

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

PROPOSER INFORMATION

Name/Title: Stephanie Murtaugh, Senior Director of Community Health

Address: 1200 Reedsdale Street, Pittsburgh, PA 15233-2109

Telephone: 412.488.4926

FAX: [Click here to enter text.](#)

Email: smurtaugh@pittsburghmercy.org

Website: <https://www.pmhs.org>

PROPOSAL INFORMATION

Date Submitted 8/24/2016

Amount Requested: 195, 700.00

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

Please do not use employees of the Allegheny County Department of Human Services as references.

Amy McNicholas Kroll
Administrator of Re-entry Services
Allegheny County Jail
950 Second Avenue
Pittsburgh, PA 15219
412-350-5038

Megan Andros
Program Officer
Community and Economic Development
The Heinz Endowments
625 Liberty Avenue, 30th Floor
Pittsburgh, Pennsylvania 15222
Tel: 412-338-2617 | Fax: 412-281-5788

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

Karen Hacker, MD MPH
Director
Allegheny County Health Department
542 4th Avenue
Pittsburgh, PA 15219
Assistant: Todd Bogdanovich TBogdanovich@ACHD.net
412.578.8008
fax: 412.578.8000

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 100 points. Your response should not exceed 10 pages.

Experience and Philosophy – your response to this section should not exceed 3 pages (30 points)

1. Describe your organization's experience providing similar services to a comparable target population.

Pittsburgh Mercy, part of Trinity Health, is one of the largest health and social service nonprofit organizations and employers in Southwestern Pennsylvania. We have been providing a broad range of services to the greater Pittsburgh community for over 40 years. Many of our programs are unique to this region or address needs that other health and social service providers cannot or choose not to. Several of our programs have received acclaim for innovation and are being replicated by others as best practices (e.g., integrated primary and behavioral healthcare, street medicine for the homeless). Our 1,700+ employees serve 33,000 people annually. Our mission is to provide vital programs and services that keep individuals healthy and well – in the community. We continue to serve the most vulnerable women, men and children of our community – individuals with mental illness, intellectual disabilities, and addictions, and those who face homelessness, abuse, and isolation. We also continue to minister to the needs of the whole person – mind, body, and spirit. We stand with the vulnerable of our communities in assessing need, collaborating with others, providing services that address the whole person, and advocating for social change. We offer hope and empower those we serve to lead healthy, fulfilled lives. Mercy Behavioral Health offers community-based mental health treatment and addiction services that support whole-person wellness, facilitate recovery, and increase independence. These services include all levels of care as well as crisis services. Mercy Intellectual Disabilities Services offers an array of programs that help people with intellectual

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

disabilities participate more fully in the community and achieve their potential. Mercy Community Health (MCH), our population health division, is working to improve health and wellness by providing a large variety of prevention, intervention, assessment and outreach services in our community. Additionally, to address the needs of veterans, we recently expanded services for veterans across several Pittsburgh Mercy programs to improve access to and quality of care. We were also chosen to manage PA Serves Greater Pittsburgh, a coordination and outreach center for veterans, active military and their families. We also currently work collaboratively with the Housing Authority providing programs such as smoking cessation to residents and MHFA to their staff. Pittsburgh Mercy currently offers the majority of their services in the community, meeting people where they are at times that are convenient to them. We operate many programs that are available 24/7 or are available at non-traditional hours. We will be able to provide weekend and evening hours as required by this contract.

2. Describe your organization's philosophy and approach to service delivery.

We stand with the vulnerable of our communities in assessing need, collaborating with others, providing services that address the whole person, and advocating for social change. Our leadership is deeply committed to sustaining programs and services to the community and providing an environment in which we can develop innovative partnerships and collaborations in the region. As a safety net provider, Pittsburgh Mercy has a venerable tradition of identifying, assessing, and responding to community health and social service needs. Our vision, mission, and core values compel us to with others, identify unmet needs, and develop strategic priorities for improving the health status of our community and the vulnerable populations we serve. Our approach is collaborative. We stand with the vulnerable and others to identify gaps in service and develop solutions that are focused on building community, nurturing hope, and collaborating with others, providing services that address the whole person, and advocating for social change and inclusion. Our approach with persons served is strength based and one of deep respect. Our primary focus is on engagement as many of the individuals we serve are not well engaged with healthcare, social service or the helping professions. We want to develop trust and create an atmosphere where individuals will share their wants and desires and be willing to accept needed services. We recognize that we are the experts regarding resources but that the individual is the expert of him/herself. Additionally Pittsburgh Mercy places a high value on well trained staff and making training opportunities available to the community. On a daily basis we offer training to our employees and to other providers on a variety of behavioral health topics including, Involuntary commitment procedures, Mental Health First Aid, Crisis Intervention, Drug and Alcohol assessment and supports, Crisis prevention training and trauma informed care. It is worth noting that Pittsburgh Mercy has nine trainers of MHFA and

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

has trained well over 1000 individuals in the Allegheny County Community in MHFA over the last several years and has presented on a National Level on implementation of MHFA in the community.

3. Describe your organization's structure, the range of services offered, and geographic areas covered. Please attach an organizational chart that includes the proposed two full-time equivalent Support Specialists. (Organization chart not counted toward page limit).

See attached

As previously stated, Pittsburgh Mercy, part of Trinity Health, is one of the largest health and social service nonprofit organizations and employers in Southwestern Pennsylvania. We have three core divisions, Mercy Behavioral Health, Mercy Community Health and Mercy Intellectual Disabilities. We are decentralized, operating from 64 different locations throughout Allegheny County and provide an extensive range of behavioral health, physical health, prevention, intervention, crisis and social services to adults and children. We have numerous specialty and population based programs for example, gender specific, veterans, forensic, homeless etc.

4. List the key staff who will be responsible for implementing this project and their roles. Please attach resumes for these staff. (Resumes not counted toward page limit).

Stephanie Murtaugh – Senior Director of Community Health. The proposed project will be housed in the Community Health Division. Stephanie has over 35 years' experience managing and developing a broad range of behavioral health, physical health, prevention, intervention and social service programs.

Jean Coyne – Director of Intervention Services and PA serves Greater Pittsburgh. Her responsibilities currently including management of the Alcohol Highway Safety program, Underage substance use program, Re-entry services, Drug Court Services, D&A Assessment services and veteran's services.

Kacie McGregor – Intervention supervisor. She will directly supervise the project. Kacie currently is the front line supervisor for the Alcohol Highway safety Program, Underage Drinking Program and D&A Assessment services (Jail re-entry) provided at the day reporting centers.

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

Approach – your response to this section should not exceed 7 pages (50 points)

5. Describe your plan for outreach, education, assessment and identification of ACHA Residents in need of mental health and/or substance use supports.

As is noted in the RFP, frequently individuals struggling with life issues are unaware of resources available to them. Within many housing communities individuals feel isolated and may not have or believe they have access to services to assist them with their needs. It is even difficult for social service providers themselves to keep abreast of the plethora of community resources, eligibility criteria etc. Too often a crisis that could have been avoided becomes an individual's entry/access into needed resources and services. The answer to this dilemma is an educated, engaged community along with highly skilled and trained staff. Pittsburgh Mercy plans to approach this issue in the following way. First PM's Supports Specialists will immerse themselves in the housing community in which they are assigned, attending community events, having a visible presence and hosting a variety of programs/activities designed to advertise their services and engage the housing community. External Providers will be brought in to provide brief informative presentations perhaps along with an activity. Early on MHFA will be offered both to residents and ACHA staff to become more aware of how to recognize and intervene with behavioral health issues. This is crucial because we will utilize the practice of "Forward Engagement" which is to reach out and visit residents before they ever seek help. In order to be effective and achieve broad spectrum capability, engaged partners and an engaged community are a must. To achieve this level of effectiveness, staff, partners and community members need to learn how to cultivate dialogue and connection with and know how to recognize and respond to someone who may be struggling. "True partners" (community members, ACHA staff, etc.) become the "eyes and ears" of the forward engagement team (support specialist). Staff hired for this project will have strong clinical backgrounds as well as a background in social work, service coordination and/or case management. They will have experience with dealing with or be trained in, assessing MH and Substance use disorders, preventing lease violation/eviction and linking individuals to professional, natural and community based supports, benefits and entitlements. Staff hired will have demonstrated experience in outreach and engagement with challenging populations and thus will be ideally suited to provide housing residents with information about and linkage to appropriate community resources (e.g., food assistance, health insurance options, employment programs, transportation etc.) . If a resident is identified as potentially experiencing a MH or substance use disorder a psychosocial assessment will be completed. Other tools that will be utilized in screening an assessment include the NIDA Quick Screen V1.0F1 - A 1- to 7-question screening tool adapted by the National Institute on Drug Abuse

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

from the World Health Organization's ASSIST, designed to quickly assess for substance use disorders. We will also utilize the Mental Health Screening Form III a clinically valid, brief measure designed to quickly assess potential mental health disorders. (Both tools attached) Appropriate interventions and referral will be made using motivational and/or cognitive strategies. We will utilize warm/facilitated handoffs to ensure that an individual is successful in accessing needed and desired services. This requires true engagement, understanding the person's served perspective, meeting them where they are and supporting their goals. In order to be effective, services must be accessible. As required by this contract, we will provide services during evenings weekends and traditional hours. We will provide a host of community programs as well as individual meetings with individuals as needed.

6. Describe your plan for referring Residents to supportive services and follow-up to ensure that the services have been accessed.

PM will carefully track who is referred and linked to what services and follow-up to ensure that there was follow through. As previously stated we will provide warm/facilitated handoffs to ensure that individuals have the best chance of follow through. As previously stated it is critical that staff are well versed in engagement strategies. The ultimate plan must be owned by the person served; it must be their plan not ours. Our goal will be to provide a seamless service for residents, addressing any access issues or barriers. PM currently operates PA Severs Greater Pittsburgh (under Jean Coyne's management), a coordination center for a broad array of services for veterans, military and their families. Since its inception this past October we have coordinated care for over 1000 veterans and their families. We have mechanisms in place within this project to ensure individuals' needs are addressed in a timely manner and do not fall through the cracks. We will replicate some of these tracking and engagement processes that we have found to be particularly effective. If an individual chooses not to follow through we will continue to work with them to develop a plan that better meets their needs and wants. We will utilize SAMHSA best practice approach and tool, Action Planning for Wellness and Recovery (APWR), ideally before there is a crisis.

