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: Holy Family Institute

Authorized Representative Name & Title: Carina Martin, Grants Manager

Address: 8235 Ohio River Blvd, Pittsburgh PA 15202

Telephone: ▮▮▮▮▮▮▮▮▮▮▮

Email ▮▮▮▮▮▮▮▮▮▮▮

Website: www.hfi-pgh.org

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

Date Incorporated: 1905

Partners and/or Subcontractors included in this Proposal: Click here to enter text.

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

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Sister Linda Yankoski	▮▮▮▮▮	▮▮▮▮▮
Contract Processing Contact	Michael Sexuaer	▮▮▮▮▮	▮▮▮▮▮
Chief Information Officer	Jenny McGrail	▮▮▮▮▮	▮▮▮▮▮
Chief Financial Officer	Mark Palastro	▮▮▮▮▮	▮▮▮▮▮
MPER Contact*	Darlene Ward	▮▮▮▮▮	▮▮▮▮▮

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

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

BOARD INFORMATION

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

Board Chairperson Name & Title: Staci Brogan, Audit Shareholder, Schneider Downs & Co. Inc.

Board Chairperson Address: One PPG Place, Suite 1700, Pittsburgh PA 15222

Board Chairperson Telephone: ████████████

Board Chairperson Email: ███████████████████████

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.*

The following references regularly refer clients to our substance use treatment programs:

Katja Smithley
Juvenile Probation Officer
Allegheny County Courts
████████████████████████████
██████████

Janet Menhart
Student Assistance Program Liaison
Wesley Family Services
██████████████████████
██████████

Gail Moore
School Counselor
Community School West
███████████████████
██████████

PROPOSAL INFORMATION

Date Submitted: 5/5/2020

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

Amount Requested: $79,635.96

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

☒ 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
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9
- Budget
- Sample pre-/post-tests

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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 is105 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.

As a family-focused social services agency and trusted provider of outpatient substance use treatment, Holy Family Institute (HFI) helps individuals and families from all backgrounds live healthy, responsible, and fulfilling lives in recovery. The agency has decades of experience providing trauma-informed, client-centered, and culturally sensitive care to adolescents and young parents—the two populations we propose to serve—through in-home and family-focused services, outpatient mental health/substance use counseling, school-based behavioral intervention, specialized education, and truancy prevention. Our programs utilize a family-centered and strengths-based approach that helps clients build on existing sources of support and identify areas for growth and change. In 2019, the agency served nearly 40,000 clients overall and more than 2,000 clients in its substance use and mental health programs.

The organization currently operates two licensed outpatient substance use treatment services: Shores (individual counseling) and Home-Based Family Recovery (wraparound family recovery support for high-priority populations). Clinicians provide quality clinical interventions, build resilient long-term support plans, and help the whole family cope with substance use in a respectful, collaborative manner. Staff in both programs have experience delivering evidence-based care to children, adolescents, and adults in the school and home. All therapeutic services are based on principles of safety, recovery, and resiliency. Since most individuals coping with substance use benefit from mental health interventions, HFI has built strong bridges between substance use treatment and mental health counseling, cross-training staff and participating in a Co-Occurring Disorder Providers Group focused on improving outcomes. We continue to improve internal and external referral processes and promote collaboration between staff. Since HFI serves as touchpoint for many services, referring seamlessly between internal programs and to external partners, our staff know how to meet a wide range of needs among vulnerable groups.

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Although HFI does not currently offer Intervention Services, our substance use clinicians already spend many hours each week helping clients with case management, service coordination, and general support. Offering the Intervention Services described below will expand our substance use treatment continuum to include robust prevention and pre-treatment options, equipping our team to offer a more appropriate level of care to clients who are interacting with the clinical environment for the first time or simply need a softer transition into treatment. These services are ideal for clients whose substance use interferes with their health and wellbeing but would be better addressed through a lower level of care than outpatient treatment. Through Group and Pre-Treatment Services, HFI will offer clients a positive first interaction with treatment, give them tools to examine their substance use, and refer them to another level of care if necessary.

HFI offers dedicated and experienced staff, a long history of high-quality substance use service delivery, and an existing footprint in high-priority demographics and regions. Our reputation as a trusted substance use services provider—including our deep expertise with drug and alcohol treatment, our connections to other local providers, and experience reaching underserved clients without access to clinical resources—make us an excellent candidate for Intervention Services.

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.

Through our Shores and HFR programs, Outpatient Mental Health Counseling, and Student Assistance Programs, HFI has developed creative solutions to engagement and retention challenges. One of the primary barriers to quality substance use treatment is inconsistent attendance. At the initiation of services, all HFI clients receive a copy of our attendance policy and a clear, empathetic invitation to participate in the treatment process. We know that situational barriers, such as a lack of childcare or transportation, can also make it difficult to keep appointments. These barriers are even more common among young adults and families with children. HFI mitigates this issue by implementing service referral and coordination at every level of treatment. Identifying concrete needs and building a strategy to meet them helps clinicians build rapport, achieve buy-in, and increase the overall effectiveness of the service. Consistent group attendance presents a challenge since our mobile services attract clients who cannot access traditional treatment. Our clinicians address this issue by offering incentives for group attendance, providing telephonic sessions, and holding meetings within the community.

Other challenges arise related to the specific population served. For the Intervention Services below, HFI proposes to serve adolescents and pregnant/postpartum individuals, whose needs are distinct from the general population. Adolescent substance use often accompanies developmental challenges and is accelerated by stigmas that dissuade help-seeking. HFI has a long history of providing academic assistance and behavioral/mental health interventions in the school environment. Our staff will use a variety of evidence-based tools from both substance use and mental health practice to recognize existing strengths and challenges, build a strong treatment alliance, and address the uniquely complex needs of adolescents. The most effective services help adolescents see substance use as a response to other needs, such as academic challenges, psychological and social issues, and lack of access to essentials like housing and transportation.

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When clients are required to attend treatment (whether through courts or family services), their engagement often lasts only for the duration of the requirement. HFI addresses this concern through guided supervision procedures that help staff respond to issues as they arise, and by training clinicians in techniques that invite clients to participate in goal-setting and see the value in treatment. Our programs also use an incentives model in which clients receive gift cards after reaching recovery milestones. This model achieves buy-in from clients who are traditionally more difficult to engage, such as adolescents, and encourages clients to "own" their recovery.

