports for children and foster parents. Conducts various trainings for foster parents. Master's Degree in Psychology, Social Work, Counseling, Education in school counseling, or related field required. (Successfully completed the educational requirements as defined in PA code Chapter 49.1/49.2, 2) One year of clinical experience preferred. Knowledge of psychiatric evaluation and assessment process, as well as application of current version of the DSM preferred. Experience in diagnosing and treating behavioral and psychiatric conditions preferred.

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.

At this point, we are fully staffed and will only need to recruit for the two additional positions we are proposing in this RFP. Our current staffing pattern is meeting the needs of the children and families we are serving now. Our goal is to be able to grow incrementally over the next year which would account for the two additional positions, (Caseworker and Behavioral Health Therapist) requested. We currently have a robust recruiting process and work directly with the UPMC Western Behavioral Health Talent Acquisition Team which has access to a large pool of applicants. This widens our net for candidates and helps with recruiting diverse candidates as well. The connection to this team and the resources they offer has been beneficial to us with filling staff gaps with qualified candidates and in a timely manner. We work hard to develop an inclusive workforce comprised of persons representative of the population we serve. As part of our effort to deliver the best care, we must think critically about who we are and specifically how we ensure that the talent we obtain are best suited to support the communities we serve.

As the number of youth and families we support grows we consistently revisit our recruitment plan to ensure that it guides us in obtaining and retaining a diverse and highly qualified work force that is representative of the youth and families we serve and the community at large. Our plan to ensure we are reaching this talent consist of the following:

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1. Determining recruitment goals
 - a. Creating an HR strategy to develop an applicant screening process that prioritizes candidates that are focused on cultural diversity and humility as well as show a commitment to working with our targeted population.
2. Systemizing interview process
 - a. Putting in place a system to test potential talent on specific domains using standardized aptitude tests, assessments, and role- playing activities.
 - b. HR personnel utilizing screening questions specifically designed by this department and incorporating them into the interviewing process.
 - c. Providing the Job Description to candidates early in the interviewing process and reviewing in detail to ensure there is a clear understanding of responsibilities and a commitment to the role.
3. Onboarding checklist
 - a. Standardize the onboarding process to ensure a smooth transition into the work environment.
 - i. Prior to Employee's Arrival – Supervisor reaches out to the candidate to provide directions to the office, share contact information and to review any questions/concerns the candidate may have prior to employment.
 - ii. Employee's Arrival – Supervisor meets with the employee to discuss job specific tasks, provide a tour of the work- site and follow up on any outstanding issues.
 - iii. Introductions – Supervisor introduces the new employee to the department team as well as immediate supervisor and director for more focused conversations and creates a schedule for regular supervision and goal achievement.
 - iv. New Hire training – Employee will attend a comprehensive training focused on organizational processes and policies, safety and compliance as well as how to navigate the system.
4. Review Recruitment method
 - a. Conduct quarterly think tanks to evaluate how to engage in assertive community outreach to attract talent with desired attributes and skillsets
 - i. Networking Events- establish relationships in the community to acquire talent from relevant disciplines at the following events:
 - Job fairs
 - Open houses
 - Seminars
 - Conferences
 - ii. Establish relationships with training institutions and recruit skilled talent.
 - iii. Engage directly with qualified talent via social media:
 - LinkedIn
 - Facebook
 - Instagram

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Twitter

5. Create a culture of continuous learning
 - a. Develop an Employee Enrichment Initiative:
 - i. Employees routinely complete a self-assessment to determine areas of growth with Supervisor/Manager
 - ii. Conduct team meeting to discuss team/departmental goals
 - iii. Create an individual training plan focused on the unique goals and needs of each staff member
 - iv. Encourage and assist staff in partaking in professional development activities available internally and externally
 - v. Provide opportunities for stretch assignments to enhance knowledge and skills and to increase satisfaction.
 - vi. Assign a mentor to assist with goal development and professional growth

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.

Our staff goals are directed toward engagement, commitment, and personal and professional growth. Staff are encouraged to explore their individual needs, work with management and departmental training professionals to develop action steps to address those needs and evaluate support for continued learning and growth.