7. Describe your method for developing early intervention plans and recovery action plans. Please attach samples of each of these plans. (Sample plans not counted toward page limit).

PM will be using the SAMHSA best practice approach and tool, Action Planning for Wellness and Recovery (APWR) - attached. This approach and tool is very versatile and can be used as a framework for all types of recovery - emotional, psychiatric, substance use, physical health etc. APWR is recommended for helping anyone to "relieve and prevent troubled feelings and symptoms". The manual details a step by step process for developing a wellness plan for

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

prevention and recovery, developing a wellness toolbox, developing a daily maintenance plan, identifying triggers and early warning signs, developing an action plan for when things get worse, and crisis planning. The tool is simple and user friendly. New staff assigned to this project will be trained in Wellness and Recovery Action Planning. (Manual and tool attached.) PM has been a leader in training and implementing these principals for many years.

8. Describe your plan for crisis intervention, including identification of outside resources to be utilized.

PM will train the support specialists in crisis management strategies via the best practice Crisis Prevention and Intervention (CPI) curricula, as we do all of our employees. They will also be trained in suicide prevention and intervention (MHFA) as well commitment procedures. Additionally, proactively, as we have discussed we will utilize the Action Planning for Wellness and Recovery (APWR) which in addition to prevention does provide the opportunity to assist individuals in developing crisis plans. Given that a crisis occurs, this project will utilize PM's Care Center as well as the RESOLVE Network to address issues that require further intervention. Pittsburgh Mercy's Care Center as well as RESOLVE are available 24 hours a day, 7 days a week for any individual in Allegheny County to call. The Care Center provides 24/7 telephone service, which includes but are not limited to: supportive calls, including crisis, scheduling services, referral services, and on-call answering service for Pittsburgh Mercy Community Treatment Team and Service Coordination Services. The Care Center is staffed by trained clinicians who provide initial screening and triages calls as indicated. Care Center services are available to any individual who calls and individuals are not required to be an active Pittsburgh Mercy client. The RESOLVE Crisis Network is also available to any Allegheny County resident, providing 24 hour telephone support as well as mobile crisis, prolonged telephone intervention, etc.. PM has a very strong working relationship with RESOLVE. Additionally, PM operates a Crisis Center located at 264 South 9th Street, Pittsburgh, PA 15203. The Crisis Center houses a walk-in crisis service, a Central Recovery Center (CRC), an Adult Diversion and Acute Stabilization unit (ADAS), and a Care Center. Each of the services offers crisis intervention depending on the needs of the individual seeking services. The walk-in crisis center is available to children, adolescents, and adults who identify themselves as being in crisis, 24 hours a day, 7 days a week. Individuals (family, police, treatment team, hospitals, etc.) seeking help for persons in crisis also have 24/7 access to the walk-in crisis center. The center provides face to face crisis assessment, information and referral services, crisis counseling, crisis resolution, information about and linkages to community resources and medical and psychiatric consultation services if necessary. If appropriate, housing residents will be linked to RESOLVE and/or PM Crisis services.

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

9. Describe your plan for providing counseling and motivational support for identified Residents.

The Support Specialists will be trained in motivational interviewing as well as cognitive behavioral therapy. While the support specialists will not be therapists, we intend to hire individuals who have a strong clinical background with experience in either social work and/or care/case management. We have found in our other intervention programs that staff that are highly competent in motivational interviewing and cognitive behavioral approaches are especially successful in engagement, increasing motivation and in facilitating resilience and confidence in the person served. The support specialists will additionally have regular drop in hours as well as scheduled appointments, visit individuals in their homes if desired and in all cases focus on reducing barriers and increasing access to resources for persons served. Much of their work within the community will not only be on becoming known and seen as a trusted resource but on normalizing the conversation about mental health, substance use, aging, crisis and other issues all of us face from time to time.

10. Describe your plan for measuring and improving program and Resident outcomes.

PM's Information Technology systems allows us to collect, track, monitor, and report on virtually any type of data and is adaptable for managing the requirements for this program. From our past experience we recognize that any technology solution can be complex and disruptive to the process for those who deliver service, especially community-based services. As such, PMHS has formally adopted a methodology that approaches the implementation of our current technology as an opportunity for evaluation and improvement of process. By focusing first on understanding the process for collecting, tracking, monitoring and reporting information, we are able to more effectively match the appropriate technology as a tool to support the service delivery process and limit disruptions that technology can bring to service providers. This has resulted in nearly 20% realized improvements in operational capacity and productivity in our current programs. Our process methodology promotes simple and effective user interface for documentation and promotes real time access to person served records, both in the office and in the field. We are well positioned technologically for any requirements necessary to operationalize this project. Additionally, all staff involved in this project will be trained in rapid cycle process improvement. It will be particularly important for the supervisor to interpret and utilize data and the required monthly reports to facilitate continuous quality improvement. We are poised to measure, analyze data and/or improve upon the required outcomes of this project including tracking: the number of and resolution of conflicts between ACHA Residents and/or between Residents and ACHA staff, the number of and evaluation of

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

workshops/presentations provided on site, number, type and result of outreach activities, assessments and interventions with individual residents, the number of referrals for Behavioral Health and other DHS services as well as the number of referrals that were acted upon, the number of evicted residents who were assisted in finding other housing options and the number and type of crisis interventions provided.

11. Describe your organization's strategy for recruiting, developing and supervising high quality Support Specialists.

Mercy's Human Resources department recruits quality staff through website, print ads, social media, and job fairs with special efforts to recruit veterans. Mercy's wage and salary plan is based on market research of wages at similar organizations and is applied consistently according to specific qualifications. Mercy offers an excellent benefit package including 403B matching, medical/dental/vision/ insurance, life insurance and paid time off. Staff are supported in improving their health and wellness and maintaining a healthy work-life balance. Pittsburgh Mercy recognizes that the strength of our organization depends upon the people who work for it. Training and Development is an integral part of this organization's performance management system. PM has an extensive Training and Development department and offers wide-ranging training opportunities for staff growth in various topic areas, both in person and online. Additionally we support high value external training. For example, all of our Community Health re-entry staff are trained at the Beck Institute in CBT. All PM employees establish individual annual goals and development plans and are expected to complete them within the evaluation period. Pittsburgh Mercy has well-developed policies and procedures. It is strongly mission-based and places high value on performance excellence in adherence to our code of conduct. Our human resources department provides online software which facilitates annual performance evaluations and professional development planning.

Financial Management and Budget – not included in page count (20 points)

Mercy Life Center Corporation, DBA Pittsburgh Mercy, is a \$90 million dollar behavioral health, intellectual disabilities and community health provider that has a mature and robust management and finance function. The internal control structure has been designed in accordance with the principles-based guidance of COSO and has been implemented to ensure an effective enterprise-wide approach to the organizations risk management function. In addition, the organization is subject to an annual A133 audit. No deficiencies in internal

RFP Response Form

Specialized Mental Health Services Located in Allegheny County Housing Authority Facilities

controls, significant deficiencies or material weaknesses have ever been noted in the course of these audit procedures. Financial policies and procedures are designed to follow general acceptable accounting procedures and best practices along with fiscal responsibility and accountability. Annual Budget, Startup Budget, Budget Narrative and Audited Financial Statements Attached.

ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

- Cover Page
- MWDBE Participation Statement or Waiver Statement
- W-9
- Allegheny County Vendor Creation Form
- Audited Financial Report

CERTIFICATION

Please read the below statement and check the box to indicate agreement with its content.

By submitting this proposal, I certify and represent to the County that all submitted materials are my work and that all responses are true and accurate.

Budget

**Pittsburgh Mercy
Outreach Education Assessment and Referral RFP**

FY1617

Budget

Personnel Expense	<u>Start-up</u>	<u>Annual</u>
Salary		\$ 92,000 A
Benefits/Taxes		37,720 B
Other Expenses		
Client Support		2,000 C
Building Expenses		30,000 D
Communications	2,300 Eb	6,000 Ea
Training	2,000 F	-
Office Supplies	3,000 Gb	2,400 Ga
Other		1,000 H
Administrative Overhead		<u>17,280 I</u>
Total Budget	<u>\$ 7,300.0</u>	<u>\$ 188,400</u>

A Personnel: 2 FTE's

Outreach Specialist - 2 Bachelors Degreed Human Services Professionals with 3 years of experience.
2 FT Outreach Specialists \$40k per year = \$80k in salaries

		<u>Salaries</u>	<u>Benefits</u>
1	Outreach Specialist S6S 1 FTE @ \$40K	\$ 40,000	\$ 16,400
2	Outreach Specialist S6S 1 FTE @ \$40K	\$ 40,000	\$ 16,400
		\$ 80,000	\$ 32,800
Supervisor - 20% of a Unit Manager to coordinate program .20 FT Supervisor Salary @ \$60k per year = 12K			
	1 FTE Supervisor @ .20 @ \$60k	\$ 12,000	\$ 4,920
	2.2FTE's	\$ 92,000	\$ 37,720

B Fringe Benefits Breakdown @ 41%

FICA	7.65%	\$ 7,038
Workers Compensation	2%	2,162
Life Insurance	1%	920
Unemployment	2%	1,840
Disability	2%	1,840
Health,Dental, Vision	23%	21,160
Retirement	3%	2,760
		<u>\$ 37,720</u>

C Client Support

Food resources (snacks for the community meetings that will held in the housing units)

D Building Expense

Rent	\$ 20,500
Utilities	4,100

Insurance	3,000
Building Supplies and Maintenance	2,500

E Communications

- Ea This covers all communication needs: data phones, computers, air cards and land lines for staff.
- Eb Start up costs for computers and data phones

F Training

Estimated at \$2,000 as start-up costs

G Office Supplies

- Ga Estimated at 200 a month for 12 months.
- Gb Start up costs for office equipment \$3,000

H Other

Covers other miscellaneous costs

I Administrative Overhead

10% administrative overhead charge

- 2 FTE support specialists (budget these at an s6s level (use Mike Luxemburger as a guide)
- .2 supervisor (Kacie McGregor)
- 2 cell phones (startup)and monthly fees
- 2 computers – laptops (startup) and I would also budget for air cards
- No travel will be necessary
- Food resources (snacks for the community meetings we will hold in the housing units) – 2000.00 annually
- Supplies – 2000.00 annually
- Training – 2000.00 start- up only

Action Planning for Prevention and Recovery

Tool and Resource Manual

My

***Action
Plan for
Prevention and
Recovery***

Name

Crisis

If you notice the following signs:

Contact:

Medications:

It will help me if you :

But Do not:

Triggers

3

Triggers Action Plan

Early Warning Signs

4

Early Warning Signs Action Plan

When things are Getting Worse

5

When things are getting worse action plan

Action Planning for Prevention and Recovery

Acknowledgements

This publication was funded by the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), and prepared by Mary Ellen Copeland, M.S., M.A., under contract number 99M005957. Acknowledgment is given to the many mental health consumers who worked on this project offering advice and suggestions.

