

RFP Response Form

In-Home Family-Based Recovery Program

PROPOSER INFORMATION

Proposer Name: Holy Family Institute

Authorized Representative Name & Title: Stephanie Forrest, Grants Manager; and Kara Hall, LPC, CAADC, Director of SHORES (substance abuse counseling services)

Address: 8235 Ohio River Blvd., Pittsburgh, PA 15202-1454

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Website: www.hfi-pgh.org

Legal Status: For-Profit Corp. Nonprofit Corp. Sole Proprietor Partnership

Date Incorporated: 1904

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Sister Linda Yankoski	412-766-9020, ext. 1200	yankoski.linda@hfi-pgh.org
Contract Processing Contact	Stephanie Forrest (Grants Manager)	412-766-9020, ext. 1219	forrest.stephanie@hfi-pgh.org
Chief Information Officer	<i>currently vacant / TBH</i>		
Chief Financial Officer	Mark Palastro	412-766-9020, ext. 1291	palastro.mark@hfi-pgh.org
Administrative Contact	Kara Hall (Director of SHORES/substance abuse counseling services)	412-766-9020, ext. 1478	hall.kara@hfi-pgh.org

BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.

attached

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.

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Ms. Lori Abbott, LPC
Senior Program Manager
POWER Connection

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dr. Annette Giovanazzi, EdD, LSW
School Social Worker
Baldwin-Whitehall School District

[REDACTED]
[REDACTED]

Mr. Robert Nelkin
President
United Way of Southwest Pennsylvania

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PROPOSAL INFORMATION

Date Submitted 6/30/2017

Amount Requested: \$370,945

Proposal Abstract:

Please limit your response to 750 characters

Holy Family speaks the language & performs the work of this RFP for In-Home Recovery. It is actually a combination of 3 of our programs: SHORES substance abuse counseling; Community Family Support; & Parent-Child Interaction. We are indeed familiar w/ the targeted clients & eager to learn & adapt the CT model, while customizing to Allegheny County. We know child care remains a critical hurdle & our current clientele of parents w/ young kids cannot go to most facilities, thus opt for our in-home. Now add in our solid qualifications of working w/ evidence-based models (SNAP behavior, motivational interviewing, parent-child interaction) & our value for positively impacting families is effective, w/ constant vigilance. Note that SHORES is a partner for LOCA w/ County families through POWER Connection. Plus we're involved in DHS's current co-occurring disorders pilot.

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CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

X I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination and HIPAA.

X By submitting this proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

ATTACHMENTS

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

- MWDBE documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9
- Completed budget template

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REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 100 points. Your response to this section should not exceed 12 pages.

A. Organizational Experience (40 points possible)

1. Describe your organizational experience replicating and adapting evidence-based interventions, particularly substance use disorder treatment, and achieving desired outcomes.

Holy Family has solid experience in replicating and adapting evidence-based interventions. To begin, SHORES, our outpatient substance abuse counseling program, uses motivational interviewing. It provides outpatient level of care in client homes and school settings (when insurance permits). Motivational interviewing has been shown to be effective not only in clients who have voluntarily sought outpatient treatment, but also in those who have been given required addiction treatment as part of a legal requirement or pressured into it by loved ones. Clients who have the cognitive clarity to focus on pros and cons, and come up with a plan, are typically helped by this type of intervention.

Clearly, Holy Family focuses on each client's needs in order to build skills; foster independence; and create an environment where the client can address personal/social/community concerns. Other programs such as the agency's Family Focus Solution-Based (FFSB) program, utilizes Cognitive Behavior Therapy (CBT), yet the best evidence-based example is the Stop Now And Plan (SNAP) behavior intervention program for young children.

This award-winning cognitive-behavioral strategy and crime prevention model program developed in Canada. Chronic offenders do not appear suddenly in the criminal justice system. They have a history and pathway that can often be traced back to various identifiable risk factors in their lives, as well as missed opportunities to change these pathways. Studies, conducted in various countries, demonstrate that pathways to chronic offending can be traced back to ages 7–8, when young persons, especially boys, begin demonstrating risk factors associated with crime. These factors have been well documented both internationally and in Canada and include, for example, early aggressiveness, poor peer relations and early substance use.

The SNAP program intervenes at this critical age and focuses on teaching new strategies to both children and their caregivers and/or teachers. **SNAP has been more than effective in Toronto and across Canada for the past 30 years; and thus far has proved effective in the last nine years at Holy Family since its implementation.** There is required, intensive, specialized training in Toronto and ongoing fidelity checks to insure the model is properly replicated.

