

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

PROPOSER INFORMATION

Proposer Name: Familylinks, Inc.

Authorized Representative Name & Title: De'netta Benjamin-Miller, Senior Director of Behavioral Health

Address: 401 N. Highland Avenue, Pittsburgh, PA 15206

Telephone: 412-661-9750

Email: dbenjamin@familylinks.org

Website: www.familylinks.org

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

Date Incorporated: 2001

Partners and/or Subcontractors included in this Proposal: N/A

How did you hear about this RFP? DHS

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Frederick A. Massey, Jr.	412-661-9750	fmassey@familylinks.org
Contract Processing Contact	Anthony Giancola	412-661-9750	agiancola@familylinks.org
Chief Information Officer	Frederick A. Massey, Jr.	412-661-9750	fmassey@familylinks.org
Acting Chief Financial Officer	Lynda Thier	412-661-9750	lthier@familylinks.org
MPER Contact*	Marlo Svidron	412-661-9750	msvidron@familylinks.org

* [MPER](#) is DHS's provider and contract management system. Please list an administrative contract to update and manage this system for your agency

BOARD INFORMATION

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

Please see attached.

Board Chairperson Name & Title: Richard Soeder, Sr. VP, PNC Wealth Management

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [REDACTED]

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

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.

Michael A. Yonas, Sr. Program Officer
The Pittsburgh Foundation

[Redacted contact information for Michael A. Yonas]

Tina Flowers, Esq.
Spencer's Voice Fund

[Redacted contact information for Tina Flowers]

Monica Tillman, Social Worker
Arsenal Middle School

[Redacted contact information for Monica Tillman]

PROPOSAL INFORMATION

Date Submitted 2/22/2019

Amount Requested: \$271,995.00

Proposal Abstract: Prevention services have consistently been a priority for Familylinks for years, and our emphasis accelerated recently to address the opioid crisis, vaping among youth, and the proximity of gambling opportunities. We employ a full roster of effective, evidence-based and evidence-informed programs, delivered by our experienced staff. We not only address high risk behaviors but also underlying factors such as bullying, lack of self-esteem, racism and the need for a positive outlook. Familylinks works directly in communities identified by the County as in need of prevention programs, will add to that list, and has new tools for community outreach.

CERTIFICATION

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

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

- 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.

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

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

Please see these items attached to this proposal.

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

REQUIREMENTS

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

1. Organizational Experience (15 points)

- Describe your organization’s experience in providing drug and alcohol, tobacco and/or gambling Prevention services to a variety of audiences, and your knowledge of related issues.

Familylinks has more than 50 years’ experience addressing critical issues faced by families in this area, and these issues often relate to ATOD/Gambling with a frequent co-occurring disorder as part of the difficulty. Our 11,000+ clients include children, youth (often homeless or aging out of foster care), adults and seniors. Prevention services are a priority as we recognize the need to reduce or eliminate the conflict that addiction brings to a family dynamic or to an individual’s life journey. Familylinks is fortunate to have a highly qualified, well trained and compassionate staff providing Prevention services along with our entire comprehensive array of treatment and recovery programs.

- Describe your organization’s experience working with school-aged children and/or adults. For many years, Familylinks has provided a wide continuum of care for school-aged children and families, including Family Based Mental Health, operating Therapeutic Classrooms in four local schools, and an Outpatient Mental Health Clinic for children and family clients. Our community outreach education and prevention programs reach approximately 10,000 school aged children and adults each year.
- Describe relationships that you have established with schools and/or community-based organizations in Allegheny County.

Familylinks has been a leader in providing family-centered human/social service programs to Allegheny County for more than 50 years. As a result, we have established a significant number of relationships with schools and organizations. Our community partners and collaborative agencies include: City of Pittsburgh Housing Authority, East Liberty Development Corporation, Children’s Hospital of Pittsburgh, Western Psych. Hospital, and Children’s Hospital.

