



Allegheny County Department of Human Services

RFP Response Form

Providers of Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Released Services

PROPOSER INFORMATION

Proposer Name: Central Outreach Resource and Referral Center (CORRC).

Authorized Representative Name & Title: Reverend Clifford Foster, Executive Director

Address: 1860 Centre Avenue, Pittsburgh, PA 15219

Telephone [REDACTED]

Email: [REDACTED]

Website: www.centraloutreach.com

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

Date Incorporated: August 2002

Partners and/or Subcontractors included in this Proposal: None

How did you hear about this RFP? *Please be specific.* Directly from Allegheny County DHS

REQUIRED CONTACTS

| | Name | Phone | Email |
|-----------------------------|---------------------------|---------------|---------------------------|
| Chief Executive Officer | Reverend Clifford Foster | [REDACTED] | [REDACTED] |
| Contract Processing Contact | Reverend Clifford Foster | [REDACTED] | [REDACTED] |
| Chief Information Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| Chief Financial Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| MPER Contact* | Reverend Clifford Foster | [REDACTED] | [REDACTED] |

* [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.

John Armes - President

Marsha Lambria – Secretary

Reverend Commodore

Todd Hill

Dr. Marla Johnson

Providers of Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Related Services

Board Chairperson Name & Title: John Armes, Board President

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email [REDACTED]

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.

Dr. Stacy Lane, Central Outreach Wellness Center, 127 Anderson Street, PA 15212, [REDACTED]

[REDACTED]
Richard Smith, HIV Program Director, Jewish Healthcare Foundation, 650 Smithfield Street, Pittsburgh, PA 15222, [REDACTED]

Keith Giles, Executive Director, First Step Recovery Homes, 366 Penny Street, McKeesport, PA 15132, [REDACTED]

PROPOSAL INFORMATION

Date Submitted 5/4/2020

Amount Requested: Total of \$90,960.00 (Rounded) - \$21,169.20 (.5 Intervention Services) + \$69,790.60 (Outreach Intervention Services)

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, HIPAA and Pennsylvania's Right-to-Know Law.

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.

Choose one:

My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

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My Proposal does not contain information that is either a trade secret or confidential proprietary information.

ATTACHMENTS

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

- MWDBE documents - ATTACHMENT #1
- Allegheny County Vendor Creation Form – ATTACHMENT #2
- 3 years of audited financial reports – ATTACHMENT #3A, 3B, 3C
- W-9 – ATTACHMENT #4
- Budget – ATTACHMENT #5A, 5B
- Sample pre-/post-tests – ATTACHMENT #6

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REQUIREMENTS

Please respond to the following and submit only one Response Form, even when proposing more than one Intervention Service (.5 Intervention Services, Group, Outreach and Other Treatment Related Services).

All Proposers should complete Sections 1, 3, 4 and 5. Complete these sections only once, even if you are proposing more than one Intervention Service. Complete only the portions of Section 2 for the Services that you are proposing to deliver.

Each Intervention Service will be scored separately. To score each proposed Service, your scores from Section 1, 3, 4 and 5 will be added to each of your responses in the Section 2 (50 total points for each Section 2 response). The total combined score for each Service proposed is 105 points.

SECTION 1 – ORGANIZATIONAL EXPERIENCE (15 points) – to be completed by all Proposers, 3-page limit.

1. Describe your organization’s experience in providing drug and alcohol, tobacco and/or gambling Intervention Services to a variety of audiences; include details of your knowledge of related issues.

Central Outreach Resource and Referral Center (CORRC) is a grassroots community-based non-profit organization with its main office located in the minority community of the Hill District of Pittsburgh. It was established to respond to drug activities observed near its offices. Since 2002, CORRC has provided multi-generational, multicultural drug and alcohol addictions services, including referrals to in- and outpatient detoxification/rehabilitation, aftercare, and other supportive referrals. CORRC sustains these services with aggressive community outreach and education programs. A Wellness Van facilitates the agency’s outreach work which allows services to be taken to high-risk communities. We have served 5136 clients with drug and alcohol services over these past 18 years. We have served a variety of audiences and populations with outreach and education services including elderly in senior living, women in domestic violence shelters, and the Gay, Lesbian, Bisexual and Transgender (LGBT) communities. For the past 13 years, these services have been provided as a County DHS contractor.

CORRC is fully aware that drug and alcohol disorders, tobacco and gambling issues co-exist with other morbidities such as mental health issues, HIV/AIDS, and Hepatitis C. Isolation from friends and families resulting from addiction, unemployment/inability to hold down a job, and homelessness are other related issues. CORRC has proudly provided services that address these related issues for 18 years. We have referred clients and families to food banks, clothing, emergency shelters and other housing services.

CORRC provides testing for HIV, Hepatitis C, and Sexually Transmitted Infections (STI) with immediate linkage of persons infected to medical care. Hepatitis C testing has been provided in collaboration with the PA Department of Health for over 7 years, starting when the importance of

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the co-morbidity of Hepatitis C and substance use disorders was recognized. We have conducted 1986 HIV tests; 200 Hepatitis C tests; and an average of 96 Chlamydia and Gonorrhea tests annually.

Allegheny County is the epicenter for HIV/AIDS in the eleven-county southwest Pennsylvania region (75% of all cases¹). In addition to providing HIV prevention and outreach services, more recently, CORRC provides HIV case management and support services for persons living with HIV/AIDS (PLWHA), with immediate linkage to and retention in medical care as the cornerstone of the service. Our HIV case management services include supports for medical transportation, emergency financial assistance, health insurance premium payments for low-income individuals, and housing services to prevent homelessness. About 12% of the PLWHA in southwest Pennsylvania are dual-diagnosed with drug and alcohol issues¹. Anecdotal information from clients in service indicates similar percentages for tobacco and gambling issues. Nationally, the percentage could be as high as 30%².

A more pressing and current related issue is the opioid and overdose epidemic. Overdose epidemic has increased in the last 5 years and CORRC is addressing the epidemic in a number of ways. Our outreach services provide education on opioid addiction and overdose prevention. CORRC's staff are trained in overdose prevention and the administration of Narcan. We provide clients with substance abuse disorders with Narcan until they go into treatment and when they come out of treatment. Studies have shown that these are the more likely periods to overdose.

