

Allegheny County
Department of Human Services
Request for Proposals Q&A
RFP for Methadone Treatment Program for the Allegheny County Jail

Amendments

March 4, 2024

The RFP Response Form was amended to include the max number of pages your response should be. The amendment is outlined in “Requirements” section of the RFP Response Form and is available below:

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 180 points. Your response to this section should not exceed 12 pages. (Pages 1-3 are not included in the page count).

March 7, 2024

1. Is the expectation that the bidder currently offers substance use disorder services in Allegheny County or can providers with sites elsewhere apply?

Proposers who do not currently provide services in Allegheny County may apply but must meet the expected requirements outlined in Section 2 of the RFP.

2. For the new program, will we still need a data entry person?

Proposers should determine the staff required to operate the program including any required documentation and include it in the Proposal. Under the initial funding source, Government Performance and Results Act (GPRRA) completion is not required.

3. Is there any negotiation on this [budget] amount?

Proposers should submit a realistic budget to fully operate this program. All costs must be justified and explained in the Proposal. DHS will consider all proposed costs and will negotiate and agree upon a final budget with the Successful Proposer.

Office Hours

March 14, 2024

4. We operate medication and guest dosing at the Jail, but we do not offer everything mentioned in the RFP causing us to change and modify our plan, if awarded. Will this

be for any inmates that are currently there, or will it be just for people who are coming in?

Our goal is for the Program to eventually be available for all incarcerated individuals who qualify according to the screening criteria, and who want to be included. We will work collaboratively with the Successful Proposer to develop a timeline to meet this goal.

- 5. There's a difference between being in intake and being booked, then put into our program right now. In March of 2023, we received 15 referrals from the Jail. 3 of those individuals were released and we never medicated them, then 9 of those individuals left within three days. Could you provide a timeframe, specifying whether we must start the induction the same day that the person enters the facility?**

DHS is collaborating with the Jail to support their intake processes, including developing an enhanced screen process with an updated workflow. DHS anticipates that individuals will be screened and identified as eligible before being fully booked into the Jail, where induction would begin. If an individual is screened and identified as eligible but not fully booked into the Jail, the goal would be to provide them referral for community-based methadone induction; this is subject to change but is how we currently envision it.

- 6. It was difficult locating space for our current staff. Our concern is that we would require more staff and space to meet the needs listed in the RFP. Will we have adequate space in the facility?**

Please identify any space requirements or challenges you foresee in your Proposal and how we may work collaboratively to overcome them. DHS will collaborate with the Successful Proposer and the Jail to ensure adequate space is provided to accommodate Program needs.

- 7. Another concern we have is the jail does not allow people to get on the internet. However, if we are going to dispense medication, then we need to have a dedicated internet line. What if they won't allow us to do that after we write this and get the Proposal and we're ready to go and that's the one obstacle that they might not permit at all?**

We have been in contact with County IT and understand some of the challenges regarding technology and security at the Jail. Please identify any IT requirements or challenges you foresee in your Proposal and how we may work collaboratively to overcome them. DHS will work collaboratively with the Successful Proposer and the Jail to mitigate any IT challenges.

- 8. Do they expect to have inductions starting over the weekend or during the weekends? Or will our staff, because it says 365, be administering the medication to the people who are already in the program, or do we have to do inductions?**

While we anticipate a majority of inductions would occur during weekdays, we indicate 365 days to reflect the need for dosing to occur daily, and in the event of urgent matters with potential for heightened medical risk. For example, for any pregnant women entering the Jail during the

weekend, intake would need to happen as quickly as possible. However, we do not anticipate this would happen all the time. Please identify any staffing challenges you foresee in your Proposal and how we may work collaboratively to overcome them. DHS, the Jail and the Successful Proposer will agree and finalize a staffing plan that meets the needs of the Program.

9. Roughly, what's the total number of inmates, do you think would be needing to be dosed on average a day, week, etc.?

Currently, because we don't know how many people will select methadone treatment once available, we're estimating about 150 individuals a month would need to be dosed.

10. Regarding the pregnant females that come into intake, would they still go out for conversion or are you going to convert them at the facility?

