



Allegheny County Department of Human Services
Request for Proposals

**Intensive Engagement and Case
Management Service for High-Need
Families of Newborns**

RFP Posting:

Monday, July 22, 2019

Optional Webinar (see page 5):

11 a.m. – 12:30 p.m. Eastern Time on Tuesday, August 13, 2019

Deadline for Questions:

3 p.m. Eastern Time on Friday, August 23, 2019

Submission Deadline:

3 p.m. Eastern Time on Friday, August 30, 2019

Estimated Award Decision/Notification:

October 2019

Allegheny County Department of Human Services
One Smithfield Street Pittsburgh, PA 15222

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Acronyms and Definitions

Unless the context indicates otherwise, the following capitalized words shall have the meanings for purposes of this RFP as set forth below:

1. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services
2. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania
3. Contract Services: The specific services which the Successful Proposer agrees to provide to the County in response to this RFP as more particularly described in the Scope of Services in the Agreement
4. DHS: [Allegheny County] Department of Human Services
5. Family Support Centers: Community hubs where parents with young children can attend programs, access resources, and connect with other parents
6. Hello Baby: a countywide strategy whose mission is to support the health, well-being, development and safety of children, while supporting the needs of their families. Hello Baby will utilize a tiered approach offering universal, differentiated and priority services to families based on need. The goal of the Hello Baby strategy is to better to focus support and services on the families across the County who most need them as soon as possible after the birth of a newborn.
7. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP
8. Proposer: An individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP
9. Reflective Supervision: the regular collaborative reflection between a staff person and supervisor that builds on the supervisee's use of her thoughts, feelings and values within a service encounter
10. Response Form: The Word document in which Proposers respond to requested information about this RFP
11. RFP: Request for Proposals
12. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services

The RFP at a Glance

Purpose

Allegheny County, on behalf of its Department of Human Services, seeks a community partner to design and implement an engagement and case management service to support high-need families known as the “Hello Baby Priority Service” or “the Service.” The Service will form a key component of “Hello Baby,”¹ a countywide strategy to support all parents of newborns.

At scale, the Hello Baby Priority Service will be delivered across the entire County (comprised of four regions: North, East, South, Mon Valley; see Appendix A) to approximately 650 families/year (about 5% of all births). In Year One, the Service will be piloted in one to two regions of the County and the goal is to offer services to 160 families per region by the end of the first year. DHS does not expect all 160 families to enroll, and the purpose of this pilot is to learn about how many families choose to enroll and how best to engage and support these families in the Service.

The Successful Proposer must be able to deliver the Service in at least one of the four regions and be willing to develop the capacity (including through partnerships) to scale over time to serve the entire County (refer to Appendix A for demarcation of regions).

Agreement Details

DHS will enter into an Agreement with one Successful Proposer for a term of one year with a County option to renew for at least one additional year. The first five months of the term of the Agreement with the Successful Proposer will serve as a design and planning phase with the goal to begin the implementation phase in early 2020. Proposers should submit a budget as described in Section 2: Budgeting Considerations.

Who can apply

Anyone, including, but not limited to, non-profit organizations, for-profit organizations, small businesses and individuals, are eligible to submit a Proposal in response to this RFP. Proposers do not need to have an existing contract with Allegheny County to apply, but Proposers must meet all of Allegheny County’s contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capability to provide the Contract Services. Multiple persons and entities may partner together and submit a Proposal.

What’s important to us

DHS seeks a Successful Proposer that can do the following:

¹ For detailed information about the Hello Baby strategy, please review the Hello Baby Summary and Hello Baby FAQ documents available on the DHS Solicitations webpage: [https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-\(RFP/RFQ/RFI\).aspx](https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx)

- engage both parents, where applicable, as well as partner(s) and other caregivers
- attract and retain incredible peer support, social work and clinical staff
- help to promote the overall Hello Baby Strategy
- demonstrate a commitment to a “do whatever it takes” philosophy
- provide an individualized approach to support families
- ensure families get the services they need to safely support their children.
- support families through crises

The Successful Proposer MUST possess the following abilities and aspirations:

- sees the goal of preventing serious abuse and neglect as the most important priority
- welcomes the opportunity to collaborate in the design and implementation of the Service
- welcomes the opportunity to take expert advice and technical assistance from an advisory team
- is comfortable learning by doing and making adjustments over time
- is expert in engaging and assessing high-risk/need families in their homes
- is able to collaborate and support other services that may be working with families
- is able to provide clinical supervision aimed at enhancing the ability of direct service workers from DHS and third-party providers to improve the safety and well-being of a baby and a baby’s key caregivers
- has expert knowledge of the services and supports in the region

What we don’t want

DHS is not interested in a partner that:

- wants to deliver a specific curriculum
- is not committed to growing in cultural competency
- does not support the role of men/fathers in a family
- has a baby-only focus
- has trouble giving control to the family
- is inflexible in approach

Timeline

An optional webinar with the Camden Coalition about the COACH and RELATE models (see page 12) will take place on August 13, 2019 from 11 a.m. – 12:30 p.m. Eastern Time. To join the webinar, click this link: [Join Skype Meeting](#) or join by phone: 1 (267) 368-7515, conference ID 17412783.