Our Prevention program currently has a direct relationship with 11 schools for on-site services, and we also provide services to 20+ schools through the Outpatient Mental Health School Partnership in the County. We provide Specialized Substance Use Treatment at Brashear High School which includes the motivational Interviewing Therapeutic Model to assist with harm reduction with Opioids and Marijuana use. The 11 schools where we are working directly, and the number of students currently engaged (as of 2/19/19) are:

Pittsburgh Faison	Pittsburgh Dilworth	Pittsburgh Roosevelt
Pittsburgh Brookline	Pittsburgh Lincoln	Pittsburgh Beechwood
Pittsburgh Westwood	Pittsburgh West Liberty	Pittsburgh Mifflin
Pgh. Arsenal Middle	Pittsburgh Fulton	

We are proposing to add a 12th school as part of this proposal, and we also currently provide prevention programming to Shuman Detention Center. In addition to our prevention programs,

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

Familylinks has a decades long history of providing effective client services through DHS to youth experiencing homelessness, those dealing with substance abuse issues, youth aging out of foster care, seniors living at home, and families in need of safe, affordable housing.

2. Service Delivery (45 points)

- Outline your plan to provide Prevention Services. The plan must do the following:
 - include a strategy to work with school districts, community-based organizations and/or DHS to identify and provide appropriate Prevention Services
 - target communities where high need exists – please explain how you selected the identified community(ies)
 - address one or more of the priority issues; ○ address one or more of the three target population categories
 - address one or more of the acceptable Prevention strategies.

Our strategy to identify and provide appropriate Prevention Services to school districts, community based organizations and/or DHS will draw from the experience of our staff and the strength of our programming. We will combine this with: (1) an examination of the intervention and curriculum needs of a given school; (2) an assessment of overall community needs; and (3) an examination of current trends reported by DHS that are impacting the quality of life in a community. Familylinks will assess the magnitude of the current needs, and determine which of our evidence-based program interventions are potentially most effective for each situation. Our ability to develop a Trauma-Informed, Culturally Appropriate program is an asset and essential in addressing the needs of the sub-population in each community and school.

Familylinks will maintain a transparent relationship with DHS to not only analyze our prior years of Prevention Services, but also to provide an opportunity to demonstrate our new, innovative interventions that will assist DHS in achieving positive outcomes with compacting ATOD/Gambling addiction. We expect that the services we provide will focus on the following categories: (1) Information Dissemination; (2) Alternative Activities; (3) Education; and, (4) Community-Based Process. Familylinks has chosen these four areas of priority and concentration based on our understanding and belief that multiple strategies lead to the greatest change and impact, resulting a reduction in ATOD/Gambling and an increase in community/people engagement.

Familylinks is very active throughout Allegheny County, providing our comprehensive, family-centered services and programs in a wide variety of neighborhoods. This includes an opportunity to assess each individual client's situation and determine if AOD-related services (prevention or treatment) are necessary. With our years of service and connection to these communities, we request that Familylinks provide prevention services to the following high needs communities: Districts 12 – East Liberty, 13 – Homewood, 9 – Lawrenceville, 4 – Oakland and 7 – Shadyside. Familylinks is currently providing prevention/treatment services in all five communities. These districts were also chosen based on our current initiatives designed to educate people of all ages on the increase in ATOD use, with a focus on opioid addiction (heroin and prescription pain-killers). While marijuana use has been approved for medical purposes, and may eventually be approved for recreational use, street marijuana can be dangerous and lead to serious, chronic substance abuse and psychological damage. The communities with the highest need for prevention services are also experiencing an increase in alcohol addiction. Addiction of any type often leads to family separation, unemployment, poor school performance,

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

behavioral issues, incarceration and even death. Familylinks will assess the best cultural approach for each high needs community, including their schools. In addition to our current designated schools, Familylinks is willing and able to open and deliver prevention services in McKeesport and Carrick.

Familylinks is capable of providing effective prevention services to Universal, Selective and Indicated target population categories, with one of our new, more innovative prevention tools suitable for both young and adult audiences. For the **Universal** category, Familylinks has consistently included the general public or a whole population group that has not been identified on the basis of individual risk. Our staff provides educational and prevention programs to a broad range of audiences. More recently, Familylinks has partnered with Kevin Stevens, former Stanley Cup winner with the Pittsburgh Penguins, and WQED to develop an Opioid Prevention Video that is appropriate for all groups/ages. The video features Kevin discussing a severe injury that led to a 20-year opioid addiction, a mother of a young man who died at age 20 from an overdose, and Familylinks' Director of Behavioral Health, De'netta Benjamin-Miller. The video was taped at an event hosted by Familylinks at the August Wilson Center before an audience of 250 high school principals, coaches, athletic directors and student athletes. This educational video provided information and access to resources, a discussion for parents and guardians on ways to recognize ATOD use, as well as slang names for current devices and high risk drugs. Mr. Stevens and Familylinks have created a prevention PSA to be shown throughout 2019 on WQED, and have delivered a strong and compelling prevention message to more than 2,000 individuals in the past 10 months to audiences including human resource and EAP directors, pharmacists, youth groups, health professionals and corporate leaders. Familylinks has also been asked to participate in a pilot program funded by the Diocese of Pittsburgh by providing prevention and education presentations as part of an outreach aimed initially at the general population in Sharpsburg and surrounding communities.