2. Describe your organization's experience working with adults and adolescents in need of Intervention Services. Include a description of challenges you may encounter while working with this population and what can be done to mitigate them.

CORRC's drug and alcohol intervention services for the past 18 years are provided primarily to adults 19 years and over. However, clients served in our HIV program are predominantly young persons, the population that is now experiencing increased burden of HIV and related morbidity. As a result of the risk of HIV from intravenous drug use, we can address drug and alcohol intervention services with them. In addition, our HIV outreach and education services are often provided to youth organizations. CORRC can indirectly reach adolescents in this capacity, though they have hitherto not been served with direct drug and alcohol intervention services.

Commitment of our clients (or the lack thereof) to enter treatment often poses significant challenges in our drug and alcohol intervention services. Some have been addicted for a long time and we counsel them often until they reach that commitment point. Separation of some clients from families and friends prevent tapping into a support system that could potentially be beneficial.

Increased and continued drug and alcohol education and intervention services will help to mitigate the challenges. Increased overdose education will also help. However, we acknowledge the successes we have been able to achieve, despite these challenges.

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3. Describe the partnerships you have with other community providers or organizations. Highlight one or more example in which your organization has successfully collaborated with others when planning and implementing a project or when delivering a program or service.

Collaborations with other community agencies drive program success. Collaboration eliminates service duplication and allows each agency to focus on what it does best. Collaborations benefit clients because it enables better knowledge of available resources in the community, and ease of referrals among organizations. The AIDS Coalition of Southwestern Pennsylvania functioned from 1993-2016 to bring together AIDS and AIDS-related service providers for needs assessment and planning for services. CORRC was an active member of that Coalition whose members included other drug and alcohol services providers in southwest Pennsylvania such as Mon Yough Community Services, Tadiso, Mercy Behavioral, and Prevention Point Pittsburgh, a syringe exchange program. The regional needs assessment and planning is now conducted by the fiscal agent. CORRC continues to be a part of that effort.

Another example of successful collaboration is the celebration of HIV/AIDS commemorations. CORRC took the lead in organizing National HIV Testing Day, the National Black HIV/AIDS Awareness Day and other commemorations, with emphasis on outreach activities. CORRC's Wellness Van has been instrumental for rallying a number of these collaborating organizations to take their outreach activities to high-risk communities. As a contracted HIV service provider, CORRC works collaboratively with other providers. We attend quarterly providers' meetings which provide invaluable opportunities for connections and updates.

Since 2015, CORRC is a partner with an HIV medical center, the Central Outreach Wellness Center (COWC). The Wellness Center provides holistic, multicultural, non-judgmental HIV specialized medical care, primary medical care and other related clinical tests and services on the Northside of Pittsburgh and 2 other counties in southwest PA. This collaboration simplifies referrals to medical services for our clients. For example, if a drug and alcohol intervention services client tests positive for Hepatitis C, we simply send them to the Wellness Center for treatment. This relationship also makes it easier for us to get treatment for our clients in case of overdose or for drug use associated infections such as sepsis.

We continue to collaborate with drug and alcohol treatment centers such as White Deer Run, Cove Forge, Bradford, and Stepping Stone, depending on client need and the focus of the institution in meeting that need. This continuing collaboration facilitates referrals of our clients to treatment.

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SECTION 2 – INTERVENTION SERVICE DELIVERY PLANS (50 points each) – complete only the Intervention Services that you propose to deliver, 5-page limit per Service.

.5 Intervention Services

Provide your plan for .5 Intervention Services that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate .5 Intervention Services.
- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen.
- c. targets community(ies) where high needs exist and explains why they were chosen.
- d. addresses one or more of the three target population categories and explains why they were chosen.
- e. addresses one or both Pre-Treatment Linking and Pre-Treatment Mentoring Programs.
- f. describes how Motivational Interviewing and any other evidence-based and/or evidence-informed practices will be used.
- g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured.
- h. describes how to meet the required 60% billable rate.
- i. describes how to meet the needs of a culturally diverse population and those with special needs.
- j. describes how the proposed .5 Intervention Services enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure

.5 Intervention Services:

- a. Strategy to work with community-based organizations or DHS to identify and provide appropriate .5 Intervention Services**

Central Outreach Resource and Referral Center (CORRC) has contracted with DHS for 13 years and has worked collaboratively to help meet DHS's goals. We will continue to do this. As was mentioned in Section 1 on the previous pages. CORRC has a long-term collaborative effort with several organizations that serve clients who need drug and alcohol .5 Intervention Services. We will continue to attend and be a part of the quarterly HIV providers meetings. Members of the group refer clients whom they have identified as needing intervention services to CORRC.

CORRC expects to continue its outreach and education programs as another strategy for identifying clients needing .5 Intervention Services. We will continue to use social media to create awareness about our services and resources available for persons with substance use disorders.

- b. Addresses one or more priority issues (e.g. the opioid crisis, drunk driving) and explanation why they are chosen**

The opioid epidemic has taken an unprecedented grip nationally and locally, as has opioid overdose deaths. In 2016, 93% of overdose deaths in Allegheny County were opioid-related;

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and 2016 was the third consecutive year in which the number of fatal overdoses was higher than in the previous year. Increase in the availability of synthetic opioid, fentanyl, was one of the contributory factors to the trend, as heroin and fentanyl were the most frequently identified substances found in autopsies. Allegheny County reports 737 opioid overdose deaths in 2017 and 432 in 2018³. Reports also indicate that other than the 3 zip codes with the highest overdose death rates, the Hill District records 83.9 overdose rates per 100,000 population, and East Liberty 80.4/100,000 population.