Deadline for Proposers to submit questions about this RFP is 3 p.m. Eastern Time on Friday, August 23, 2019. Proposals must be submitted by 3 p.m. Eastern Time on Friday, August 30, 2019. We expect to notify Proposers of the County’s decision to award an Agreement in October 2019.

Who we are

On behalf of Allegheny County, DHS is the issuing office for this RFP.

DHS is the largest department of Allegheny County government and provides publicly-funded services to more than 200,000 people annually, in areas including child welfare, behavioral health, aging, intellectual disability, homelessness and community services.

More information about DHS is available at <http://www.alleghenycounty.us/human-services/index.aspx>

Section 1: Why We Are Issuing this RFP

Context

Over the past two decades, Allegheny County DHS has collaborated with the Allegheny County Health Department and community- and faith-based organizations to provide “prevention services,” services that strengthen families, improve children’s outcomes, and reduce child welfare involvement. Most of these services have been located in higher-poverty neighborhoods of the County. This network of prevention services operates with a high level of respect for family and community strengths and has greatly increased the resources available to families in Allegheny County (refer to Appendix B for description of this collaboration).

While this robust collaboration has made more services available to families, it has not resolved three persistent issues:

1. The people who most need these services are not using them. Historically low parental uptake and difficulty with ongoing engagement mean that many families have either never participated in preventive community services or have only received a small dosage. Therefore, those families who are at greatest risk of harm are not being adequately served.
2. In over half of the cases where a child died or nearly died as a result of abuse and/or neglect, there had not been a child welfare referral prior to the critical incident. Thus, we had no opportunity to support the family before the incident. This means that a system that provides support services only *after* a child comes to the attention of child welfare services is unlikely to reduce the prevalence of child maltreatment in the population as a whole.
3. There have been no tools to pinpoint which families would most benefit from services to reduce their high risk of maltreatment.

This underutilization of services by families that are at high risk of child welfare contact is likely a function of many factors including but not limited to:

1. Geographical proximity to service centers -- While Allegheny County has 28 Family Support Centers and many other family services, access is still a problem for many families for whom transportation is a persistent challenge.

2. Engagement – Most programs rely on word of mouth, rather than a coordinated, deliberate outreach approach.
3. Isolation -- Many high-need families have limited support networks and/or find themselves isolated because of depression, distrust of services, intimate partner violence, or transiency.
4. False assumptions - There has been a focus on poverty as the primary risk factor for child abuse, rather than other biopsychosocial factors that are associated with abuse.
 - Poverty is not the singular cause of serious abuse and neglect (although neglect is correlated with poverty).² Most people living in poverty do not, of course, abuse or neglect their children, while people in homes with moderate or higher levels of income can have significant rates of abuse per capita.
 - Research indicates that among the key factors driving child abuse are untreated maternal depression or mental illness,³ substance use disorder in caregivers,⁴ age of the mother and intimate partner violence in the home.⁵

Objective of the Hello Baby Program

The Hello Baby Priority Services sought through this RFP will be one component of the County’s Hello Baby strategy, a tiered approach offering universal, differentiated and priority services to families based on need. The goal of the Hello Baby strategy is to better focus support and services on the families across the County who most need them as soon as possible after the birth of a newborn.

To focus support and services on families who could most benefit from them, Hello Baby will primarily rely upon a predictive risk model (PRM) to identify families who are at risk of adverse outcomes such as placement of the child in order to:

1. Reach more families who can benefit from support
2. Better match families and babies with some risk/need to the right differentiated services (e.g., home visiting, Family Support Center, childcare subsidy, Head Start, basic needs, etc.)
3. Ensure that most vulnerable families and babies (the most complex 5% of the babies born within the County) have access to the most intensive supports we can offer

Section 2: What We Are Looking For

Overview

² [Third National Incidence Study of Child Abuse and Neglect](http://www.childwelfare.gov/topics/systemwide/statistics/nis/) Sedlak, A., Broadhurst, D. 1996 <http://www.childwelfare.gov/topics/systemwide/statistics/nis/>; also <https://citylimits.org/2014/04/11/does-poverty-cause-child-abuse/>

³ <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1440-1819.2010.02063.x>

⁴ Levey et al, 2017.

⁵ Bragg, H. 2003. Child Protection in Families Experiencing Domestic Violence. U.S. Department of Health and Human Services Administration for Children and Families Administration on Children, Youth and Families Children’s Bureau Office on Child Abuse and Neglect

The Service we are seeking through this RFP will be designed for families with new babies who have the highest and most complex needs in the County. It will be offered within the context of the larger Hello Baby strategy, but this solicitation is only for this top-tier Hello Baby Priority Service.

The Hello Baby Priority Service consists of engagement, coordination and case management with families who agree to participate. The objectives of the Service are to first contact and enroll those families identified as high-risk/-need by the PRM tool or through a referral from one of our partner agencies, then to work with the family to understand its needs as well as its current systems and services involvement. The final objective is to ensure that the family is referred to and provided with the best possible services and resources the County has to offer. The County will ensure that families who are enrolled in the Service will receive priority access to other human services and support for basic needs.