Disclaimer

The opinions expressed in this document reflect the personal opinions of the author and are not intended to represent the views, positions, or policies of CMHS, SAMHSA, DHHS, or other agencies or offices of the Federal Government.

Public Domain Notice

All material appearing in this report is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, DHHS.

For additional copies of this document, please call SAMHSA's National Mental Health Information Center at 1-800-789-2647.

Originating Office

Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration
5600 Fishers Lane, Room 15-99
Rockville, MD 20857
SMA-3720
07/2003

Table of Contents

Foreword	2
Introduction	2
Developing a Wellness Toolbox	3
Daily Maintenance Plan	3
Triggers	5
Early Warning Signs	6
When Things Are Breaking Down or Getting Worse	7
Crisis Planning	8
Using Your Action Plans	11
Further Resources	12

Foreword

This booklet contains information, ideas, and strategies that people from all over the country have found to be helpful in relieving and preventing troubling feelings and symptoms. The information in this booklet can be used safely along with your other health care treatment.

You may want to read through this booklet at least once before you begin working on developing your own action plans for prevention and recovery. This can help enhance your understanding of the entire process. Then you can go back to work on each section. You may want to do this slowly, working on a portion of it and then putting it aside and revise it on a regular basis as you learn new things about yourself and ways you can help yourself to feel better.

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health
Services Administration

Bernard S. Arons, M.D.
Director
Center for Mental Health Services

Introduction

Do you experience feelings and symptoms that are upsetting, that keep you from being the way you want to be and doing the things you want to do? Many people who have troubling emotional, psychiatric, or physical symptoms have made great advances in learning how to do things to help themselves get well and stay well. One of the most frustrating stages of recovering your health is when you realize that you can do many things to help yourself stay well but you can't figure out a way to do them regularly. It is easy to forget simple things that you know, especially when you are under stress or when your symptoms are beginning to flare up. The action plans for prevention and recovery described in this booklet were devised by people who experience emotional or psychiatric symptoms. They developed ways to deal with their need for structure in their lives that actively support their health. The plans are simple, low-cost, and can be changed and added to over time as you learn more and more. Anyone can develop and use these plans for any kind of health concern.

People using this system report that by being prepared and taking action as necessary, they feel better more often and have improved the overall quality of their lives dramatically. One person said, "Finally, there's something I can do to help myself."

Action plans for prevention and recovery work because they—

- are easy to develop and easy to use
- are individualized. You develop your plan for yourself. No one else can do it for you; however, you can reach out to others for assistance and support
- improve your ability to communicate effectively with your family members and health care providers
- directly address the feelings, symptoms, circumstances, and events that are most troubling to you with plans to respond to them
- renew your sense of hope that things can and will get better, and that you have control over your life and the way you feel

Developing a Wellness Toolbox

To develop this plan, the only materials you need are a three-ring binder, a set of five tabs or dividers, and lined three-hole paper. Before you begin working with the tabbed sections, you will create a resource list to keep in the beginning of your binder. This section is called the Wellness Toolbox. In it you identify and list the things you use to help yourself feel better when you are having a hard time. Some of them are things you know you must do, like eating healthy meals and drinking plenty of water; others are things you could choose to do to help yourself feel better. You can also list things you would like to try using to keep yourself well or to help yourself feel better. You will refer to this list for ideas when you are developing the tabbed sections of your plan. Some ideas for your Wellness Toolbox might be—

- eating three healthy meals a day
- drinking plenty of water
- getting to bed by 10:00 p.m. (or at a good regular time for you)
- doing something you enjoy—like playing a musical instrument, watching a favorite TV show, knitting, or reading a good book
- exercising
- doing a relaxation exercise
- writing in your journal
- talking to a friend on the telephone
- taking medications
- taking vitamins and other food supplements

You can get more ideas for your Wellness Toolbox by noticing the good things you do as you go through your day, by asking your friends and family members for suggestions, and by looking into self-help resource books. Write down everything, from really easily accessible things, like taking deep breaths, to things you only do once in a while, like getting a massage. This is a resource list for you to refer back to when you are developing your plans. Your Wellness Toolbox works best for you if you have enough entries so you feel you have an abundance of choices. Just how many entries you have is up to you. If you feel positive and hopeful when you look at the list, then you have enough. You can continue to refine your Wellness Toolbox over time, adding to your list whenever you get an idea of something you'd like to try, and crossing things off your list if you find they no longer work for you.

Once you've gotten your Wellness Toolbox underway, insert it into your notebook. Then, insert your five tabbed dividers, with several sheets of paper after each tab and a supply of paper at the end of the notebook.

Daily Maintenance Plan

On the first tab write "Daily Maintenance Plan." If you haven't already done so, insert it in the binder along with several sheets of paper.

Feeling Well

On the first page, describe yourself when you are feeling all right. If you can't remember, or don't know how you feel when you are well, describe how you would like to feel. Make it easy. Make a list. Some descriptive words that others have used include: bright, talkative, outgoing, energetic, humorous, reasonable, argumentative. Now when you aren't feeling very well you can refer back to how you want to feel.

Dreams and Goals

Some people use their plans to make a list of their dreams and goals, too. If you think you would find it help-

ful, make a list of goals you could work toward. You can write down far-fetched goals or more easily achievable ones. It is really helpful to remember your goals and dreams so you always have something to look forward to. Then, you can identify steps to take to achieve them and incorporate these small steps into your daily maintenance plan.

Daily List

On the next pages, describe those things you need to do every day to maintain your wellness. Use your Wellness Toolbox for ideas. Writing these things down and reminding yourself daily to do them is an important step toward wellness. When you start to feel “out of sorts,” you can often trace it back to “not doing” something on this list. Make sure you don’t put so many things on this list that you couldn’t possibly do them all. Remember, this is a list of things you must do, not things you would choose to do. Following is a sample daily maintenance list—

- eat three healthy meals and three healthy snacks that include whole grain foods, vegetables, and smaller portions of protein
- drink at least six 8-ounce glasses of water
- get exposure to outdoor light for at least 30 minutes
- take medications and vitamin supplements
- have 20 minutes of relaxation or meditation time or write in my journal for at least 15 minutes
- spend at least half an hour enjoying a fun, affirming, and/or creative activity
- check in with my partner for at least 10 minutes
- check in with myself: “how am I doing physically, emotionally, spiritually?”
- go to work if it’s a workday

Reminder List

On the next page, make a reminder list for yourself of things you might need to do. Check the list each day to ensure that you do those things that you need to do sometimes to keep yourself well. You’ll avoid a lot of the stress that comes from forgetting occasional but important tasks. Write “Do I Need To?” at the top of this page and then list things such as—

- set up an appointment with one of my health care professionals
- spend time with a good friend or be in touch with my family
- do peer counseling
- do some housework
- buy groceries
- do the laundry
- have some personal time
- plan something fun for the evening or weekend
- write some letters
- go to support group

That’s the first section of the book. Cross out items if they stop working for you, and add new items as you think of them. You even can tear out whole pages and write some new ones. You will be surprised how much better you will feel after just taking these positive steps on your own behalf.

Triggers

Triggers are external events or circumstances that may produce very uncomfortable emotional or psychiatric symptoms, such as anxiety, panic, discouragement, despair, or negative self-talk. Reacting to triggers is normal, but if we don't recognize them and respond to them appropriately, they may actually cause a downward spiral, making us feel worse and worse. This section of your plan is meant to help you become more aware of your triggers and to develop plans to avoid or deal with triggering events, thus increasing your ability to cope and staving off the development of more severe symptoms.

Identifying Triggers

Write "Triggers" on the second tab and insert several sheets of paper. On the first page, write down those things that, if they occur, might cause an increase in your symptoms. They may have triggered or increased symptoms in the past. It may be hard to think of all of your triggers right away. Add triggers to your list whenever you become aware of them. It is not necessary to project catastrophic things that might happen, such as war, natural disaster, or a huge personal loss. If those things were to occur, you would use the actions you describe in the triggers action plan more often and increase the length of time you use them. When listing your triggers, write those that are more possible or sure to occur, or which may already be occurring in your life. Some examples of common triggers are—

- the anniversary dates of losses or trauma
- frightening news events
- too much to do, feeling overwhelmed
- family friction
- the end of a relationship
- spending too much time alone
- being judged, criticized, teased, or put down
- financial problems, getting a big bill
- physical illness
- sexual harassment
- being yelled at
- aggressive-sounding noises or exposure to anything that makes you feel uncomfortable
- being around someone who has treated you badly
- certain smells, tastes, or noises

Triggers Action Plan

On the next page, develop a plan of what you can do, if a trigger come up, to comfort yourself and keep your reactions from becoming more serious symptoms. Include tools that have worked for you in the past, plus ideas you have learned from others, and refer back to your Wellness Toolbox. You may want to include things you must do at these times, and things you could do if you have time or if you think they might be helpful in this situation. Your plan might include—

- make sure I do everything on my daily maintenance list
- call a support person and ask them to listen while I talk through the situation
- do a half-hour relaxation exercise
- write in my journal for at least half an hour
- ride my stationary bicycle for 45 minute
- pray
- play the piano or work on a fun activity for 1 hour

If you are triggered, and you do these things and find they are helpful, then, keep them on your list. If they are only somewhat helpful, you may want to revise your action plan. If they are not helpful, keep looking for and trying new ideas until you find the most helpful. You can learn new tools by attending workshops and lectures, reading self-help books, and talking to your health care provider and other people who experience similar symptoms.