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.

Clients with multi-system involvement can be overwhelmed upon referral to an additional service, which reduces engagement and fragments care. Understanding the responsibilities of each provider, maintaining professional ethics, and establishing consistent communication are key to helpful, effective collaboration. HFI has an extensive track record of collaboration with community providers, as well as child- and family-serving systems, to integrate services and maximize existing support. The agency has also formed many formal/informal collaborations, client and provider referral relationships, contracts, and memorandums of understanding.

Clinicians also refer clients out to adjunct support services, ensuring continuity of care. These resources often include but are not limited to: medical and psychiatric support through Mercy Behavioral Health, Summit Psychological, and local hospitals; employment and educational services through Vocational Rehabilitation Services, PACareerLink, and Community College of Allegheny County; housing/transportation assistance through BHTS, MATP, local Housing Authorities; and additional support through Narcotics/Alcoholics Anonymous groups, LBGTQ+ support, and domestic violence/sexual abuse support. These referrals help clients make the most of treatment and gain the stability to maintain a healthy, sober lifestyle. Following is a list of current inter- and intra-agency collaborations:

- **Substance Use Treatment**: Our treatment programs have strong and productive collaborations with many of the region's major substance use treatment organizations. We receive referrals from CYF and Juvenile Probation, offer mobile home- and school-based treatment services; deliver "in-home" treatment sessions to residents at Ward Home, FamilyLinks, and Auberle; and serve as the primary provider of substance use outpatient services to North Hills School District. Staff work with doctors and clinicians, social workers, counselors, and probation officers to deliver the appropriate level of care.
- **Pregnant/Postpartum Collaboration:** HFI partners with POWER and Pittsburgh Mercy Behavioral Health to provide comprehensive screening and assessment, linkage to treatment, and peer recovery support to postpartum individuals through Positive Beginnings. When a mother and/or infant test positive for substances, one of the partners completes an assessment and refers the client to the appropriate services. HFI receives many referrals due to our mobile nature and ability to treat clients within the home.
- **School Presence:** Liaisons in our Student Assistance Program (SAP) not only collaborate with school administrators, but also connect and refer clients to the appropriate

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> community services, including substance use treatment, based on clinical assessments. SAP liaisons work in Deer Lakes, Baldwin/Whitehall, Moon, Montour, Cornell, Quaker Valley, Northgate, and South Fayette school districts. In addition, HFI's Outpatient Mental Health Counseling program operates offices in the Quaker Valley, Northgate, Pine-Richland, Cornell, Moon, South Fayette, and Montour districts, as well as Holy Family Specialized Learning School and Community School West (McKees Rocks), and frequently refers students for level-of-care assessments and substance use treatment.

- **Service in the Home:** Staff from In-Home Family Services and Family-Focused Solutions Based Services collaborate with CYF and other community organizations, including Women's Center & Shelter and Alliance for Infants and Toddlers. We reduce out-of-home placement by providing goal-based, culturally sensitive services that promote healthy child development. Staff coordinate additional substance use, physical health, and mental health services when necessary.

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

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.
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.

Based on our firsthand knowledge of existing needs among child- and family-serving systems and partner organizations, HFI proposes Group Services focused on adolescent first-time marijuana users, pregnant/postpartum individuals using marijuana, and pregnant/postpartum individuals using opioids. The opioid crisis has deeply affected pregnant/postpartum individuals in the region. In 2018, the Neonatal Abstinence Syndrome incidence rate for patients residing in Southwest Pennsylvania was 26 per 1,000 births, the second highest in the state. We have chosen to address this issue because of our deep experience serving clients with opioid use disorder, our focus on family-centered care, and our broad base of referral connections to services that support

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families. Although marijuana is not identified as a priority issue, we serve clients from both populations who use marijuana alongside other substances; for many, marijuana use precedes more serious substance dependencies. We also serve many pregnant and postpartum individuals who use marijuana but have concerns about its impact on prenatal health, breastfeeding, and parenting habits. Talking about marijuana is an excellent way to begin discussing safety, harm reduction, and healthy habits. We believe a safe educational forum that allows these groups to share experiences, learn from peers, and receive guidance from a trusted professional will reduce the need for later outpatient treatment or streamline the transition to a higher level of care.

HFI has chosen target communities based on their above-average prevalence of our substances of focus (marijuana and opioids) and their proximity to existing HFI office locations in Emsworth, Northside, McKees Rocks, and Swissvale. We expect to primarily serve clients from South and East Pittsburgh, and particularly from the following communities: Forest Hills, Swissvale, Wilkinsburg, Munhall, and Homestead (Districts 8, 10 and 11 in proximity to Swissvale); Dormont, Mount Oliver, Ingram, Green Tree (District 12 in proximity to Northside); Crafton and McKees Rocks (District 4 in proximity to McKees Rocks); and Bellevue, Moon, Robinson, and Coraopolis (Districts 1, 4, and 13 in proximity to Emsworth). Although District 1 does not display above-average prevalence of the targeted substances, our experience in local schools suggests that referral volume for lower-level services will likely be significant. These communities are a natural choice given our existing regional presence, the large number of substance use treatment referrals currently received, and our rapport with local medical providers, school staff, community-based organizations, and child/family welfare programs.

Group Services will be provided on both a **Selective** and **Indicated** basis. Since HFI primarily serves low-income families who present a variety of social, psychological, and environmental risk factors for substance use, both Adult and Adolescent Group Services will likely receive a high volume of internal referrals. HFI operates Student Assistance Programs in many local school districts (including Deer Lakes, Baldwin/Whitehall, Moon, Montour, Cornell, Quaker Valley, Northgate, and South Fayette, along with Perry, Brashear, Penn Hills, Shaler, and McKeesport high schools), offers outpatient mental health counseling services in seven districts and Community School West, and serves as primary provider of substance use outpatient services to North Hills School District. Most of these school districts simply cannot provide substance use interventions to every student who would benefit from them. Adolescent clients may also be referred from HFI's Specialized Learning School, which admits more than 100 students from 30 districts each year. Many of our home- and community-based programs— including Outpatient Mental Health Counseling, Family-Focused Solutions-Based Services, In-Home Family Services, and Parents and Children Together (truancy prevention), which serve over 1,000 families annually—will refer adults and adolescents who show early warning signs of substance use. Almost all clients in these programs present at least one risk factor associated with substance use—including family history of addiction, incidence of trauma, residence in low-income neighborhoods, and victimization through neglect or physical/sexual abuse—and may be referred based on these risk factors or a documented assessment of substance use.