As far as bridging the gap between good program results and community-wide impact, children are our future – this is an investment. Still, SNAP becomes most impactful when it can reach a large number of children. At the same time, SNAP is vital when it helps with early red flags denoting risk for serious violence or other anti-social behaviors. This way, it leads parents and children to engage in services sooner than proceeding down a pathway unchecked.

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Currently the Allegheny County Juvenile Justice program supports the “core” (intensive) SNAP program, while United Way of Southwestern Pennsylvania supports the “school” SNAP program. This local initiative started with research and a pilot project through the University of Pittsburgh. Then after providing SNAP through community referrals for six years, SNAP moved to in-school services in 2013 at Sto-Rox Elementary School - at their request. The Manchester School engagement developed by recommendation of Judge Wayne D. Woodruff, Family Division, Court of Common Pleas of Allegheny County in conjunction with a new county initiative called Focus on Attendance. Other schools have followed. In all with SNAP, children are getting the emotional and social behavior learning they need in today’s most challenging environment for our children.

A final example of evidenced-based therapy that Holy Family employs is the international **Parent-Child Interaction Therapy**, housed under the organization’s Mental Health Outpatient Services program. The therapy focuses on children ages 2 ½ to 7 with emotional and behavioral disorders. It integrates concepts from social learning theory, traditional play therapy, and attachment therapy. The goals include increasing positive nurturing between parent-child; increasing the child’s positive social behaviors; and boosting parents’ skills in disciplining.

Holy Family has been providing this service for three years out of the Edgewood Town Center office, with two therapists trained in the model. The process includes things like videotaping of sessions; checklists to the fidelity of the model; and adhering to the coaching techniques provided at the training. The therapy is divided into two phases over the course of a 12 to 20 week program. ***If granted this RFP for In-Home Family-Based Recovery Program, Holy Family would like to see if we could adapt this evidence-based therapy to work in conjunction with the Connecticut model.***

2. Describe your organizational experience working with families with substance use disorders, particularly families with infants, and achieving desired outcomes.

Holy Family’s “SHORES” program has been operating for 17 years and its Facility Director, Kara Hall, LPC, CAADC, has served since 2010. The program is licensed by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) for up to 300 outpatient clients and currently serves 240 with an average length of service between 4-9 months. The staff includes a combination of masters-level, PCB-certified and licensed clinicians: FT clinical supervisor, FT lead therapist, FT assessors (2), FT therapists (11), part-time counselor, intake coordinator, and reimbursement coordinator. Specialized staff certification includes Pennsylvania Certification Board certifications: Certified Advanced Alcohol Drug Counselor (CAADC), Certified Co-Occurring Disorders Professional (CCDP), and gambling.

Holy Family SHORES provides in-home and in-school services throughout Allegheny County. SHORES receives many of its referrals from the Allegheny County Court System – probation and Children, Youth, and Families (CYF). SHORES, along with Pittsburgh Mercy Health System (PMHS), has recently partnered with POWER Connection for the CYF Connection program. **In fact, SHORES is the only Allegheny County licensed drug and alcohol provider that does extensive in-home and school-based treatment services.** This experience focuses on young children, including infants, whose caregiver has an active substance

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abuse disorder. Often these families cannot go to traditional outpatient facilities because child care is an issue, thus they opt for the in-home services Holy Family can provide.

Considering all this, it should be said that SHORES is not in competition with other providers of inpatient rehab or higher levels of care (although referrals are made for clients). This allows the program to consistently receive counseling referrals, and do what it does best: quality outpatient treatment, recovery, support, and counseling for substance use, and make it more convenient for an individual to receive services – at their home or at school when allowed by a client’s insurance provider.

The Program Facility Director routinely visits with CYF offices, schools, social service agencies, and other drug-alcohol providers, to introduce the services of SHORES and how referrals work. Note that most clients are on Medical Assistance and Medicare is not accepted. SHORES utilizes a screening tool to identify needs (approved by DDAP). SHORES has been an adaptive, impactful treatment approach with individually-focused, client-centered therapy with adherence to ROSC principles as opposed to strict, traditional 12-step programming and group therapy settings. SHORES promotes this unique person-centered and strength-based approach by utilizing motivational interviewing and trauma-sensitive approach to healing.