DHS's current thinking on the Service is described in this RFP (see Appendix C for processes used by Allegheny County to develop the prototype service offering). The details will be monitored throughout the collaborative planning process and iteratively adjusted during implementation. While we anticipate evolving the implementation details over time, the following elements are essential principles of the Service:

- Use of two-person teams consisting of a peer support specialist (i.e., someone who is seen by the family as a trusted peer) and an experienced social worker
- Low caseloads (15:1)
- Reflective supervision including regular case consultation (reflective supervision is the regular collaborative reflection between a staff person and supervisor that builds on the supervisee's use of her thoughts, feelings and values within a service encounter)
- Commitment to ongoing training and support (further detailed under *Training to Support the Mission of Hello Baby and Model for Supervision*)
- Individualized approach driven by needs of the family
- A “do whatever it takes” philosophy
- Collaboration and coordination with families’ supports and systems (including other providers, child welfare, etc.)
- Voluntary in nature – family always has the option to say no

Eligible Population

The PRM will identify approximately 650 families/year (about 5% of all births) across the County that will be eligible for the Hello Baby Priority Service. There will also be additional slots for community referrals, families with newborns that do not score as having high and complex needs in the PRM but who are identified by community partners as having such needs. The only exclusion criteria will be those families where home removal of the baby is likely based on prior child welfare involvement. All other families (child welfare-active and not) are eligible. Over time, we expect to scale the Service to serve every highest-need family in the County that chooses to engage. In the first year, however, the program will be piloted in one or two of the County's four regions. We know that engagement will be challenging with this group, and the goal is to offer services to approximately 160 families in one region by the end of the first year,

or up to 260 if two regions are proposed. We know that only a subset of these families will ultimately engage in the Service. While national estimates of enrollment rates in home visiting programs range between 46 percent and 97 percent,⁶ we expect enrollment rates in the Service to be much lower given the high and complex needs characterizing these families. In the first year we hope to learn more about the number of families that enroll in the Service and lessons on how to improve rates over time.

Implementation or How this will work in practice

Engagement

Every family giving birth will learn about Hello Baby at the hospital after giving birth and receive a postcard at home that allows them to opt-out of eligible services. From among all families that do not choose to opt out, we will identify those that most need supportive services. For families with moderate/higher levels of need, Family Support Center outreach workers will reinforce the broader Hello Baby strategy at the community level by visiting families in their neighborhoods, welcoming the new babies, and attempting to engage and connect them to their services.

DHS will refer families with the most complex needs to the Successful Proposer. We anticipate that engagement of these families will be very challenging. The Successful Proposer will have to be creative about how to reach out – likely through a combination of home visits – sometimes with gift cards or small incentives –, phone calls and hand-written notes, connecting with key community partners and providers the families are currently working with, and sheer persistence. See *Scenarios* for additional thoughts about different approaches. DHS will partner with the Successful Proposer to craft language to use with families to explain why they are reaching out. Transparency will be critical – not hiding the fact that we know the family has elevated needs – and it will also be essential that we approach the family in a caring, genuine way that shows the true desire to do “whatever it takes” to help the family.

Ongoing Support

Once the family is engaged, the family specialist and the social worker employed by the Successful Proposer (see *Staffing* for more details) will have shared responsibility for the ongoing case management and support of the family. The Successful Proposer’s staff will work intensively with families to do the initial assessment and plan development and will continue to work with and support the family until the infant has reached age three or until the family decides to end its participation. Specific responsibilities include:

- Completion of an effective **comprehensive needs assessment** with the family on an ongoing basis
- Development of a **goal plan** with clear, simple and actionable steps (completion of assessment and goal plan may happen through conversations with family or by review of

⁶ The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) Issue Brief on Family Enrollment and Engagement

other program documentation – to avoid families having to tell their stories multiple times – or most likely, a combination of the two)

- Connection of families to the **best services the County has to offer** based on specific needs (e.g., home visiting programs, drug and alcohol treatment, mental health, housing, employment)
- Ongoing follow-up that includes “**whatever it takes**” **support, navigation and advocacy** for the family with providers, and **support with basic needs** (Proposers may budget for concrete goods)

The case management framework will be based on the [COACH model](#), developed by the [Camden Coalition](#), a national exemplar in reaching and connecting with the most vulnerable populations. The Successful Proposer’s staff (both the peer support specialist and the social worker) will be trained as empowerment coaches rather than solely as providers for the families, enabling the co-creation of individualized care plans around parents’ long-term goals. The training will include techniques and tools that will be utilized as part of the model.