We provide extensive opportunities for staff development and growth. We administer a needs assessment and plan individualized experiential learning based on the findings of this assessment. In addition, we collect supplemental resource materials to develop trainings based on trending topics and identified areas of concern. We collect follow-up data and complete an evaluation of the staff's experience and make changes to the process to increase the skill sets of our team.

In effort to meet this goal, a staff development curriculum, will be included in the Foster Care Staff file and will include the following elements:

1. A copy of the need's assessment questionnaire/interview /observation
2. A list of training objectives
3. A workflow chart of the planned sequence of training
4. Copies of supplemental resources/visual aids distributed
5. Copies of training resources material
6. A description of planned follow-up activities/ action steps
7. Copy of evaluation instrument with summarized results
8. A list of references and resources

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

UPMC WBH @ MY's plan to eliminate disparities in the service/resource delivery system is to ensure that all participants have equal access to high quality and culturally conscious staff members. The community depends on UPMC WBH @ MY Specialized Foster Care Department to establish and maintain a healthy and diverse community/workplace culture. Managers and Supervisors can facilitate change via hiring practices. To that end, we will:

- Undertake targeted recruitment activities.
- Select a diverse hiring committee and provide education on assessment/ evaluation of potential candidates during the interview.
- Include diversity-related queries during the interview.

UPMC WBH @ MY is committed to diversity, equality, and inclusion and prioritizes a diverse and inclusive environment. We are committed to provide this through framed messages as part of the details for the job posting in order to create an image of our organization and its core values. To achieve this, we will:

- Explicitly discuss the existing diversity present at UPMC and UPMC WBH @ MY and the goal to have staff and employees be representative of the community.
- Emphasize experience and skills over academic and professional degrees, if/when possible.
- Demonstrate a commitment to diversity by offering incentives for specialized skills (i.e. language or experiences).
- Consider experience with diverse populations, or specific underrepresented or marginalized groups as a required qualification as opposed to this desire being optional or recommended

Advertising to diverse applicant pool:

- Advertise to equitably identified professional organizations.
- Establish partnerships with minority/marginalized groups serving organizations to develop recruitment plans.
- Attend job fairs at institutions that primarily serve underrepresented individuals.
- Actively seek out candidates by utilizing internet and social networking/media tools.

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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
Prevention/Problem ID & Referral/Student Assistance Program	DDAP	Allegheny County	\$192,000	7/1/2020
Intervention Group Discussion	DDAP	Allegheny County	\$64,484	7/1/2020
Intervention Outreach	DDAP	Allegheny County	\$107,472	7/1/2020
Intervention/Other Intervention	DDAP	Allegheny County	\$21,494	7/1/2020
Treatment Related/Client Related Services/Recovery Support Services	DDAP	Allegheny County	\$21,494	7/1/2020
Treatment Related/Case/Care Management	DDAP	Allegheny County	\$32,000	7/1/2020
Partial Hospitalization	DDAP	Allegheny County	\$12,000	7/1/2020
D&A Intensive Outpatient	DDAP	Allegheny County	\$68,000	7/1/2020
D&A Outpatient	DDAP	Allegheny County	\$35,334	7/1/2020
D&A Case/Care Management	DDAP	Allegheny County	\$66,000	7/1/2020
MH Administration Case Management	Human Services Block Grant	Allegheny County	\$807,269	7/1/2020
MH Community Employment	Human Services Block Grant	Allegheny County	\$323,306	7/1/2020
MH Social Rehabilitation Services	Human Services Block Grant	Allegheny County	\$279,879	7/1/2020
MH Community Residential Services	Human Services Block Grant	Allegheny County	\$3,054,649	7/1/2020
MH Family Support Services	Human Services Block Grant	Allegheny County	\$29,250	7/1/2020
MH Housing Support Services	Human Services Block Grant	Allegheny County	\$183,754	7/1/2020

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MH Outpatient	MH Services	Allegheny County	\$156,090	7/1/2020
MH Peer Services	MH Services	Allegheny County	\$36,645	7/1/2020
MH Psychiatric Rehabilitation	MH Services	Allegheny County	\$60,645	7/1/2020
MH Targeted Case Management	MH Services	Allegheny County	\$270,000	7/1/2020
MH Goal 13 Health of Network	COVID 19 Foster Care	Allegheny County	\$50,400	7/1/2020
CYF Foster Care	ACT 148	Allegheny County	Uncapped	7/1/2020
IDD Residential Services - base consumers only	IDD Services	Allegheny County	Uncapped	7/1/2020
IDD Day Program Services - base consumers only	IDD Services	Allegheny County	Uncapped	7/1/2020

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.