SHORES personnel routinely conduct drug and alcohol urine and swap screenings and work with families. They even have already completed the required DDAP trainings that a clinician would need for this RFP. SHORES staff members regularly participate in the monthly County Drug and Alcohol Provider Meetings.

SHORES conducts quarterly QA Audits from a list that is randomly generated by Holy Family’s Risk-QA Manager; and charts are then audited by SHORES Clinical Supervisor. Data is then compiled and sent to SHORES Facility Director. Any identified areas for improvement are addressed and trained upon at monthly team meetings.

3. Describe your organizational experience providing in-home therapeutic supports to children and families.

Holy Family Institute is a 501c(3) nonprofit organization, under the U.S. Conference of Catholic Bishops, governed by a Board of Directors and is sponsored by the Sisters of the Holy Family of Nazareth, an international congregation serving in the United States since 1885. Today there are about 270 sisters living and serving in Pennsylvania, Connecticut, Illinois, Indiana, Michigan, Ohio, New York and Texas. Our mission — to empower children and families to lead responsible lives and develop healthy and meaningful relationships built on faith, hope, and love — drives the organization to help everyone who comes to its door.

In 2016, Holy Family served western Pennsylvania residents with more than 23 program lines, specifically: about 1,500 individuals and more than 2,600 families. Regarding households with energy assistance needs, more than 37,000 households were supported. The Institute serves clients in homes, schools, and nine neighborhood centers in Allegheny, Indiana, Beaver, and Armstrong counties. Since its founding as an orphanage in 1900, the non-profit organization has adjusted to changing child welfare

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conditions, and a changed understanding regarding what works best for children and families dealing with emotional, social, financial, and other basic or urgent needs.

Today's specific In-Home Services offerings include:

***Community Family Support** utilizes in-home counseling and support services to address a family's problems, so that the home is a safe and healthy environment and parents/caretakers and children remain intact – services in Allegheny County started in 1987; Armstrong County 1988; and Indiana County 2009 – currently serving about 400 families annually. Since 1987, it served more than 8,000 families and 25,000 children primarily through Children, Youth, and Families. Although in-home clients are mostly court-ordered, portions of Holy Family's work takes place in Allegheny County schools. Some 2015-16 evaluation data includes: more than 90% of the children were able to remain in their homes despite entering the program at risk of removal; client satisfaction surveys showed 98% of families reported a positive impact from the services and 90% utilized community supports; and 76% had an overall reduction of their risk score.

***SHORES** provides mobile professional treatment services to children, teens, and adults with substance use disorders, as well as other process addictions including gambling. It assisted more than 750 individuals last year. **Note: SHORES is the only drug and alcohol assessment and treatment service in Allegheny County being delivered in client homes. Although some organizations perform in-home assessments, SHORES does both – assessment and treatment.**

***Family Focused Solution Based Services** provides support to a parent or child suffering severe emotional and/or behavior problems. On average, it currently serves approximately 40 families a month.

***Visit Coaching** in Allegheny and Armstrong Counties provides supervised visits between caregivers and children to promote positive, healthy interactions. It currently serves about 24 families a month.

***Stop Now And Plan (SNAP)** is a behavior intervention for children ages 6 to 11 with core group sessions and school classroom sessions. It served 270 youth in 2015-16.

***Utility Assistance Services** (Dollar Energy, Duquesne Light Customer Assistance Program such as LIHEAP) helped more than 38,400 families in 2015-16.

Other supports within these programs include a food pantry; court testimonies; children's toy drive; transportation; and cultural outing offerings. Community partnerships boast financial literacy services; English as a Second Language; shelter; adult education and job training; childcare and/or HeadStart (early learning); prescription writing; senior and/or veteran assistance; and ongoing nutrition/food assistance, among others.

Referrals are made to Holy Family from Allegheny County Children-Youth & Families; schools; friends; service coordinators such as behavioral health case managers; family-based (step downs in services); and self-referrals. In addition, our agency is sometimes court-ordered to assist specific families.

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Note that Holy Family's work with Allegheny County staff and administrators in the Department of Human Services remains constant, professional, and collaborative. An example of this would be conferencing and teaming in which staff members are invited to participate in collaborative meetings with County reps, family members, and other family support participants in order to assist families in obtaining their specified goals.

Staff members are invested in Holy Family's clients; and the organization partners with community organizations on various initiatives. Holy Family trains, booster trains, and retrains; and our professionals participate heavily in industry activities, pilot programs, and networks in order to stay on top of the region's progress related to mental health, including substance misuse, education and other social services.