HFI will also solicit referrals from partners that work with adolescent and pregnant/postpartum individuals, including pediatricians, emergency rooms, and OB/GYN clinics within the area of focus; other primary care providers through Quartet Health; POWER's Positive Beginnings Program, which performs SUD assessments at local delivery units; Human Services

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Administration Organization (HSAO); Allegheny County CYF, Bureau of Drug and Alcohol Services, and Juvenile Probation Office; local Family Resource Centers; and the school districts listed above. HFI will also promote services to new partners through the CYF email list, the Conference of Allegheny Providers, and a mailing list that includes approximately 100 local referral partners. Additional methods of outreach to high-risk groups will include brochures distributed to medical facilities, community centers, and schools, as well as outreach to guidance counselors, school administrators, SAP liaisons, and local healthcare professionals.

HFI will hold weekly meetings for each of the three demographic groups identified above, totaling at least 3-4 hours of groups each week. Depending on the needs of the group, meetings may be held telephonically or at a private and convenient location such as a community center, school facility, or clinician office. HFI currently holds group meetings at local Family Resource Centers, and will explore opportunities in Sto-Rox, McKees Rocks, Wilkinsburg, Homestead, and Pittsburgh to schedule accessible meetings for everyone. As detailed above, HFI has strong referral relationships with school districts in the areas of focus and will use SAP resources to reserve meeting space for adolescents. If necessary or convenient for clients, Groups may be held telephonically through HIPAA-compliant videoconferencing tools.

Topics to be covered in Groups may include, but are not limited to, the following categories:

- **Life Skills:** Budgeting and Financial Literacy; Hygiene, Nutrition, and Exercise; Life Choices; Time Management; and Accessing Community Resources.
- **Personal & Social Skills:** Cooperation, Conflict Resolution, and Helplines; Asking for Help; Setting Boundaries in Relationships; Healthy Relationships; Emotional Regulation, Self-Esteem and Self-Compassion; Mindfulness and Self-Awareness; Active Listening; and Coping with Grief.
- **Psychoeducational Skills:** Recovery Thinking; Physical and Psychological Sources of Addiction; Reframing Traumatic Experiences; Prioritizing Safety; Coping Skills and Sober Activities; Dealing with Triggers; Co-Occurring Disorders; Self-Care Principles; and Mapping Support Systems.
- **Prenatal & Parenting Skills (for pregnant/postpartum individuals):** Prenatal Care and Nutrition; Birth Preparation; Healthy Habits; Parenting Responsibilities; Prevention of Abuse and Neglect; Child Growth and Development; Child Seat Safety; and Educational Choices.

Clinicians will select agendas, topics, and skill-building activities and guide the conversation, but will also allow participants to engage with their peers according to their level of comfort. Group clinicians will also provide written follow-up psychoeducational materials appropriate for the age, reading level, and cultural background of each group and member.

HFI will utilize Motivational Interviewing (MI), Seeking Safety, and Node-Link Mapping (Recovery Mapping) as EBPs for Group Services. Since HFI uses MI across outpatient substance use and mental health services, all clinicians are trained in its implementation. HFI utilizes MI because its focus on the stages of change encourages productive collaborations between client and clinician, gives clients ownership of recovery, and requires active client input on goals, strengths, and values. MI is also an excellent choice for adolescents and pregnant/postpartum individuals because it provides a forum for validating personal thoughts and feelings, building

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community over shared experiences, and collaboratively sharing suggestions for growth and change. Its empathetic, non-judgmental philosophy helps everyone feel comfortable participating and helps clinicians position themselves as helpful guides rather than authoritative voices. As a thoroughly client-centered modality, MI is ideal for lowering the barrier of entry and engaging traditionally hard-to-reach clients from a broad range of cultural and ethnic groups. HFI has utilized this model successfully with high-need adolescents, adults, and families.

Seeking Safety is a coping skills therapy practice that helps adult and adolescent clients attain safety in behavior and relationships, address substance use and trauma simultaneously, and achieve a variety cognitive, behavioral, interpersonal, and case management goals. It is designed for groups of 2-50 participants and focuses on reducing symptoms of substance use and improving safe coping skills. The Seeking Safety model is ideal for the target demographics because its dozens of topics can easily be modified to suit groups of clients from a range of ages and educational levels; have proven successful in culturally and racially diverse environments; and have demonstrated significant long-lasting improvements in not only substance use, but also help-seeking, trauma, social functioning, and mental health. The model aligns with our mission to help our clients grow in every area of life, address both substance use and mental health concerns, and build skills that will transition to a higher level of care when necessary.

When participants verbalize shared interest in or concern about a specific issue, clinicians will utilize Node-Link Mapping to help the group explore the relationships between their thoughts, actions, feelings, and knowledge. Ideal for groups, Node-Link Mapping encourages collaboration by inviting participants to direct the conversation, recognize shared challenges, learn new ideas from others, and create useful recovery strategies that everyone can use. It also creates a detailed representation of the group discussion that can serve as the basis of future meetings. Its simple, visual nature lowers the barrier of entry for adolescents, clients with low-to-moderate verbal skills, and non-native English speakers, while its emphasis on shared ownership of the discussion motivates clients who might normally retreat from group discussions to engage more fully.

