

LACKAWANNA COUNTY BOARD OF COMMISSIONERS
DEPARTMENT OF HUMAN SERVICES/OFFICE OF YOUTH AND FAMILY SERVICES
REQUEST FOR QUALIFICATIONS
FOR PARENT-CHILD INTERACTION THERAPY (PCIT)

Issued: March 16, 2015

RFQ ID #: 075/15/1100/13

1. INTRODUCTION:

NOTICE IS HEREBY GIVEN that pursuant to a fair and open process, sealed submittals will be received and reviewed by the County of Lackawanna ("COUNTY") Board of Commissioners ("Board of Commissioners") for the provision of services to eligible individuals served by the Office of Youth and Family Services. This RFQ will be used in applying for funds to provide services for Fiscal Year July 2015 to June 2016.

Submission Deadline:			
Respondents must submit their written Submittals by 4:00 p.m. prevailing time:		<u>April 13, 2015</u>	
Contact Person:	<u>Kathleen Snyder</u>	Email: <u>snyderk@lackawannacounty.org</u>	

Submissions received will be reviewed and evaluated by the Department of Human Services /Office of Youth and Family Services (herein after referred to as the Department), based upon such criteria as the Department, in its sole discretion, deems appropriate. The Department reserves the right to request clarification or additional information from any respondent. The Department, in its sole discretion, may accept or reject any or all submittals.

The Department reserves the opportunity to modify this Request for Qualifications (herein after referred to as RFQ) at its own discretion and without prior notice, and to waive any immaterial defect or informality in any proposal as may be permitted by law.

2. PURPOSE:

The purpose of this Request for Qualifications is to solicit submissions from qualified practitioners to provide Parent-Child Interaction Therapy (PCIT) to families under the jurisdiction of the Department. PCIT is an evidenced-based treatment model with highly specified, step-by-step, live coached sessions with both the parent/caregiver and the child.

Parents learn skills through PCIT didactic sessions. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver-child patterns. PCIT is a mastery-based rather than a time-limited treatment, and treatment length will vary depending on parental skill acquisition. Specific behaviors are coded and charted on a graph at each session, and parents are provided with immediate feedback about progress and mastery of skills. Parents are given homework assignments to enhance their skills between sessions. Efforts are made to incorporate ethnic and cultural practices and values. Engagement with caregivers avoids a deficit model of prior parenting and instead describes PCIT as offering special skills for caregivers who are dealing with children or situations that pose special challenges.

The goals of treatment are (1) an improvement in the quality of the parent/caregiver-child relationship, (2) a decrease in child behavior problems with an increase in prosocial behaviors, (3) an increase in parenting skills, including positive discipline, and (4) a decrease in parenting stress. Achievement is measured with several standardized instruments.

All PCIT applicants to this RFQ shall have PCIT fully operating or shall be able to fully implement PCIT with fidelity under the guidelines/requirements by the developers of PCIT, including, but not limited to, meeting the training and physical plant requirements.

3. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:

One (1) original and four (4) copies of the Submittal must be provided.

Submittals must be addressed to the Lackawanna County Chief of Staff, 200 Adams Ave 6th Fl., Scranton, Pennsylvania 18503. Submittals must be in a sealed envelope with the name of the submitting agency or individual and the RFQ number clearly marked on the outside of the envelope. The County assumes no responsibility for delays in any form of carrier, mail or delivery service causing the submission to be received after the above-referenced due date and time. **Submission by fax, telephone, or email is not permitted.** The final selection will be made in the sole discretion of the Department.

4. PRE-SUBMITTAL MEETINGS:

There will be an opportunity for prospective Submitters to meet with the County staff for a Question and Answer session: **Only Submittals from the Submitters that attended the Pre-Submittal Meeting will be accepted.**

Date: _____ N/A _____
Time: _____ N/A _____
Location: _____ N/A _____

5. QUESTIONS:

Questions can be submitted via email to snyderk@lackawannacounty.org

* Questions will be answered by the appropriate individual(s) and answered within 3 business days via email with a return reply acknowledging receipt of the email request.

* QUESTIONS AND ANSWERS WILL BE SHARED WITH ALL SUBMITTERS through posting on the Lackawanna County website, www.lackawannacounty.org

All questions pertaining to this RFQ must be submitted on or before:

March 23, 2015

6. CRITERIA FOR EVALUATION OF QUALIFICATIONS:

The Department will independently evaluate each submittal and selection will be made upon the following criteria:

1. **Child and Youth-Appropriate/Friendly Facility:** The facility and rooms where treatment sessions will occur provide a comfortable, private, child and youth-friendly setting that is both physically and psychologically safe for families. The preferred method of coaching is the least intrusive method of using a one-way mirror with a transmitter and hidden in-ear receiver.
2. **Training and Supervision Requirements:** Training and supervision for implementing and sustaining PCIT meets requirements of the developer. Staff delivering PCIT shall have completed the level of education required by the developer.
3. **Organizational Capacity:** A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative practices including but not limited to the ability to set a fee for service schedule and bill according to procedures outlined by County and State policy and regulation. The Submitter will refer families without medical insurance covering behavioral/mental health services to the appropriate agencies to apply and will inform the Department.
4. **Cultural Sensitivity and Diversity:** The Submitter establishes or has established policies, practices and procedures that are culturally sensitive to a variety of cultures as reflected in the client population. Cultural sensitivity is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community.
5. **Standardized Instruments:** Standardized instruments are used to track outcomes and measure progress. Fidelity-monitoring tools are used to ensure fidelity in model delivery. Conduct aftercare surveys/assessments as determined by the developer or the Department.
6. **Meetings:** Attend family-specific staffing or broad planning meetings of the frequency and periodicity established by the Department. Attend family-specific meetings, including, but not

limited to, Family Team Conferences, Family Group Conferences, and Multidisciplinary Investigative Team Meetings.

7. Referral and Assessment: Establish and/or adhere to requirements by the developer for reviewing referrals to PCIT and maintaining fidelity by accepting or denying the referral based on said requirements in mutual discussion with the Department. Establish timeframes for assessing referrals, determining if referrals meet the criteria for acceptance, notifying the family and Department of acceptance or denial, and initiating PCIT. Timeframes must be approved by the Department.
8. Court Testimony: The Submitter's staff or contractors delivering PCIT services must be available to testify at dependency, child protection proceedings, and child abuse appeals hearings.
9. Data and Quality Improvement: The Submitter shall establish vigorous electronic methods of tracking (1) documentation of training, consultation, and fulfillment of developer requirements, (2) PCIT referrals at all points from the time of the referral through the expiration of any aftercare assessments/surveys, (3) children and youth under the jurisdiction of the Department separate from other youth receiving PCIT, (4) results/outputs from surveys, pre-test and post-test measures, psychometric assessments, standardized instruments, etc., (5) cost of service delivery to children and youth under the jurisdiction of the Department, and (6) other items established by the Department. Tracking and data collection methods must be approved by the Department. Data must be provided to the Department upon request. The Submitter is expected to regularly review internal policies and procedures in conjunction with the Department to ensure continuous quality improvement with the goal of maximizing efficiency of involved processes.
10. Child Welfare Knowledge: Subject to training availability, completion of child welfare training (overview) and knowledge of solution-focused, strengths-based family engagement skills or equivalent with approval of the Department. Subject to availability, certification in and implementation of the Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS).
11. Child Welfare Demonstration Project: Ability to participate fully in the evaluation component of the Child Welfare Demonstration Project.
12. Ability to meet timelines and schedules for completion on an expedited basis as set forth by the Board;
13. Availability to accommodate any required meetings of the Board; and
14. Other factors determined to be in best interest of the County in the Board's sole discretion.

7. SUBMISSION REQUIREMENTS:

Each Submission must be in sufficient detail to permit evaluation, at a minimum, with respect to the following issues. Submissions must include the information that is specifically requested herein as well as such additional information as a respondent deems relevant to the process. Each Submitter

agrees that their Submittal constitutes a firm offer to the County that cannot be withdrawn for ninety (90) days from the Submission due date.

To achieve a maximum degree of comparability, the Submissions shall be organized in the manner specified below and use corresponding lettering and/or numbering.

Title Page:

(1 page): Show name of your agency, address, name of contact, telephone number(s) and email address along with the current date. Also include the title and number of the RFQ.

Table of Contents:

All Submissions to the County must include the following:

SECTION 1 Agency Information (see Form A)

- Name, address, phone number and email address of the agency;
- The corporate officer's name, title and signature. This person must be able to execute agreements on behalf of the agency;
- The service(s) for which the submittal has been prepared.

SECTION 2 Agency Description (see Form A)

- A brief description of your agency's history, ownership and organizational structure;
- Include as attachments an organizational chart, a copy of the most recent audit and a copy of any licenses that pertain to services provided.

SECTION 3 Agency Services (see Form A)

- List all services provided by your agency and address at which they are provided.

SECTION 4 Scope of Services/Statement of Qualifications (see Form B)

- Provide a description of the proposed service and your agency's qualifications and experience in providing this service;
- Provide the names, experience, qualifications and applicable licenses held by the individual primarily responsible for servicing the Program and any other person(s), whether as employees or subcontractors, with specialized skills that would be assigned to service the Program.

SECTION 5 County Contracts (see Form C)

- Provide a listing of all like or similar service contracts or Mutually Agreed Upon Written Agreement (MAWA) with other county programs to provide services. Include agency name, contact person, services, contract dates and amounts. If no other contracts, please state N/A.

SECTION 6 Statement of Assurances (see Form D)

- A statement of assurance that your agency is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Human Services (DHS) that may have any impact on your agency's operations;
- A statement of assurance that your agency has no conflict of interest in providing service on behalf of Lackawanna County;
- A statement of assurance that your agency is not involved in any current or pending litigation involving Lackawanna County or any of its Departments or Authorities;
- A statement of the insurances currently held by your agency.

SECTION 7 Additional Information

- Include any additional information not specifically required but deemed important and relevant by the submitting agency.