National trends also play a role in many family conversations, as well as core program teams like in-home services. More so, Holy Family is accredited by the Council of Accreditation (COA). This accreditation signifies that the organization delivers quality child and family services, behavioral healthcare and education, and reflects an ongoing commitment to maintaining and improving quality.

Know this: we are always working to better our services so our participation evolves and our community benefits.

4. Describe your organizational experience using data to measure and improve program and client outcomes.

Holy Family's accountability systems, led by the Quality Assurance and Risk Manager, track program outcomes and our significant impact on the individuals and families, projects, and communities we serve. Monitoring systems are in place to ensure program integrity. Program supervisors and our Quality Assurance-Risk Manager conduct file audits. Staff training and feedback is provided when needed to regularly improve and enhance our programs and services.

Regarding this RFP: In-Home Family-Based Recovery Program, Holy Family's data collection will be based upon the Connecticut model and our custom reports will be built in the Electronic Health Records to pull any required outcomes.

The Holy Family team will share reports as directed and appropriate; double check or adjust information to be dealt with in a timely manner and document as we go along; and change items/processes based on recommendations.

Simply, quality improvement is a cornerstone of Holy Family's service process and is monitored at three levels: the program level with the Risk, Quality, and Compliance Department; the Holy Family Quality Improvement Committee (who meet quarterly); and the Risk, Quality, and Compliance Board of Directors Committee (who meet quarterly).

Holy Family's QA-Risk Manager collaborates with program staff to identify a comprehensive evaluation strategy using key data, client-focused markers, and outcomes. These items are integrated into daily

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work, and services are carefully evaluated with respect to service quality, client satisfaction, and extent of impact. A logic model is developed and followed. Dashboards are created for tracking, and all components are aligned with the larger industry best practices and standards, as well as past Holy Family performance.

Targeted Outcomes: Outcomes focus on child well-being and include improvement in health, academic progress, court requirements, and family supports; improvement in child-child and parent-child, and adult-adult relationships; increased hope and positive attitude toward the future; and learning social/behavior skills.

Evaluation & Measurement: The Logic Model lays the groundwork for the evaluation design, the data collection activities, and the analysis to support the design. Methods of data collection include satisfaction surveys (student, parents, school admin); successful completion of referred programs; increase in attendance; increase in improved functioning in school (academically and socially); and percent of follow through with referrals (to show families are connecting with services), as well as other related items.

Required data will be entered into Holy Family and/or County, and possibly the Connecticut model databases as appropriate. Client progress will be assessed via indicator data. Common elements will be identified and addressed by tracking all the clients referred to Holy Family. Where variation occurs, the QA-Risk Manager will assist program staff in identifying key underlying variables. This evaluation data will enable successes to inform changes that might benefit other family situations that are encountering challenges. Program level evaluations will help to document the strategic value of the Holy Family program.

Note that surveys will be administered to family via mail, email, in-person, or via the Internet (Survey Monkey).

Regarding current participation in the below projects, data will be shared with the Family-Based Recovery team:

* SHORES is a partner for Level of Care Assessment with Allegheny County families through POWER Connection.

*Holy Family is 1 of 5 organizations involved in Allegheny County and Allegheny Health Choices' co-occurring disorders pilot (our SHORES program and Outpatient Mental Health Services programs).

- 5. Describe your experience providing culturally-competent, linguistically-competent, trauma-informed, and gender-responsive services. Include specific information on staff training, how staff skills and proficiency are assessed in this area, and what steps supervisors and managers take to ensure that services delivered meet these criteria.**

Holy Family recognizes and understands that racial disproportionality and poverty is a systemic and complex problem that creates unequitable learning communities in society. Thus, it is important for Holy Family Institute to recruit staff members who resemble the community we serve and who are culturally

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knowledgeable and responsive to this issue. Holy Family believes good recruitment is about connecting people with people; matching skills accurately; and getting the “culture fit” right, every time. Not only do we want sensitivity, we want people who have an intuitive understanding of their role in our services.

All Holy Family staff members are trained on cultural diversity, including gaining understanding of how racial bias and discrimination, knowingly or unknowingly, affects decision making and subsequent actions. Providing ongoing supervision and feedback that holds our staff members accountable for their judgments and actions helps us to remain vigilant for possible bias in our own decision making process. Note that Holy Family has specific training in place to build a trauma sensitive culture and provide this care. This training takes place at mandatory new hire orientation and during the clinical training track that was recently instituted for all new staff members who are working directly with clients. This includes training on providing culturally competent services (LGBT issues, mental health, etc.).