All clinicians will be fully trained in the EBPs identified above. Supervisors will monitor the implementation of all EBPs and ensure fidelity through direct observation or viewing of recorded sessions. HFI will use the **MIA-STEP** (Motivational Interviewing Assessment Supervisory Tools for Enhancing Proficiency) and **MITI** (Motivational Interviewing Treatment Integrity) to ensure fidelity in MI practice. The MITI uses supervisory review of twenty-minute session recordings to provide structured, formal feedback about ways to improve implementation of the practice. The review includes global scores on core MI skills–empathy, evocation, collaboration, and autonomy—and behavior counts for specific key behaviors (offering information, asking questions, reflecting, and other general MI-adherent and MI-non-adherent behaviors). The MIA-STEP model provides additional guidelines for supervisors to gauge the frequency, clarity, and competence of specific interventions (such as strength affirmation, reflection, collaboration, change planning, direct confrontation, and client-centered feedback). HFI will use several tools to ensure fidelity to the Seeking Safety practice, including the **Seeking Safety Adherence Scale** and **Session Format Checklist**. Supervisors will evaluate clinician fidelity by observing a live session or viewing a recording. The Adherence Scale measures clinician strengths and weaknesses during each stage of the meeting, as well as clinician focus on trauma/substance use, balance of support/accountability, management of crises, overall warmth and helpfulness, and

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other key elements of the practice. The Session Format Checklist is a brief evaluation tool that ensures that clinicians complete each stage of the session.

Staff will use a variety of techniques to ensure that clinicians meet the minimum 60% billable hour requirement. Clinicians will promote consistent group attendance and reduce no-shows by offering convenient meeting locations, along with teleconference and videoconference options. In addition to prioritizing efficiency in their non-billable tasks, clinicians will offer a range services outside of group meetings that add value to the client, whether following up after meetings by phone or by providing accessible and useful educational materials and take-home activities. We expect that the Group Service proposed will have limited attendance issues because it is presented to clients as a standalone service, not as a complement to mobile treatment. Staff will be informed of the 60% billable requirement and advised to divide tasks into full units. Supervisors monitor time sheets, follow up with any clinicians whose billable hours have decreased, and suggest improvements to scheduling and workflow. HFI already successfully implements these policies in other programs with billable hour requirements.

Our clinicians understand that cultural sensitivity often marks the difference between a clumsy, ineffective intervention and genuinely transformative client-centered care. HFI utilizes a strengths-based treatment philosophy that acknowledges the unique culture, personality, experiences, values, backgrounds, and beliefs of each client. When clients understand the options available to them, they develop a more hopeful outlook, feel empowered and valued, and more readily participate in treatment. Rather than positioning the clinical team as authorities, we emphasize the importance of honest communication and a willingness to share both positive and negative feedback. This transparent approach improves the client experience, achieves buy-in quickly, and equips our team to modify and enhance care practices as needed.

The agency and its staff will use the following cultural responsiveness practices to acknowledge and engage existing supports in the treatment plan:

- **Representative Recruiting:** HFI will make every effort to recruit clinicians who share a language and cultural background with the populations served.
- **Rigorous Training:** HFI's commitment to cultural sensitivity begins with mandatory staff training procedures. As described in detail below, our training includes cultural competency sessions that focus on the American Indian, LGBTQ+, Hispanic and Latinx, and African American communities. Our training regimen and supervisory model encourage clinicians to recognize how cultural biases can interfere with treatment. All staff also receive training in trauma-informed and culturally-sensitive practices designed to increase cultural knowledge, improve clinical skills, and review culturally responsive policies and procedures.
- **Cultural Knowledge Seeking:** Clinicians will continually work to familiarize themselves with the cultural context of each client. This context may include cultural trauma and memory; prevalent norms and standards; religious and/or spiritual beliefs; attitudes toward drugs and alcohol, intervention, and treatment; and expectations of help-seeking, treatment duration, and family involvement. Clinicians will also become familiar with successful, established interventions and treatments in the client demographic.
- **Group Cohesion:** Clinicians will research the ways in which cultural beliefs, attitudes, and values can impact group dynamics. They will adapt their techniques when working

with culturally diverse groups and balance the value of fidelity to the EBP with the importance of cultural sensitivity and responsiveness. Clinicians will position themselves as guides and helpers, rather than authority figures, and prepare participants to benefit from the group format despite differences in opinion.

- **Sensitive Goal-Setting:** Clinicians will invite clients to share culturally informed objectives and support resources for incorporation in the treatment plan. Clients should feel comfortable suggesting culturally relevant principles and beliefs, knowing that the clinician will respect their value, encourage other participants to respect or utilize them, and integrate them with clinical treatment activities.
- **Linguistic Sensitivity:** Clinicians will respect the language preference of the client and ensures that the accurate translations of psychoeducational materials are provided if necessary.

Group Services will serve as a thoughtful, non-judgmental space to build an early therapeutic alliance with the clinician and other participants, ask questions about substance use and develop healthier habits, and confront common misconceptions about the therapeutic process. Whether clients are discharged from Group Services or referred to another level of care, our goal is to increase motivation to change by providing accurate information, helpful coping strategies, and compassionate guidance. We believe that adolescents and pregnant/postpartum individuals alike will benefit from the practical topics and collaborative EBPs selected above.

These Group Services will integrate well with existing substance use offerings in the region, providing accessible group therapy services in many schools and communities which are not adequately covered by current programming. Almost all the schools that HFI serves need additional lower-level substance use options, and many young parents in our home- and school-based programs (and programs at our partner organizations) will benefit from a supportive, low-pressure environment where they can prioritize their health during a stressful time. Intervening at a critical moment

These groups will also fill a gap in our organizational substance use treatment continuum, offering an option for clinicians to determine whether a higher level of care is necessary and, if so, to transition smoothly into outpatient treatment. These services will stabilize individuals at a critical point and set a positive, productive tone for the remainder of their recovery journey.

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.

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    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.

HFI will establish a flexible continuum of pre-treatment services that guide clients through assessing their substance use habits; connect to long-term support networks, community-based services, and treatment when appropriate; and select the substance use recovery path that best suits their needs. The goal of these services is to provide education, guidance, and stability to clients as they identify needs and explore options. We will target three distinct populations for pre-treatment services: adolescent first-time marijuana users, pregnant/postpartum individuals using marijuana, and pregnant/postpartum individuals using opioids. We have chosen to address the opioid epidemic among pregnant women because of our deep experience serving clients with opioid use disorder, our focus on family-centered care, and our broad base of referral connections to services that support families**.** Although marijuana is not a priority issue, our staff frequently serve clients from both populations who use marijuana alongside other substances. We believe that successful early intervention will streamline the transition to a higher level of care and reduce the need for outpatient treatment.