In addition to outreach activities with Kevin Stevens and the Diocese, our upcoming schedule of community education seminars will include three specific topics: *Opioid and Narcan Education*, *Marijuana Use (Street vs. medicinal)*, and *Trauma & Addiction*.

Our **Selective** category targets will be strategically aimed at individuals or a subgroup of the population whose risk of developing an addiction is significantly higher than average. One such target is student athletes. We know that there is a direct correlation between Opioid/marijuana/alcohol use and student athletes who are recovering from injuries and/or mental stress. Our video with Kevin Stevens provides us with significantly increased access to middle and high schools in this area. As a former high level athlete, Kevin's message reaches a young audience and captures their attention with a vivid description of his struggles as does the discussion by the mother who lost a young athlete to an overdose. Beyond schools and community groups, we plan to extend use of the video to Boys & Girls Clubs and the National Adult Baseball Association teams in this region (27 teams, most participants ages 18-30).

During our Summer Camps, with approximately 22 days of engagement, Familylinks works with 50-100 school-aged students using the Life Skills evidence-based program.

For the **Indicated** category, our activities will be targeted to individuals in high-risk environments including those identified as having minimal but detectable signs or symptoms foreshadowing a disorder, or having biological markers indicating predisposition for a disorder but not yet meeting diagnostic levels. Familylinks Prevention staff will assist all persons with a referral to treatment via

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

telephone or provide in-person services. Familylinks will provide a variety of Brief Screening tools (appropriate to the situation) including:

ACES (Adverse Childhood Experience Survey) will assess for childhood trauma experiences. Studies show that across various cultural ethnicities that the increased exposure to childhood trauma is a risk indicator for substance use and mental health disorders. ACES is our foundation tool with students and adults. ACES also provides an opportunity to address many traumas that are experienced by individuals, families and the entire community.

The Drug Abuse Screen Test (DAST-10) was designed to provide a brief, self-report instrument for population screening, clinical case finding, and treatment evaluation research. It can be used with adults and older youth.

The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be used to reproducibly rate common signs and symptoms of opiate withdrawal/use. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal, and to assess the level of physical dependence on opioids. All persons whose score indicates opiate withdrawal or use will be offered a warm referral to an appropriate substance use clinic.

PHQ-9 is a brief Depression Screening Tool to assess an individual for depression or a depressive episode. Due to the increased rate of suicide among students and adults, our goal is to prevent suicidal ideations or acts. Depression and self-treating with ATOD is the second highest reason why a person can succumb to suicide.

The outcome of these brief screening tools will give Familylinks the opportunity to provide a referral for recovery services and to increase warm referrals to DHS for access to appropriate behavioral health providers and treatment. For High Risk Districts, Familylinks will utilize a longer questionnaire – ASSIST – to incorporate into our overall review which may also include the Alcohol, Smoking and Substance Use Involvement Screening Test.

- Describe how you will include 25% evidence-based or evidence-informed Prevention services.

For the Universal, Selective and Indicated activities described above, Familylinks will incorporate more than 25% of evidence-based or evidence-informed Prevention Services by utilizing:

Botvin LifeSkills Training (LST – EDU01) to address various areas with ATOD violence and to develop social/emotional support for individuals. This program: (1) provides elementary/middle/high school students with the necessary skills to resist social pressure to smoke, drink and use drugs; (2) helps them develop greater self-esteem, self-mastery, and self-confidence; (3) enables children to effectively cope with social anxiety; (4) increases their knowledge of the immediate consequences of substance abuse; and, (5) enhances cognitive and behavioral competency to reduce/prevent a variety of risk behaviors.