Holy Family Institute embraces a democratic culture that attempts to include the voice of all staff members and service recipients. Student voice is demonstrated in our educational programs, family voice in all family-based services, and a commitment to ongoing social learning by all. The Institute believes that to be culturally competent and responsive requires an ability to listen and understand the needs, background, norms, and life experience of those we serve.

Holy Family is by no means perfect, but we are willing learn, grow and change. The organization utilizes client satisfaction surveys and focus groups as part of an ongoing quality improvement protocol (led by a Quality Assurance & Risk Manager, Bill Eck).

Consider that Holy Family Institute’s new private school, Holy Family Academy, is available to all students/families who can’t afford other private school tuition. More than 70 percent of the student body is African-American; and more than 60% of the student body qualifies for free and reduced lunches. While we employ counselors, job coaches, and administrators who are African American, we have not hired African American teachers to date. Despite this shortcoming, we believe one of the reasons our student body continues to grow among minority families is our teachers’ ability to be culturally responsive. The school was created less than five years ago to serve and provide competitive opportunity (STEM curriculum and local internships at area businesses like Eaton Corporation and FedEx Ground) to high achieving, low-income teens.

Finally, a global initiative on Holy Family’s 10-acre campus involves the organization providing (2017-19) temporary basic shelter care and other child welfare-related services to unaccompanied children in Office of Refugee and Resettlement (ORR) custody. These youth, ages 0 to 18, can be assigned to Holy Family from all over the world. This opportunity is through the U.S. ORR and Administration for Children and Families. Holy Family’s strengths include our ability to recruit bi-lingual staff members and

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volunteers who help guide the services because of their knowledge of the values, beliefs, and traditions of the ethnic and cultural groups and sub-groups we serve.

Regarding what steps supervisors and managers take to ensure that services delivered meet these criteria, they consistently meet with staff members individually and as a team to review and consult on cases and client satisfaction data. Action items are developed. Note that for SHORES, Tool 14 - Counselor Competency Assessment is used. This is based on TAP 21, Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice (CSAT, 2006) – this includes a competency area: Diversity and Cultural Competence: Understand diversity, Use client resources, and Select appropriate strategies.

B. Core Services (15 points possible)

6. Describe your vision for the overall design of your proposed FBR program. Include a description of your proposed substance use disorder treatment, parent-child relationship services, parental social connectedness services and any additional services you may offer. How might your vision differ from the Connecticut model and why?

The overall design of Holy Family's proposed Family-Based Recovery program begins with going to the home to provide service and/or picking up the child to bring to the home, or office, or designated meeting home-like space (several choices on our campus which is seven miles from downtown). Our organization's signature approach of trauma-informed care (helps staff adjust their responses in ways that take into account a client/family member's underlying trauma) will be at the forefront; and we will stay focused on helping individuals and their family with a new approach— putting everyone on a path in the right direction. The Holy Family team will train with the Connecticut model and determine the best customization to Allegheny County. What will be created is an outcome-driven system that provides a measure of success for the client, and assesses the effectiveness of the program to the County.

Specifically, an intake and assessment, as well as client service plan goals and outcomes will be developed, revised, and monitored. Progress and benchmarks will be noted and items will be put on alert, if needed. We will promote a team effort for coordinating services – internally, as well as outside referrals. Interventions, activities, and services will become a client's service wheel (resources and programs will parallel these). As described above in earlier questions, quality assurance-risk will be integrated with all of our work, and ongoing reports will be done. Staff feedback, as well as contact with trainers of the Connecticut model and Allegheny County Department of Human Services will remain key.

Services Holy Family will offer:

SHORES substance abuse and counseling services: SHORES can accommodate these In-Home FBR families with our existing Outpatient Drug Free License through DDAP. Holy Family will adapt our procedures as required to use an abstinence-based model at the County's request and will use harm-reduction techniques to get to that point with individual clients as needed. Our program

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psychiatrist will be involved, as needed, for recommended clients and she can prescribe psychoactive medication as appropriate to assist with co-occurring mental health symptoms. We will partner with an area clinic to provide the required Medication Assisted Treatment (MAT) for clients who are interested in this option. We currently work with many MAT providers with our current clients so this relationship will not be difficult to establish. Motivational Interviewing is SHORES' current evidence-based practice and we are open to utilizing any other practices that the Connecticut model team has found to be effective.