HFI has chosen target communities based on their above-average prevalence of our substances of focus (marijuana and opioids) and their proximity to existing HFI office locations in Emsworth, Northside, McKees Rocks, and Swissvale. We expect to serve clients from South and East Pittsburgh, and particularly from the following communities: Forest Hills, Swissvale, Wilkinsburg, Munhall, and Homestead (Districts 8, 10 and 11 in proximity to Swissvale); Dormont, Mount Oliver, Ingram, Green Tree (District 12 in proximity to Northside); Crafton and McKees Rocks (District 4 in proximity to McKees Rocks); and Bellevue, Moon, Robinson, and Coraopolis (Districts 1, 4, and 13 in proximity to Emsworth). Although District 1 does not display above-average prevalence of the targeted substances, our experience in local schools suggests that referral volume for lower-level services would be significant. These communities are a natural choice given our existing regional presence, the large number of substance use treatment referrals already received, and staff rapport with local medical providers, school staff, community-based organizations, and child/family welfare programs. Since we expect to provide highly customized, case-by-case care, HFI will provide pre-treatment services on an **Indicated** basis. Clients will include students identified by schools or school-based programs as at risk for marijuana or other substance abuse (whether because of poor grades, substance use in the family, high-risk behaviors, gateway substance use, or use of focus substances) and pregnant/postpartum individuals who test positive for opioids/marijuana at birth or during pre- or post-natal care.

HFI operates Student Assistance Programs in many local school districts (including Deer Lakes, Baldwin/Whitehall, Moon, Montour, Cornell, Quaker Valley, Northgate, Brentwood, and South Fayette), offers outpatient mental health counseling services in seven districts and Community School West, and serves as primary provider of substance use outpatient services to North Hills School District. Most of these school districts simply cannot provide substance use interventions to every student who would benefit from them. Adolescent clients may also be referred from

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HFI's Specialized Learning School, which admits more than 100 students from 30 districts each year. Many of our home- and community-based programs—including Outpatient Mental Health Counseling, Family-Focused Solutions-Based Services, In-Home Family Services, and Parents and Children Together (truancy prevention), which serve over 1,000 families annually—will refer adults and adolescents who show early warning signs of substance use. Clients in these programs present risk factors for substance use—including family history of addiction, incidence of trauma, residence in low-income neighborhoods, and victimization through neglect or abuse—and may be referred based on a documented assessment indicating substance use.

HFI will also solicit external referrals from existing partners that work with adolescent and pregnant/postpartum individuals, including pediatricians, emergency rooms, and OB/GYN clinics within the area of focus; other primary care providers through Quartet Health; POWER's Positive Beginnings Program, which performs SUD assessments at local delivery units; Human Services Administration Organization (HSAO); Allegheny County CYF, Bureau of Drug and Alcohol Services, and Juvenile Probation Office; local Family Resource Centers; and the school districts listed above. HFI will also promote services to new partners through the CYF email list, the Conference of Allegheny Providers, and a mailing list that includes approximately 100 local referral partners. Additional methods of outreach for high-risk groups will include brochures distributed to medical facilities, community centers, and schools, as well as outreach to guidance counselors, school administrators, SAP liaisons, and local healthcare professionals.

Connecting with a knowledgeable staff member in a non-clinical, non-judgmental environment will help clients answer questions and address concerns related to their substance use, connect to life-affirming resources that will support their recovery journey, and understand their available treatment options. Clients who do need a higher level of care are more likely to engage with treatment and less likely to drop out of service prematurely when they are already connected to community-based resources, long-term support networks, and a clinician who understands their unique needs and situation. This level of care is well suited for adolescents and young parents who have questions/concerns about substance use but are not yet ready for treatment.

HFI was recently selected as a provider of state-funded family recovery services, a pilot case management program that helps families navigate substance use treatment. Our staff will modify this existing program model to meet the needs of the populations identified above. These services are designed to provide customized, one-on-one psychoeducation; connect clients with supportive resources and services; and address concrete needs that may make it difficult to pursue or finish treatment in the future. This service scales fluidly with client needs and objectives, making it an adaptable model for multiple demographic groups at various levels of need.

In general, clinicians will help clients assess their substance use challenges and serve as a dedicated hub for all resources related to pre-treatment stabilization. Client-identified goals and challenges will guide the provision of services, which will include but are not limited to:

- **Screening:** Clinicians will assess the client's needs with a full face-to-face biopsychosocial interview, pre- and post-tests, and level-of-care determination, along with additional ASAM screening tools as appropriate. These screeners may include the CAGE Substance Abuse Screening Tool (for initial screening of adolescents and adults),

the Child and Adolescent Needs and Strengths tool (for more advanced screening of children and adolescents), the CRAFFT substance use screener (for additional advanced screening of adolescents 12-21), and the Screening, Brief Intervention, and Referral to Treatment screening (for additional advanced screening of adults over the age of 21). For pregnant individuals, staff may use additional tools including the T-ACE and TWEAK screeners. Staff will use these screeners to gauge the frequency of substance use, identify attitudes toward substance use, and determine the need for a more intensive assessment.

- **Identifying Concrete Needs:** Seeking treatment for substance use is especially difficult when social and financial barriers prevent clients from fully engaging with the service. Commonly cited barriers for parents include lack of transportation and childcare, while barriers for youth often include anxiety and stigma related to treatment. Clinicians will discuss strategies for mediating these barriers, such as applying for transportation assistance or switching to telephonic sessions. The clinician will regularly follow up with clients to ensure that these strategies meet their needs.

- **Mapping Supports:** Clinicians will work with the client to create a "map" locating existing and potential sources of support. This process not only builds rapport and achieves buy-in, but prompts the client to think about the connections that might support them throughout recovery. The clinician will invite clients to share existing formal and informal associations (including service agencies, primary care providers, mental health/substance use treatment providers, social groups, faith communities, and others) that can support their recovery. When appropriate, clients will be encouraged to share their struggles and successes with their support systems. If the client has existing system involvement, the clinician will gather information on their care plans as early as possible.

