



Allegheny County Department of Human Services

RFP Response Form

RFP for a Provider of the High-Risk Track of Functional Family Therapy through Child Welfare: An Evidence-Based Intervention

PROPOSER INFORMATION

Proposer Name: Wesley Family Services (WFS)

Authorized Representative Name & Title: Julie Cawoski, Director of Family and Community Support Programs

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Website: www.wfsa.org

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

Date Incorporated: 2017

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

How did you hear about this RFP? *Please be specific.* Received email from Allegheny County

Does your organization have a telecommunications device to accommodate individuals who are deaf or hard of hearing? Yes No

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Douglas W. Muetzel	412-342-2262	Doug.muetzel@wfsa.org
Contract Processing Contact	Emily Pietrzak	412-342-2288	Emily.pietrzak@wfsa.org
Chief Information Officer	Larry Trenga	412-850-5471	Larry.trenga@wfsa.org
Chief Financial Officer	Emily Pietrzak	412-342-2288	Emily.pietrzak@wfsa.org
MPER Contact*	Emily Pietrzak	412-342-2288	Emily.pietrzak@wfsa.org

* [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.
See WFS Board of Directors List Attached – page 105 of the Attachment PDF

Board Chairperson Name & Title: Benjamin Ciocco, Chairperson

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.*

Jordan Joyce
Evidence-based Prevention and Intervention Support – Penn State
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Angela Liddle, MPA
Pennsylvania Family Support Alliance
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PROPOSAL INFORMATION

Date Submitted 9/10/2021

Amount Requested: \$372,075

CERTIFICATION

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

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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 – See All Attachments in the Attachment PDF

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

- MWDBE and VOSB documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9
- Budget attachment, as desired

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REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 90 points. Your response to this section should not exceed 11 pages.

Organizational Capacity and Experience (50 points possible)

1. Explain why your organization is the best candidate to provide an FFT-CW High-Risk track Program and how FFT-CW fits within your mission.

WFS' mission is to empower children, adults, and families by providing transformational care. WFS has been a leader in providing children and family services for over 50 years. The FSWP and WSS merger of 2017 further strengthened WFS' array of services and expertise. WFS has vast experience working with Allegheny County caseworkers and Juvenile Probation officers within WFS Family Preservation and Stabilization and Foster Care programs. This gives WFS a strong history of collaboration which will be valuable in helping to implement the new FFT -CW program. These programs share a similar family systems model of service that matches the FFT philosophy, therefore making an easy transition for staff to learn and embrace this model.

WFS has over thirty years of experience addressing the needs of high-risk families in the Family Preservation and Stabilization program (FPSP). WFS successfully provides Evidence Informed practices in the area of family therapy by utilizing the Structural/Strategic Family Therapy Model with an extensive knowledge of the family system and the importance of encouraging behavioral changes in order to produce long-term changes within the family. WFS understands the intricacies involved with working with the family system and the need to support, encourage and provide effective intervention strategies to produce lasting change. FPSP currently provides short-term intensive services which provides family and individual therapy, case management as well as crisis management support to at-risk children and their families. WFS therapists currently work in collaboration with families, CYF Caseworkers, school staff and any other support system to holistically meet the needs of the families we serve and prevent out-of-home placement. WFS strives to replace unhealthy family interaction patterns with healthy patterns the family can utilize.

FPSP goals are to create stability within the home setting, improve familial relationships, assist with reunification, connect families to community resources and address any safety concerns as we promote family preservation and self-sufficiency. FTT-CW High Risk track engages families within five phases: engagement, motivation, relational assessment, behavior change, and generalization. Within the five phases, FTT-CW instructs families in cognitive and attributional skills, parenting strategies, conflict management, and communication to reach desired outcomes, with the primary goal of reducing out-of-home placement. Current staff are trained in engagement techniques, motivational interviewing, relational assessments (Genograms) and developmental assessments of the family through the Structural Strategic Model.

The vast array of child and family behavioral health, education, family preservation and coordination of care services available at WFS creates a large system of support and many

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levels of care options for those we are privileged to serve. WFS' expertise is distinctive in Allegheny County, providing unique resources for the families we serve.

2. What is your organizational experience serving high-need families with children aged birth through 17 from racially, ethnically, religiously, and culturally diverse communities and populations?

