

LACKAWANNA COUNTY BOARD OF COMMISSIONERS

DEPARTMENT OF HUMAN SERVICES
OFFICE OF YOUTH & FAMILY SERVICES

REQUEST FOR QUALIFICATIONS
FOR PROVIDING THE FAIR (Families Actively Improving Relationships) PROGRAM
Fiscal Year JULY 1, 2021 THROUGH JUNE 30, 2022

Issued: JULY 16, 2021

RFQ ID #: 197/21/1100/01

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 Department of Human Services / Office of Youth and Family Services. This RFQ will be used in applying for funds to provide services for Fiscal Year July 1, 2021 to June 30, 2022.

Submission Deadline:

Respondents must submit their written Submittals by 4:00 p.m. prevailing time: **August 26, 2021**

Contact Person:

Kelly Atkinson

Email: atkinsonk@lackawannacounty.org

Submissions received will be reviewed and evaluated by the Department of Human Services /Office of Youth & 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

Lackawanna County Department of Human Services/Office of Youth and Family Services (DHS/OYFS) is soliciting proposals from qualified agencies or institutions to provide Families Actively Improving Relationships (FAIR), an evidence-based program. FAIR provides individualized intensive home/community-based service intervention for parents experiencing substance misuse (this excludes caregivers with primary addiction to marijuana and/or alcohol). Parents may additionally be affected by unbalanced mental health and a need for enhanced parenting skills. The families who will receive FAIR services will be involved with Lackawanna County Office of Youth and Family Services through in-home ongoing services or a court/mediation reunification process. The qualified agency and OYFS will work collaboratively through the integrative FAIR design to meet the needs of local families in order to prevent placement/achieve reunification and safe case closure.

A qualified agency and/or individual will be selected through a competitive, quality-based, fair and open process at the sole discretion of the Lackawanna County Department of Human Services/Office of Youth and Family Services based on recommendations of the RFQ review empaneled by the County.

3. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:

One (1) original copy of the Submittal must be provided.

Submittals must be emailed directly to Lackawanna County Department of Human Services, OYFS - Attn: Kelly Atkinson at atkinsonk@lackawannacounty.org. Submittals must be sent with the submitting agency or individual and the RFQ number clearly marked in the Subject Box. Submittals by fax, telephone, or UPS is not permitted. Failure to follow the proper submission format may cause the submission to be rejected.

The final selection will be made in the sole discretion of the Department.

4. PRE-SUBMITTAL MEETINGS:

Interested agencies or institutions are required to attend ONE of the two informational sessions that will be hosted by the Oregon Social Learning Center FAIR Team and OYFS/DHS – July 23rd 1-2pm; July 30th 1-2pm.

Please contact Joanne DeMarco to register and for further information at: demarcoj@lackawannacounty.org.

5. QUESTIONS:

- **All questions pertaining to this RFQ must be submitted via email to : atkinsonk@lackawannacounty.org on or before Thursday, August 5, 2021 and will be answered and posted on the County website (www.lackawannacounty.org) no later than Tuesday, August 10, 2021.**

6. CRITERIA FOR EVALUATION OF QUALIFICATIONS:

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

1. The Provider must be able to provide Families Actively Improving Relationships (FAIR), an evidence-based program.
2. It is desired that the proposed rate would be inclusive of all costs that support the service delivery.
3. Cultural Competency and Diversity: The Provider shall promote policies, practices and procedures that are culturally competent. Cultural competency 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.
4. Experience and reputation with respect to providing services for governmental entities.
5. Knowledge of the subject matter of the services to be provided to the County.
6. Ability to meet timelines and schedules for completion on an expedited basis as set forth by the Department.
7. Availability to accommodate any required meetings of the Department.
8. Other factors determined to be in best interest of the County in the Departments 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 firm, 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. The applicants with optimal qualifications are providers who possess dual licensure in both Drug and Alcohol Treatment and Mental Health service programming. Acceptable applicants will be licensed for Drug and Alcohol Treatment programming.
2. All applicants must be able to demonstrate an interest and ability to deliver creative whole person integrated care that addresses the domains of D/A, MH, intersystem coordination, and parenting.
3. All applicants must be willing to engage, coordinate with, and collaborate with OYFS, probation, the court system, and all other team members during treatment planning and service delivery.
4. All Applicants must show a willingness to use an incentive-based approach using FAIR bucks and a FAIR store that will be jointly created by the qualified agency and OYFS.
5. All applicants must be willing to allow a majority of sessions to occur in the home or community environment. Applicants must be willing to have FAIR team members transport clients.
6. The applicants must be willing to participate in FAIR training that focuses on 5 treatment approaches:
 - a. Teaching and supporting parenting skill (attachment emotional regulation, non-harsh discipline, etc.)
 - b. Delivering contingency management substance abuse treatment, relationship building, day planning refusal skills, etc.
 - c. Resource Building and ancillary support for housing, employment, court attendance, OYFS appointments, etc.
 - d. Use of incentives (FAIR bucks) for success with all treatment components.
 - e. Ongoing engagement strategies and ability to integrate these skills into an entire service model approach.
7. All applicants will have a team of a licensed clinical supervisor, counselors that are able to bill for mental health and substance abuse services (e.g., CADAC), and a part time resource builder to the capacity determined necessary for comprehensive service delivery to the community.
8. All applicants must have the ability to train staff to complete urine analysis to adult caregivers on their caseload.
9. All applicants must be willing to engage in an initial training schedule with the FAIR development team, located at the OSLC Developments, Inc. (ODI) in an initial training schedule, supervision,

and ongoing coaching/supervision to achieve fidelity to the FAIR model. The Lackawanna County Department of Human Services will cover the cost of initial and ongoing training.

10. Applicants must be willing and able to offer 24/7 on call support to FAIR participants.
11. Applicants must be willing to participate in data collection, outcome monitoring, and the entry of information into an online data management system developed by ODI to analyze program fidelity.

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 firm 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.

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.

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.

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