Given these dire statistics, and the fact that CORRC's offices are in the districts with the most problem of opioid use and deaths, addressing the opioid crisis as a priority issues is therefore an obvious and responsible choice for our organization. CORRC is also able to take services to the other areas at higher risk with the use of the Wellness Van. Our staff have been trained in Narcan administration and we will continue to provide this service as warranted.

c. Target communities where high needs exist and explain why they were chosen

Allegheny County snapshot³ and other reports, as previously summarized in the response to (b) above, clearly show where the need for .5 Intervention Services would be most beneficial. County Council Districts 12 and 13 have high percentages of persons who smoke "every day, some days or not at all" among all persons that have smoked more than 100 cigarettes in their lifetime. Cigarette smoking is widely accepted as predisposing to use of other substances. Therefore, targeting these communities is critical. The same districts have high percentages of persons who have ever used heroin, and persons who have ever used painkillers not prescribed for them.

CORRC will target these communities for .5 Intervention Services because of the documented need stated above. Fortunately, these communities are also those that we have successfully been working in for several years.

d. Address one or more of the three target population categories and explain why they were chosen

CORRC will continue to serve adults, in both the universal and selective categories. Our outreach and education intervention services may also target population groups not identified on the basis of individual risks, but from who persons requiring .5 Intervention Services may be identified. In addition, we target selective populations whose risk of developing a disorder is significantly higher than average, and who will also benefit. Our services move populations along the continuum of prevention, education towards intervention and treatment.

We serve a few pregnant women with intravenous drug use and substance use disorders. Our protocol is to counsel and get them into treatment immediately.

e. Address one or both Pre-Treatment Linking and Pre-Treatment Mentoring Programs

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We address the Pre-Treatment Linking Services. The American Society of Addiction Medicine (ASAM) Patient Placement Criteria is a strength-based, multi-dimensional, evidence-based tool that has been useful in implementing .5 Intervention Services. CORRC's Case Managers provide this intervention utilizing the dimensions of these assessments for screening and educational pre-treatment services to help clients identify and reduce risky substance use behaviors. The tool also helps the client to address the risk factors related to substance use and help to recognize the harmful consequences of inappropriate substance use, for an informed decision on treatment options. Upon conclusion of this assessment, the Case Manager can decide on the appropriate pre-treatment linkage for the client along the care continuum. About 90% of our clients successfully enter treatment.

In the event of an overdose circumstance, CORRC immediately calls 911, administers Narcan and gets the patient transferred to a hospital. We subsequently follow up to check that s/he is connected to all needed resources, including warm handoff.

CORRC will review the newly-released 2020 ASAM Updated Practice Guidelines for Treating Opioid Use Disorders for use of pertinent areas to improve our intervention services.

f. Describe how Motivational Interviewing and any other evidence-based and/or evidence-informed practices will be used

CORRC recognizes the importance of evidence-based and evidence-informed practices in services provision. All our HIV prevention program staff are certified HIV Test Counselors. That counseling training is based on the Transtheoretical stages of change model (SOC), upon which Motivational Interviewing is also based. HIV prevention counseling sessions are client-centered; based on counseling concepts that teaches counselors to focus on client's feelings, manage their own discomforts and set boundaries. The training also teaches counseling skills such as asking open-ended questions, attending, not giving client directives, and giving information simply. The steps in the HIV prevention counseling session include helping the client to identify personal risk behaviors and circumstance; identify safer goal behaviors; develop a client action plan to reduce harm; make appropriate referrals; and finally to summarize and close the session.

A CORRC staff who is no longer with our agency was trained in Motivational Interviewing. We will now plan to train the others although they are experienced in the use of many elements of Motivational Interviewing, such as: recognizing the stages of change model; being proficient in client-centered counseling skills; eliciting and strengthening change talk; developing a change plan; and consolidating commitment.

g. Describe how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured

Implementing an evidence-based intervention with fidelity means that it is provided with adherence to its original approach. Evidence-based interventions ensures that treatment works;

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it is ‘high quality’ implementation. CORRC has been using effective interventions for its HIV prevention services for many years. Fidelity is assured by strictly adhering to the core elements of the intervention. Accurate data collecting and reporting as well as periodic monitoring by funders measure the quality of the services provided by our organization, and its fidelity to the original intervention.

There are several tools that have been developed that are valid and reliable for measurement of the fidelity of drug and alcohol intervention and treatment-related services, for example, the Yale Adherence and Competence Scale (YACS). A measurement developed specifically for fidelity of motivational interviewing that we are now proposing to utilize for our interventions is the MITI (Motivational Interviewing Treatment Integrity) code. The MITI Code has been used successfully in many programs^{4,5}.

For many small providers of Drug and Alcohol services like CORRC, these are costly and cumbersome tools. We expect to be guided by Allegheny County DHS on these measurement tools, going forward.

However, to start, and on a more manageable scale, CORRC is proposing the following to ensure fidelity to the motivational interviewing intervention:

The elements of motivational interviewing critical to its fidelity in implementation are:

- asking open questions
- affirming client strength
- using reflexive listening
- summarizing clients’ statements

We therefore propose to measure:

- adherence to the intervention
- quality of delivery
- participant responsiveness
- any program differentiation from the original intervention

We propose to use observation (by the supervisor or an independent evaluator) primarily to measure adherence to these elements during intervention. This could be by video or audio recording, with all client rights observed. Measurements can also be made through self-reports. We will assure that staff are rigorously trained. Supervisors will have the ultimate responsibility for the measurement of fidelity.

h. Describe how to meet the required 60% billable rate

Our proposed budget (attached) reflects staff compensation and other items that will meet the 60% billable rate.