Scenarios

Initial engagement and ongoing work with each family will differ based on the individual circumstances, as evidenced in the following scenarios:

- **Scenario 1: Family is already enrolled in an evidence-based home visiting program** (e.g., Head Start, Family Check Up, Nurse Family Partnership, Healthy Families America)
 - **Engagement:** In this case, the Successful Proposer will want to capitalize on the connection that has already been established and not overwhelm the family with another provider knocking on the door. The Successful Proposer’s Staff will ask the home visiting program to brief them about the family’s strengths, their plans and the status of the connection/intervention, and let them know that the family is eligible for additional services.
 - **Ongoing:** Depending on the status and nature of the relationship with the family and the current home visiting provider, the Hello Baby Priority Service staff may interface directly with the family utilizing the full COACH model or may instead offer support in the background for navigation support, priority access to services and concrete goods.
- **Scenario 2: Families without any known connection**
 - **Engagement:** In this case, the Hello Baby Priority Service staff will need to be resourceful. They may call the families or send them a nice card to welcome the baby and introduce themselves. They may want to check with the local Family Support Center to see if they have been successful in outreach. They will talk with the people they know in the nearby community (e.g., church or other faith-based organization, Boys and Girls Club staff, Food Bank staff) to explain that they are going to visit families with newborns and to see if they are able to make an introduction to the family. The workers will have to ensure that privacy of the family is maintained at all times. When the family engagement specialist meets one of the parents or caregivers, she will introduce herself and explain that she is part of the Hello Baby program. What the family engagement specialist says during the first and second visits is critical.

- **Ongoing:** These families will engage in the full case management model, i.e., assessment, goal planning and ongoing support.
- **Scenario 3: Child welfare active**
 - **Engagement:** Up to 40 percent of eligible families will be active with child welfare at the time of birth and more will likely become active within the three-year timeframe. The intention is that Hello Baby Priority Service will be offered to all families (including child welfare-active) except for those in which home removal is anticipated in the near future.
 - **Ongoing:** Depending on the nature of the family’s relationship with child welfare, Successful Proposer staff may either fully engage in the assessment and goal setting process, or provide additional support from the background, similar to scenario #1. In either case, the child welfare case worker will be a critical part of the family’s extended network. Staff will have direct contact with the case worker as needed to ensure that family is connected to the best services to meet their needs.
- **Scenario 4: Community referrals (i.e., referrals from community providers to the DHS program director for Hello Baby.**
 - **Engagement:** Engagement should be the most straight-forward for families in this group, as it should begin with a warm handoff from the referring partner.
 - **Ongoing:** These families will engage in the full case management model, i.e., assessment, goal planning and ongoing support.

Staffing

We envision two direct service roles in this Service: family engagement specialist and social worker. Key functions of each are highlighted below, but we expect these two roles to function as a team when working with families.

- **Family engagement specialists** (“Peers”) must be experts at connecting with people and focus on reaching, engaging and supporting the family. Key functions to be performed by Peers include:
 - Relentlessly pursue meaningful engagement with families, with a special focus on the father or partner of the parent who gave birth
 - Develop trust and rapport with families and provide support using an empathic and family-centered approach
 - Connect family to basic needs including transportation, childcare and other benefits
 - “Be there” for families – defined broadly, this may include accompanying to appointments, ad hoc phone calls or home visits, and childcare support
- **Social workers** (“Navigators”) must be experts on high quality service offerings and focus on connecting families to services and ongoing follow up with providers. Key functions to be performed by Navigators include:
 - Ensure that families have access to necessary services (e.g., housing, home visiting, drug and alcohol, mental health) Note: DHS will work with key providers to establish priority access for this population.
 - Coordinate communication between providers
 - Conduct weekly “rounds” to check with providers about each of the families enrolled in the program, to identify cases of miscommunication, gaps in care, or situations in which too many staff are involved and overwhelming the family.

- In addition to the two direct service roles, **clinical supervisors** will manage teams of peers and navigators. Key functions to be performed by clinical supervisors include:
 - Provide reflective supervision to direct service staff
 - Facilitation of regular case consultation in which teams talk through progress and challenges associated with individual cases and problem solve together

Training to Support the Mission of Hello Baby and Model for Supervision

DHS considers strong training and supervision essential elements to the success of the Service. The training will support the mission and philosophy of Hello Baby, which is to support the health, well-being, development and safety of children, while supporting the needs of their families. Required training for Hello Baby staff will include the following core components:

- Motivational interviewing
- Trauma-informed care
- Parenting and child development
- Mental health first aid, including detecting maternal depression and anxiety
- Newborn health and safety (e.g., breastfeeding, safe sleep, safe caregiver, shaken baby)
- Navigating complex systems (e.g., child welfare, behavioral health)
- Risk and safety
- Reflective supervision
- Case notes and data management

This training can be delivered by DHS, by the Successful Proposer, or by a combination of the two, depending on the strengths and capacity of the Successful Proposer.

In addition, DHS will be partnering with the Camden Coalition (previously mentioned on page 10, above). DHS will be responsible for the cost of this partnership but will require the Successful Proposer to fully participate in the training. Camden Coalition will provide overall consultation and training in two key areas:

- RELATE is a relational coaching model that trains supervisory staff to promote adaptability, flexibility and positive team dynamics in staff engaged in patient care. RELATE uses a reflective approach to build resiliency by preparing learners to better tolerate the emotional impact of complex work.
- COACH case management model: This will include training on the approach to assessment and goal setting. The Successful Proposer will be expected to have all Hello Baby staff trained in this model.

Collaboration with DHS

The success of the Service will rely on a strong partnership between the Successful Proposer and DHS. The Successful Proposer will be required to work closely with the Hello Baby Program Director from DHS to ensure the successful launch, evolution and ongoing management of the Service. This partnership will involve shared decision-making, a joint role in hiring and continuous feedback on challenges with program implementation.