Wesley Family Services has over 50 years of experience serving high-need families from diverse racial, ethnic, religious backgrounds. Many WFS offices are strategically located in culturally diverse communities including Wilkesburg, New Kensington and Washington. WFS offers Family and Community Support Programs including Family Preservation and Stabilization (FPS) services, Foster Care and Adoption, Neighborhood Family Counseling, ParentWISE Parent Education and Support. WFS Behavioral Health Services include Family Based Mental Health, Out-Patient Services, Education Services, and IBHS Services.

Currently, 71% of those served in WFS Family Preservation and Stabilization services identify as people of color and the majority of families identify as low to lower middle-income ranges for a household in Allegheny County. Each year, approximately 25% of families are recommended for intensive services and 37% of individuals in FPS services have a diagnosed developmental or mental/behavioral health disorder. Also, in the WFS Foster Care program 63% of the youth served identify as people of color.

WFS' continuous improvement culture positively impacts diversity and inclusion initiatives. This past year, WFS refocused our goals and made it a priority to work with communities and populations that are diverse in terms of race, ethnicity, religion, culture and LGBTQIA+. WFS has set a priority to increase our Diversity, Equality & Inclusion (DEI) efforts based upon our mission and core values.

DEI work is being done throughout the agency at every level from the Board of Directors to Management Council, and from supervisors to program and support staff. WFS contracts with Julius Boatwright and Dan Houston, diversity consultants, to help the agency provide trainings and conduct "courageous" conversations around DEI.

WFS staff also participate in many workgroups throughout the county and the state. We have leadership representation on the Allegheny County Community of Practice Advisory Committee as well as the Teaming and Training, Diversity and Inclusion, and the Trauma-Informed workgroups. Many leaders and staff have completed the equity trainings with Joyce James offered by CYF. WFS staff is actively serving on, and engaged with the DEI workgroup for the Conference of Allegheny Providers. WFS closely follows the DEI initiatives from RCPA, the Alliance for Strong Families, PCCYFS, FFTA, the Pittsburgh Foundation, the United Way of Southwestern PA and the Forbes Funds and participates in trainings and other learning opportunities. Currently the Director of Family and Community Support Programs is participating in the nine-month training offered by DHS and Yoga Roots on Location.

3. What is your organizational experience implementing evidence-based programs, interventions and/or services to a model with high fidelity? Provide at least one example of a challenge you experienced doing so and how you overcame it.

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Wesley Family Services currently has staff trained in and offers the following evidence-based or evidence-informed programs: The Structural/Strategic Family Therapy Model, PCIT, FBMH, The Incredible Years®, ACT Raising Safe Kids, Strengthening Families Program 10-14, Group Teen Triple P, Standard Triple P and Standard Teen Triple P, Aggression Replacement Training (ART), Parenting from the Inside: Making the Mother-Child Connection, InsideOut® Dad, Be Strong Parent Café, and Smart Parents-Safe and Healthy Kids. Through the wide range of EB programming, WFS offers resources to improve knowledge of positive parenting strategies, to gain social, emotional, and academic skills, to gain peer support, to create more stable and nurturing homes, to connect with community supports, and to develop leadership skills whether in their family or community.

Evidence-based programs require training, certification, continuous development, and feedback from the developer as well as peer support and participant feedback. The challenges in implementing EB programs come from securing the above requirements. For example, agencies, organizations, and staff must be dedicated to following the developer's processes and procedures as well as the philosophies of the program. If the agency culture rewards fidelity to the model, program staff will also value fidelity. Positive and strength-based feedback keeps staff on track and helps them to feel connected to the community of practice and bolsters employees to ensure fidelity.

A large challenge is that evidence-based programs require substantial resources and consistent staffing. Over the years, WFS has learned to train more than the required number of people and a supervisor, to carefully vet the people invited to be trained, and to create a culture of fidelity with peer reviews and workgroups to address these challenges.

4. Describe the specific strategies your organization uses to recruit, hire and retain racially diverse staff, staff with relevant lived experience, and staff that reflect the population served by your programs.

WFS is committed to recruiting, hiring, and retaining a culturally diverse staff. A sub-committee of Allies for Acceptance was formed to address Recruitment, Retainment and Promotion of a more diverse workforce. Through recommendations of this committee, the role of the Strategic Recruitment Manager (SRM) was created to assist in bringing new ideas and strategy to the agency's recruitment efforts. Since hiring the SRM, the Recruitment team have all been certified as Certified Diversity Recruiters. WFS has partnered with Vibrant Pittsburgh to expand our resources from the Greater Pittsburgh Diversity & Inclusion Forum to prioritize DEI as a strategic initiative of WFS. WFS continues to look to groups like Dress for Success, PA Women Work, and other organizations that provide opportunities for career development and community partnerships through LinkedIn groups and networking. WFS has a high focus on tracking our career pathing and workforce development in our agency and encourage internal opportunities for our employees for lateral movement as well as advancement.