- **Setting Goals:** Clinicians will help each client create a list of *Strengths*, *Concerns*, and *Goals* related to the service. For example, a client might identify a *Concern* about the impact of substance use on their studies, a *Strength* in their strong bond with an educator, and a *Goal* to ask this educator for help reaching an academic milestone. It is critical to set clear, attainable expectations while establishing a nonresistant partnership. The clinician will invite the client integrate these *Strengths*, *Concerns*, and *Goals* with the treatment plan. They will encourage mutual respect and honest communication.

- **Referral to Service:** Through regular meetings and discussions, clinicians will refer clients to essential services that enhance their quality of life and support their recovery. HFI will leverage robust referral partnerships with services in medical care (all UPMC/Allegheny Health Network hospitals); mental and behavioral care (Pittsburgh Mercy Behavioral Health, Summit Psychological); housing (Allegheny Housing Authority, HEARTH, Sojourner House); transportation (Medical Assistance/Behavioral Health Transportation Systems); childcare (local Early Learning/Family Resource Centers); and vocational/educational services (Allegheny Vocational Rehabilitation Services, PACareerLink, Community College of Allegheny County).

- **Psychoeducation:** Staff will also provide guidance on a variety of psychoeducational topics involving personal skills (such as mindfulness, reframing, and self-regulation), life skills (such as budgeting, self-care, and goal-setting) and social skills (such as cooperation, conflict resolution, and active listening). This guidance will be delivered in a conversational and culturally sensitive manner. Specialized guidance for pregnant and postpartum individuals may include information on prenatal care and nutrition, birth preparation, healthy habits, and infant safety and development. For adolescent clients,

staff members may also teach parents, guardians, and other caregivers recovery support techniques focused on positive reinforcement and coping skills. The clinician will also offer continuing support in the form of psychoeducational websites, literature, and other materials that are culturally and topically suited to client/family needs and capabilities.

- **Social Engagement:** Clinicians will help clients identify sober social and/or recreational opportunities that support recovery. These opportunities will include formal self-help groups, parenting support groups, sporting or exercise groups, community- or faith-based groups, shared interest activities, and any other clean social activities that align with the client's goals and values.
- **Warm Handoff:** If the client meets ASAM criteria for more intensive service, the clinician will explain the treatment recommendation and either transition the client into HFI outpatient treatment or refer them to another provider. If making an external referral, clinicians will help the patient make an appointment with the new provider, contacting providers in advance to prepare for intake, accompanying the client to the initial appointment, participating in information-sharing and rapport-building, scheduling follow-ups, and providing necessary support and resources during the transition. At the request of the client, these support services could continue after referral to a higher level of care.

Clinicians will schedule services to accommodate client and family schedules. Sessions may occur on evenings and weekends, and can be conducted in the home, at the office or community space, or over the phone. A staff member is accessible for emergencies round-the-clock (including weekends, evenings, and holidays) through the on-call contact system.

Recognizing that every client has unique needs and goals, our proposed outcomes center on connecting them to helpful resources, achieving a set of measurable recovery-oriented goals, and referring to a higher level of care when necessary. Clinicians will prioritize the goals that clients set for themselves. HFI proposes the following outcomes related to Other Treatment-Related Services:

- **Quality of Life:** Clients will make progress toward at least two out of three goals identified at the start of service. These goals may relate to physical/mental health, personal relationships, education/employment, or another focus area included on the pre-test. This outcome will be measured by discharge summaries and pre- and post-tests.
- **Service Coordination:** Clients will receive at least two referrals to post-discharge community services and/or supports. If more intensive substance use treatment is necessary, clients will be referred to the appropriate level of care. This outcome will be measured by discharge summaries and pre- and post-tests.
- **Natural Supports:** Clients will identify at least one natural support resource/network that helps them address issues and challenges related to substance use.
- **Meaningful Connections:** Clients will identify and participate in at least one clean and sober social or recreational activity that improves quality of life and contributes positively to their recovery. This outcome will be measured by discharge summaries and pre- and post-tests.
- **Individual Satisfaction:** Clients will benefit from a positive pre-treatment services experience. This outcome will be measured through the Client Satisfaction Survey, discharge summaries, and monthly review sheets.

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Outside of documentation, HFI expects that most hours related to these pre-treatment services will be billable. Clinicians in existing substance use treatment programs typically dedicate a significant portion of their weekly hours to this type of case management and adjunct service coordination. Our existing substance use treatment program frequently admits clients who would benefit, at least temporarily, from a lower level of care. Pre-treatment services will allow clinicians to provide psychoeducation and coordinate adjunct services outside of treatment. Clients will also have the option to connect remotely, whether over the phone or through a videoconference, which will reduce the number of no-shows, dropouts, and missed billable hours. Staff will be informed of the 60% billable requirement and advised to divide tasks into full units. Each week, supervisors will monitor time sheets, follow up with any clinicians whose billable hours have decreased, and suggest improvements to their scheduling and workflow. HFI already successfully implements these policies in other programs with billable hour requirements.

As described above, HFI's training regimen, supervisory structure, and clinical methods are designed to create a welcoming and nonjudgmental environment for clients from all backgrounds. Clinicians will embrace these additional strategies to ensure that clients feel safe and comfortable throughout one-on-one Pre-Treatment Services:

- **Positive and Non-Judgmental Engagement:** Clinicians will build healthy initial rapport with clients through welcoming behaviors, active listening, and culturally responsive behaviors that utilize Motivational Interviewing techniques. Clinicians will practice awareness of the influence of their own beliefs, values, and background on screening and service.
- **Cultural Strength Identification:** By asking responsive, sensitive questions during the initial identification of concerns and goals, clinicians will guide clients through the process of identifying strengths and objectives related to their cultural context. These client-identified strengths (which may include cultural skills, traditions, spiritual practices, family relationships, and community support) will be incorporated into the treatment plan, the support network survey, and the goal-setting process.
- **Clear Communication:** Understanding that not all clients are familiar with formal clinical terminology, staff will clearly explain the structure and purpose of the assessment and the pre-treatment service, invite discussion of client concerns, emphasize their desire for client participation, and create a treatment plan guided by the client's beliefs and values, paying attention to the cultural and linguistic characteristics of the client.
- **Community/Family Involvement:** If beneficial, clinicians may help the client connect with nontraditional sources of support (faith leaders, natural helpers, and cultural community members) who can assist clients in their recovery in a more familiar context.