DHS will provide a client management software and the Successful Proposer will be required to enter data, such as plans and assessments or child and family specific data, into this system.

DHS and the Successful Proposer will work collaboratively throughout the first year to plan and implement the Service. **The Service will evolve over the first year, and DHS expects the Successful Proposer to actively participate in continuous process improvement to refine the Service's strategies for engaging and retaining families and the ways in which they communicate with families and service providers.**

Budgeting Considerations

Proposers should give a realistic estimate of what the Service will cost. As detailed in Section 3 and the Response Form, Proposers should provide a year one budget and budget narrative for the one to two regions proposed that will help us to understand the thinking and assumptions behind the proposed budget. DHS will negotiate with the Successful Proposer on final budget numbers.

As stated above, we expect to offer services to approximately 160 families per region, but we know that not all will choose to participate. Proposers should factor assumptions about engagement into a proposed budget and clearly describe assumptions in the budget narrative. In future years, the budget will increase as the Service is offered at scale, although we also anticipate there will be some economies of scale as the program grows.

Monitoring and Evaluation

DHS will monitor the Successful Proposer for compliance and performance, and provide technical assistance for challenges with navigating priority access to key programs, establishing cross-agency case review, and related issues as requested and needed; training will also be provided on data collection/entry into the client management system.

The main priority of the Service is to reduce maltreatment, so DHS will conduct an outcome and process evaluation to evaluate whether that goal has been achieved. The Successful Proposer will not be expected to conduct the evaluation but should be an active participant in the process evaluation and selection of outcome domains. The process evaluation will inform our ongoing quality improvement efforts and provide important information for the program manual we use during the Service's implementation and which we will share with other communities who may wish to apply this approach to reducing child maltreatment. The outcome evaluation will assess Hello Baby's goals to strengthen families and reduce harm to children.

Section 3: Proposal Requirements and Evaluation Criteria

Proposals are evaluated based upon the evaluation criteria described in detail below. Proposers must address their qualifications in their Proposal by responding to the specifically-requested

items or questions in the Response Form. Proposers should download and type their responses directly into the Response Form available on the Active Solicitations webpage at www.alleghenycounty.us/dhs/solicitations. The maximum score that a Proposal can receive is 115 points, as outlined in the following sections.

Organizational Qualifications & Experience (40 points total)

- An appropriate organizational structure for providing the proposed Service, including range of services, funding sources, total operating budget and budget for each service (5 points)
- Established partnerships and collaborations that will strengthen ability to provide the proposed Service, with examples of challenges overcome and lessons learned through existing partnerships (10 points)
- Demonstrated experience and approach to supporting high need families with infants/toddlers and families (5 points)
- Appropriate method, experience and results in engaging and gaining trust and support with hard-to-reach families or other populations (5 points)
- Demonstrated experience assessing the ongoing needs of individuals and families who are in the greatest need of supports and services and determining which needs to prioritize (5 points)
- Experience documenting program development, program operations and changes, and client data⁷ (5 points)
- Capacity to implement the Service in at least one geographic region of Allegheny County (North, East, South, Mon Valley) (5 points)

Staffing Recruitment, Training, and Retention (35 points total)

- Experience hiring quality, racially diverse staff (10 points)
- A proven retention strategy for staff and supervisors (10 points)
- Plan for staffing or subcontracting for the family engagement specialist and social worker/navigator) (5 points).
 - Please note that the Successful Proposer can subcontract for some of the requirements, such as for the family engagement specialist or the social worker/navigator.
- An approach to staff training that emphasizes cultural competency and ensures that staff are trained in relevant topic areas (5 points)
- A supervision model that ensures staff receive reflective supervision and provide empathetic and client-centered services (5 points)

Mission and Commitment (15 points total)

- Clear reasoning why the Proposer feels that it is the best candidate for this opportunity and how the Hello Baby initiative fits well within the Proposer's mission (15 points)

Budget (25 points total)

⁷ We are interested in this because we envision potentially developing the Service into an evidence-based program in the future.

- A budget that reflects a realistic estimate of the costs associated with implementing and sustaining the Service (20 points)
- A budget narrative that clearly explains and justifies all line items in the proposed budget, describes any assumptions about engagement rate, caseload, etc., and demonstrates fiscal and management capacity to manage funds in a fiscally responsible manner (5 points)

Section 4: How to Submit a Proposal

4.1 Submission Process

- Proposers should take time to review and understand the RFP in its entirety including:
 - The background (see Section 1: Why We Are Issuing this RFP)
 - The narrative (see Section 2: What We Are Looking For)
 - The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
 - The evaluation process (see Section 5: How We Will Evaluate Your Proposal)
- Proposers must use the Response Form to develop your Proposal. Type your responses to each requested item directly into the Response Form. It is available at our Active Solicitations website with the RFP announcement at www.alleghenycounty.us/dhs/solicitations.
- Proposers must submit a complete Proposal, which includes the following attachments that are available on our Active Solicitations website:
 - Response Form
 - MWDBE documents
 - Allegheny County Vendor Creation Form
 - Audited financial reports for the last three years
 - W-9
- Proposers should not send any attachments other than those listed above and on the Response Form.
- If you do not have audited financial reports for the last three years, you may submit other financial documentation that attest to the financial health of your organization. Tax returns are the preferred alternative. Please note that providing financial documentation is a requirement of contracting through Allegheny County.
- Make sure to complete each section of the Response Form and to stay within any word counts or page limits that may be specified in the Response Form.
- Proposals must be submitted electronically to DHSProposals@alleghenycounty.us no later than 3:00 p.m. Eastern Time on Friday, August 30, 2019 to be considered for review.**
- Please make sure to get your Proposal in before the deadline! If your Proposal is late, it will be rejected and will not be presented to the Evaluation Committee for review and scoring, as described in Section 5 below.
- You will receive an email when your Proposal is received. If you do not receive this notification within 48 hours of submitting your Proposal, please contact DHSProposals@alleghenycounty.us.