The HR team surveys employees throughout their tenure at WFS to understand the employee experience from onboarding to several different milestone months and years of service. The WFS Engagement Taskforce reviews the responses of the annual employee engagement survey to understand the employee experience and identify improvements to offer a better experience for staff. WFS is working to better represent all cultures for staff.

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WFS recently added a paid “Celebration Day” to the existing annual paid holidays to offer an employee a chance to celebrate a day that is culturally important to them.

As an organization, recruiting the right talent and hiring and retaining staff is a major area of focus and has long been a strategic goal for WFS. The Recruitment team captures data from new hires and applicants to better understand the diversity of candidates and employees in an effort to match our staff with the populations we serve. Recruitment personnel network with Universities and Colleges and Community Groups to provide unique experiences and benefits for employees. The benefits range from decreased tuition costs, credited hours for work experience, and tuition reimbursements. WFS also participates in DEI job fairs across Western Pennsylvania. WFS has a centralized recruiting process which allows for more visibility of candidates and applications across the entire agency. WFS routinely networks with professional groups that focus on diverse populations and affinity groups on college campuses. WFS also incentivizes current staff to refer people for employment from their personal networks. Additionally, WFS staff participate in many outreach events within the communities we serve. At these events, staff are encouraged to recruit participants, volunteers and future staff.

5. Describe how your organization handles the referral process. Provide examples of your procedures and your typical response times following a request for service.

Referrals are assigned to a therapist within 24 hours and the therapist contacts the caseworker as well as the family to schedule a home visit. Cases posted on the KIDS Online Service Request tab are reviewed with the staff to assess the complexity of the case and to determine which cases would be the best match to the WFS FPS worker’s qualifications, competencies, and experience level. The worker’s available time based on existing caseload and job responsibilities are also considered to be sure the worker will be able to meet the level of service requested to be provided to the family.

Once assigned, the therapist calls the family to initiate a home visit within 24 hours of accepting the referral. At this meeting, the therapist begins the engagement and joining process with the family. The family therapist reviews the family’s current circumstances to determine what services will best meet the family’s needs. Through conversations, the therapist begins to discover the family’s strengths, goals, culture and supports. The three required assessments for FTT-CW would be addressed during the initial home visit(s) with the family. It is also at this time that families would review the WFS Client Rights and Responsibilities, HIPAA Privacy Practices, WFS Grievance Procedures, Consents, ROI’s as well as information about duties as Mandated Reporters.

If the therapist has difficulty making the initial contact they will stop by the home and try to see the family unannounced. They will leave a business card if no one answers the door. The staff will also enlist the help of the referring caseworker to assist them to meet the family. WFS staff receives training and supervisory support to develop strong engagement skills which will be utilized during that initial phone call. This is where the relationship begins.

6. Describe your organizational experience maintaining databases and using software for tracking and reporting service delivery trends and/or client outcomes.

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WFS recognizes the importance of accurate and timely reporting of data and has experience working in multiple databases and software systems. The current Family Preservation and Stabilization Program enters data into the KIDS system, the WFS EHR (Credible) and the PACTT data system (for JPO involved families). Years ago, an interface was created between KIDS and Credible to reduce the amounts of manual dual entry. Aggression Replacement Training data is entered into the database maintained by PCCD and the PSU EPISCenter. WFS staff implementing the EBP parenting curriculums enter data in Credible and various data systems maintained by either the EPISCenter or DDAP, Children's Trust Fund, or the United Way. The new Court Competency Program offered through the contract with AC JPO has data entered into the system created by the developer. WFS expects the staff to enter case data such as ISP's, case notes, contact notes, etc. for their own cases. Other data such as pre and post test scores, group attendance, referrals, etc. are often entered by support staff. Customer satisfaction surveys are most often entered either by the participant or a support staff. Internal Case Record Review scores are entered by support or compliance staff. WFS Quality Department develops reports on census, demographics and various outcomes from the EHR and other databases. Currently, FPS tracks client outcomes on the living and educational environments at intake and discharge, the goal attainment at discharge, the family's use of community and natural supports and on the domains of the NCFAS pre- and post- service delivery assessments such as Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. These outcomes are reviewed in quarterly Quality Circle meetings led by the Quality Department to analyze trends and to identify areas for program improvements.