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i. Describe how to meet the needs of culturally diverse populations and those with special needs

CORRC has served a diverse client base for a long time. Our Hill District office is in a minority community. We serve a population of diverse races in our Northside office. Our HIV services client population is diverse, including the LGBT population. We have not served persons of Hispanic ethnicity to date. However, we are aware of online real-time translation services for health care providers, should we encounter non-English speaking clients. We are also prepared to serve clients with hearing handicap by using an App called Live Transcribe. This changes voice to text for a deaf individual in real time. Our offices are handicapped accessible and are located on public transportation routes. We are also aware of the resources available to health and human services providers from the Federal Department of Health and Human Services through the Think Cultural Health Initiative. Technical assistance and training are available which CORRC will be able to access, if necessary. CORRC can request educational materials from SAMHSA, CDC and HRSA that are in languages other than English. Our ultimate goal is to remove all physical, cultural, and linguistic barriers to service.

j. Describe how the proposed .5 Intervention Services enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure

An extensive continuum of care for persons with behavioral health issues includes prevention, education, intervention, treatment, aftercare, and recovery supports. The request for proposal is a strong indication that Allegheny County supports this continuum and is interested in services that promote it. The .5 intervention proposed by CORRC will help individuals to identify and reduce risky substance use behaviors, and will link them to treatment. These services are important components of the continuum that will therefore integrate into the County's overall behavioral health continuum. CORRC's mission "to provide assistance to persons affected by drug and alcohol addiction" represents a commitment that we have addressed for the past 18 years. Our organization has provided .5 intervention services for the past 18 years, thus joining with Allegheny County in its efforts to provide a behavioral health service continuum within the County.

Group

Provide your plan for group that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate Groups.
- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen.
- c. targets community(ies) where high needs exist and explains why they were chosen.
- d. addresses one or more of the three target population categories and explains why they were chosen.

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- e. describes the frequency of meetings and topics that will be covered.
- f. describes how at least two evidence-based and/or evidence-informed practices will be used.
- g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured.
- h. describes how to meet the required 60% billable rate.
- i. describes how to meet the needs of a culturally diverse population and those with special needs.
- j. describes how the proposed Groups enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure.

CORRC is not requesting funds for Group

Outreach

Provide your plan for Outreach that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate Outreach.
- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving, etc.) and explains why they were chosen.
- c. targets community(ies) where high needs exist and explains why they were chosen.
- d. addresses one or more of the three target population categories and explains why they were chosen.
- e. addresses all of the acceptable Outreach activities (e.g., Material Distribution, Intervention Education, Safe Practice).
- f. describes how Motivational Interviewing and any other evidence-based and/or evidence-informed practices will be used.
- g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured.
- h. describes how to meet the required 60% billable rate.
- i. describes how to meet the needs of a culturally diverse population and those with special needs.
- j. describes how the proposed Outreach enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure.

Outreach:

- a. Strategy for work with community-based organizations or DHS to identify and provide appropriate Outreach**

Outreach services involve material distribution, presentations, and safe practices. Central Outreach Resource and Referral Center (CORRC) has been providing drug and alcohol outreach services for 18 years, and HIV/AIDS outreach and prevention services for over 15 years. We are experienced in all the three components of outreach services. It is widely accepted that prevention of substance use disorders go hand in hand with HIV prevention and CORRC has therefore been in the forefront of these intersecting disorders for many years. We are uniquely positioned for drug and alcohol outreach intervention services.

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We distribute relevant and appropriate flyers and educational materials in the community. Our office location in the Hill District of Pittsburgh has significant foot traffic. The office is in the middle of a strip mall, at the end of a long hallway which also leads to the Duquesne University Pharmacy, visited by hundreds of patients daily. We display educational information along the hallway. We give educational presentations to organizations serving populations at risk for the disorders. We conduct outreach services at bars, and on the streets in high-risk communities. We have handed out innumerable condoms, and we distribute Narcan to clients going into treatment, and to injection drug users on the street and in shooting galleries and crack houses.

Our successful implementation of outreach services centers on collaboration with our community partners. Our staff have cemented partnerships and have gained trust with shooting galleries to provide education material and distribute Narcan. CORRC has long-term collaborative efforts with several organizations that serve clients at risk for drug and alcohol addiction, such as the homeless population and those providing syringe exchanges. As we mentioned earlier, we have been a member of the Coalition of HIV service providers' network for over 15 years. As a current HIV service provider, we will continue to attend and be a part of the quarterly HIV providers meetings. Members of the group routinely request CORRC to make presentations at their agencies. We also use our social media platform for outreach services, with links to us and to our collaborators mutually displayed on respective websites. Our Wellness Van helps us to take outreach services to where needed.

As a DHS contractor for 13 years, we work closely with them to identify and provide appropriate outreach services. Monitoring visits and program evaluation by DHS staff provide opportunities that strengthen this relationship. We will continue to employ all these relationships for strategic implementation of our outreach intervention services.

b. Address one or more priorities and why chosen

As previously detailed under the .5 Intervention services, the opioid epidemic has taken an unprecedented grip nationally and locally, as has opioid overdose deaths. In 2016, 93% of overdose deaths in Allegheny County were opioid-related; and 2016 was the third consecutive year in which the number of fatal overdoses was higher than in the previous year. Increase in availability of the synthetic opioid, fentanyl, was one of the contributory factors to the trend as heroin and fentanyl were the most frequently identified substances found in autopsies. Allegheny County reports 737 opioid overdose deaths in 2017 and 432 in 2018³. Reports also indicate that other than the 3 zip codes with the highest overdose death rates, the Hill District records 83.9 overdose rates per100,000 population, and East Liberty 80.4/100,000 population.

Our outreach services will address the priority issue of the opioid crises and will especially target the areas of greatest needs as detailed above. We can take services to the people by way of our Wellness Van. We will provide outreach services to the general population as well as injection drug users, and overdose survivors. Outreach services will identify clients in need of substance

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use disorder treatment and provide linkage to those services. We will address the co-occurring issue of HIV infection, as this is also of importance as stated before.

c. Target community (ies) where high needs exist and explain why they were chosen

Allegheny County snapshot³ and other reports, as summarized in the response to Section (b) above clearly show where the need for Outreach Services would be most beneficial. County Council Districts 12 and 13 have high percentages of persons who smoke “everyday, some days or not at all” of all persons who have smoked more than 100 cigarettes in their lifetime; have high percentages of persons who have ever used heroin; and high percentages of persons who have ever used painkillers not prescribed for them.