4.2 How to Contact DHS about this RFP

- a. All inquiries and questions must be submitted via email to DHSProposals@allegHENYcounty.us.
- b. All information about the RFP, including answers to questions, changes and clarifications will be posted at our Active Solicitations website at www.allegHENYcounty.us/dhs/solicitations.
- c. Please be sure to check this website regularly for answers to questions, additional information or changes to the RFP or the RFP process.

4.3 Other Information

- a. **The issuance of this RFP does not obligate the County to enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals.**
- b. Any Agreement originating from this RFP is subject to all of the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
- c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.
- d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.
- e. Successful Proposal(s) will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).

4.4 Pennsylvania's Right-to-Know Law

Proposers should be aware that all documents and materials submitted in response to this RFP may be subject to requests for access to public records made pursuant to Pennsylvania's Right-To-Know Law (RTKL). Under the RTKL, records in the possession of a public agency like the County are presumed to be public records and the County may have to make documents and materials submitted by the Proposer available to a requestor after an award of an Agreement is made.

If the Proposer includes any information within its Proposal that the Proposer asserts is either a "trade secret" or "confidential proprietary information," as those terms are defined under the RTKL, the Proposer must include with its Proposal a written statement signed by an authorized representative of the Proposer identifying those portions or parts of its Proposal that the Proposer believes constitute a "trade secret" or "confidential proprietary information" and provide contact information to enable DHS to contact the Proposer in the event that the County receives a Right-To-Know request for the Proposal. The Proposer shall have five (5) business days from date of receipt of any notification from the County to provide a written statement signed by an authorized representative of the Proposer explaining why the Proposal or any portion thereof is exempt from disclosure as a trade secret, confidential proprietary information or other legal reason. The County shall consider this statement in either granting or denying a request for public access to the Proposal or any portion thereof. The County will notify the Proposer of its decision whether to grant or deny the request either in whole or in part.

Section 5: How We Will Evaluate Your Proposal

Proposals will be evaluated by an Evaluation Committee convened by DHS. The evaluation committee will assign scores based on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria using the scale listed in Section 5.1 b.

5.1 Evaluation Model

The evaluation process will consist of the following steps:

- a. An Evaluation Committee will be formed by DHS and may consist of some or all of the following:
 - a. Content experts from within DHS, selected for their expertise and/or experience
 - b. Representatives of foundations, educational institutions, community and civic organizations, businesses and/or non-profit agencies
- b. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points for each response on a Proposer's Response Form according to their expertise and best judgment of how the Proposal submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:
 - 0 – Not addressed in Proposal
 - 1 – Poor
 - 2 – Below expectations
 - 3 – Meets expectations
 - 4 – Exceeds expectations
 - 5 – Outstanding
- c. DHS will tally the average scores of the Evaluation Committee and report a list of average scores to the Committee. The Committee members will meet to discuss the average scores and their individual evaluations as part of the deliberation process.
- d. DHS, on behalf of the County, shall have the exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. Each committee member will individually score the oral presentation using the following criteria and the scale outlined in 5.1b. The maximum score that an oral presentation can receive is 15 points:
 - Presentation demonstrates Proposer's ability to implement the proposed program effectively (5 points)
 - Proposer's answers to Evaluation Committee's questions (5 points)
 - Proposer's presentation is thoughtful and professional (5 points)
- e. DHS will tally the average scores of the Evaluation Committee and report a list of average scores to the Committee. The Committee members will meet to discuss the average scores and their individual evaluations as part of the deliberation process.
- f. At any time during the review process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.

- g. As part of determining Proposers' eligibility to enter into a contract with Allegheny County, all Proposers' financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure Proposers' financial stability.
- h. The Evaluation Committee will submit their recommendation for award of an Agreement to the Director of DHS for his approval, who in turn will submit a request to the County Manager for approval for the County to enter into an Agreement with the Successful Proposer(s).
- i. The County is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. The County reserves the right to reject any and all Proposals.**
- j. All Proposers will be notified of their status following the final determination of which Proposer(s) will be awarded Agreements.
- k. Proposers not awarded an Agreement who are interested in receiving feedback regarding their submission may request a phone call at DHSProposals@alleghenycounty.us.

5.2 Other Requirements

For a Proposal to be eligible for evaluation, it must be:

- a. Received by the due date/time
- b. Properly formatted and include responses to all requested information
- c. Complete with all required forms and attachments

Proposals which do not meet the above requirements will be automatically rejected and will not be presented to the Evaluation Committee.