As required in the Allegheny County Contract, semiannual reports are compiled by program leadership, the Manager of Integration and the Quality Department and emailed to the Contract Monitor and CYF leadership upon completion.

All required documentation and data entry are reviewed by leadership to ensure that the data is accurate and timely. The process is reviewed in individual supervisions through case file reviews and monitored quarterly through the internal Case Record Reviews.

Monthly FFT Clinical Services Systems reports, quarterly outcomes data, and monthly invoices will be submitted to DHS as required for the FFT-CW High Risk Track.

WFS has many funders and contracts and has vast experience in many data systems and software platforms. WFS has a responsive and capable IT department to guide WFS in using new systems.

Implementation Plan (30 points possible)

7. Provide a plan for hiring and/or reassigning, as well as retaining, qualified diverse staff to provide FFT-CW High-Risk track services. Include the minimum education and experience you will require and the traits you will emphasize in hiring decisions. If you have already identified individuals to staff FFT-CW, include their names and a short description of their qualifications.

WFS intends to reassign three staff from the traditional In-home Family Preservation and Stabilization Program. These three staff are dedicated to the families involved with CYF and

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bring experience and empathy to their work. Two staff members have master's degrees and the third has decades of experience. The position qualifications will state master's degree preferred but WFS will review all candidates with relevant and extensive experience. The working supervisor position will require a master's degree.

Sandra Davis, MA, NCC, WFS Therapist II, holds a Master of Arts Degree in Addictions Counseling from Waynesburg University and a Bachelor of Arts Degree in Psychology from Allegheny College. Sandra has a passion for working with families, identifying, and reducing barriers to care, multicultural issues, and child development, and is certified in Level Three Standard Triple P Parenting. Currently, Sandra utilizes solution-focused and motivational interviewing techniques to supplement WFS's structural-strategic family therapeutic approach with families. Sandra's goal with each family is to provide unconditional positive regard while joining together to create positive, long-lasting change. A strong advocate and well-versed in implementing evidence-based programs, Sandra excels at documentation and collaboration with professional and community supports.

Nicole Bryner-Landram, MA, WFS Therapist II, holds a Master of Arts Degree from Duquesne University in Elementary Education and a Bachelor of Arts Degree from IUP in Criminology/Psychology and Sociology. Nicole focuses on the etiology of behavior - why people do what they do and the underlying reasons they make those choices. Nicole has 10+ years' experience as a Family Therapist. She is certified in the Common-Sense Parenting Curriculum. She has experience as a Foster Care Case Manager and as a Paramedic. Nicole also uses a strength-based - solution focused approach with families and focuses on understanding the family's needs, trauma history and diversity.

Robin Middleton, BA, WFS Therapist I, holds a bachelor's degree in Criminology/Pre-Law from Indiana University of Pennsylvania. She has over 30 years' experience in social services working with youth and families involved in the CYF system. Robin has been a Residential Counselor, worked in education and has been a CYF Caseworker. Robin is also a certified trainer in Level Three Standard Triple P Parenting. Robin states "Working with the entire family gives me a better chance to implement effective change and help families become more self-sufficient." She believes that establishing and maintaining the trust of the family through honesty and empathy is the most important part of the therapeutic process.

WFS offers a robust opportunity for professional development, meaningful supervision and an environment allowing for teamwork and comradery. WFS offers competitive salary and benefits, multiple opportunities for continuing education and a culture that focuses on growth, cultural sensitivity, and flexibility. WFS enhances the workplace through continuous engagement with our employees. Retaining and promoting current staff is a primary focus of the agency.

The Family and Community Support Programs department is family focused, with an emphasis on cultural humility. The division encourages lifelong learning and joining with the communities and partners within WFS service areas. It focuses on the whole person and family and understands how social determinants of health affect the families we work with. It also understands the effects of trauma on families and works to address it.

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8. Provide a plan to manage staff turnover for FFT-CW High-Risk track team. Include specifics about your plan to sustain fidelity to the evidence-based model and to reduce disruptions for families involved.