CORRC will especially target these communities for Outreach Services because of the documented need stated above. Fortunately, these communities are the same as those that we have successfully been working in for several years. We will continue to provide services there.

d. Address one or more of the three target population categories and explain why they were chosen

CORRC will continue to serve adults, in both the Institute of Medicine’s universal and selective categories. Our outreach and education services will therefore target the general public and population groups not identified on the basis of individual risks as well. We will also target outreach services to selective populations, for example, injection drug users and the HIV population whose risk of developing a disorder is significantly higher than average. Our choices are based on the identified needs previously stated and our experiences working with these populations. Our overall Outreach Services of prevention, education and progression toward intervention and treatment help to move these populations along the behavioral health continuum.

e. Address all of the acceptable Outreach activities (Material Distribution, Intervention Education, Safe Practice)

CORRC has used effective interventions in conducting outreach services for both HIV prevention and for substance use disorders for many years as previously stated. Our outreach services include HIV testing, Sexually Transmitted Infections (STI) testing, Hepatitis C testing, and importantly, immediate linkage of persons testing positive to treatment and other support services. Our outreach services include providing the participants with information on risks and the inter-relationships with contracting other infections. For persons with substance use disorders (SUD), our outreach services include discussions on the next steps, such as counseling, supports, or treatment. Since both HIV and substance use disorders are intertwined, we have used ARTAS, which is an evidence-based, High Impact HIV Prevention intervention that is applicable for SUD as well. The components of ARTAS are similar to Motivational Interviewing. Our staff will now train in Motivational Interviewing, which we plan to use for outreach services going forward.

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Material Distribution: We have distributed thousands of educational materials in our outreach programs. Fortunately, we can obtain educational materials from the County Department of Health. In addition, SAMHSA (Substance Abuse Mental Health Services Administration), HRSA (Health Resources and Services Administration), and the CDC (Centers for Disease Control and Prevention) provide several educational materials that we can order and use. Sometimes we can copy concepts and modify these in-house for our different audiences. We have learned from experience that materials must be concise, appropriate to the audience, and written at the educational level of the audience. We have also learned that pictorial representations make more impact. We distribute materials at every opportunity, including setting up information tables at community events, at bars, on the streets, etc. We average 62 hours of Outreach Services per staff per month, reaching about 199 clients and distributing approximately 224 materials. We propose to continue our efforts along these lines.

Intervention Education: CORRC's collaborations with organizations that serve clients at risk for SUD afford the opportunity to provide intervention education, so do community events and workshops. Our staff had worked with the AIDS Coalition in the past to do presentations at a few County jails (at the request of wardens and medical staff). There are also national commemorations such as Mental Health Month, National HIV Testing Day, and Black HIV/AIDS Awareness Day that we have piggy-backed upon to provide Intervention Education services. Our Executive Director is an ordained Minister, and we have given presentations to congregations. It is important to note that many churches host 12-step, AA, and NA meetings.

Our intervention education presents information about drug and alcohol use, addictions, overdose, use of Narcan, etc. We have learned that providing accurate information about risks and disease processes is extremely important. This dispels myths and misconceptions. We also provide awareness about existing services and resources, so that clients can move along the care continuum.

Safe Practices: CORRC has always supported harm-reduction practices. Our safe practice services have handed out thousands of condoms, which we take to all outreach events and presentations for distribution. Our staff have received training in Narcan use. Our Outreach Workers distribute about 49 Narcan kits each, every month. We will continue these safe practices.

f. Use of Motivational Interviewing and other evidence-based and evidence-informed practices

In addition to what has been detailed in Section (f) under .5 Intervention Services, regarding the use of Motivational Interviewing (MI), this evidence-based method also adapts well to Outreach Intervention services. While outreach focuses on safety issues and delivery of information, Outreach Workers can elicit and increase motivation for behavior change and address ambivalence. Motivational Interviewing for outreach has been used for many disorders (cancers, tobacco cessation), and among different populations^{6,7}.

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Programs that have successfully used MI often use peers⁸. CORRC is therefore confident of our success in this regard because our outreach workers have lived experience. We will focus sessions on expressions of empathy, exploring ambivalence and building motivation for change, with affirmation of any commitment to change. Critical elements of communication style such as client-centeredness and goal orientation will be used.

g. Ensure fidelity of evidence-based and/or evidence-informed practices

We have detailed under Section (g) of .5 Intervention Services that implementing an evidence-based intervention with fidelity means that it is provided with adherence to its original approach. CORRC has been using effective interventions for its HIV prevention services for many years. Fidelity is assured by strictly adhering to the core elements of the intervention. We have also mentioned the several tools that have been developed that are valid and reliable for measurement of the fidelity of drug and alcohol intervention and treatment-related services, such as the Yale Adherence and Competence Scale (YACS), and the MITI (Motivational Interviewing Treatment Integrity) code. We also stated these are costly and cumbersome tools, and that we expect to be guided by the Allegheny County DHS on these measurement tools, going forward.

However, to start, and on a more manageable scale, CORRC is proposing the following to ensure fidelity to the critical elements of motivational interviewing intervention, that is: asking open questions; affirming client strength; using reflexive listening; and summarizing clients' statements. We therefore propose to measure: adherence to the intervention; quality of delivery; participant responsiveness; and any program differentiation from the original intervention

We will record outreach sessions with client permission, which the supervisor or an independent evaluator can listen to/observe. The best outcome measurement for the effort will be the number of clients entering treatment and moving along the care continuum. We will assure that staff are rigorously trained. Supervisors will have the ultimate responsibility for the measurement of fidelity.

h. How required 60% billable rate will be met

Our proposed budget (attached) reflects staff compensation and other items that will meet the 60% billable rate.

i. Meeting the needs of a culturally diverse populations and those with special needs

CORRC has served a diverse client base for a long time. Our Hill District office is in a minority community. We serve a population of diverse races in our Northside office. Our HIV services client population is diverse, including the LGBT population. We have not served persons of Hispanic ethnicity to date. However, we are aware of online real-time translation services for health care providers, should we encounter non-English speaking clients. We are also prepared to serve clients with hearing handicap by using an App called Live Transcribe. This changes voice to text for a deaf individual in real time. Our offices are handicapped accessible and are located on