Section 6: Contract Requirements for Successful Proposers

In order to enter into an Agreement with the County, Proposers must be willing to comply with all contract requirements listed below and all standard terms and conditions contained in a County contract for provision of services to DHS and its offices. Additional details about contracting with Allegheny County are provided in the [DHS Contract Specifications Manual](#), available at www.alleghenycounty.us/dhs/solicitations.

6.1 Minority, Women or Disadvantaged Business Enterprise (MWDBE) Requirements

Allegheny County has MWDBE goals of 13% participation for Minority Business Enterprises and 2% participation for Women Enterprises, and expects that Successful Proposers will make a "good faith effort" in assisting the County in meeting these goals.

- a. All Proposals must include either of the following:
 - If the Proposer is able to meet the MWDBE contract goals, a completed MWDBE Participation Statement and MWDBE Contact Information form is required. You

must also attach the MWDBE certifications of the firms you intend to use with the Participation Statement.

- If the Proposer requests a waiver from participating in the MWDBE contract goals, a completed MWDBE Participation Statement, MWDBE Contact Information form and MWDBE Waiver Request are required.
- b. MWDBE forms and resources can be found at www.alleghenycounty.us/dhs/solicitations:
 - MWDBE Forms
 - [MWDBE Participation Statement](#)
 - [MWDBE Waiver Request](#)
 - [MWDBE Contact Information form](#)
 - MWDBE Resources
 - [MWDBE Contract Specifications Manual](#)
 - [MWDBE Response Checklist](#)
 - [Guide for completing the MWDBE Participation Statement](#)
 - [Sample Diversity Policy](#)
 - [MWDBE Presentation for Proposers](#)
- c. For more information about MWDBEs, visit the [Allegheny County MWDBE website](#).

6.2 HIPAA Compliance

DHS is a covered entity under the Health Information Portability and Accountability Act (HIPAA). Therefore, a Successful Proposer must comply with all HIPAA requirements.

6.3 Cyber Security

- a. Successful Proposers must meet the minimum computer specifications which begin on page 14 of the [DHS Contract Specifications Manual](#), available at www.alleghenycounty.us/dhs/solicitations.
- b. All electronic devices must have sufficient security software and settings to minimize the risk of an information breach.
- c. Successful Proposers must also have policies in place to ensure that electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected).

6.4 Equal Employment Opportunity and Non-Discrimination Requirements

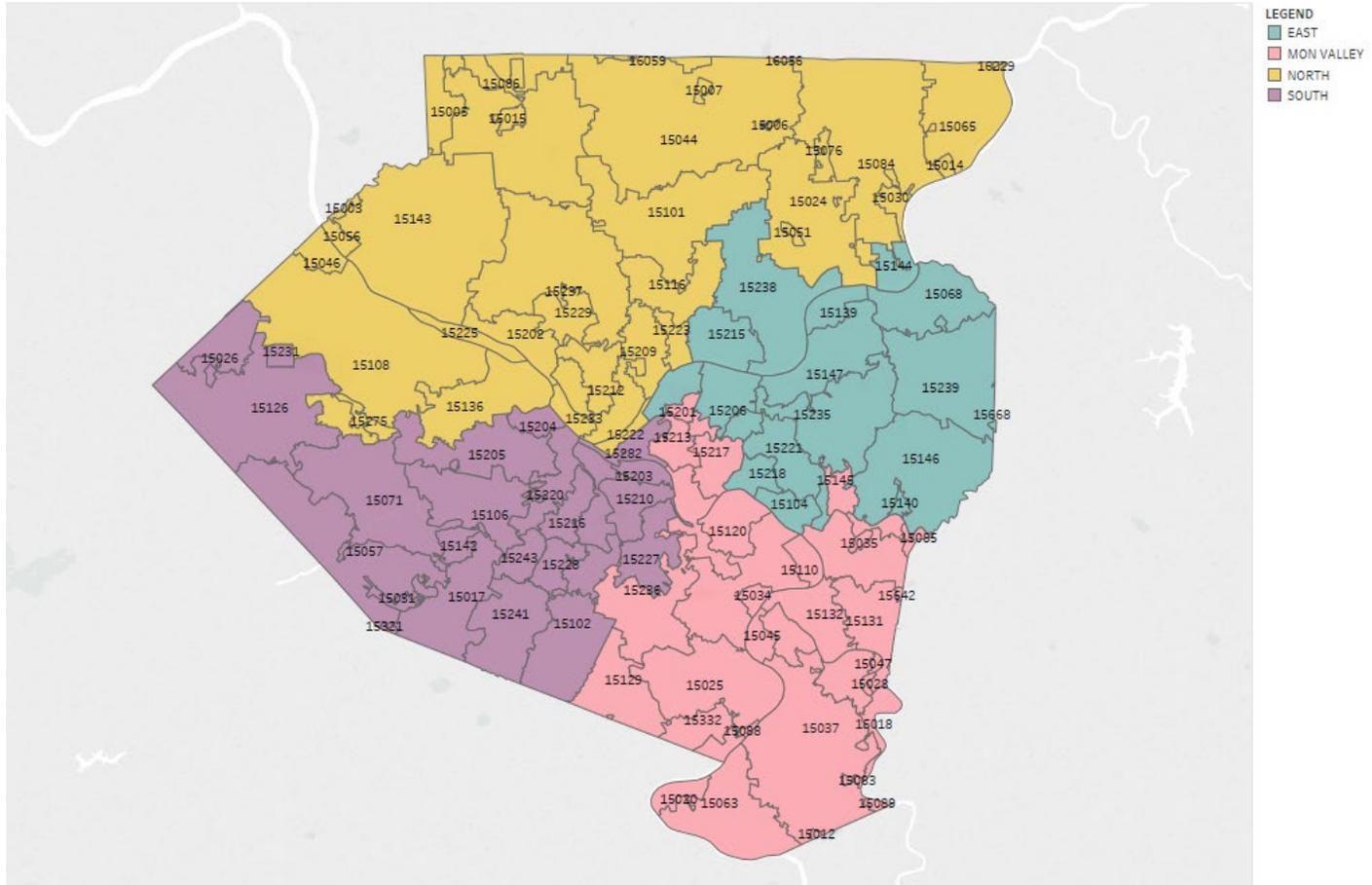
By submitting a Proposal, a Proposer agrees to not discriminate against any employee, applicant for employment, independent contractor, client or any other person on the basis of race, color, religion, national origin or ancestry, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, age (40 or over), or use of a guide or support animal because of blindness, deafness or physical disability.