WFS is confident that the current staff will transfer to the program and are committed to the model and the agency. WFS will identify and train at least two other staff from the Family Preservation and Stabilization Program so that alternative, trained staff are available in case of emergency or turnover. WFS intends to have a .5 FTE Supervisor to handle agency administrative tasks for the program and to be available to the staff as an administrative supervisor for time off requests, agency protocols and procedures, approvals within the EHR, etc. WFS intends to hire a .5 FTE Program Assistant to provide clerical duties such as copying, filing, mailing, ordering supplies, etc. The administrative infrastructure will support staff so they can focus on the work of the FFT-CW High Risk program. With adequate support, staff will feel connected to the agency and to the program. Once a working supervisor has been identified in year two, WFS will transition the administrative supervisor to have less involvement with the program.

WFS has involved the current staff in the development of this response to the RFP. Multiple meetings were held reviewing the RFP, creating questions for DHS, and researching the FFT-CW High Risk model. Current staff have contributed to the writing of the response. The staff are invested and excited about trying a new model in their work. By involving the direct staff, a “buy-in” has been created and WFS feels confident these three therapists will be devoted to the evidence- based model.

Since WFS has been offering family support services for many years, there is a strong understanding about how difficult staff disruptions can be on families. It has always been the practice to quickly re-assign staff and offer families the courtesy of a “warm handoff” to the new staff when possible. Continuity of care is an important part of the trust created with the family. Transparent and continual communication is paramount to the staff’s relationship with the family.

With vast experience with EBP, WFS understands the importance to maintaining fidelity to each model. WFS realizes a program becomes evidence based only through complete replication of the developer’s model. WFS culture respects the work of the developers and the staff are diligent in their work to maintain that fidelity. Leadership does not encourage tweaking or cutting corners in any EBP.

9. One barrier to family participation in the FFT-CW High-Risk track is scheduling appointments at times that are convenient for the family. How would your organization ensure that FFT-CW therapists accommodate family schedules? In addition, identify other barriers to family participation in the FFT-CW High-Risk track and provide examples of strategies you would employ to reduce these barriers.

For over 30 years, the WFS Family Preservation and Stabilization Program has worked with families involved in multiple services and systems. Families are often disorganized, overwhelmed, and their resources (financial, energy, time, etc.) are stretched past realistic limits. Participating in WFS services is not designed to be another overwhelming stressor in people’s lives. WFS therapists meet with families in their homes and schedule around other services, school, work, and family emergencies to meet at times that are convenient for the

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families. During COVID 19, staff successfully scheduled phone, Zoom, and FaceTime sessions when families were hesitant or quarantining and unable to meet in person. Some families ask to meet in public spaces such as parks, libraries or even parking lots and WFS has accommodated these requests. Staff schedules are typically flexible; allowing for crisis sessions, additional sessions during the week, and 24/7 phone contact if needed.

Every family that comes into the CYF system is different and diverse with their own experiences and values. Since WFS is the starting point for many families, staff take the time to listen and understand the history of the family and their strengths, natural supports, and potential needs. In order for the family to trust our staff, they have to believe that WFS is going to support and assist them. To do that effectively, time is spent joining and empathizing with the family. System involved families are naturally distrusting of authority, i.e. police, CYF, JPO and often view these services as “out to get them” or hurtful to families. Staff have to overcome that “distrust”. The therapists spend time proving to families that they are there to help, support and promote the family’s goals. Many families have been traumatized by services, (schools, social services, police, CYF, JPO or the medical community) and they don’t feel listened to or heard. WFS staff work to develop a supportive relationship so that the family feels valued.

Beyond gaining the trust of the families, WFS has encountered other barriers to family participation in services. Some of the largest barriers include family members with substance abuse disorders, active intimate partner violence, active mental health or physical health issues and low literacy levels. The presence of these barriers effects the entire family with members often attempting to protect each other. There is fear of incarceration, retaliation, lost wages, loss of custody, embarrassment, and hospitalization. Families that are hiding these problems are usually less regulated and pay less attention to schedules and appointments. Housing and food insecurity, economic constraints, and bills are also sources of secrets and embarrassment as well as worries that supersede family therapy. Families often want to avoid difficult discussions, or they avoid working with certain family members altogether. All of these circumstances are barriers to family wellness.

WFS staff are well aware of these barriers and are experts in finding solutions to work around them. The staff let families lead the pace and depth of the work while always referring back to the goals the family has set for themselves. Staff offer flexibility in where and when they meet with the family and will reschedule missed appointments to help the family stay on track. The staff work hard from the very beginning to build a bond with each family, meeting them where they are, using many skills such as motivational interviewing and strength-based and solution-focused problem solving. The staff create safety and crisis plans, identify natural supports, encourage community connections, and use mediation skills in navigating difficult discussions within the family. Honest communication can help dispel a secret keeping culture. Providing resources and helping the family access them in a team approach adds to the likelihood of successful engagement with SUD, MH, IPV and literacy programs.