SECTION 8 Subcontractors

- **RESPONDENTS SHOULD NOTE THAT ANY AND ALL WORK INTENDED TO BE SUBCONTRACTED AS PART OF THIS SUBMITTAL MUST BE ACCOMPANIED BY BACKGROUND MATERIALS AND REFERENCES FOR PROPOSED SUBCONTRACTOR(S) – NO EXCEPTIONS**

8. RESPONSIBILITIES:

The successful Submitter shall have primary responsibility for the following:

- (1) Full operation of PCIT in accordance with requirements established by the developer and approved by the Department.
- (2) Maintaining adequate allotments of trained staff to be able to provide PCIT to accepted families within a reasonable period of time from referral.
- (3) Attending family-specific meetings or general planning meetings.

- (4) Tracking data and outcomes through electronic methods approved by the Department.
- (5) Participating fully in the evaluation component of the Child Welfare Demonstration Project.

9. CONFIDENTIALITY:

All Submissions in response to this RFQ shall be held confidential until a contract is awarded. Following the contract award, Submissions are subject to release as public information unless the Submission or specific parts of the Submission can be shown to be exempt from the Pennsylvania Public Information Act. Respondents are advised to consult with their legal counsel regarding disclosure issues and take the appropriate precautions to safeguard trade secrets or any other proprietary information. The County assumes no obligation or responsibility for asserting legal arguments on behalf of potential Respondents. If a Respondent believes that a Submission or parts of a Submission are confidential, then the Respondent shall so specify. The Respondent shall stamp in bold red letters the term "CONFIDENTIAL" on that part of the Submission, which the Respondent believes to be confidential. Vague and general claims as to confidentiality shall not be accepted. All Submission and parts of Submissions that are not marked as confidential will be automatically considered public information after the contract is awarded.

10. CONFLICT OF INTEREST:

Any agency or person considering doing business with Lackawanna County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the Submitter's submittal.

11. COMMUNICATION WITH ELECTED OR APPOINTED OFFICIALS:

All communications during this process should be directed to the appropriate contact listed in this RFQ. Any agency that makes any effort to communicate with any other official of Lackawanna County, either directly or indirectly, during this process will be EXCLUDED from consideration.

12. FORMS ATTACHED

- Form A – Agency Information, Description and Services
- Form B – Scope of Services/Statement of Qualifications
- Form C – County Contracts
- Form D – Statement of Assurances

Qualification Base Selection Process

The statement of qualifications will be evaluated in accordance with the County's Qualifications Base Selection Process. Anyone submitting a statement of qualifications is advised to review that process, which is set forth on the County's website.

**AGENCY SUMMARY
FORM A**

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

I. AGENCY INFORMATION		
Agency Name:		
Corporate Address:		
City:	State:	Zip Code:
Phone:	Email:	
Services Provided:		
EIN Number:		
*Corporate Officer's Name:	Title:	
Corporate Officer's Signature:		

* Person authorized to execute agreements

II. AGENCY DESCRIPTION
In the space below, please provide a brief description of your agency's history, ownership and organizational structure. Include as attachments an organizational chart, copy of your most recent audit, applicable licenses and other supporting documents.

III. AGENCY SERVICES

Instructions: In the space below, please list all services and the address of service delivery provided by your agency.

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

Service Name	Address

**SCOPE OF SERVICES/STATEMENT OF QUALIFICATIONS
FORM B**

I. SERVICE DESCRIPTION

In the space below, please provide a brief description of the proposed service and your agency's qualifications and experience in providing this service.

[Empty response area for Service Description]

II. EMPLOYEE DETAILS

In the space below, please provide the names, experience, qualifications, and applicable licenses held by the individual primarily responsible for servicing the Program and any other person(s), whether as employees or subcontractors, with specialized skills that would be assigned to service the Program.

[Empty response area for Employee Details]

**COUNTY CONTRACTS
FORM C**

Instructions: In the space below, please provide a listing of all like or similar service contracts with other county programs or Mutually Agreed Upon Written Arrangement (MAWA) to provide services listed on Form A. If no other service contracts exist, please mark N/A in the first space.

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

OTHER SERVICE CONTRACTS				
Agency	Contact Person	Service	Contract Date	Contract Amount

**STATEMENT OF ASSURANCES
FORM D**

- I ATTEST** that [TYPE NAME OF AGENCY] is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Human Services (DHS) that may have any impact on our agency's operations.
- I ATTEST** that there are no conflicts of interest to which [TYPE NAME OF AGENCY] would be subject if it were to provide the requested service on behalf of Lackawanna County.

If unable to attest to the above statement, please explain below:

- I ATTEST** that [TYPE NAME OF AGENCY] is not involved in any current or pending litigation with Lackawanna County or any of its Departments or Authorities.
- I ATTEST** that [TYPE NAME OF AGENCY] currently carries the following types of insurance coverage:
- Workers' Compensation Insurance
 - Commercial General Liability Insurance
 - Professional Liability Insurance
 - Automobile Insurance