6.5 New Provider Requirements

If awarded an Agreement, Successful Proposers who do not have current Allegheny County contracts will be required to complete the [DHS New Provider Application](http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Prospective-), available at <http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Prospective->

[Providers.aspx](#). While not required as part of your Proposal, Proposers may wish to review the requirements of this application.

Appendix A: Map of Allegheny County



Note: The boundaries of the map are flexible and should be used as a guide. Each region depicted represents the racial, socioeconomic makeup of the county as a whole and includes both urban and suburban areas. The Proposer can propose to serve a region different than those defined, if it meets the aforementioned criteria.

Appendix B: Collaboration

Hello Baby will utilize the established network of organizations and volunteers in Allegheny County focused on strengthening families and communities. At the heart of this collaboration are the 28 Family Support Centers (FSCs). They are family-driven hubs of programs, services and support that improve parent-child bonding, promote the healthy development of children, and increase the strength and stability of families. FSCs are in sites as varied as schools, apartment buildings and health centers. While each is different in its exact services, they all work with parents and children to ensure that: expectant mothers are receiving prenatal care and preparing for the arrival of their children; that families identify and secure public benefits for which they are eligible; that every child has up-to-date vaccinations, a developmental screening and a referral to early intervention services, when appropriate; and that every child is ready to begin kindergarten. FSCs also provide home visiting and socialization opportunities. An evaluation

found that areas in Allegheny County served by Family Support Centers had fewer maltreatment investigations once the level of social disadvantage and population size were considered.⁸

In July 2019, Allegheny County opened the Early Learning Resource Center (ELRC) at a downtown site and six of the Family Support Center locations. The ELRC will provide childcare subsidies, human services navigation services and early intervention screenings, making these FSCs more like one-stop shops for family services in their communities.

Appendix C: Processes used by Allegheny County to Develop the Prototype Service Offering

Given the lack of an “off the shelf” program that is successful in preventing critical events and death with high and complex need families, we took a deliberative approach to designing the service offerings. Each activity and conversation was intended to draw from the years of experience that leadership, service workers and families have with giving and receiving services; to highlight best practices identified in literature; and to leave no stone unturned in exploring what exists in Allegheny County and understanding how it can be improved.

1. **Literature review:** on services that show high levels of engagement with high and complex need clients and show efficacy in preventing maltreatment;
2. **Case abstracts:** members of the social work quality assurance team went through 10 randomly selected recent cases that had been scored using the PRM model as a 20/20 and subsequently found to have a placement event by age five. Separate IRB approval was gained for the sharing of these case studies with frontline services, caseworkers and clinicians.

Conversations with:

1. **Department of Human Services leadership:** highest leadership in DHS including its Director and Deputy Directors for child welfare, prevention services and community relations
2. **Clinical experts (pediatricians, developmental psychologists, academic social workers):** local clinicians and academics who work with the early childhood population
3. **Children’s Cabinet membership:** stakeholders in Allegheny County who participate in the advisory board for DHS child-and family-serving programs, which includes representatives from agencies that provide child welfare, behavioral health or other supportive services, legal advocacy groups, etc.
4. **Local service provider agency direct line staff, supervisors and leadership:** social workers and therapists

⁸ Evaluation of the Family Support Network:

<https://www.alleghenycountyanalytics.us/index.php/2019/01/28/do-family-support-centers-reduce-maltreatment-investigations-evidence-from-allegheny-county/>

5. **Fathers:** not well-represented in the other conversations, a specifically recruited group of fathers who had been involved (alone or with their family) with systems ranging from mental health to criminal justice was interviewed
6. **Families who received community prevention services:** families who actively participated in prevention services to understand what they found helpful and learn about engagement strategies.
7. **Danish Caseworkers:** operating in a culture very focused on prevention, Danish caseworkers who interact with presumably the highest need families in their jurisdiction