From this, we want to highlight two interventions from this model that will be incorporated in our service delivery:

- A. The Prescription Drug Abuse Prevention Module: As outlined, this “gives adolescents the skills and knowledge necessary to help them avoid the misuse/abuse of opioids and prescription

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

drugs. This model is ideal for school districts, community-based organizations, and agencies serving students in grades 6-9 (<https://lifeskillstraining.com/>).”

- B. Marijuana: A Video Guide for Parents and/Professionals – Total Running Time: 15 Minutes
“This video presents the latest research that marijuana is not a harmless drug. Viewers learn of the groundbreaking research that clearly connects head and neck cancer to marijuana use. We also hear from a head and neck cancer surgeon who has had to deal with the devastating results of these cancers. Also presented are the disturbing link between marijuana use and lung cancer, and the difficulty teenagers have in quitting once they have started. (<https://lifeskillstraining.com/>).”

Opioid and marijuana prevention are core issues that we want to address in all of our designated communities/schools, with a focus on our High Risk Districts. Familylinks will continue to incorporate other areas of this Model to teach life skills, substance abuse presentation, and to reduce violence.

All Bets Are Off: Gambling Prevention Grades 7-8 (GED01). The key goals of this module are that students will:

- Understand the risks and possible negative consequences associated with gambling;
- Understand the different types of gamblers: social, problem and compulsive;
- Understand the laws related to gambling;
- Recognize signs of problem and compulsive gambling;
- Know when and how to get help for a gambling problem;
- Assess their own level of risk and set guidelines that will help them avoid gambling;
- Analyze the influences that encourage or discourage gambling;
- Apply refusal skills to avoid gambling;
- Synthesize information to create a gambling awareness campaign for peers.

Website: <http://www.michigan.gov/mmh>

Promoting Alternative Thinking Strategies (PATHS – EDU01) – Populations: Preschool, Elementary and Middle School Students - The PATHS curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavioral problems in children (Prek-6th Grade). The Grade Level PATHS curriculum consists of separate volumes of lessons for each grade level. Five conceptual domains are included in PATHS lessons at each grade level: self-control, emotional understanding, positive self-esteem, relationships, and interpersonal problem-solving skills. PATHS is designed to be taught two to three times per week (or more often if desired but not less than twice weekly), with daily activities to promote generalization and support ongoing behavior.

Website: <https://www.channing-bete.com/prevention-programs/paths/paths.html>

Strong African-American Families (SAAF – EDU03 for Parents/Families) – For our high risk urban communities, such as Homewood-East End, SAAF is a seven-week interactive evidence-based program for African American youth between the ages of 10-14, and their parents/primary caregivers. The goal of SAAF is to prevent substance use and behavior problems among youth by strengthening positive family interactions, preparing youth for their teen years, and enhancing primary caregivers’ efforts to help youth reach positive goals. Facilitators administer SAAF through seven 2-hour sessions using separate skill-building curricula for youth and primary caregivers. During the first hour of each session, youth and primary caregivers meet separately with facilitators. Topics addressed in the youth sessions

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

include: the importance of following house rules; adaptive ways of responding to racism; the formation of goals for the future and plans to attain them; and, skills for resisting early sexual involvement, substance use and other risk behaviors. The primary caregiver sessions address: ways in which the caregivers can monitor their children's behavior; how to encourage adaptive strategies for their children to respond to racism; and, how to develop adaptive communication skills for discussing sex, substance use and other risk behaviors. During the second hour of each session, youth and primary caregivers meet as a family with the facilitator and build on what was learned in the separate sessions. In the family sessions, facilitators work with families to build family-based strengths for supporting the youth's goals, enhancing racial pride, an improving communication and support.

Website: <https://cfr.uga.edu/saaf-programs>.

- Describe how you will ensure fidelity in the delivery of evidence-based or evidence-informed Prevention services.

When using evidence-based programs, it is of utmost importance to implement the said program as it was intended. Keeping the fidelity of a program has a direct impact on the effectiveness of a program's outcomes. The evaluation process of the evidence-based programs will be implemented. This can consist of pre/post tests and program surveys. There will also be a review of program content prior to the start of a new topic that is embedded into the specific evidence-based program. It is the desire of Familylinks to continue to uphold fidelity for the programs in which we are engaged, and to desire the most successful outcomes for each program. Completed participant surveys and pre/post- tests data will be reviewed and analyzed by Familylinks department of Quality Control and shared with DHS

- Please describe how you would address the following scenarios:

The Executive Director of a community program contacted your organization after hearing about your services from a colleague. They are interested in Prevention Services for their community center. They expressed that their staff have reported that they interact with a lot of adults who have drug and alcohol "problems." They have already asked several program attendees if they would be willing to participate in a group and have received mixed feedback. Please describe how you would respond to this request, including what programs/curriculum you would suggest for these concerns and this population, and how often and for what duration you would propose that your organization have contact with this group.