10. What support do you envision your organization may need to successfully implement the High-Risk track of FFT-CW and why? Which organizations and agencies (e.g., schools,

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social service agencies, juvenile courts, youth and family peer support partners) do you envision your organization may work with?

Wesley Family Services will be able to successfully implement the FFT-CW High Risk Program with adequate funding, staffing, capacity, training and professional support and referrals. WFS anticipates a strong connection with FFT, LLC because staff will be trained in the FFT-CW Model and receive weekly clinical supervision. To have the developer so intricately involved will be an asset to implementation and will assist WFS to get the clinical assessments and the data platform in place in order to correctly administer and analyze the assessments. Having enough funds to build administrative capacity is also important – FFT-CW will need clerical, IT, Quality, and administrative support to operate optimally. Maintaining the existing, valued and experienced staff would be ideal.

WFS can meet the goal of enrolling 60 families if referrals are provided by CYF staff. It is important that all CYF staff are aware of the program and its parameters so they embrace the opportunity to refer all eligible families. WFS would like the opportunity to present to caseworkers and the regional office staff and to advertise services regularly with flyers and brochures.

Equally important is the continuous development of resources and connections for the families WFS serves. Families referred to this program will have many needs. Some needs are for actual goods and services that can be purchased. WFS requires sufficient funds, swift triage, and approval by caseworkers to meet immediate needs such as food, furniture, utility and technology payments, transportation (gas, bus passes, insurance, driver's license restoration fees), clothing, appliances, and rent. Staff will utilize thrift stores, Goodwill, Treasure House, the Blessing Board, and other places to purchase low- cost goods, clothing, and furniture. Thanks to the CYF Provider Calls hosted during COVID 19, WFS is more aware of available programs to help with rent, utilities, technology as well as organizations like Beverly's Birthdays, the Diaper Bank, Pittsburgh Food Bank, LIHEAP, the Learning Hubs, Comcast, etc. These organizations have provided remarkable support during COVID. However, there are times when items aren't available, the family can't get them picked up or pay a delivery fee, the family isn't eligible, the need is immediate, or there aren't other options. It is in these incidences that the program will need quick access and approval to purchase goods to maintain the stability of the family or to fill an emergent need.

Finally, as with all family support initiatives there needs to be more chances to work together to help families. Conferencing and Teaming meetings are an excellent opportunity to bring all the support for the family together to listen to the family's goals, their perception of what they need to achieve those goals, and to positively reinforce their strengths and progress. It is important that representatives from all systems and programs work with the family together. To ensure success, CYF could facilitate a higher level of collaboration and partnering across the county and that would help families and providers to work more efficiently and effectively. Collaborative system partners would be CYF caseworkers, FFT-CW Therapists, Education representatives, D&A, IPV, health, mental health, JPO, and APO. WFS would also want to continue to collaborate with other programs and providers including advocacy programs like AFN, Kid's Voice, Autism Speaks, YSP, and Family Centers; food programs like the Food Banks, pantries, SNAP, and WIC; early care providers like Head Start, Early Head Start, and the AIU; Cultural centers like the Latino Family Center, libraries,

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Hugh Lane, and Persad; victims services like Women's Center and Shelter, PAAR, Center for Victims; veteran services like Veteran Leadership Program, Soldier On and the VA; crisis providers like Resolve and CACTIS; religious and community groups like East Liberty Presbyterian Church, SHIM, North Hills Christian Outreach, Homewood Children's Center, YMCA's, 412 Youth Zone, and the Jewish Community Center; employment and training assistance like Career Link, Bidwell, Community Kitchen; other social service providers like Family Resources, Family Links, Auberle, COTRAIC, TRAC; health and wellness providers like pediatricians, early intervention, D&A, MH, WPIC, and Family Based Mental Health.

WFS has worked with most of the providers and services above. The community is rich with opportunities to partner and collaborate. The WFS Community Connections Manager and Organizational Advancement department will continue to broaden partnerships across western Pennsylvania. Opportunities to grow a network of partners, especially in the neighborhoods of the people WFS serves is a strategic goal.