Parent-Child Interaction: We provide this service now and would like to expand it to the population of the Family-Based Recovery program. The technical and client-sensitive set-up is located at Holy Family's Swissvale branch (Edgewood Towne Center, 1789 Braddock Ave.). If it can work with the Connecticut model, this would be an ideal offering since it is a behavior management therapeutic treatment for children ages 2 ½ through 7, with emotional and behavioral disorders. It integrates concepts from social learning theory, traditional play, and attachment theory. It is known to improve the challenging behaviors of young children and the strained relationships they may be experiencing with their parents/caregivers.

Parental Social Connectedness Services: These parent get-togethers function as support groups and Holy Family's 10-acre campus offers ideal residential settings, as well as multiple sites throughout the County too. If one of Holy Family's sites does not fit a schedule, our agency may utilize rooms/halls at local churches or schools. Our experience with this regarding the SNAP behavior intervention program is the *Parent Club*. Note that the Holy Family Emsworth campus offers a swimming pool and gymnasium for various programming too.

Other Services: Community Resources & Referrals – In keeping with a comprehensive service model, clients will be referred to food banks, family support centers, churches, literacy programs, and any other resources required for basic needs or when they are experiencing a crisis.

Regarding how Holy Family's vision might differ from the Connecticut model and why, will begin with referrals as needed or recommended. The family support specialist may offer case management services including connecting the parent to family support services to enhance this aspect of their lives i.e. engagement in Family Support Centers.

In summary, although we currently do not know the specific details of the Connecticut model, Holy Family would plan to develop and adapt to the model, while customizing to Allegheny County client needs (with input from the Department of Human Services).

C. Program Management and Services Coordination (30 points possible)

- 7. Describe your understanding of the challenges you anticipate replicating and adapting the Connecticut model and how you plan to mitigate those challenges.**

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Holy Family anticipates its biggest challenge as retaining employees in the program, followed by recruiting qualified and appropriate staff for the positions; offering competitive salaries; and securing funding for ongoing training (staff turnover).

Holy Family's plan to **mitigate the challenges** above begin with our commitment to a good employee benefits package, and a flexible and family friendly workplace. The organization's work/life balance emphasizes a supportive environment; flexible scheduling; and transparent communication for all employee levels (ex. employee e-blasts, mission meetings, trauma-informed approach exchange circle, etc.). In today's environment, these key areas are very important to individuals juggling family and career (children or caring for older parents, etc.).

Also, professional development opportunities are encouraged and scheduled by Holy Family supervisors and directors. The organization has an unwavering commitment to develop its talent. We want our skilled people and leaders to excel, be it programming, technical, or management-leadership development.

Still, work needs to be done in order to retain excellent employees. The organization has been conducting "Stay Interviews" with current employees, and currently there is a move to plan for a pay-for-performance system regarding salary increases.

Holy Family plans to hire therapists from within Allegheny County, who have a background in culturally sensitive services and with organizations who serve at-risk children and families. The employees will go through Holy Family new employee orientation with specific training track goals in order to begin to understand the current working relationships and resources in the greater Pittsburgh area. New staff also are shadowed and will be mentored by current staff, thus, offering opportunities for introductions, background, and resources.

The clinicians, supervisor, and family support specialist will be expected to research and perform "community scans" to assess the potential resources within the neighborhoods in which the client and family reside. These staff members also will participate in Allegheny County's conferencing and teaming, which in itself will provide various resources to the families during this meeting.

Business networking, and industry professional development (local day seminars, etc.) will provide opportunities for staff members to collaborate with community and regional resources. At every turn, supervisors emphasize building and refreshing a working knowledge of the systems they work within, while relying on trainers from the Connecticut model.

8. Describe how you will staff the FBR team positions. What qualifications will you require? How will you recruit and retain the staff?

Holy Family's staffing will include a part-time director; two full-time clinicians; a part-time psychiatrist; a part-time supervisor; a full-time family support specialist; and a part-time administrative assistant.

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The anticipated Program Director, Kara Hall, is a licensed professional counselor and a PCB-certified advanced alcohol and drug counselor. She is an experienced clinician and has served as the Program Director of Holy Family's SHORES program since 2010.

The Psychiatrist, Mary Ann Eppinger, M.D., currently serves as Holy Family Institute's Outpatient Mental Health Services Department Medical Director. She is certified in child psychiatry and earned her degree from the University of Pittsburgh. She completed a residency at Montefiore Medical in NY. She's been with Holy Family since 2007.