Our Prevention Liaison will meet with the Executive Director and provide an overall menu of services that Familylinks offers, in addition to other providers as they may have services that better fit the clients' needs. Our discussion will include, but not be limited to, referral to a licensed D & A provider for a level of care assessment, medication management such as Medication Assistant treatment, and referral to a Psychologist for an evaluation and appropriate medication. Familylinks can also provide resources from within our agency including case management, access to government benefits and programs, housing assistance and transportation. Familylinks will also provide a much needed warm handoff if necessary to ease the introduction to other community resources such as AA, NA, Grief Support, 12 Step Recovery, domestic abuse support, LGBTQ counseling, and pro bono legal services. After meeting the Community Organization staff who are concerned about their adult clients who have "problems," follow up and organize an informal information group meeting for those who responded positively to the staff's suggestion. Let them know that a variety of group topics could be available and gauge their reaction to sessions such as Seeking Safety, Trauma Informed Care, and other self-help

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

programs. Groups could be held twice a week for one hour each. Seeking Safety can be used in any population with a need and can be incorporated to the direct need the group population. We will identify what module to implement from the Seeking Safety curriculum when someone enters group, and move forward until all modules are completed. This allows people who are hesitant about attending the group to rotate in and out without disrupting the group, as well as having the opportunity to participate in all. We will invite outside resources to speak to participants in the group on items such as Action Housing, parenting skills, readiness to change, Relapse Prevention Groups, and other supportive topics.

A principal from a local high school approaches you at a resource fair. She reports concerns about increased suspensions for illegal drug, alcohol and tobacco use at her school, as well as ongoing problems with truancy and bullying. There is a school board meeting scheduled later in the week and she wants to approach the board with the possibility of adding prevention services to the high school, as well as give them an idea of how much money this will cost the district. She expects prevention services to take about two hours each semester, in the form of afternoon assemblies, attended by all students in grades 9-12. Please describe how you would respond to this request and the principal's expectations of prevention services, including what programs/curriculum you would suggest for these concerns with this age group. [Click or tap here to enter text.](#)

Our Prevention Liaison will meet with the principal, get more details of her concerns, and determine which grade is experiencing which issue(s) as each of the grades are at different stages in their development. Liaison will suggest more than 2 hours each semester considering that there is an increase of discipline due to drug use. The School Therapist, if needed, can provide more intense services and/or schools SAP (Student Assistance Program) team if one is present. Liaison will share all resources that would be presented to principal for approval prior to implementing any said plans. Liaison can provide speaking engagements with the topic of Drug and Alcohol to address all students and school staff - it will be recommended that assemblies are not as effective as smaller classroom presentations. Each 9th grade class will meet for one class period for 6-8 weeks. The same for the 10th, 11th, and 12th grades. This will allow for a smaller group of students (smaller groups = more retention). We will show *Opioid Prevention Education* video and Marijuana Use information (both street and medicinal), integrate Bullying Prevention curriculum to students, have an open discussion on the effects, myths and facts, and where to turn for assistance (agencies in the area). Prevention Liaisons will also suggest and offer small group services for those who are struggling with truancy and bullying situations. It will be suggested that the principal consider integrating students with such issues into group discussions in lieu of suspension. Liaisons will offer Professional Development to teachers as well as arm them with tools that will assist when working with students who are experiencing bullying, drugs and alcohol, and truancy. Tools will include ways to recognize problems and how to respond appropriately, pamphlets, books, and a Where to Turn reference guide. Professional development service will be available upon request from the school principal. The cost of that service will be aligned with Allegheny County's cost - \$68.00 per hour.

3. Staffing (10 points)

- Outline your plan for recruiting and retaining qualified, committed and knowledgeable staff.