Early Warning Signs

Early warning signs are internal and may or may not arise in reaction to stressful situations. In spite of your best efforts to take care of yourself, you may begin to experience early warning signs, subtle signs of change that indicate you may need to take further action. If you can recognize and address early warning signs right away, you often can prevent more severe symptoms. Reviewing these early warning signs regularly helps you to become more aware of them. Write "Early Warning Signs" on the third tab and insert several more sheets of paper in your binder.

Identify early warning signs

On the first page, make a list of early warning signs you have noticed in yourself in the past. How do you feel when you know you are not feeling quite right? How did you feel just before you had a hard time in the past or when you noticed that your habits or routines changed? Your early warning signs might include things such as—

- anxiety
- nervousness
- forgetfulness
- inability to experience pleasure
- lack of motivation
- feeling slowed down or speeded up
- being uncaring
- avoiding others or isolating
- being obsessed with something that doesn't really matter
- displaying of irrational thought patterns
- feeling unconnected to my body
- increased irritability
- increased negativity
- not keeping appointments
- changes in appetite
- restlessness

If you want to, ask your friends, family members and other supporters for early warning signs that they've noticed.

On the next pages, develop an action plan for responding to your early warning signs, referring to your Wellness Toolbox for ideas. Some of the things you list may be the same as those you wrote on your Triggers Action Plan. If you notice these symptoms, take action while you still can.

The following is a sample plan for dealing with early warning signs—

- do the things on my daily maintenance plan, whether I feel like it or not
- tell a supporter/counselor how I am feeling and ask for advice. Ask him or her to help me figure out how to take action
- peer counsel at least once each day
- do at least three, 10-minute relaxation exercises each day (simple exercises described in many self-help books that help you relax through deep breathing and focusing your attention on certain things)
- write in my journal for at least 15 minutes each day
- spend at least 1 hour involved in an activity I enjoy each day
- ask others to take over my household responsibilities for the day

(I also might, depending on the circumstances)

- check in with my physician or other health care professional
- read a good book
- dance, sing, listen to good music, play a musical instrument, exercise, go fishing, or fly a kite

Again, if you use this plan and it doesn't help you feel better, revise your plan or write a new one. Use your Wellness Toolbox and other ideas from workshops, self-help books, your health care providers, and other people who experience similar symptoms.

When Things Are Breaking Down or Getting Worse

In spite of your best efforts, your symptoms may progress to the point where they are very uncomfortable, serious, and even dangerous. This is a very important time. It is necessary to take immediate action to prevent a crisis or loss of control. You may be feeling terrible and others may be concerned for your wellness or safety, but you can still do the things that you need to do to help yourself feel better and keep yourself safe.

Signs that things are breaking down:

Write "When Things are Breaking Down," or something that means that to you, on the fourth tab. On the first page, make a list of symptoms that indicate to you that things are breaking down or getting much worse. Remember that symptoms and signs vary from person to person. What may mean "things are getting much worse" to one person may mean a "crisis" to another. Your signs or symptoms might include—

- feeling very oversensitive and fragile
- responding irrationally to events and the actions of others
- feeling very needy
- being unable to sleep
- sleeping all the time
- avoiding eating
- wanting to be totally alone
- substance abusing
- taking out anger on others
- chain smoking
- eating too much

On the next page, write an action plan that you think will help reduce your symptoms when they have progressed to this point. **The plan now needs to be very direct, with fewer choices and very clear instructions.**

Some ideas for an action plan are—

- call my doctor or other health care professional, ask for and follow his or her instructions
- call and talk for as long as necessary to my supporters
- arrange for someone to stay with me around the clock until my symptoms subside
- make arrangements to get help right away if my symptoms worsen
- make sure I am doing everything on my daily check list
- arrange and take at least three days off from any responsibilities
- have at least two peer counseling sessions
- do three deep-breathing relaxation exercises
- write in my journal for at least half an hour

- schedule a physical examination or doctor appointment or a consultation with another health care provider
- ask to have medications checked

As with the other plans, make note of the parts of your plan that work especially well. If something doesn't work or doesn't work as well as you wish it had, develop a different plan or revise the one you used—when you are feeling better. Always look for new tools that might help you through difficult situations.

Crisis Planning

Identifying and responding to symptoms early reduces the chances that you will find yourself in crisis. It is important to confront the possibility of crisis, because **in spite of your best planning and assertive action in your own behalf, you could find yourself in a situation where others will need to take over responsibility for your care. This is a difficult situation—one that no one likes to face. In a crisis, you may feel as if you are totally out of control. Writing a clear crisis plan when you are well, to instruct others about how to care for you when you are not well, helps you maintain responsibility for your own care.** It will keep your family members and friends from wasting time trying to figure out what to do for you. It relieves the guilt that may be felt by family members and other caregivers who may have wondered whether they were taking the right action. It also insures that your needs will be met and that you will get better as quickly as possible.

You need to develop your crisis plan when you are feeling well. However, you cannot do it quickly. Decisions like this take time, thought, and often collaboration with health care providers, family members and other supporters. Over the next few pages, information and ideas that others have included in their crisis plans will be shared. It can help you develop your own crisis plan.

The crisis plan differs from the other action plans in that it will be used by others. The other four sections of this planning process are implemented by you alone and need not be shared with anyone else; therefore you can write them using shorthand language that only you need to understand. However, when writing a crisis plan, **you need to make it clear, easy to understand, and legible.** While you may have developed other plans rather quickly, this plan is likely to take more time. **Don't rush the process.** Work at it for a while, then leave it for several days and keep coming back to it until you have developed a plan you feel has the best chance of working for you. Once you have completed your crisis plan, give copies of it to the people you name in this plan as your supporters.

On the fifth tab write "Crisis Plan" and insert at least nine sheets of paper. This crisis plan sample has nine parts to it, each addressing a particular concern.

Part 1 Feeling well

Write what you are like when you are feeling well. You can copy it from Section 1, Daily Maintenance Plan. This can help educate people who might be trying to help you. It might help someone who knows you well to understand you a little better, for someone who doesn't know you well—or at all—it is very important.

Part 2 Symptoms

Describe symptoms that would indicate to others that they need to take over responsibility for your care and make decisions on your behalf. This is hard for everyone. **No one likes to think that someone else will have to take over responsibility for his or her care. Yet, through a careful, well-developed description of symptoms that you know would indicate to you that you can't make smart decisions anymore, you can stay in control even when things seem to be out of control.** Allow yourself plenty of time to complete this section. Ask your friends, family members, and other supporters for input, but always remember that the final determination is up to you. Be very clear and specific in describing each symptom. Don't just summarize; use as many words as it takes. Your list of symptoms might include—

- being unable to recognize or correctly identify family members and friends
- uncontrollable pacing; inability to stay still

- neglecting personal hygiene (for how many days?)
- not cooking or doing any housework (for how many days?)
- not understanding what people are saying
- thinking I am someone I am not
- thinking I have the ability to do something I don't
- displaying abusive, destructive, or violent behavior, toward self, others, or property
- abusing alcohol and/or drugs
- not getting out of bed (for how long?)
- refusing to eat or drink

Part 3 Supporters

In this next section of the crisis plan, list these people who you want to take over for you when the symptoms you listed in the previous section arise. Before listing people in this part of your plan though, talk with them about what you'd like from them and make sure they understand and agree to be in the plan. They can be family members, friends, or health care providers. They should be committed to following the plans you have written. When you first develop this plan, your list may be mostly health care providers. But as you work on developing your support system, try to add more family members and friends because they will be more available.

It's best to have at least five people on your list of supporters. If you have only one or two, when they go on vacation or are sick, they might not be available when you really need them. If you don't have that many supporters now, you may need to work on developing new and/or closer relationships with people. Ask yourself how best you can build these kinds of relationships. Seek new friends by doing things such as volunteering and going to support groups and community activities. (See *Making and Keeping Friends a Mental Health self-help booklet* in this series)

In the past, health care providers or family members may have made decisions that were not according to your wishes. You may not want them involved in your care again. If so, write on your plan, "I do not want the following people involved in any way in my care or treatment." Then list those people and why you don't want them involved. They may be people who have treated you badly in the past, have made poor decisions, or who get too upset when you are having a hard time.

Many people like to include a section that describes how they want possible disputes between their supporters settled. For instance, you may want to say that if a disagreement occurs about a course of action, a majority of your supporters can decide or a particular person will make the determination. You also might request that a consumer or advocacy organization become involved in the decisionmaking.

Part 4 Health care providers and medications

Name your physician, pharmacist, and other health care providers, along with their phone numbers. Then list the following—

- the medications you are currently using, the dosage, and why you are using them
- the medications you would prefer to take if medications or additional medications became necessary—like those that have worked well for you in the past—and why you would choose those
- the medications that would be acceptable to you if medications became necessary and why you would choose those
- the medications that must be avoided—like those you are allergic to, that conflict with another medication, or cause undesirable side effects—and give the reasons they should be avoided.

Also list any vitamins, herbs, alternative medications (such as homeopathic remedies), and supplements you are taking. Note which should be increased or decreased if you are in crisis, and which you have discovered are not good for you.

Part 5 Treatments

There may be particular treatments that you like in a crisis situation and others that you would want to avoid.