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public transportation routes. We are also aware of the resources available to health and human services providers from the Federal Department of Health and Human Services through the Think Cultural Health Initiative. Technical assistance and training are available which CORRC will be able to access, if necessary. CORRC can request educational materials from SAMHSA, CDC and HRSA that are in languages other than English. Our ultimate goal is to remove all physical, cultural, and linguistic barriers to service.

j. Enhancement and integration of the proposed Outreach within the overall behavioral health services continuum in Allegheny County and within the Proposer's organizational structure

An extensive continuum of care for persons with behavioral health issues includes prevention, education, intervention, treatment, aftercare, and recovery supports. The request for proposal is a strong indication that Allegheny County supports this continuum and is interested in services that promote it. The outreach intervention proposed by CORRC fits into this continuum because it will provide prevention information and intervention education, including the use of MI. It will also help individuals to identify and reduce risky substance use behaviors and link them to treatment. All these are important components of the continuum. CORRC's mission "to provide assistance to persons affected by drug and alcohol addiction" represents a commitment that we have addressed for the past 18 years. Our organization has provided this outreach services for the past 18 years, thus joining with Allegheny County in its efforts to provide a behavioral health services continuum within the County.

Other Treatment Related Services

Provide your plan for Other Treatment Related Services that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate Other Treatment Related Services.
- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen.
- c. targets community(ies) where high needs exist and explains why they were chosen.
- d. addresses one or more of the three target population categories and explains why they were chosen.
- e. describes the proposed service(s) that assist clients and families to recover from substance use and/or problem gambling disorders and that are not included under another Intervention Service.
- f. describes the outcomes the proposed service(s) aims to achieve.
- g. describes how the desired outcomes will be measured.
- h. describes how to meet the required 60% billable rate.
- i. describes how to meet the needs of a culturally diverse population and those with special needs.
- j. describes how the proposed Other Treatment Related Services enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure.

CORRC is not requesting funds for Other Treatment Related Service

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SECTION 3 – STAFFING (10 points) – to be completed by all Proposers, 2-page limit.

- 4. Provide your plan for recruiting and retaining qualified, committed and knowledgeable staff, including at least one staff member with lived experience. Include staff-to-client ratios where appropriate.**

.5 Intervention Services/Case Management

Currently, we have 2 long-term staff members providing the 5 Intervention Services/Case Management - the Executive Director and our Case Manager. The staff-to-client ratio is about 1:10. Both have a combined 39 years of experience in the field, and as CORRC staff. They have successfully provided services to thousands of clients. We hired a new case Manager in January 2020, to add to the .5 Intervention Services/Case Management Program.

Executive Director: Rev. Clifford Foster, AS (Associates of Arts in Christian Ministry); BA (Human Services); Certification in PCPC/ASAM; Certification in HIV/ Hep-C Co-infection; Certification in Social Networking; Certified HIV Test Counselor

Case Manager: John Pace - (CCAC), ASAM, Lived experience

New-Hired Case Manager (effective January 2020): Edythe Lloyd – Certified Social Work Specialist; Certified HIV Test Counselor; Certified HIV Test Counselor Course Instructor; 4 years experience in the field; lived experience

Outreach Services

There are 2 Staff members providing outreach services who have a combined 14 years of experience conducting drug and alcohol and HIV/AIDS outreach services.

Outreach Worker (Drug and Alcohol): Jeffrey Thompson – Lived experience

Outreach Worker (Drug and Alcohol): Jerome Maynor –Certified HIV Test Counselor, Lived experience

Management and Supervision

Executive Director: Rev. Clifford Foster, AS (Associates of Arts in Christian Ministry); BA (Human Services); Certification in PCPC/ASAM; Certification in HIV/ Hep-C Co-infection; Certification in Social Networking; Certified HIV Test Counselor

Consulting Accountant/Other Professional Services: Emmanuel Ike, CPA

Staff attend as many training programs provided/sponsored by the County that are related to their position. These assure training that meets with County and DDAP requirements. All staff members attend Confidentiality training. Training duration ranges from 8 hours to two days (e.g. ASAM training). We plan to obtain training on Motivational Interviewing as now required for our program. Allegheny Health Choices, Inc. runs several training sessions on Motivational Interviewing, mostly in-person, so these are currently suspended. Start-up time is unknown at this

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time. However, the Motivational Interviewing Network of Trainers (MINT) conducts frequent online training sessions that we may be able to register for immediately. Motivational Interviewing Training is generally a 2-day training.

5. Describe your staff training plan.

Our staff training plan is as follows:

| Date | Training | Staff |
|-----------------|--|--|
| Mid-July 2020 | Motivational Interviewing Training | .5 Intervention staff Executive Director Case Managers |
| End-July 2020 | MI Supervisor Training ASAM Training | Executive Director New Case Manager |
| Mid-August 2020 | Motivational Interviewing Training | Outreach Staff |
| As scheduled | Training or Updates required by County/DDAP | Appropriate Staff |

SECTION 4 – DATA COLLECTION AND DELIVERY

- **Plan for tracking, entering and reporting data in a timely way**

DHS has a number of reporting forms that must be submitted monthly as attached and detailed in Appendix D of the RFP. CORRC has been submitting these forms for our programs monthly and we are experienced in completing them. We enter required data elements into the DHS forms and report out from it. CORRC is experienced with the PA WITS platform to document client level data for billing purposes and is prepared to continue its use as will be required. We will comply with required monitoring by the County and welcome ongoing technical assistance as needed.

- **Pre- and post-test evaluations to be used and plan for incorporating feedback into programming. Please attach a sample pre- and post-test**

A sample pre/ post test is attached. Increase in knowledge of participants as a result of outreach activities is an acceptable program outcome measure. Our tool is completed once after the presentation and incorporates knowledge before and after. This eliminates clients completing two forms and coding/names/identifiers to match pre and post questionnaires. Entering just the date identifies the venue and provides estimates of participant demographic information for the Outreach Staff.

Client satisfaction surveys also provide good feedback on how services can be improved. We periodically have clients complete these anonymously. We plan to use these evaluative tools.