Challenges we have faced in the past often centered around working with external providers to facilitate mental health services for newly placed children to ensure they received the care they needed beyond the stabilization that took place in the foster home. Often their workflow adversely impacted ours, and that resulted in barriers to treatment. This potentially impacted their transition into the new home and the overall placement stability of the child. We mitigated this challenge by hiring our own Behavior Health Specialist that could bridge the gap in services and provide additional engagement with the family and external providers to help facilitate a smooth transition.

Another challenge we faced was ensuring that the foster parents were consistently trained. We initially offered too many trainings and allowed the foster parents to pick their own electives. We found that many of homes selected their training curriculum based on what the needs were in their home at a specific time. We then found that when a family was asked to do respite for a child with a different behavioral diagnosis, they struggled which created a placement barrier. We mitigated this challenge by hiring an internal Trainer and worked to streamline the training process to an all-encompassing comprehensive curriculum. We also increased the number of in person trainings which allowed the trainer access to the foster parents' homes to help our families eliminate the barriers they were experiencing with completing the training requirements. Having this uniform approach places all foster parents on an even playing field to be prepared to care for any child with any behavioral diagnosis, if only just for a respite period. We are confident that the processes currently in place have contributed to our success with placement stability. We will continue to address all challenges and barriers to services as they arise and implement plans of improvement accordingly.

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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.

UPMC WBH@ MY's strengths lie in the fact that we have been providing Therapeutic Foster Care services since 2010. We have sound and proven processes in place that support this model of care and have qualified staff on board now to meet the needs. We have a robust training curriculum and experienced foster parents at the ready. We have established strong relationships with external providers and work collaboratively across the system. Since we have been providing these services for eleven years, we do not feel that we will need to make any organizational changes to meet the requirements for delivering this service. Our board has been informed of these services from the inception and throughout the growth we have experienced in recent years and is supportive of our team.

We are prepared to expand our team if awarded this opportunity and plan to add an additional Caseworker and Behavioral Health Therapist, which will position us to increase our recruiting capacity and to support an additional 10-15 youth and families.

Our challenges lie in providing the quality of care we expect in the face of the constraints of limited foster homes and qualified staff members. We are currently in the process of creating a crisis home, to take any child, at any time when the need arises. We are targeting to have this in place by June 2021.

We are in the process of developing a satisfaction survey for our children and families and will be able to report the results of that data in July. We will immediately develop plans for any areas that may indicate a deficit. We will work with the Clinical Data Administrator to streamline our data collection to include the following benchmarks: time from initial referral to placement, length of time in care, progress of children in care, training/skills and strengths/deficits (staff and families), compliance with documentation and regulatory standards, referral sources, and staff tenure, to name a few. We will be able to have this data platform developed by July 2021 and information will be shared with our team, the board of directors, our foster children and families and regulatory bodies.

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.

Please see the attached budget for required information

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

Staffing

Program Director – 40% of Full Time Position - The Program Director is responsible for overseeing and directing all services for one or more departments. Responsibilities include planning, development and evaluation of a program or programs in the service line. The Program Director will work to provide clinical and administrative leadership for programs.

Program Supervisor – 100% of Full Time Position – The Program Supervisor’s responsibilities include planning, development, and day to day operations of the program.

Program Assistant Supervisor – 100% of Full Time Position – The Program Assistant Supervisor assists the Program Supervisor with the day-to-day operations of the program.

Administrative Assistant – 100% of Full Time Position – The Administrative Assistant, under direct supervision provides general administrative support to the program.

Specialized Foster Care Specialist – 7 Full Time Staff – The Specialized Foster Care Specialist provides direct support to Foster Parents and Children in the program. Including transportation, supervision of visits, attending court hearing and various meetings. Completes various required documentation and evaluations as needed. Ensures implementation of the Individual Supports Plans (ISP)

Behavioral Health Therapist – 2 Full Time Staff – The Behavioral Health Therapist provides various supports for children and foster parents. Conducts various trainings for foster parents.