11. Broadly describe how you envision a family will move through FFT-CW from referral to discharge, including specifics about how a family will be triaged, engaged and served. Include your plan to ensure that the referral process will flow smoothly at start-up. Additionally, provide your plan for documentation and collaboration with DHS's child welfare office and other system partners.

The staff of the FFT-CW Program, the administrative supervisor, and the Community Connections Manager with the assistance of the Organizational Advancement department, will create and distribute marketing materials with contact and program information to the CYF regional offices and CYF staff. Along with these recruitment materials, staff will request opportunities to address the CYF staff personally about the FFT-CW program in staff and team meetings.

A referral process, similar to the current Family Preservation and Stabilization Program process will be used. When a CYF case worker makes a referral, it will be emailed to the administrative supervisor and the program assistant. The administrative supervisor will triage the referral and assign it to a FFT-CW Therapist by looking at current caseloads, geographic location of the case and the skills that are needed for the family to be successful. Once assigned, the referral will be entered into the EHR and the KIDS databases and into the FFT-CW database.

It is at this point that the therapist will begin the Engagement Phase of the FFT-CW model. The therapist will introduce themselves and make an appointment to meet with the family for the first time. During the first meetings, the therapist will get to know the family by utilizing the assessments required. They will also take the time to listen to the family, to learn about their strengths and existing support partners, and to identify the family goals. The therapist will also identify emergent needs and concerns. These first meetings are critical for the therapist and the family to build trust and move forward together. A family plan for success will be developed. Therapists will also begin to discover each family member's strengths and areas of discomfort. They will determine if there are other people of influence or support that can help the family along their journey. To complete this work, a therapist may meet with the family multiple times during the first few weeks.

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The second phase is Motivation. This phase engages the families to dream about what can be. The therapist helps the family to think about “What if?” or “What does the perfect day look like for your family?” Once a family has settled on what their goals are, the therapist, through weekly sessions, offers continued reminders about what they want to achieve. From the second phase the family will move to Phase three- Relational Assessment and begin to work on their relationships with one another by identifying the patterns of interaction within the family. They figure out the roles or functions each person plays, and they learn to interrupt negative behaviors and reactions. This will occur during the weekly sessions. Phase 4 brings the family to the Behavior Change phase. The therapist has motivated them to see the possibilities, helped them discover the part each person plays in the family and now they begin work on family communication, parenting skills, conflict management skills, and ways to strengthen their roles within the family. The new skills will guide them to make changes to their past and learned behaviors. This phase requires redirection, mediation, and positive reinforcement. Phase five is Normalization which helps the family to use the skills they have learned in other situations and to plan for barriers and setbacks. This phase helps the family to normalize the growth and the changes while building resiliency to deal with future events in the same manner. It is during this phase that home visits begin to taper off.

Toward the end of the tenure with the family, the therapist will prepare the family for discharge. Aftercare planning is actually a process that occurs throughout treatment. During the relationship with the family, the therapist will also be addressing needs of the family utilizing case management techniques. Families may present housing concerns, food insecurity, transportation issues, education needs, involvement with law enforcement or courts, IPV, SUD concerns, BH needs etc. If resources are needed, the therapist, the CYF CW, and perhaps other providers will work with the family and with each other to access supports. When a case is ready for discharge, the therapist develops an aftercare plan with the family which includes a personal connection and scheduled appointments with resources and services which continue to meet any of the family’s outstanding needs. The therapist ensures that post assessments are administered and perception of care surveys are completed by the families.

Documentation and collaboration are essential parts of the service delivery process. Service notes, conferencing and teaming, work with the CYF CW and collaborative contacts will be entered after each session. The service plan and data from the pre-assessments will be entered during Phase 1. Review of the service plan, other collaborative contacts and documentation will be entered throughout the case as they occur. Case Record Reviews and Outcomes will be compiled quarterly by WFS and as requested by DHS. Invoicing for services will be completed monthly. Post-assessments and perception of care surveys will be completed prior to closing the case. A Biannual Outcomes Report will be completed and sent to the CYF Contract Monitor.

12. What key challenges do you anticipate in providing the High-Risk track of FFT-CW and how will you overcome them?

WFS realizes from years of experience working with high- risk families in Child Welfare, Juvenile Justice, Behavioral Health, and Education Services, that there are always challenges in engaging and serving high risk families. Key challenges include the family’s distrust of

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systems and representatives of those systems, racial disparities between families and the people who come into their home, many basic needs not being met (lack of affordable/stable housing, food insecurity, disruptions of education, daycare and employment, poverty, poor health, and lack of accessible medical care), as well as IPV, SUD, and incarceration. All of these make it difficult for families to focus on the work they want and need to do to make their families thrive.