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- **Plan for quality assurance**

Quality assurance is the maintenance of a required level of quality in services provision. It assures that services are being provided in the right way. It encompasses processes and procedures, with systematic monitoring and evaluation of all aspects based on robust data measurements. A quality management plan should include a quality statement, quality infrastructure, performance measures, client involvement, plan implementation, quality improvement, and capacity building. To this end, CORRC plans for quality assurance as outlined below:

Quality Statement CORRC is committed to a quality care for the clients served that will help them break the cycle of addiction, through accurate data collection and client feedback for continuous improvement.

Our quality infrastructure includes our program staff (the Case Managers and our Executive Director), with our Board of Directors providing oversight. The DHS, through periodic program monitoring and technical assistance is also a part of our quality infrastructure. Client level data entered on the WITS platform is a source for quality information.

Performance measures necessary to achieve the program goals as captured by our quality statement will include detailed intake notes/assessments, and number of clients referred to treatment. In addition, for outreach services, measures will include numbers of clients reached, percent coming in for assessments and percent referred to treatment.

Involvement of clients will be measured with periodic client satisfaction surveys.

A quality assurance plan is preceded by a program evaluation plan that details goals, objectives, activities, outputs, outcome, persons responsible and timelines. CORRC usually develops program implementation plans together with DHS. We plan to continue to do this, so that there is road map to assure quality.

The most important result from implementing a quality plan is that it is used for quality improvement, and that it can identify areas for technical assistance and capacity building for the agency.

SECTION 5 – FINANCIAL MANAGEMENT AND BUDGET (15 points) – to be completed by all Proposers, not included in page count.

6. Provide a budget that reflects a realistic estimate of the costs associated with implementing the Intervention Service(s) and a reasonable balance between direct and indirect costs. Provide a budget narrative that clearly justifies costs outlined in the budget. You may use the space below or use an attachment.

The proposed budgets for our interventions are attached as ATTACHMENT #5A for .5 Intervention Services for \$21,169.20 and ATTACHMENT #5B for Outreach Intervention Services for \$69,790.60. We provide itemized costs and justification for each item in the budget.

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CITATIONS IN THE PROPOSAL

1. The Jewish Healthcare Foundation – Southwest Pennsylvania HIV Needs Assessment 2017/2018
2. <https://www.cdc.gov> - Variety of articles on tobacco use among persons with HIV
3. https://allegheycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Resources/Data_and_Reporting/Chronic_Diseases_Epidemiology/ACHS-snapshots.pdf
4. Patel, A. et al - Examining Treatment Fidelity in Motivational Interviewing, Virginia Commonwealth University Undergraduate Research Posters 2014
5. Schmidt, L. K. et al – Lessons Learned from Measuring Fidelity with Motivational Interviewing Treatment Integrity Code, Journal of Substance Abuse Treatment 97:59-67 (2019)
6. Foley, K. et al - Using Motivational Interviewing to promote HIV Testing at an American Indian Substance Abuse Treatment Facility, Journal of Psychoactive Drugs, September 2011
7. Yahne, C. F. et al – Magdalena Pilot Project: Motivational outreach to Substance Abusing Women Street Sex Workers, Journal of Substance Abuse Treatment, July 2002
8. Outlaw, A. Y. et al – Using Motivational Interviewing in HIV Field Outreach with Young African American Men Who Have Sex With Men: A Randomized Clinical Trials, American Journal of Public Health, April 2010

| ATTACHMENT # 5A - CENTRAL OUTREACH RESOURCE AND REFERRAL CENTER (CORRC) | | | |
|--|---------------------------------|------------------|--|
| Annual Budget for .5 Intervention Services 2020/2021 | | | |
| | Category | Amount | Justification |
| 5000 | Personnel | | |
| | Case Manager - Edythe Lloyd | 15,600.00 | 1040 hours at \$15 per hour |
| | Executive Director - Rev Foster | 2,340.00 | Intervention Implementation and supervision at 15% gross staff salary |
| | | | |
| 5010 | Salaries & Wages | 17,940.00 | |
| 5100 | Benefits | | |
| 5110 | Payroll Tax Expenses | 0 | FICA at 12.4% (Employer & Employee) included in Item 5100 |
| 5130 | Workers Comp | 0 | Included in the 18% benefits total in Item 5100 |
| 5120 | Health Insurance | 0 | Not charged to this funding source |
| Total 5100 | Benefits | 3,229.20 | FICA, FUTA, SUTA. Etc. at total of 18% of gross wages |
| Total 5000 | Personnel | 21,169.20 | |
| | | | |
| 5450 | Repairs and Maintenance | | |
| 5400 | Utilities | | |
| 5300 | Rent | | |
| 5500 | Telephone/Communications: | | |
| 5510 | Office Phone | | |
| 5540 | Cell Phone | | |
| 5550 | Internet/Wireless Expenses | | |
| Total 5500 | Telephone/Communications | | |
| | | | |
| 5610 | General Liability Insurance | | |
| 5700 | Office Supplies | | |
| 5900 | Travel & Meeting | | |
| 6000 | Professional Fees | | |
| 6010 | Accounting Fees | | |
| 6030 | Consultants | | |
| 6040 | Payroll Service Fees | | |
| 6050 | Contract Services | | |
| Total 6000 | Professional Fees | | |
| 6100 | Printing & Duplication | | |
| 6200 | Postage & Deliveries | | |
| 6300 | Licenses & Fees | | |
| 6500 | Cleaning Expenses | | |
| 8000 | Bank Service Fees | | |
| | | | |
| | | | |
| Total Expenses | | 21,169.20 | We expect to provide 1,316 Units of this intervention per DHS quoted rate of \$15.38/Unit |
| | | | |
| Note: | | | |
| All other budget items for this service are met from other funding sources | | | |

ATTACHMENT #5B - CENTRAL OUTREACH RESOURCE AND REFERRAL CENTER (CORRC)