Familylinks has a current roster of qualified, experienced staff carrying out the responsibilities for the Prevention Program. Familylinks has conducted employee surveys periodically to enable the management team to take the pulse of our staff and address their concerns. Twice each year, our

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

President holds a Town Hall presentation for all staff to keep employees well informed about program and financial issues at the agency along with future plans. Familylinks recently commissioned a pay structure study in order to bring staff salaries to – at least – the average for direct care workers in the region. In the event that there is a roster vacancy, our Human Resources Department will make every effort to recruit staff for Prevention from our current in-house talent pool, particularly from our addiction treatment and recovery programs. If a full complement of staff cannot be obtained from the current pool, multiple electronic and newspaper external postings will be utilized, as well as referrals from current staff for external applicants, emphasizing the requirements of the position as well as a priority preference for candidates trained and experienced in ADOT/Gambling prevention and our various trauma-informed and evidence-based programs.

- Outline your training plan that, at a minimum, meets regulations.

Familylinks has long recognized the importance of effective and ongoing training for staff. Because of the extensive training needs of our staff, Familylinks operates a full time Familylinks Training Institute (FTI) which offers both training and consultation to our own staff as well as other community service agencies throughout Pennsylvania. Training classes and consultation efforts are designed to assist in improving program effectiveness and achieving service excellence. All Prevention staff are required to complete an AOD Training/Needs Assessment during the orientation process. The Training/Needs Assessment will include all Mandatory DDAP Prevention, Training and Professional/Educational Development trainings. All Mandatory trainings will be completed within one year from date of hire: Prevention 101, Parts 1, 2 and 12, Addictions 101, Ethics in Prevention, Making the Connection, Prevention Program Services, Fidelity Adaptations, Minimum Data Set (MDS) Service Codes, and 12 hours of approved supplemental training each year. Staff will be required to attend various cultural competency trainings: LGBTQ 101, Engaging African American Families, and African Americans – Mental Health. The Training Needs Assessment will be completed by the staff and the supervisor.

4. Data Collection and Delivery (15 points)

- Describe your plan for tracking, entering and reporting data in a timely way. Familylinks will enter 100% of Prevention service data into PA WITS within two (2) weeks of the date the service was delivered. Familylinks will maintain monthly data compliance as required. As part of our process, all data is required to be monitored by the Prevention Manager for accuracy, and analyzed for progression toward outcomes by the 30th of the following month. Familylinks fully understands that services are not complete until they are entered into PA WITS. Familylinks will have all previous fiscal service data entered into PA WITS no later than July 15th.
- Include a sample pre-/post-test and outline your plan for incorporating feedback in programming. Please see our attached sample survey. Information gathered through our surveys is reviewed and improvements are made where applicable as part of our PQI process described below.
- Describe your quality assurance plan.

With 50+ years of program delivery experience, Familylinks is committed to providing quality assurance, compliance and performance as evidenced by our ability to produce positive outcomes and exceptional quality of care. Familylinks has in place a highly effective and rigorous Performance and Quality Improvement (PQI) process for all programs and services. A significant level of organizational oversight in the PQI process is the PQI Advisory Committee, which includes two Board members, the CEO, COO,

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

the Director of Program Quality and three stakeholders from each Familylinks Division. This group develops overarching PQI goals for the agency, examines division outcome measurements, progress and trends, identifies issues related to critical incident trends, such as medication efforts, suicidal ideation, restrictive procedures, etc., provides feedback and recommendations to the Executive PQI Team, and prepares an agency PQI report semi-annually, which is presented to the agency Board of Directors.

In addition, the Director of Program Quality/Compliance will have administrative access to PA Wits to ensure that all data is recorded within the required time frame. All PA Wits Data will be reviewed monthly by the Program Manager, Director of Behavioral Health and Director of Program Quality/Compliance. Any program errors with data or outcome goals will be reported to the Executive PQI Team with a Program Performance Improvement Plan. The Plan will then be monitored by the Team for a 90 day period

5. Financial Management and Budget (15 points)

- Provide a budget, based on the proposed billing rates, that reflects a realistic estimate of the costs associated with implementing Prevention services and a reasonable balance between direct and indirect costs; include a budget narrative that clearly justifies costs in the budget.

Please see Excel spreadsheet budget attached to this proposal for line item details.