The reason may be as simple as “this treatment has or has not worked in the past,” or you may have some concerns about the safety of this treatment. Maybe you just don’t like the way a particular treatment makes you feel. Treatments here can mean medical procedures or the many possibilities of alternative therapy, (such as injections of B vitamins, massages, or cranial sacral therapy). In this part of your crisis plan, list the following—

- treatments you are currently undergoing and why
- treatments you would prefer if treatments or additional treatments became necessary and why you would choose those
- treatments that would be acceptable to you if treatments were deemed necessary by your support team
- treatments that must be avoided and why

Part 6 Planning for your care

Describe a plan for your care in a crisis that would allow you to stay where you like. Think about your family and friends. Would they be able to take turns providing you with care? Could transportation be arranged to health care appointments? Is there a program in your community that could provide you with care part of the time, with family members and friends taking care of you the rest of the time? Many people who would prefer to stay at home rather than be hospitalized are setting up these kinds of plans. You may need to ask your family members, friends, and health care providers what options are available. If you are having a hard time coming up with a plan, at least write down what you imagine the ideal scenario would be.

Part 7 Treatment facilities

Describe the treatment facilities you would like to use if family members and friends cannot provide you with care, or if your condition requires hospital care. Your options may be limited by the facilities available in your area and by your insurance coverage. If you are not sure which facilities you would like to use, write down a description of what the ideal facility would be like. Then, talk to family members and friends about the available choices and call the facilities to request information that may help you in making a decision. Also include a list of treatment facilities you would like to avoid—such as places where you received poor care in the past.

Part 8 What you need from others

Describe what your supporters can do for you that will help you feel better. This part of the plan is very important and deserves careful attention. Describe everything you can think of that you want your supporters to do (or not do) for you. You may want to get more ideas from your supporters and health care professionals.

Things others could do for you that would help you feel more comfortable might include—

- listen to me without giving me advice, judging me, or criticizing me
- hold me (how? how firmly?)
- let me pace
- encourage me to move, help me move
- lead me through a relaxation or stress reduction technique
- peer counsel with me
- provide me with materials so I can draw or paint
- give me the space to express my feelings
- don’t talk to me (or do talk to me)
- encourage me and reassure me
- feed me nutritious food
- make sure I take my vitamins and other medications
- play me comic videos
- play me good music (list the kind)
- just let me rest

Include a list of specific tasks you would like others to do for you, who you would like to do which task, and any specific instructions they might need. These tasks might include—

- buying groceries
- watering the plants
- feeding the pets
- taking care of the children
- paying the bills
- taking out the garbage or trash
- doing the laundry

You may also want to include a list of things that you do not want others to do for you—things they might otherwise do because they think it would be helpful, but that might even be harmful or worsen the situation. These might include—

- forcing you to do anything, such as walking
- scolding you
- becoming impatient with you
- taking away your cigarettes or coffee
- talking continuously

Some people also include instructions in this section on how they want to be treated by their caregivers. These instructions might include statements such as “kindly, but firmly, tell me what you are going to do,” “don’t ask me to make any choices at this point,” or “make sure to take my medications out of my top dresser drawer right away.”

Part 9 Recognizing recovery

In the last part of this plan, give your supporters information on how to recognize when you have recovered enough to take care of yourself and they no longer need to use this plan. Some examples are—

- when I am eating at least two meals a day
- when I am awake for six hours a day
- when I am taking care of my personal hygiene needs daily
- when I can carry on a good conversation
- when I can easily walk around the house

You have now completed your crisis plan. **Update it when you learn new information or change your mind about things. Date your crisis plan each time you change it and give revised copies to your supporters.**

You can help ensure that your crisis plan will be followed by signing it in the presence of two witnesses. It will further increase potential for use if you appoint and name a durable power of attorney—a person who could legally make decisions for you if you were not able to make them for yourself. Since power of attorney documents vary from state to state, you cannot be absolutely sure the plan will be followed. However, it is your best assurance that your wishes will be honored.

Using Your Action Plans

You have now completed your action plans for prevention and recovery. At first, you will need to spend 15-20 minutes each day reviewing your plans. People report that the morning, either before or after breakfast, is the best time to review the book. As you become familiar with your daily list, triggers, symptoms, and plans, you will find the review process takes less time and that you will know how to respond without even referring to the book.

Begin with Section 1. Review the list of how you are if you are all right. If you are all right, do the things on your list of things you need to do every day to keep yourself well. Also refer to the page of things you may need to do to see if anything “rings a bell” with you. If it does, make a note to yourself to include it in your day. If you are not feeling all right, review the other sections to see where the symptoms you are experiencing fit. Then follow the action plan you have designed.

For instance, if you feel very anxious and know that it is because one of your triggers happened, follow the plan in the triggers section. If there weren't any particular triggers but you noticed some early warning signs, follow the plan you designed for that section. If you notice symptoms that indicate things are breaking down, follow the plan you developed there.

If you are in a crisis situation, the plans can help you realize it so you can let your supporters know they should take over. However, in certain crisis situations, you may not be aware or willing to admit that you are in crisis. This is why having a strong team of supporters is so important. They will observe the symptoms you have reported and take over responsibility for your care, whether or not you are willing to admit you are in a crisis at that time. **Distributing your crisis plan to your supporters and discussing it with them is absolutely essential to your safety and well-being.**

You may want to take your plan or parts of your plan to the copy shop to get a reduced-size copy to carry in your pocket, purse, or glove compartment of your car. Then you can refer to the plan if triggers or symptoms come up when you are away from home.

People who are using these plans regularly and updating them as necessary are finding that they have fewer difficult times, and that when they do have a hard time, it is not as bad as it used to be and it doesn't last as long.

Further Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Mental Health Services
Web site: www.samhsa.gov

SAMHSA's National Mental Health Information Center
P.O. Box 42557
Washington, D.C. 20015
1 (800) 789-2647 (voice)
Web site: www.mentalhealth.samhsa.gov

Consumer Organization and Networking Technical Assistance Center
(CONTAC)
P.O. Box 11000
Charleston, WV 25339
1 (888) 825-TECH (8324)
(304) 346-9992 (fax)
Web site: www.contac.org

Depression and Bipolar Support Alliance (DBSA)
(formerly the National Depressive and Manic-Depressive Association)
730 N. Franklin Street, Suite 501
Chicago, IL 60610-3526
(800) 826-3632
Web site: www.dbsalliance.org

National Alliance for the Mentally Ill (NAMI)
(Special Support Center)
Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
(703) 524-7600
Web site: www.nami.org

National Empowerment Center
599 Canal Street, 5 East
Lawrence, MA 01840
1-800-power2u
(800)TDD-POWER (TDD)
(978)681-6426 (fax)
Web site: www.power2u.org

National Mental Health Consumers' Self-Help Clearinghouse
1211 Chestnut Street, Suite 1207
Philadelphia, PA 19107
1 (800) 553-4539 (voice)
(215) 636-6312 (fax)
e-mail: info@mhselfhelp.org
Web site: www.mhselfhelp.org

Resources listed in this document do not constitute an endorsement by CMHS/SAMHSA/HHS, nor are these resources exhaustive. Nothing is implied by an organization not being referenced.

Mental Health and Substance Use Disorders Screening Tools

Guidelines for Using the Mental Health Screening Form-III

The Mental Health Screening Form-III was initially designed as a rough screening device for clients seeking admission to substance abuse treatment programs.

Each MHSF-III question is answered either "yes" or "no." All questions reflect the respondent's entire life history; therefore all questions begin with the phrase "Have you ever..."

The preferred mode of administration is for staff members to read each item to respondents and get their "yes" and "no" responses. Then, after completing all 18 questions (question 6 has two parts), the staff member should inquire about any "yes" response by asking "When did this problem first develop?"; "How long did it last?"; "Did the problem develop before, during, or after you started using substances?"; and, "What was happening in your life at that time?" This information can be written below each item in the space provided. There is additional space for staff member comments at the bottom of the form.

The MHSF-III can also be given directly to clients to complete, providing they have sufficient reading skills. If there is any doubt about someone's reading ability, have the client read the MHSF-III instructions and question number one to the staff member monitoring this process. If the client cannot read and/or comprehend the questions, the questions must be read and/or explained to him or her.

Whether the MHSF-III is read to a client or he reads the questions and responds on his own, the completed MHSF-III should be carefully reviewed by a staff member to determine how best to use the information. It is strongly recommended that a qualified mental health specialist be consulted about any "yes" response to questions 3 through 17. The mental health specialist will determine if a follow-up, face-to-face interview is needed for a diagnosis and/or treatment recommendation.

The MHSF-III features a "Total Score" line to reflect the total number of "yes" responses. The maximum score on the MHSF-III is 18 (question 6 has two parts). This feature will permit programs to do research and program evaluation on the mental health-chemical dependence interface for their clients.⁷

The first four questions on the MHSF-III are not unique to any particular diagnosis; however, questions 5 through 17 reflect symptoms associated with the following diagnoses/diagnostic categories: Q5, Schizophrenia; Q6, Depressive Disorders; Q7, Posttraumatic Stress Disorder; Q8, Phobias; Q9, Intermittent Explosive Disorder; Q10, Delusional Disorder; Q11, Sexual and Gender Identity Disorders; Q12, Eating Disorders (Anorexia, Bulimia); Q13, Manic Episode; Q14, Panic Disorder; Q15, Obsessive-Compulsive Disorder; Q16, Pathological Gambling; and Q17, Learning Disorder and Mental Retardation.

The relationship between the diagnoses/diagnostic categories and the above-cited questions was investigated by having four mental health specialists independently select the one MHSF-III question that best matched a list of diagnoses/diagnostic categories. All of the mental health specialists matched the questions and diagnoses/diagnostic categories in the same manner, that is, as noted in the preceding paragraph.

A "yes" response to any of questions 5 through 17 does not, by itself, ensure that a mental health problem exists at this time. A "yes" response raises only the possibility of a current problem, which is why a consult with a mental health specialist is strongly recommended.