Benefits

The fringe benefit rate is 26.2% of salaries and includes Employer Taxes, Health Benefits, Paid Time Off, Life Insurance, Short & Long-Term Disability, 401k Match, Parking Assistance, Employee Assistance Programs and Leave Management Program.

Operating Expenses

Foster Parent Trainings – Various trainings for new and existing foster parents including CPR/First Aid, CCM, Fire Safety, etc....

Startup Clothing for Children – To purchase clothing and other personal care necessities for new children coming into the program. Typically, around \$300-\$350 per child as most children come into the program with only the clothing that they are wearing.

Therapeutic Supplies – various supplies to help with developmental and behavioral activities for the children.

Office Supplies – Includes various office products that are purchased directly for the staff, such as copy paper, pens, tablets, post-it notes, etc.

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Sanitary Supplies – includes toilet paper, paper towels and various cleaning supplies.

Food Supplies – Food for group meetings of staff/foster parents and food for children while transporting to/from various appointments.

Small Equipment – Small office equipment that are directly used by the staff.

Laptop Computers – Mobile computer for 2 additional staff for the program. One-time cost in year one.

Postage – Includes any mailings that the department is using USPS postage.

Printing – Includes the cost of the copier maintenance agreement based upon the office space allocation for the department.

Repairs/Maintenance-Facilities – Building repairs and maintenance cost.

Repairs/Maintenance-Vehicles – Repairs and maintenance for program vehicles

Vehicle Fuel – Fuel for the 5 program vehicles used to transport children.

Cleaning Services – Office Space – Cleaning of staff office space areas based upon the occupied space in the building.

Single Audit/Tax Prep Fees – Required Single Audit and Tax preparation fees required by County/State authorities.

Telephones/Cellphones – Landline and cellular phone for staff

Utilities – (Electric, Natural Gas, Water/Sewage, Disposal Fees) - All utilities are allocated based upon the Office Space square footage allocation for the department.

Insurance – Includes General Liability, Professional Liability, Vehicle, Building and Workers Compensation coverages for the Department.

Staff Training/Development – Various training and staff development activities for staff.

Office Rent Expense - This includes the onsite offices for the staff at MON YOUGH facilities, the cost is allocated based upon the square footage occupied by the staff.

Depreciation Expense – 5 Vehicles for Transportation of children. Average cost is \$24,500 depreciated over 4 years.

Admin Support Allocation - The Administrative Allocation is the agency's approved ICAP Plan that allocates the Executive Management Team, Fiscal Department, Billing Department, Human Resources Team, Facilities Team and Information Technology Team to all departments within

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MON YOUGH. These costs include salary, benefits and operating costs for the Corporate Admin department. The allocation for this department will be based on the total department's weekly employee's hours to the total MON YOUGH agency hours.

Institutional Charges – 3% Retained Revenue based upon Total Expenses of the Program