HFI believes that these pre-treatment services will integrate seamlessly with organizational and regional substance use treatment offerings. Since HFI benefits from both strong external relationships and a wide range of internal services, we expect to quickly fill the program with clients whose needs and objectives match this level of care. Internal referrals will offer unique benefits, allowing clients identified through a school-or family-based service to move directly into pre-treatment and then into outpatient care (if necessary) while keeping the same provider and clinician. This will streamline the initiation of and transfer between services; build

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productive, trusting relationships between clients and clinicians; and reduce many of the initial logistical barriers to treatment.

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.

We anticipate a staff-to-client ratio of 1:50 for Pre-Treatment Services (although this number may fluctuate depending on the unique needs of clients) and no more than 1:10 for Group Services. HFI will advertise new job openings to our pool of internal applicants, which includes 42 Masters-level professionals, 21 Licensed Master Clinicians, 3 Licensed Professional Counselors, and 1 Certified Recovery Specialist. Employees who transfer into this program from another substance use/mental health treatment role will already know their fellow employees, understand our evidence-based and trauma-informed model, and be familiar with existing partnerships, resources, and referral relationships. This will eliminate some of the logistical challenges that normally occur when staffing a new service. HFI is currently shifting our focus to hire more Certified Recovery Specialists, and plan to move/hire a CRS for this program.

HFI will advertise any unfilled positions externally through traditional channels (LinkedIn, Nonprofit Talent, Indeed), as well as informal connections with former staff members and local partners. Regardless of whether the applicant is internal or external, all positions will be filled based on clinical qualifications, prior experience working with a diverse clientele, and demonstrated skills in fidelity to evidence-based practices. Our goal is to recruit staff who are motivated by our mission, knowledgeable in their field of expertise, and distinguished by their previous accomplishments.

Although job satisfaction is an excellent motivator, it is not the only necessary step to retaining staff and delivering good outcomes. HFI retains experienced, capable staff by paying a living wage; offering excellent healthcare, retirement, and continuing education benefits; and providing many opportunities to learn and grow. Supervisors encourage staff members to participate in organizational committees, offer feedback on program implementation, and maintain social support from friends/family. When appropriate, we engage staff members in focus groups and utilize regular surveys to gain input into agency decisions. These practices reduce turnover and improve job satisfaction. Working in substance use treatment is often stressful, and our trauma-informed approach recognizes the emotional demands placed on clinicians. We believe in flexible scheduling and encourage our staff members to maintain healthy work/life balance. Each staff member is encouraged to create a list of self-care activities and a personal safety plan to deal with overwhelming, traumatic, or emotional events. Supervisors are likewise encouraged to identify pain points and expected to identify and eliminate unnecessary pain points related to scheduling, supervision, accountability, or lack of organizational communication.

Overall, HFI fosters a positive culture where staff members feel a sense of mission and are happy to come to work every day. Should any serious issues arise, staff are encouraged to make

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anonymous reports of unethical or illegal behavior. We also have an employee assistance program that can address emergency issues related to mental health, work environment, financial situation, and personal problems.

5. Describe your staff training plan.

HFI uses a sequenced longitudinal training approach that emphasizes interactive and experiential learning activities over purely didactic training. The agency provides ongoing mentoring and coaching, in addition to regular clinical review, to help professionals comply more fully with the principles and practices of trauma-informed, client-centered care. Substance use and mental health clinicians are trained in a variety of topics and therapeutic approaches, including:

- Physical and Psychological Sources of Substance Abuse
- Motivational Interviewing
- Cognitive Behavioral Therapy and Trauma Focused Cognitive Behavioral Therapy
- Recovery and Support Mapping
- Clinical Treatment Planning
- Trauma Theory
- Emotional Intelligence and Active Listening
- Components of Personal Self-Care

All staff receive ongoing training and supervision in implementing service practices and developing treatment plans that are trauma-informed, client-centered, and culturally responsive. Core curricular topics addressed in our training methodology include, but are not limited to:

- Cultural competence sessions that focus on the American Indian, LGBTQ+, Hispanic and Latinx, and African American communities.
- Categorization of psychosocial, behavioral, and mental health issues in order to promote appropriate assessment.
- Understanding of the demographic context, including help-seeking expectations, duration of treatment, attitudes toward intervention, and family involvement, and established successful interventions in the selected client demographic
- Collaboration strategies with existing local resources and change agents (e.g. school staff, clergy, and community leaders.)
- Strategies for solving problems on the individual, family, and community levels
- HIPAA privacy standards, including minimum disclosure and breach, access and facilities control, device/workstation security, and authentication guidelines.
- In addition, all non-clinical support staff receive basic training on addiction, provider ethics, co-occurring mental health issues, and trauma-informed practices. All agency staff are trained in organizational culture and values, cultural competence, sexual harassment prevention, and self-care practices.

Understanding that professional development is key to staff satisfaction, supervisors also encourage staff to develop self-care strategies, maintain social support from friends and family, and develop emotional and professional competencies through formal development plans.

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SECTION 4 – DATA COLLECTION AND DELIVERY (15 points) – to be completed by all Proposers, 2-page limit.

6. Describe your plan for tracking, entering and reporting data in a timely way.

HFI utilizes logic models and a comprehensive monitoring and measurement system to evaluate our effectiveness and maximize our impact moving forward. We analyze data to make organizational improvements, expand community partnerships, and strengthen engagement with clients and their families. All data collection, tracking, and reporting is continuously monitored by professionals with expertise in Performance, Quality, and Improvement (PQI) initiatives within our Office of Risk, Quality, and Compliance (RQC). The proposed service will utilize a logic model, quality monitoring plan, and outcomes measurement strategy similar to existing substance use treatment programs.