Mental Health Screening Form-III

Instructions: In this program, we help people with all their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you to deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside

person or agency without your permission. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your entire life history, not just your current situation, this is why each question begins - "Have you ever"

1.	Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?	YES	NO
2.	Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?	YES	NO
3.	Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?	YES	NO
4.	Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?	YES	NO
5.	Have you ever heard voices no one else could hear or seen objects or things which others could not see?	YES	NO
6.	(a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself?	YES	NO
	(b) Did you ever attempt to kill yourself?	YES	NO
7.	Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?	YES	NO
8.	Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?	YES	NO
9.	Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property?	YES	NO
10.	Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior?	YES	NO
11.	Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner?	YES	NO
12.	Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up?	YES	NO
13.	Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything?	YES	NO
14.	Have you ever had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint?	YES	NO
15.	Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate.	YES	NO
16.	Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling?	YES	NO
17.	Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem?	YES	NO

Print client's name: _____ Program to which client will be assigned: _____

Name of admissions counselor: _____ Date: _____

Reviewer's comments: _____

Total Score: _____ (each yes = 1 point)

Source: J.F.X. Carroll, Ph.D., and John J. McGinley, Ph.D.; Project Return Foundation, Inc., 2000.

This material may be reproduced or copied, in entirety, without permission. www.asapnys.org/Resources/mhscreen.pdf

NIDA Quick Screen V1.0¹

Name: Sex () F () M Age.....

Interviewer..... Date/...../.....

Introduction (Please read to patient)

Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

Instructions: For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the "Monthly" column in the "illegal drug" row.

NIDA Quick Screen Question:		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<u>In the past year</u> , how often have you used the following?						
Alcohol						
<ul style="list-style-type: none"> • For men, 5 or more drinks a day • For women, 4 or more drinks a day 						
Tobacco Products						
Prescription Drugs for Non-Medical Reasons						
Illegal Drugs						

- If the patient says "NO" for all drugs in the Quick Screen, reinforce abstinence. Screening is complete.
- If the patient says "Yes" to one or more days of heavy drinking, patient is an at-risk drinker. Please see NIAAA website "How to Help Patients Who Drink Too Much: A Clinical Approach" http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm, for information to Assess, Advise, Assist, and Arrange help for at risk drinkers or patients with alcohol use disorders
- If patient says "Yes" to use of tobacco: Any current tobacco use places a patient at risk. Advise all tobacco users to quit. For more information on smoking cessation, please see "Helping Smokers Quit: A Guide for Clinicians" <http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>
- If the patient says "Yes" to use of illegal drugs or prescription drugs for non-medical reasons, proceed to Question 1 of the NIDA-Modified ASSIST.

¹ This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Saitz et al. (available at <http://archinte.ama-assn.org/cgi/reprint/170/13/1155>) and the National Institute on Alcohol Abuse and Alcoholism's screening question on heavy drinking days (available at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm). The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at http://www.who.int/substance_abuse/activities/assist_v3_english.pdf).

Questions 1-8 of the NIDA-Modified ASSIST V2.0

Instructions: Patients may fill in the following form themselves but screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient. To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

Question 1 of 8, NIDA-Modified ASSIST	Yes	No
<p>In your <u>LIFETIME</u>, which of the following substances have you ever used?</p> <p><i>*Note for Physicians: For prescription medications, please report nonmedical use only.</i></p>		
a. Cannabis (marijuana, pot, grass, hash, etc.)		
b. Cocaine (coke, crack, etc.)		
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
d. Methamphetamine (speed, crystal meth, ice, etc.)		
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)		
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
h. Street opioids (heroin, opium, etc.)		
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
j. Other – specify:		

- Given the patient's response to the Quick Screen, the patient *should not indicate "NO"* for all drugs in Question 1. If they do, remind them that their answers to the Quick Screen indicated they used an illegal or prescription drug for nonmedical reasons within the past year and then **repeat Question 1**. If the patient indicates that the drug used is not listed, please mark 'Yes' next to 'Other' and continue to **Question 2** of the NIDA-Modified ASSIST.
- If the patient says "Yes" to any of the drugs, proceed to **Question 2** of the NIDA-Modified ASSIST.

Question 2 of 8, NIDA-Modified ASSIST

2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
• Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
• Cocaine (coke, crack, etc.)	0	2	3	4	6
• Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	2	3	4	6
• Methamphetamine (speed, crystal meth, ice, etc.)	0	2	3	4	6
• Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	2	3	4	6
• Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	2	3	4	6
• Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	2	3	4	6
• Street opioids (heroin, opium, etc.)	0	2	3	4	6
• Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	2	3	4	6
• Other – Specify:	0	2	3	4	6

- For patients who report “Never” having used any drug in the past 3 months: Go to Questions 6-8.
- For any recent illicit or nonmedical prescription drug use, go to Question 3.

3. In the past 3 months, how often have you had a strong desire or urge to use (first drug, second drug, etc)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
b. Cocaine (coke, crack, etc.)	0	3	4	5	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	4	5	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	4	5	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	4	5	6
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	3	4	5	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	4	5	6
h. Street Opioids (heroin, opium, etc.)	0	3	4	5	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	4	5	6
j. Other – Specify:	0	3	4	5	6

4. <u>During the past 3 months</u> , how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
b. Cocaine (coke, crack, etc.)	0	4	5	6	7
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	4	5	6	7
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	4	5	6	7
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	4	5	6	7
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	4	5	6	7
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	4	5	6	7
h. Street opioids (heroin, opium, etc.)	0	4	5	6	7
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	4	5	6	7
j. Other – Specify:	0	4	5	6	7

5. <u>During the past 3 months</u> , how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
b. Cocaine (coke, crack, etc.)	0	5	6	7	8
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	5	6	7	8
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	5	6	7	8
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	5	6	7	8
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	5	6	7	8
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	5	6	7	8
h. Street Opioids (heroin, opium, etc.)	0	5	6	7	8
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	5	6	7	8
j. Other – Specify:	0	5	6	7	8

Instructions: Ask Questions 6 & 7 for all substances ever used (i.e., those endorsed in the Question 1).

6. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	6
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	3	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	6
h. Street opioids (heroin, opium, etc.)	0	3	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	6
j. Other – Specify:	0	3	6

7. Have you ever tried and failed to control, cut down or stop using (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	6
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	3	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	6
h. Street opioids (heroin, opium, etc.)	0	3	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	6
j. Other – Specify:	0	3	6

Instructions: Ask Question 8 if the patient endorses any drug that might be injected, including those that might be listed in the other category (e.g., steroids). Circle appropriate response.

8. Have you ever used any drug by injection (NONMEDICAL USE ONLY)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
--	-----------	-----------------------------------	---------------------------

- Recommend to patients reporting any prior or current intravenous drug use that they get tested for HIV and Hepatitis B/C.
- If patient reports using a drug by injection in the past three months, ask about their pattern of injecting during this period to determine their risk levels and the best course of intervention.
 - If patient responds that they inject once weekly or less OR fewer than 3 days in a row, provide a brief intervention including a discussions of the risks associated with injecting.
 - If patient responds that they inject more than once per week OR 3 or more days in a row, refer for further assessment.

Note: Recommend to patients reporting any current use of alcohol or illicit drugs that they get tested for HIV and other sexually transmitted diseases.

Tally Sheet for scoring the full NIDA-Modified ASSIST:

Instructions: For each substance (labeled a–j), add up the scores received for questions 2-7 above. This is the Substance Involvement (SI) score. Do not include the results from either the Q1 or Q8 (above) in your SI scores.

Substance Involvement Score	Total (SI SCORE)
a. Cannabis (marijuana, pot, grass, hash, etc.)	
b. Cocaine (coke, crack, etc.)	
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	
d. Methamphetamine (speed, crystal meth, ice, etc.)	
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	
h. Street Opioids (heroin, opium, etc.)	
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	
j. Other – Specify:	

Use the resultant Substance Involvement (SI) Score to identify patient’s risk level.

To determine patient’s risk level based on his or her SI score, see the table below:

Level of risk associated with different Substance Involvement Score ranges for Illicit or nonmedical prescription drug use	
0-3	Lower Risk
4-26	Moderate Risk
27+	High Risk

Organizational Chart

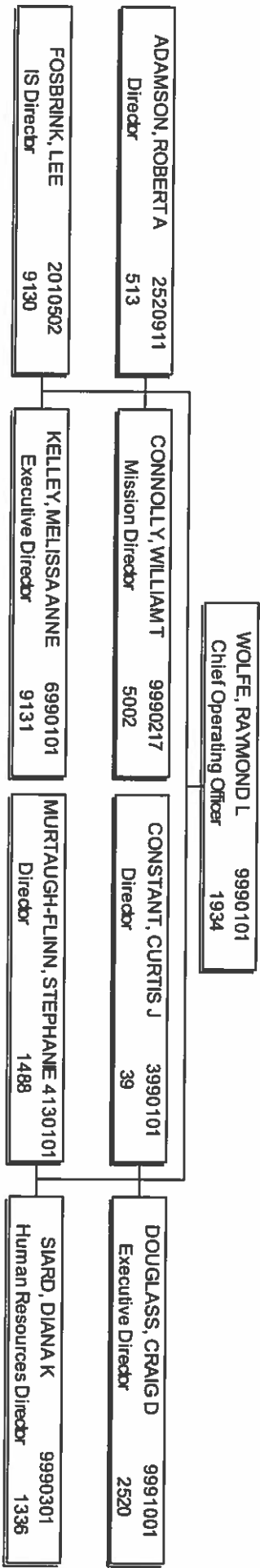
Prevention Intervention Chart

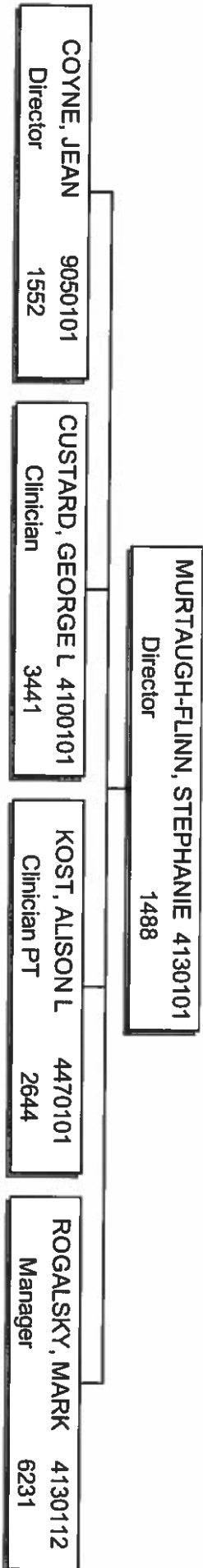
Contents

Prevention Intervention Chart.....	1
Contents.....	2
Sub-chart 1.....	3
Sub-chart2.....	4
Sub-chart3.....	5
Sub-chart4.....	6
Sub-charts5.....	7
Sub-chart6.....	8
Sub-chart7.....	9
Sub-chart8.....	10
Sub-chart9.....	11
Sub-chart10.....	12
Index.....	13

