

LACKAWANNA COUNTY BOARD OF COMMISSIONERS

DEPARTMENT OF HUMAN SERVICES/

OFFICE OF YOUTH AND FAMILY SERVICES

REQUEST FOR QUALIFICATIONS FOR SERVICE PROVIDERS

COMMUNITY NAVIGATION PROGRAM

Issued: August 16, 2019

RFQ ID #: 228/19/1100/1

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"), DHS/Office of Youth & Family Services; for the provision of services outlined by the Community Violence Prevention/Reduction Initiative with particular emphasis on reducing school violence by providing early and substantive intervention for youth with behavioral needs.

Submission Deadline:

September 16, 2019

Respondents must submit their written Submittals by 4:00 p.m. prevailing time:

Contact Person:

Lori Chaffers

Email:

chaffersl@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 to provide a Community Navigation Program to increase access to community-based and natural resources/supports utilizing the Charting the LifeCourse Framework* as the engagement model. Three Community Navigation Specialists will work with children, youth, and their families, ages 3 to 17, currently approved for and on waiting lists for behavioral health services, including those identified for Community and School-based Behavioral Health Services.

The goal of the Community Navigation Program is to connect children and families currently on waiting lists for behavioral health services to natural and community-based supports while waiting for formal behavioral health services to begin. Often children on waiting lists need intervention sooner rather than later and any support for the child and family can help improve the current situation.

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 Office of Youth & Family Services based on recommendations of the RFQ Review empaneled by the County.

3. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:

One (1) original and six (6) copies of the Submittal must be provided.

Submittals must be addressed to the Lackawanna County Department of Human Services/Office of Youth & Family Services ATTN: WILLIAM J. BROWNING, Executive Director, The Government Center at The Globe, 123 Wyoming Avenue, 4th Floor, 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:

Date: Thursday, September 5, 2019

Time: 9:00 a.m. – 10:00 a.m.

**Location: The Government Center at the Globe
123 Wyoming Avenue, 5th Floor Learning Center
Scranton, PA 18503**

5. QUESTIONS:

Questions can be submitted via email to chaffersl@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: August 27, 2019

6. CRITERIA FOR EVALUATION OF QUALIFICATIONS:

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

1. Experience and reputation in the field.
2. Experience and reputation in the field with respect to contracting with governmental entities to provide services on behalf of the County.
3. The administrative and programmatic capacity to manage the volume of work.
4. Availability to accommodate any required meetings of the Department.
5. Ability to meet reporting requirements and timelines for completion as set forth by the Department.
6. Other factors determined to be in the best interest of the County in the Department'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 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.
- A verifying statement from your Executive Director of your organization's commitment to providing the Community Navigation Program for no less than the defined time period of two years.

SECTION 2 Agency Description (see Form A)

- A brief description of your agency's history, ownership and organizational structure;

SECTION 3 Agency Services (see Form A)

- List all services provided by your agency and address at which they are provided.
 - A description of your experience serving children, adolescents and their families in school, home and community settings.
 - Your organization's experience providing behavioral health services in the community.
 - Your organization's experience collaborating with all child serving systems, including the physical health, educational, juvenile justice and child welfare systems, specifying how to integrate care.
 - Your organization's experience providing services outside of traditional business hours.
 - Your organization's experience applying Lackawanna County System of Care principles into day to day programming.
 - Your organization's experience implementing new programs and tracking outcomes.
 - A description of your organization's capabilities in delivering trauma informed care to youth and families.

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.
- The staff complement is three (3) bachelor's level clinicians with at least three years of experience in human services who will meet the qualifications of a blended case manager. The team will be supervised by a supervisor (part-time equivalent) who will meet the qualifications of a Supervisor of Blended Case Management. It is expected that a caseload of up to 30 cases each can be consistently achieved with this staff complement.
- Define the vision and implementation of the Community Navigation Program, utilizing the Charting the LifeCourse Framework, serving approximately 30 children per Community Navigation Specialist, with rotating caseloads as youth enter formal behavioral health services.
- Define the methods by which the proposed service would provide youth and family driven care. Include staff training, timeliness of evaluations, how families are engaged in services, how youth and family driven decision-making is operationalized in day to day practice and how communication with families will be accomplished.
- Identify how services will be delivered and how staff will be utilized during non-traditional time periods, including as an attachment sample staff schedules that verify the availability of staff to work rotating schedules that includes evening and weekend hours in the home and community settings, as indicated.
- Detail the training plan for the Community Navigation Specialists and the appropriate supervisor to be trained in the Charting the LifeCourse Framework and tools, including participation in the Lackawanna-Susquehanna BH/ID/EI Regional Collaborative.
- Define the propose referral process for the target population to initiate Community Navigation Services.

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.

- Copies of current Outpatient Clinic and Blended Case Management Licenses.
- A statement of your commitment to the Lackawanna County System of Care Principles.
- A statement confirming your organizations commitment to implementing the Charting the Life Course Framework for the Community Navigation Program, including the development and ongoing updating of the community mapping tool.
- A statement of your commitment to utilize outcome measures as required by the Pennsylvania Commission on Crime and Delinquency and Lackawanna County Office of Youth and Family Services.
- A statement of your commitment to participate in an external evaluation of the Community Navigation Program as facilitated by the Lackawanna County DHS/OYFS.

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 with an established history of successfully delivering quality services to children, adolescents, and families based on strong leadership, solid clinical background, and collaborative working relationships with child welfare, juvenile justice, and the educational system.

2. Interested providers must demonstrate a working understanding and knowledge of the impact of school violence on the learning environment and the importance of school safety in producing empowered learners.

3. Interested providers must demonstrate a working understanding and knowledge of the DHS/OYFS mission and commitment to decreasing out of home placements as behavioral health interventions and collaborative, daily working relationships are solidified within this clinical framework.

4. Interested providers must be willing to implement the Charting the LifeCourse Framework in the Community Navigation Program, including but not limited to, obtaining specific training in the Charting the LifeCourse tools and ongoing participation in the Community of Practice, sponsored by the Lackawanna-Susquehanna Behavioral Health/Intellectual Disability/Early Intervention Program.

* <http://supportstofamilies.org/tag/charting-the-lifecourse>

5. Applicants must be a current provider in the Community Care network in the Northeast region and possess a blended case management license; or the ability to secure a license to deliver blended case management services and have the programmatic, financial, and staffing capability to implement this new service by October 1, 2019.

6. Providers must show evidence of adherence to the regulatory requirements, performance standards, and other related guidelines as follows:

- Trauma informed care;
- Engagement skills;
- Co-occurring competency;
- Cultural competency;

7. Multi-system knowledge and care coordination are specifically relevant for the Community Navigation Program (CNP), noting the additional importance of behavioral health/physical health integration and cross-system collaboration. Evidence of linkage arrangements with systems, and relevant examples of these partnerships should also be included in the planned response.

8. Interested providers must be able to document program implementation from the time of referral through the discharge from services, including the capacity to provide program level data to an external provider to evaluate the effectiveness of the CNP.

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.

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.

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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 (DPW) 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