In general, the qualifications we will require first follow the outlined RFP requirements. Specifically, for the part-time supervisor's position, we will attempt to fill that part-time role internally if possible to create an opportunity for advancement for one of Holy Family's senior clinicians. Regarding recruiting, Holy Family plans to hire therapists from within Allegheny County, who have a background in culturally sensitive services and with organizations who serve at-risk children and families. We will require a master's degree in a DDAP-approved field and 1-2 years of previous experience. For the family support specialist, we will require a bachelor's degree in a DDAP-approved field and will give preference to qualified, credentialed peer support specialists.

Holy Family's Human Resources Department recruits from LinkedIn, Indeed, Non-Profit Talent, Monster, and other similar online employment posting sites. Internal promotions also occur, after careful assessment regarding program loads and needs, and staff fit. Most relevant is business networking in the non-profit/social services industry; however, attracting and retaining administrators is vastly different than experienced therapists (as one example) and thoughtful program leadership planning with the HR team regularly takes place.

As for other recruitment notes and retaining staff, since we mentioned this in the previous Q&A above as a challenge, please see that discussion.

9. Describe your strategy for staff training, supervision and quality assurance.

As stated in various parts of this application, staff training includes new employee training, along with specific job track training, and ongoing professional development opportunities. Supervision is engaging via individual and group supervisions/case consultations, and also will be a collaborative effort involving seeking advice of the trainers of the Connecticut model. Holy Family's quality assurance is outlined in Question 4. Know that Holy Family Institute's delivery of services will include providing access; completing a full assessment; providing an appropriate level of care; achieving integrated treatment; providing comprehensive services; ensuring continuity of care; improving the Connecticut model to meet the unique needs of the families of Allegheny County; attaining equitable allocation of resources; and integrating best practices of the Connecticut model.

Regarding program staff support, the focus will be on fostering excellent attitudes and values; clinicians' competencies; continuing professional development; and avoiding burnout and reducing staff turnover. The main reason for building a piece of the Program Director's time into this RFP/program budget is to insure that the staff and supervisor have the proper support, training, supervision, and checkpoints for

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program fidelity. Holy Family believes that good supervision is the key to providing excellent clinical services to clients, and helping to prevent burnout and associated staff turnover.

10. Describe your strategy for tracking and reporting FBR outcomes and client outcomes, both quantitative and qualitative.

Outcomes for Holy Family's current programs are obtained in two ways: client satisfaction surveys (while in treatment and at the time of discharge) and outcomes at the time of discharge (goal completion, stage of change, sobriety/reduced use) which are pulled directly from our Electronic Health Record via custom reporting. It is our expectation that the County's Department of Human Services will set benchmarks and outcome requirements based on the Connecticut model and their vision for Allegheny County's version of the FBR Program.

Holy Family will have reports built to the Department of Human Services' specifications and report outcomes as often as required. Our project team will retain the client satisfaction surveys as part of our quality improvement process whether they are required or not, as Holy Family believes this leads directly to improved outcomes. Note that Holy Family Institute currently is participating in Outcomes Learning Seminars through Allegheny Health Choices (AHC), thus we expect to have some improvements in outcomes tracking from that collaboration as well.

D. Financial Management and Budget (15 points possible)

11. Please attach a copy your organization's financial audits or certified financial statements for the past three years (not counted towards page limits).

attached

12. Using the budget template, provide a one-year line-item budget for one FBR team and a budget for a visit to Connecticut to meet with the program developer. Budgets must show all planned expenses and reflect a realistic estimate of the costs associated with replicating and adapting the FBR model. Please include on-going program-related costs (transportations, incentives, tools, etc.) in the budgets.

Clearly indicate any additional funding sources and if they are tied to specific budget line items. The budget template may be found at www.alleghenycounty.us/dhs/solicitations. Provide a budget narrative in the space below that clearly describes and justifies the line-item budget (not counted towards page limits).

PERSONNEL:

The costs below reflect the staffing outlined in the Connecticut model (Family-Based Recovery), and an experienced director and administrative staff member.

Clinicians (\$90,000)

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In-Home Family-Based Recovery Program

The two full-time Clinicians will provide ongoing counseling and clinical case management services, and advocate on behalf of children and their families to help them meet their needs and achieve their desired outcomes.