WELSH, SUSAN 9981103
Executive Director 6512

WOLFE, RAYMOND L 9990101
Chief Operating Officer 1934





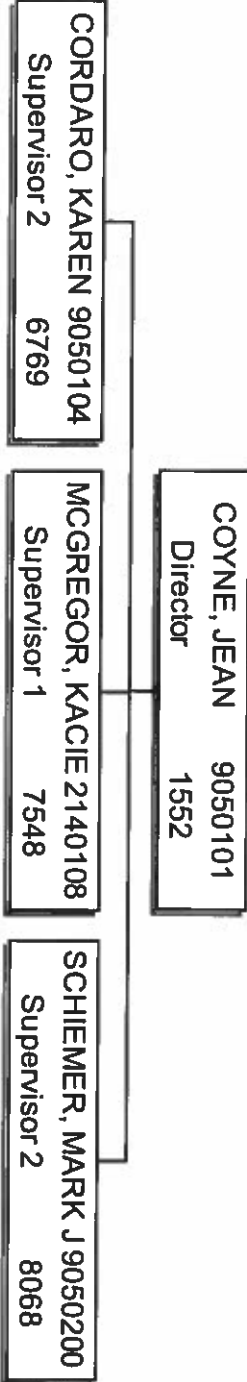
MURTAUGH-FLINN, STEPHANIE
Director 4130101
1488

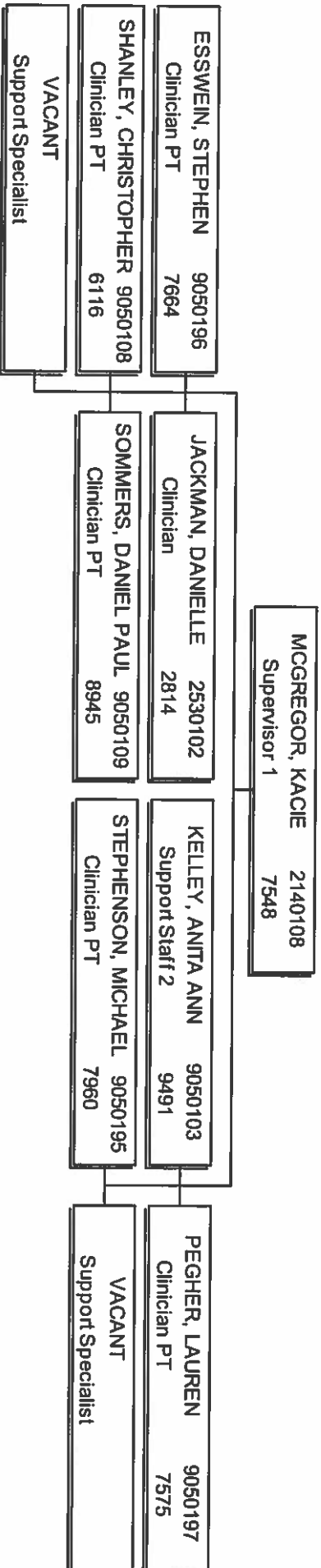
COYNE, JEAN
Director 9050101
1552

CUSTARD, GEORGE L
Clinician 4100101
3441

KOST, ALISON L
Clinician PT 4470101
2644

ROGALSKY, MARK
Manager 4130112
6231





Index

ABRAM, KELLE.....	8	KOST, ALISON L.....	6
ADAMSON, ROBERT A.....	4	LUNSFORD-EVANS, EBONY.....	11
BARRON, LYNNWOOD.....	8	LUXEMBURGER, MICHAEL.....	8
CONNOLLY, WILLIAM T.....	4, 5	MCGREGOR, KACIE.....	7, 9
CONSTANT, CURTIS J.....	4	MELAGO, GENA.....	11
CORDARO, KAREN.....	7, 8	MILCH, BESS.....	11
COYNE, JEAN.....	6, 7	MILES, RAYMOND.....	8
CUSTARD, GEORGE L.....	6	MURTAUGH-FLINN, STEPHANIE.....	4, 6
DIALLO, MICHAELA.....	10	PEGHER, LAUREN.....	9
DOSH-ELLER, ALICIA.....	11	PERRY, TAMMY.....	11
DOUGLASS, CRAIG D.....	4	ROGALSKY, MARK.....	6, 11
ELLIOTT, WILLIAM C.....	11	ROUDABUSH, DAVID.....	10
ESSWEIN, STEPHEN.....	9	SCHIEMER, MARK J.....	7, 10
FLORO, MARISA.....	8	SHANLEY, CHRISTOPHER.....	9
FOSBRINK, LEE.....	4	SIARD, DIANA K.....	4, 12
GRYSKEWICZ, MATTHEW.....	8	SOMMERS, DANIEL PAUL.....	9
HACKETT, MARGARET A.....	11	SORRELS, WILLIAM ALAN.....	8
HARMICAR, KERI.....	5	STEPHENS, SARAH A.....	8
HILL, KELLEN.....	11	STEPHENSON, MICHAEL.....	9
HOFFMAN, JENNIFER.....	11	VACANT.....	9
JACKMAN, DANIELLE.....	9	VACANT.....	9
KEARNEY, MARGARET L.....	12	WELSH, SUSAN.....	3
KELLEY, ANITA ANN.....	9	WILLIAMS, JAMAR.....	8
KELLEY, MELISSA ANNE.....	4	WOLFE, RAYMOND L.....	3, 4

Resumes

RESUME

Name: Stephanie Murtaugh, MA, MBA, CADC, CCS, CCJP, CCDP, LPC
Address: 1139 Surrey Woods Rd., Bethel Park, PA 15102
Telephone: (412) 833-0234 (home); (412) 488-4926 (work) (412) 327-5159 (cell)
Email: sflinn7316@verizon.net

EDUCATION

Graduate Education: Waynesburg College
Degree: M.B.A.
Major: Business Administration
Graduation Date: August, 2001
QPA: 4.0

Graduate Education: University of Pittsburgh
Degree: M.A.
Major: Rehabilitation Counseling
Graduation Date: December, 1977
QPA: 3.8

Undergraduate Education: University of Pittsburgh
Degree: B.S.
Major: Psychology and Sociology
Graduation Date: April, 1976
Graduated Cum Laude: April, 1976

Attended Edinboro State College from September, 1973 to April, 1974.

EMPLOYMENT HISTORY

Present Employment

Pittsburgh Mercy Health System (Mercy Life Center Corporation)

October 2011 to Present: Senior Director, Mercy Community Health. Responsible for community based physical and behavioral health prevention and intervention services, homeless services, health and wellness programs, primary care services, integration of behavioral and physical health services and the development of innovative health care service designed to improve health and healthcare and reduce cost. Additional responsibilities include development and implementation of veteran's services, forensic intervention services; grant writing, implementation and oversight and community

engagement and outreach.

October 2004 to September 2011: Component Director, Prevention, Intervention Services. Responsible for the administration and management of Community based Alcohol, Tobacco and other Drug services including, HIV/HCV, Drug Court, DUI, Community Justice Related Service, Tobacco prevention and cessation and school and community based Prevention programs. Responsible for a variety of special projects such as the Cultural Competence Initiative and assisting in the implementation of Mental Health Recovery practices. Other responsibilities include supervision of management staff, budget analysis, coordination and integration of program services, grant writing, staff training, program development and public relations.

October 1993 to October 2004: Director of Alcohol and other Drug Services. Responsible for the administration and management of Community based Alcohol and other Drug services including, HIV/Hepatitis C programs, Tobacco prevention and cessation services, Intervention programs, school based and community based Prevention services and the Alcohol Highway Safety program.

Teaching, Training and Consultation – January 1990 – the Present

Trainer and consultant for health related services. Provide training on a variety of behavioral health topics. Provide consultation services to alcohol and other drug and mental health programs regarding licensure, program structure and design, grant writing and funding opportunities. Contracts/projects have included:

- 2009 – present – Adjunct faculty at the University of Phoenix. Courses taught include Abnormal Psychology. Online asynchronous teaching format.
- 2005 – present – Adjunct Professor at Waynesburg College in Graduate School of Counseling. Courses taught: Addictions, Ethics, Foundations of Counseling Psychology, Counseling Techniques, Research and Performance Measurement. In person, asynchronous and web based (real time) teaching formats.
- 2003- 2008 – Trainer and consultant for the Institute for Research, Education and Training in Addictions (IRETA). 2006 – Lead clinical consultant on Performance Measurement Project.
- 2001- 2004 – Consultant with the PA Certification Board and the Office of Mental Health and Substance Abuse on the Development of a co-occurring disorder (mentally ill/substance abuse) credential for counselors.
- 1997 - present - State Trainer and consultant for the Pennsylvania Department of Drug and Alcohol Programs (DDAP). Programs taught include Confidentiality, Utilization review criteria, Addictions, Screening and Assessment, Cultural Competence and Ethics.