**UPMC - Western Behavioral Health at Mon Yough
Allegheny County RFP for Foster Care Services**

Staffing	FTE	Wages	FY2021-22	FY2022-23	FY2023-24	Yearly Increase Notes
			YEAR 1	YEAR 2	YEAR 3	
Program Director	0.40	31,500	31,500	32,445	33,418	3% Merit Increase
Program Supervisor	1.00	53,203	53,203	54,799	56,443	3% Merit Increase
Program Assistant Supervisor	1.00	47,260	47,260	48,678	50,138	3% Merit Increase
Administrative Assistance	1.00	42,527	42,527	43,802	45,117	3% Merit Increase
Specialized Foster Care Specialist	7.00	287,073	287,073	295,685	304,556	3% Merit Increase
Behavioral Health Therapist I	2.00	90,037	90,037	92,738	95,520	3% Merit Increase
Total Staffing	12.40	551,599	551,599	568,147	585,192	
Benefits (26.2%)		144,519	144,519	148,855	153,320	Percentage of Staffing
Total Staffing & Benefits		696,118	696,118	717,002	738,512	
Operating Expenses						
Foster Parent Trainings		2,500	2,500	2,000	2,000	Fixed Amount
Start Up Clothing for Children		5,000	5,000	5,000	5,000	Fixed Amount
Therapeutic Supplies		1,200	1,200	1,224	1,248	2% Inflation Increase
Office Supplies		1,200	1,200	1,224	1,248	2% Inflation Increase
Sanitary Supplies		700	700	714	728	2% Inflation Increase
Food Supplies		2,000	2,000	2,040	2,081	2% Inflation Increase
Small Equipment		500	500	510	520	2% Inflation Increase
Laptop Computers		2,500	2,500	-	-	1st Year Only for 2 New Staff
Postage		1,200	1,200	1,224	1,248	2% Inflation Increase
Printing/Duplicating		1,200	1,200	1,224	1,248	2% Inflation Increase
Repairs/Maintenance-Facilities		2,500	2,500	2,550	2,601	2% Inflation Increase
Repairs/Maintenance-Vehicles		5,000	5,000	5,100	5,202	2% Inflation Increase
Vehicle Fuel		5,000	5,000	5,100	5,202	2% Inflation Increase
Cleaning Services-Office Space		2,500	2,500	2,550	2,601	2% Inflation Increase
Single Audit/Tax Fees		1,000	1,000	1,000	1,000	Fixed Amount
Telephone & Cellphones		7,500	7,500	7,650	7,803	2% Inflation Increase
Electric		2,500	2,500	2,550	2,601	2% Inflation Increase
Natural Gas		1,000	1,000	1,020	1,040	2% Inflation Increase
Water/Sewage		1,000	1,000	1,020	1,040	2% Inflation Increase
Disposal Fees		500	500	510	520	2% Inflation Increase
Insurance - General		8,000	8,000	8,160	8,323	2% Inflation Increase
Insurance - Property		750	750	765	780	2% Inflation Increase
Insurance - Workers Compensation		3,500	3,500	3,570	3,641	2% Inflation Increase
Staff Training & Development		2,500	2,500	2,500	2,500	Fixed Amount
Business Travel Expenses		7,000	7,000	7,140	7,283	2% Inflation Increase
Rent Expense		2,500	2,500	2,500	2,500	Fixed Amount
Depreciation - Vehicles		30,625	30,625	30,625	30,625	Fixed Amount for 5 Vehicles
Admin Support Allocation		21,931	21,931	22,453	23,075	Percentage of Expenses
Institutional Charges 3%		24,583	24,583	25,168	25,865	Percentage of Expenses
Total Expenses		844,007	844,007	864,093	888,039	