Our goal would be for them to be converted at the Jail. If this is a challenge for your organization, you are welcome to propose an alternative solution, thoroughly explaining your plan and reasoning within your Proposal.

11. Talking about space, would a mobile unit be an option out there or would there be ability to finance a mobile unit to be brought out there versus finding the space like bringing our own mobile unit or financing the mobile unit?

If your organization intends to propose an alternative solution to any requirement identified in the RFP, please thoroughly explain your plan and reasoning within your Proposal.

12. Currently, with the data entry and collection, will these individuals be SOR funded?

No, initial funding will be through Opioid Settlement Funds. GPRA completion is not a requirement.

13. Once the program launches, we won't need to complete the GPRA?

No, not at this time.

14. Places like Renewal and Passages to Recovery were beginning to get some people into those programs. The 150 people indicated, does that include individuals at those places too?

No, the 150 are only those individuals who would be dosed in the jail.

15. The jail staff, will they be doing the immediate screening when people get into the jail and then make the referral? Or do we have to have somebody there?

The Jail staff will complete the screening. This is part of the intake process update we're developing. During intake, if an individual qualifies and selects methadone, Jail staff will make a

referral through the appropriate channel. The Successful Proposer will then receive the referral and begin services.

16. The RFP stated staffing 365, but not 24/7. As far as staffing is concerned, was this thinking of multiple shifts? Was there any thought about requirements in terms of actual hours of staffing?

We do not anticipate the need to have staff on site 24/7. However, treatment of pregnant individuals can require more urgent attention. We do not currently have any minimum shift times identified. We're interested in seeing the staffing plans proposed by Proposers. DHS, the Jail and the Successful Proposer will agree and finalize a staffing plan that meets the needs of the Program. Please also see the response to question #5.

17. So, June 1st would be when you would hope that the intakes and treatments would start?

No. We expect to enter into an agreement with the Successful Proposer by June 1, 2024. We expect services to launch by October or November of 2024.

18. In the announcement, you discussed contingency management, which is typically for crystal meth use and not necessarily methadone. Would this RFP be for doing methadone in the jail and not necessarily with the option to do some contingency management even with the incarcerated individuals to help incentivize or is that what it's for?

This RFP is specifically for a Methadone Treatment Program for the Allegheny County Jail.

April 2, 2024

19. Would DHS consider alternatives to having participants present to the Successful Proposer's identified community-based treatment location weekly for services (page 9)? If so, can you provide the addresses of the three Alternative Housing locations?

The addresses of the three Alternative Housing locations are: 339 Boulevard of the Allies Pittsburgh PA 15222; 704 Second Avenue, Pittsburgh, PA 15219; and 225 West 7th Ave West Homestead, Pa 15120. Yes, alternative approaches are fine to propose. Please also see the response to question #11.

20. The last bullet on page 9 of the RFP, stated that treatment for Alternative Housing participants "are expected to be Medicaid reimbursable from the outset." Are individuals who are transferred to Alternative Housing still considered to be incarcerated? If so, will the individuals' Medicaid benefits be reinstated? And, if their Medicaid benefits are not reinstated, how will those services be reimbursed?

Individuals in Alternative Housing are still under the custody of the jail but living in the community and eligible for Medicaid. Staff at the jail initiate the process for Medicaid to be reinstated or approved at the time of transfer from the jail to Alternative Housing.

21. Page 12 of the RFP states that startup costs should be submitted as a separate budget. Will those costs be in addition to the \$2.1 million awarded for the first year?

We anticipate up to \$2.1 million to be awarded for all costs in the first year. Proposers should submit a realistic start up budget that includes all costs necessary to launch the program, in addition to the annualized budget, for consideration. Please also see the response to question #3.

22. Providing services to 150 patients in a facility that houses approximately 1,700 individuals (~9%) seems low. Are there additional funds available should the number of individuals requiring methadone treatment increase significantly from the current estimates?

We estimate that the Successful Proposer will need to serve 150 individuals at any given point in time. However, the total number of people served in a year is likely to far exceed 150. If demand for methadone treatment exceeds our projected point in time caseload, the County will work with the Successful Proposer to identify any additional resources needed.