Annual Budget for Outreach Intervention Services - 2020/2021

| | | Amount | Justification |
|-----------------------|--|------------------|---|
| 5000 | Personnel | | |
| 5010 | Salaries & Wages | | |
| | Jerome Maynor | 15,600.00 | Part time staff - 1040 hours at \$15 per hour |
| | Jeffrey Thompson | 15,600.00 | Part time staff - 1040 hours at \$15 per hour |
| | Rev. Foster | 3,120.00 | Staff Supervision at 10% of staff salary |
| 5010 | Salaries & Wages | 34,320.00 | |
| 5100 | Benefits | | |
| 5110 | Payroll Tax Expenses | 0.00 | FICA at 12.4% (Employer& Employee) included in Item 5100 |
| 5130 | Workers Comp | 0.00 | Included in the 18% benefits total in Item 5100 |
| 5120 | Health Insurance | 0.00 | Not included in benefit package for part time employees |
| Total 5100 | Benefits | 6,177.60 | For FICA, FUTA, SUTA, Etc. at 18% of gross wages |
| Total 5000 | Personnel | 40,497.60 | |
| 5450 | Repairs and Maintenance (Running of Wellness Van | 12,000.00 | Running of Wellness Van for Outreach Services & office equipment maintenance |
| 5400 | Utilities | 1,320.00 | Electricity, Gas |
| 5300 | Rent | 3500.00 | Cost of office accommodation |
| 5500 | Telephone/Communications: | | |
| 5510 | Office Phone | 2,400.00 | Phone system for the office including WiFi |
| 5540 | Cell Phone | 3360.00 | For 2 Outreach Workers; at \$120/month X 12 months as communication is critical in the field plus portion of supervisor's phone at \$40/month X 12 months |
| 5550 | Internet/Wireless Expenses | 0.00 | Included in office phone cost |
| Total 5500 | Telephone/Communications | 5,760.00 | |
| 5610 | General Liability Insurance | 1,440.00 | This is required coverage |
| 5700 | Office Supplies | 900.00 | Stationery, etc. needed for outreach services |
| 5900 | Travel & Meeting | 400.00 | For 2 outreach workers to venues not using Wellness Van |
| 6000 | Professional Fees | | |
| 6010 | Accounting Fees | 1,704.00 | For CPA that oversees accounts and produces financial statement, etc. |
| 6030 | Consultants | 0 | The program does not require a consultant |
| 6040 | Payroll Service Fees | 504.00 | Portion of payroll services attached to this program |
| 6050 | Contract Services | 0.00 | No contract service is needed for this program |
| Total 6000 | Professional Fees | 2,208.00 | |
| 6100 | Printing & Duplication | 600.00 | Reproduction of outreach materials |
| 6200 | Postage & Deliveries | 240.00 | Small amount is budgeted for postage |
| 6300 | Licenses & Fees | 275.00 | Licenses are needed for conducting HIV and Hep C testing |
| 6500 | Cleaning Expenses | 600.00 | Office cleaning services |
| 8000 | Bank Service Fees | 50.00 | Maintenance fee for agency bank accounts |
| Total Expenses | | 69,790.60 | We expect to provide 4,538 units of this service per DHS quoted rate of \$15.38/Unit as quoted in the RFP |

ATTACHMENT #6

CENTRAL OUTREACH RESOURCE AND REFERRAL CENTER

Pre/Post Test

Date:

Please rate your knowledge of the following drug and alcohol issues **before** and **after** today's presentation. Please rate your knowledge using the scale below (1-5) by putting a ring around your response:

- 1 – No knowledge
- 2 – Poor knowledge
- 3 – Average knowledge
- 4 – Good knowledge
- 5 – Very Good knowledge

| | No knowledge 1 | Poor knowledge 2 | Average knowledge 3 | Good knowledge 4 | Very good knowledge 5 |
|--|-------------------|---------------------|------------------------|---------------------|--------------------------|
|--|-------------------|---------------------|------------------------|---------------------|--------------------------|

A. People use drugs NOT because they want to, but because of many complicated reasons including peer pressure, stress, curiosity, to get high, etc:

| | | | | | |
|----------------------------|----------|----------|----------|----------|----------|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

B. The dangers from taking drugs include health problems such as heart problems, infections, threat to life, addiction, etc:

| | | | | | |
|----------------------------|----------|----------|----------|----------|----------|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

C. There are factors that are protective from drug and alcohol use and abuse such as good family, school and community bonding:

| | | | | | |
|----------------------------|----------|----------|----------|----------|----------|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

D. There are steps or progression in becoming addicted from no use to experimenting, to occasional use, to abuse, to dependence:

| | | | | | |
|----------------------------|----------|----------|----------|----------|----------|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

E. Drugs affect brain centers dealing with reward and pleasure; that is why it is easy to become addicted because drugs give extra sense of pleasure that makes the brain wants more and more:

| | | | | | |
|----------------------------|----------|----------|----------|----------|----------|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

F. Misuse and abuse of stronger opioids such as heroin often start with abuse of prescribed pain killers:

| | | | | | |
|----------------------------|----------|----------|----------|----------|----------|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

G. The signs of opioid overdose include shallow breathing, confusion, loss of consciousness, pale, or blue or cold skin:

| | | | | | |
|---------------------|---|---|---|---|---|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

H. Narcan (Naloxone) can be used to prevent overdose death:

| | | | | | |
|---------------------|---|---|---|---|---|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

I. Injecting drugs with dirty needles can lead to infection with HIV or Hepatitis C:

| | | | | | |
|---------------------|---|---|---|---|---|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

J. Prevention Point Pittsburgh is a needle exchange agency in the Pittsburgh area and will give out clean injection kits:

| | | | | | |
|---------------------|---|---|---|---|---|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

K. Central Outreach Resource and Referral Center will help to get clients into treatment:

| | | | | | |
|---------------------|---|---|---|---|---|
| Before presentation | 1 | 2 | 3 | 4 | 5 |
| After presentation | 1 | 2 | 3 | 4 | 5 |

L. Please add any other comments about drug and alcohol services or about this presentation:

THANK YOU FOR TAKING TIME TO COMPLETE THIS FORM