UPMC Western Behavioral
Health at Mon Yough

2021

WPH
Noreen Fredrick

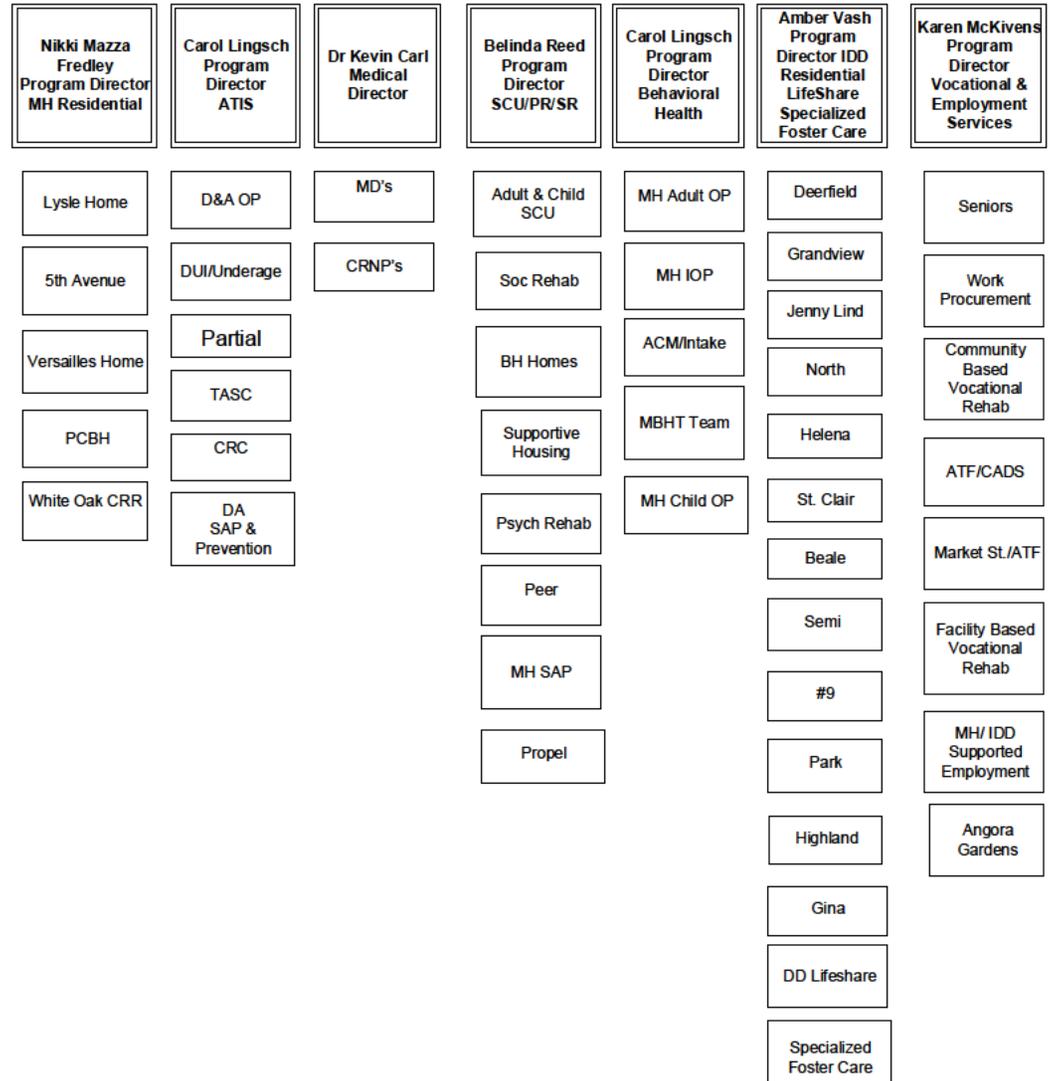
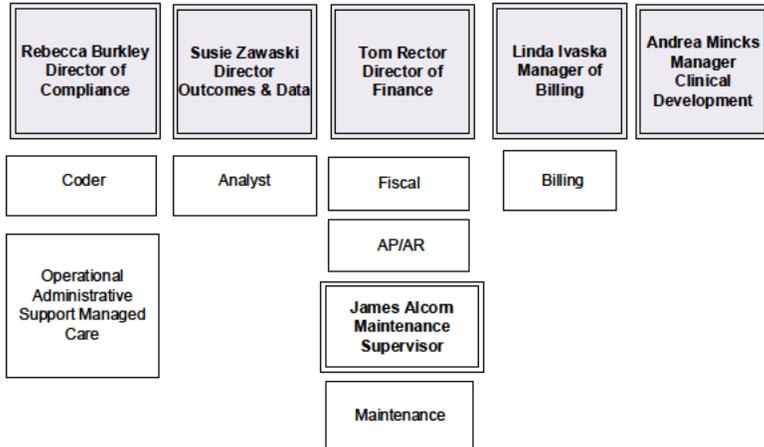
Board of Directors

Chris Zellefrow
Director Clinical Care Services
Mon Yough

Alicia Eddy
Senior HR Consultant -
UPMC

Monica Blazwich
Executive Admin
Assistant

Behavioral Health Network



UPMC Western Behavioral Health at Mon Yough 2021

Western Behavioral Health at Mon Yough
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Specialist
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Alvin Grinage
Specialized
Foster Care
Specialist
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UPMC Western Behavioral Health at Mon Yough Implementation Timeline

Full Staffing Pattern /Organizational Structure	Currently in Place
Training Curriculum developed for Staff	Currently in Place
Training Curriculum developed for Foster Parents	Currently in Place
Recruitment Plan for Therapeutic Foster Parents	Currently in Place
Foster Parent/Child Satisfaction Survey	Target Date-April 2021
Crisis Home	Target Date-June 2021
Add new Behavioral Health Specialist and one Caseworker	Target Date-June 2021
Development of Benchmarks to Track Foster Home Stability and Child Progress	Target Date-June 2021
Development of Benchmarks to Track Regulatory and Compliance Standards	Target Date-June 2021
Recruitment Plan for increasing a diverse workforce	Target Date- June 2021