Familylinks Prevention Proposal – BUDGET NARRATIVE

ASSUMPTIONS Budget is proposed based on the following:

- o Prevention Service are provided to 12 Schools and Community Activities.
- o Services are being based on a School year of 180 days.
- o Community activities will take place throughout the year.
- o Summer Camp includes 22 days for 50-100 Elementary Students
- o In order to retain staff, the budget proposal is prepared on an annual basis, although several cost categories such as supplies and transportation are incurred in a 12 month period.

Minimum expectations for billing are based on the following:

- o Non-SAP Prevention Brief Risk Screening (PIR06)-20 per month for 9 months, fee of \$100 per screening = \$18,000
- o Combined Federal Strategy Rate at \$17.40 for 15-minute unit (1 hour= \$69.60) Proposed 200 hours per month x \$69.6 = \$167,040
- o Activities (ALT01) (e.g., summer camp): \$79.05/day/child- 22 Days of Camp x 50 campers- Elementary School Students. The proposed budget rate is for 50 students for \$86,955. If we have 100 students- there as to be consideration for absences that may occur with the students.

Total Proposed Revenue: \$ 271,995

.

BUDGET DETAILS- Please see Excel spreadsheet budget attached for line item details.

Staffing Direct Cost: 4.37 FTEs providing direct services, 1 FTE Program Manager for direct management (30% of their time) and management oversight by Director of Behavioral Health (.7% of their time).

Program Manager-provides direct support and management of the program. Allocation of costs are based on 30% of their time directly managing this program.

3 FTE Prevention Liaisons 100% allocation to direct service \$105,281.

1 FTE School Service Coordinator 100% allocation to direct service \$30,000.

Employee Benefits are inclusive of: FICA, Health Insurance, Vision Insurance, Life Insurance, Disability Insurance, Dental Insurance, Workers Compensation Insurance, Pension,

RFQ Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

Unemployment, Employee Clearances. Employee Benefits are budgeted on a percentage of payroll allocated to the program. The employee benefit percentage for next fiscal year is 27.5%.

Office Space Direct Program Cost: Requirements for office space pertain to the administration and management of the program. Office space will be provided within Familylinks' Shadyside location. The rent is an allocation of all occupancy related costs based on square footage utilized by each of the programs. Prevention space requirements are 12.5% of the shadyside location representing \$23,189.

Communications Direct Program Cost: Cell phone reimbursement is \$25/month or \$300/year for supervisory and management employees. Usage of agency provided cell phones and office landline is allocated based on actual usage and billed expense, budgeted at \$600.

Program and office supplies: Food for snacks is provided at community events budgeted at \$300. Program supplies include student curriculum averaging \$500 per school per year for a total of \$6,000. General office supplies used in the day to day operations are budgeted at \$300.

Transportation/Travel Direct Program Cost: Reimbursement to employees for required transportation to meetings; employees eligible for reimbursement would include the Program Manager and Prevention Service Staff. Estimate average of 140 miles per employee per month for 12 months; mileage reimbursement rate is \$.54/mile, totaling \$3,600.

Other Direct Cost: Advertising includes flyers, brochures and other promotional materials budgeted at \$1,680; postage for required mailings and notifications budgeted at \$120; copying costs for school and community materials budgeted at \$120; staff development for training budgeted at \$550.

Insurance Indirect Program Cost: Inclusive of General and Professional Liability; based on current premiums and allocated to program based on FTEs; Prevention Insurance Costs are based on 4.37FTEs and total \$1,999.

Program Support Indirect Costs: Program Support is inclusive of staff salaries, benefits and other costs associated on an agency-wide basis with Central Intake, Program Receptionists, Director of Quality Assurance, Chief Operating Officer, Asst. to COO, Training Department (Agency and Staff), Billing Dept. and Community Education. Total agency-wide costs are for program support and are approximately \$1.2 million. Costs are allocated by FTEs. Prevention has 4.37 FTEs resulting in allocated costs of \$19,948.

Indirect Administrative and Facilities Expenses: Agency-wide costs which are inclusive of staff salaries, benefits, and other costs associated with Executive Administration, Fiscal, Human Resources and information Technology. Agency-wide administrative expenses total approximately \$2.2 million. Costs allocated to 4.37 FTEs total \$25,739. Agency-wide facility operations supporting all of the property maintenance and management total \$387,000. Facility operations costs are allocated based on the square foot usage of the related properties. Based on the Prevention program's usage of the Shadyside facility, cost allocated to this program is budgeted to be \$3,628.