- 1998 to present – Consultant and grant writer for private non-profit alcohol and other drug programs.
- 2000 - PCPC (Pennsylvania Client Placement Criteria) Consultant, Temple University Study
- 1998 - Consultant to Companhia Brasileira de Metalurgia e Mineração (CBMM), regarding alcohol and other drug program design at Fazendinah, Araxá, Brazil.
- 1990 – 1998 – Case Presentation Method (CPM) Evaluator for the Pennsylvania Certified Addiction Counselor Board (PCB).

Past Employment

The Mercy Center for Chemical Dependency Services (previously Brighton Woods Treatment Center) - August 1987 - October 1993: Director of Therapy for a 30 bed chemical dependency rehabilitation facility.

St. Francis Medical Center - January, 1986 - August 1987: Program Coordinator of the Adult Chemical Dependency Treatment Unit, a detoxification unit, inpatient rehabilitation and outpatient rehabilitation program.

LICENSE, CERTIFICATIONS AND AWARDS

- July 2004 - Certified Co-Occurring Disorders Professional - No. 0624
- March 2004 – Center for Substance Abuse Treatment (CSAT) Travel Award to attend the Annual scientific meeting of the College on Problems of Drug Dependence in San Juan, Puerto Rico.
- May 2003 – present - Certified Criminal Justice Professional - No. 0624
- April 2003- Certified Professional of the Year Award, Pennsylvania Certification Board
- February 2002 – present – Licensed Professional Counselor; License number PC001221
- February, 1996 - present - Certified Clinical Supervisor - No. 0624
- February, 1984 - present - Certified Addictions Counselor - No. 0624
- September, 1976 - December, 1977: Alcohol Trainee Grant given by the Department of Health, Education and Welfare (full scholarship and stipend for Masters program in Rehabilitation Counseling)

Jean Coyne
jecoyne@pittsburghmercy.com
1200 Reedsdale St
Pittsburgh, Pa 15233
412.228.8626

Director of Intervention Services /PAServes: Greater Pittsburgh

Current Areas of Responsibility

- **DUI Program for all Northern Allegheny County.**

Program consists of assessments of individuals, maintaining data base (Stip Trak) for Pretrial, coordinating 3 tiers of classes for individuals. Communicating with Allegheny County Probation officers on statuses of clients. Staff of 3 full-time and 7 part-time employees.

- **Allegheny County Jail Collaborative**

Reentry Cognitive Behavioral Therapy Program, Thinking for a Change. Assist in writing grant for the request for proposal from Department of Human Services. Responsible for employees conducting year round classes for inmates in Allegheny County Jail. Supervise veteran specific CBT class for inmates. Maintain data base for Department of Human Services (KIDS). Complete all quarterly reports to Department of Human Services. Complete service profile and logic model for grants. Staff of 5 full-time employees

Reentry Family Support Program. Assisted in obtaining grant for family support program. Researched best practices for parenting and relationship classes. Responsible for choice of curriculum and implementation. Family services consist of Parenting Classes and Relationship classes for inmates in the reentry program. Staff conducts classes year round, supervises weekly phone calls with inmates and their children and conducts contact visits between inmates and their families, monthly. Complete all quarterly reports to Department of Human Services. Complete service profile and logic model for grants. Responsible for hiring and staffing of 5 full-time employees. Report into data base (KIDS).

Successfully developed aftercare program for Reentry Program titled, Breaking Free: The Power of Choice which has been trademarked by Pittsburgh Mercy. Responsible for managing program that is conducted in 5 sites throughout Allegheny County. Responsible for hiring and training 5 staff to facilitate groups.

- **Treatment Courts of Allegheny County**

Cognitive Behavioral Therapy intervention groups within treatment courts of Allegheny County. Collaborate with Drug, DUI and Veteran courts to provide classes for persons that plea into in specialty courts. Classes are conducted year round and staffed by 2 full-time and 3 part-time employees.

Assisted in writing proposal for drug and alcohol evaluator for Allegheny County Adult Probation. Manage the implementation of the grant and all reports to Department of Human Services.

- **PAServes: Greater Pittsburgh**

Responsible for the development of PAServes: Greater Pittsburgh's office at Pittsburgh Mercy. Assisted in preparing grant proposal. Responsible for the overall performance of the Coordination Center. Function as the liaison reporting to AmericaServes leadership. Manage, hire and train staff at coordination center.

Core responsibilities include building the relationships with the network providers. Manage and coordinate service offerings from network providers, Communicate with the Quality Control Manager accordingly, receive and process incoming network referrals, collect necessary data from Providers, and review prepared VetFile for referral submission. Collaborate with the Quality Control manger regarding files, flow of operations and quality standards.

Qualification Profile

Goal-oriented professional with profound knowledge of planning, organizing, staffing, leading, and controlling various programs and complex projects. Extremely reliable, effective at communicating ideas and thrive under pressure with minimal supervision. Highly capable of working independently or as part of a team, established strong relationship while making sound judgments. Innovative and creative with strong problem-solving abilities. Provide an outstanding job performance while focusing on persons served. Professionally composed and organized, with well-developed interpersonal skills demonstrated through extensive community service and positive interaction with individuals of all levels. Adept at utilizing excellent time management skills to address and resolve problematic situations.

Areas of Expertise

- Leadership
- Collaboration
- Community Development
- Communication
- Problem Solving

Career Achievements

- Effectively developed and manage county grants with the Allegheny County Reentry Program. The programs began with 150 inmates and now serve over 400 inmates annually.
- Developed and manage aftercare program Breaking Free: The Power of Choice. The program served over 700 former inmates throughout Allegheny County in the 2015-2016 fiscal year.
- Manage cognitive behavioral therapy classes with specialty courts, Drug, DUI, and Veteran Courts. The programs have grown in size from 6 classes annually to over 16 classes serving 250 plus court-involved individuals.
- Successfully launched PAServes: Greater Pittsburgh, Pittsburgh's first coordinated network of public, private, and non-profit organizations working together to serve veterans and their families. The network has served over 900 veterans and their families the first 10 months of operations.
- Serve on Pittsburgh Mercy's Mission committee. Responsible for contributing to educating 2100 employees on the mission and values of Pittsburgh Mercy. Selected to travel to Ireland to learn about the history of the Sisters of Mercy, the founders of the Pittsburgh Mercy organization.

Education

Gestalt Institute of Cleveland

Specialization in Individual Therapy

Duquesne University

School of Education (Community Counseling)

Master of Education

University of Pittsburgh

School of Social Work

Bachelor of Arts in Social Work

Employment

2008-Present	Pittsburgh Mercy Pittsburgh, Pennsylvania
1991-1995	Mercy Center for Chemical Dependency, Pittsburgh, Pennsylvania
1988-1990	Allegheny East Mental Health/ Mental Retardation Pittsburgh, Pennsylvania
1987-1988	Alternative Programs Associate Pittsburgh, Pennsylvania
1986-1987	United Cerebral Palsy Pittsburgh, Pennsylvania

KACIE MCGREGOR

1200 Reedsdale St. Pittsburgh, PA 15233 | 412.320.2332

OBJECTIVE To serve others by collaborating with them to help them make positive changes in their lives.

CERTIFICATIONS AND SPECIALIZED SKILLS Cognitive Behavioral Therapy through the Beck Institute

Motivational Interviewing

Cultural Change and Engagement Facilitator

Licensed Social Worker (LSW), Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs, SW130194, February 2015- February 2017

EXPERIENCE **DUI SUPERVISOR**

PITTSBURGH MERCY

AUGUST 2015-PRESENT

Supervises two full-time and 7 part-time staff to ensure quality service is being provided.

Engages in "front line" work, such as facilitating CBT psychoeducational groups and providing substance use disorder assessments, both PCPC and DUI.

Administers contract providing PCPC assessments to individuals currently involved with Allegheny County Adult Probation.

Continuing responsibilities of position listed below as needed.

PREVENTION INTERVENTION SPECIALIST

PITTSBURGH MERCY

NOVEMBER 2012-JULY 2015

Developed and maintained group materials as part of a team effort to provide culturally-relevant and cutting edge services.

Provided drug and alcohol assessments for DUI, DUS, and UAD offenders.

Worked as a group facilitator for alcohol treatment group.

Facilitated *Breaking Free: The Power of Choice*™ groups for Drug and DUI Court participants, and students in local vocational training.

PREVENTION SPECIALIST

PITTSBURGH MERCY

APRIL 2011-OCTOBER 2012

Compiled data for SAMHSA-approved programs implemented in Pittsburgh Public Schools and CBT-based programming used within the Allegheny County Jail Collaborative.

Delivered educational presentations and facilitated groups focused on LifeSkills, PATHS, bullying, team-building, and other prevention programs.

SUMMER TREATMENT PROGRAM ASST SITE SUPERVISOR
THE ACHIEVEMENT CENTER
MAY-AUGUST 2010 (SEASONAL)

Coordinated with site supervisor to plan and execute field trips, meals, and treatment activities for 72 children diagnosed with ADHD.

EDUCATION UNIVERSITY OF PITTSBURGH, PITTSBURGH, PA
MSW 2012

Completed specialization in Children, Youth, and Families.

Graduated Magna Cum Laude.

CHILD/ADOLESCENT DIVERSION AND STABILIZATION UNIT (DAS)
INTERNSHIP, PITTSBURGH MERCY

Developed treatment plans with child and adolescent consumers.

Provided family therapy sessions, including solution-focused therapy.

Conducted individual and group sessions, utilizing play therapy, art therapy, and cognitive behavioral therapy.

Kept up-to-date case management records, working diligently to keep all facets of consumer life connected: school, home, child welfare, etc.

SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA, SLIPPERY ROCK, PA
B.A. POLITICAL SCIENCE 2009

LEADERSHIP Pennsylvania Association of Drug Court Providers (PADCP) : Conference Planning Committee, Website Committee, and Legislative/Education Committee Member

Member of PA DUI Association

Member of the Cultural Change and Engagement Workgroup at Pittsburgh Mercy

PRESENTATIONS "Breaking Free: The Power of Choice"

PADCP 16th Annual Conference, November 2015, State College, PA

"Breaking Free: The Power of Choice: Veterans Edition"

4th Annual Veterans Conference, May 2014, Drexel University, Harrisburg, PA