Psychiatrist - Dr. Mary Eppinger (4 hours a week/\$31,200)

The part-time Psychiatrist will evaluate clients and prescribe pharmacotherapy to clients to help them on the path to recovery. Dr. Eppinger currently serves as Holy Family Institute's Outpatient Mental Health Services Department Medical Director.

Supervisor (\$26,000)

The part-time Supervisor provides clinical supervision to the team and acts as the liaison between the team and DHS.

Family Support Specialist (\$35,000)

The full-time Family Support Specialist connects families to additional human services and provides guidance through the substance use recovery continuum of care.

OTHER PERSONNEL:

Program Director – Kara Hall (4 hours a week/\$6,000)

The part-time Program Director oversees all aspects of the program including hiring, firing, and managing disciplinary action for the team. She is responsible for licensing status; planning/implementation of goals and objectives; programmatic and administrative compliance with internal procedures; funding source guidelines; and quality assurance.

Administrative Assistant – TBH (10 hours a week/\$6,750)

The part-time Administrative Assistant will manage office forms; enter client data; manage correspondence; and coordinate meetings. The assistant will coordinate intakes and make sure client files are accurate during the course service. Estimated at 10 hours a week.

Employee Benefits (\$58,485)

Taxes and fringe benefits are calculated at the current tax and insurance rates associated with Holy Family. Holy Family provides employer-paid medical and dental insurance, disability insurance, life insurance, workers compensation insurance, State unemployment insurance, social security, Medicare, employee assistance program and retirement benefits.

STAFF Onboarding (\$1,000)

New staff clearances and drug screenings.

Staff Training & Professional Development (\$2,000)

Trainings such as motivational interviewing; mandatory Pennsylvania Department of Drug and Alcohol Program (DDAP) trainings; child protection service laws; trauma informed care; and related. This would be local and regional opportunities and the cost would cover the registrations and travel.

PROGRAM EXPENSES:

Program Incentives (\$6,240)

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In-Home Family-Based Recovery Program

This is required as part of the RFP by Allegheny County Department of Human Services and includes \$10 cash incentives for negative drug screens. This is based on 12 families for 52 weeks/1 year.

Transportation (\$9,742)

Personal vehicle use to coordinate transportation for parent/child and also staff reimbursement for mileage regarding client visits. This estimate is based upon our experience with the SHORES substance abuse and counseling program.

Assessment Tools/Analysis (\$2,000)

Holy Family would pull its outcomes from the Electronic Health Records which require special time; estimating 10 hours of project time to develop the reports needed for DHS.

Office Supplies/Postage (\$900)

Standard office needs include copy paper, pens, paperclips, envelopes, file folders, legal pads, ink, and related. Postage would be for correspondence to clients, partners, and related contacts for this program.

Insurance (\$0)

Professional Liability Insurance is already in place and we do not expect an increased cost to the agency as a result of this potential FBR program.

Association Dues/Licensing Fees (\$500)

Psychiatrists and licensed therapists need to maintain good standing status and renew licenses.

Recruitment/Advertising (\$300)

Posting positions to locate and recruit staff for the program; Holy Family's Human Resources Department recruits from LinkedIn, Indeed, Non-Profit Talent, Monster, and other similar online employment posting sites that require fees for full capacity and management of postings.

Drug Screens (\$2,960)

Required client screens which will be a 10 panel dip-stick screen, along with specimen cups, and the alcohol breathalyzer tests.

Voice and Data Communication (\$5,660)

Purchasing four phones (program office phone and three mobile). Specifically purchase and pay monthly bills for one year.

Occupancy (\$15,370)

Cost of office space, based on 1,000 square feet. This estimate is based on our experience at our Swissvale location (we pay \$15.37 per sq. ft.).

Equipment – copy machine/computer (\$9,200)

Purchasing three laptops and one office computer for the psychiatrist and administrative assistant; and also the maintenance and leasing of a copier/printer.

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In-Home Family-Based Recovery Program

Printing (\$1,000)

Brochures will be developed for this program by Holy Family marketing staff (indirect) and this money will be used for print costs.

Office Furniture (\$4,480)

Purchase of desks, chairs, tables, filing cabinets for office space and reception.

INDIRECT COSTS:

Indirect costs includes expenses as support from the following offices/departments: human resources, payroll, facilities, grants/development, marketing, and information technology, as well as support for audits, insurance, legal expenses, and related. Holy Family has calculated a 17.84% federally approved indirect cost rate (approval letter attached to application).

Note: There are no other additional funding sources.

Thank You for your consideration.