Additionally, WFS is concerned about what appears to be triple entry of notes and program related data. This can be avoided if AC DHS and the developer of FFT-CW can create an interface or data transfer capability. WFS is currently experienced in entering in both our EHR and KIDS. The Program Assistant position can be utilized for some of this data entry until the interface is completed.

In FFT-CW, and in all other Family and Community Support Programs, WFS strives to attract, employ, retain, and promote the best possible staff who share in the mission to provide transformational care to the people we are privileged to serve. Staff who are well supported with quality supervision, abundant professional development opportunities, knowledge of community resources, administrative support, flexibility, wellness and work life balance opportunities and quality technology services are better able to do their jobs and help their families.

Although there will always be challenging work, a new service brings new challenges and a learning curve. WFS is experienced in piloting new programs. With the increased support and involvement of DHS, and FFT, LLC, WFS is confident it can successfully provide the Functional Family Therapy - Child Welfare High Risk Track for the residents of Allegheny County.

Budget (10 points possible), not included in page count. You may submit the budget as an attachment [e.g., Excel file] or in the space below.

13. Provide a detailed line-item budget that reflects a realistic estimate of the costs associated with implementing and sustaining the Contracted Services and includes the items listed in Section 2.

See FFT Business Plan Summary Attached – page 106 of the Attachment PDF

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

Salaries and Benefits:	3 FTE's FFT-CW Family Therapists .5 FTE Administrative Supervisor .5 FTE Program Assistant Benefits at 26%
Other Employee Costs:	Recruiting Costs (Indeed, etc. in case of staff replacement needs) Employee Recognition – funds for team building activities, years of service recognition, and other achievements

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	Employee Travel (mileage reimbursement at \$.48/ per mile based on current program staff travel per month)
Professional Development:	FFT Training - Phase 1 Training \$39K; \$1,225 Assessment Licenses and \$1,600 per participant if there is turnover (up to 3 new staff)
Program Costs:	Office and PPE Supplies, Consumer Support and Contingency (gas cards, bus passes, rent, utilities, concrete goods, furniture, etc.) Misc. Client supplies (Based on historical need of high-risk families)
Communications:	Cellphones and business cards – based on the number of staff Marketing/printing of fliers, brochures (based on experience of running the existing program) Internet and postage (based on occupancy costs associated with the program)
Occupancy/Equipment:	Occupancy Costs (based on a portion of the existing program’s space) Equipment Costs – Copier/postage machine rentals and maintenance (based upon current occupancy costs) Computers at \$825/laptop -refreshed every 3 years
Other Expenses:	General Liability Insurance @\$300 per staff Building Depreciation and Maintenance (based on a portion of the existing program’s space) Program & Supervisory Support @ 8% of Total Direct Expense (This is the allocation of program management and oversight)
Management & General Expenses:	15% of total Direct Expense

Wesley Family Services

Functional Family Therapy-CW High Risk Track

	Annual Cost
3 FFT Therapists	\$ 106,550
.5 FTE Administrative Supervisor	\$ 22,142
.5 FTE Program Assistant	\$ 17,482
Salaries	\$ 146,174
Benefits	\$ 38,005
Total Salaries and Benefits	\$ 184,179
Staff Recruitment	\$ 3,000
Employee Recognition	\$ 200
Travel Expense - Staff Travel and Parking	\$ 14,400
Total Other Employee Costs	\$ 17,600
Professional Development	\$ 45,025
Total Purchased Services	\$ 45,025
Office Supplies	\$ 450
PPE Supplies	\$ 1,000
Family Support and Contingency	\$ 9,000
Misc Client Expense	\$ 500
Total Program Costs	\$ 10,950
Internet	\$ 660
Postage	\$ 330
Marketing	\$ 1,000
Printing	\$ 1,000
Cellphones	\$ 2,880
Total Communications	\$ 5,870
Occupancy/Equipment	\$ 26,258
Total Occupancy/Equipment	\$ 26,258
General Liability Insurances	\$ 1,500
Building Depreciation	\$ 8,661
Maintenance/Program/Sup Allocations	\$ 23,500
Total Other Expense	\$ 33,661
Direct Expense	\$ 323,544
Management and General Expense	\$ 48,532
Total Expenses	\$ 372,075

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