All HFI substance use treatment programs use an Electronic Health Record (EHR) system to collect data on our clients, services, and outcomes. Referral information is entered into the EHR within 24-48 hours of referral. All client information—including the clinician assignment, referral source, drug of choice, last substance usage date (for opioids), and insurance provider—is entered into the EHR system. All quality monitoring documents—including Client Satisfaction Surveys, pre- and post-tests, discharge summaries, and monthly review sheets—are stored securely in the EHR system, and timely entry of data is a key element of performance review, and the Office of RQC currently compiles monthly/quarterly data reports summarizing clients served, assessments completed, referrals made, services provided, hours logged, and more.

Recognizing that PQI is a critical management function, HFI uses data to monitor and improve services at the programmatic level. This continuous quality improvement is embedded in our strategic planning and mandated as a formal board-level committee activity. Staff communicate with the Quality Review Committee and the Board of Directors to improve risk prevention, oversight, and reporting efforts. Supervisors conduct regular case review and meet quarterly with their staff to discuss progress toward annual outcomes and brainstorm solutions to challenges. Setting concrete program outcomes helps our teams improve the effectiveness of useful services and revise, change, or eliminate services that are not meeting goals or too costly to implement.

7. Describe the pre- and post-test evaluations you will use and your plan for incorporating feedback into programming. Please attach a sample pre- and post-test.

For all clients admitted to intervention services, HFI will use a pre- and post-test based on assessments used in current substance use programs (alongside any additional assessments identified above). This assessment gauges a wide range of stability and recovery measures, including accessibility/financial issues, mental and physical health, potential sources of trauma, and substance use frequency and severity. **A copy of the proposed pre- and post-test is included.**

Clinical staff continually solicit and welcome client feedback, and all clients are required to participate in developing the goals of their treatment plans and reviewing these goals regularly to demonstrate progress. During quarterly quality meetings, supervisors review the results of the Client Satisfaction Survey and other documentation to ensure continued compliance and review

feedback from clients. By giving clients a voice in their care, we hope to increase the number of clients remaining in service, engaging fully in treatment, and progressing toward their goals.

8. Provide your plan for quality assurance.

At the agency and program level, HFI utilizes a variety of policies and procedures to protect clients and ensure the delivery of consistent, high-quality services. These policies include but are not limited to the following:

- **Organizational Structure & Values:** HFI's client-centered, trauma-informed mission and values are fully embraced by our governing bodies, senior leadership, and all staff supervising direct care and treatment. All substance use treatment programs view clients as unique individuals with physical, emotional, psychological, and spiritual needs, and all direct services are based on safety, harm reduction, and recovery-oriented principles.
- **Accreditation Status:** HFI continually develops and revises policies that direct program operations and protect clients. The agency is accredited by the Council on Accreditation, with our most recent intensive review and recertification in Spring 2019. The accreditation team examined program development, operations, documentation, and security of client data during a multi-day, on-site review.
- **Staff Qualifications:** The licenses and credentials of all staff are confirmed through primary source verification and contact with issuing organization. All staff participate in required DDAP training modules, receive tuition stipends toward continuing education, and develop professional competencies through formal development plans.
- **Client Rights:** All clients receive a document detailing client rights, privacy policies, and grievance procedures. Clients understand that privacy or service concerns can be directed to their clinician, the clinical supervisor, or the program director. Anonymous grievance reports are regularly reviewed by the Office of RQC.
- **HIPAA Compliance:** HFI follows a strict HIPAA compliance policy in full accordance with COA Client Rights Standards. As described above, all staff participate in a training module that covers HIPAA compliance; ethics, duty to warn; fraud and corruption prevention; and creation of PQI plans.
- **Trauma-Informed Supervision:** Since clinician attitudes affect care, HFI uses a trauma-informed, client-centered supervisory approach focused on mentoring. Supervisors hold regularly scheduled, uninterrupted meetings that help clinicians reflect on their own and other perspectives, ask honest questions, eliminate unproductive patterns, and listen respectfully. These trauma-informed practices help clinicians explore concerns without judgment and see client behaviors as adaptive strategies. Supervisors also encourage staff to develop self-care strategies and maintain social support from friends and family.
- **Discharge and Referral:** Before clients are discharged from programs or referred to a higher level of care, clinicians consider clinical service needs, medical condition, family and social support, financial resources, and client engagement in the recovery process. Clinicians plan for seamless referrals through care recommendations, communication of provider services, and connection to adjunct services, with warm hand-offs if necessary.

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

9. 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.

    Please see the attached budget justification and narrative.

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HFI Pre-Treatment Services (Annual)	
Salaries	
Clinical Supervisor	$3,000.00
Pre-Treatment Clinician	$40,000.00
	$43,000.00
Fringe Benefits	
	$12,900.00
Technical Support	
EHR Integration	$5,000.00
IT Support	$780.00
	$5,780.00
Equipment	
Computers (1)	$1,000.00
Signature Pads (1)	$100.00
Cell Phones (1)	$1,008.00
	$2,108.00
Supplies	
Office Supplies	$300.00
Advertising Materials	$2,000.00
Consumables (Group Meetings)	$1,560.00
Periodicals & Reference	$600.00
	$4,460.00
Other Costs	
Employee Local Travel	$590.00
Employee Training (DDAP Required)	$100.00
Occupancy	$1,180.00
Telephone & Internet	$790.00
Postage & Shipping	$240.00
Indirect Cost	$8,487.96
	$11,387.96
TOTAL	**$79,635.96**

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SALARIES

Pre-Treatment Clinicians: Reflects 1 FTE. Responsible for various services related to Group Services and Pre-Treatment Services, including outreach to referral partners, performance of assessments organization of meeting spaces, direct provision of services, and other general client support as needed.

Director of Behavioral Health Services: Responsible for supervision of staff, oversight of all services, quality assurance, compliance with internal procedures, integration with internal programs, and staff hiring/training, and program execution. Designated 5% to the program.

FRINGE BENEFITS

Fringe benefits are calculated at current tax and insurance rates. HFI provides employer-paid medical and dental insurance, life/disability insurance, workers compensation insurance, state unemployment compensation, social security, Medicare, FICA, tuition reimbursement, and retirement benefits.

TECHNICAL SUPPORT

EHR Integration: Reflects the development and implementation of Electronic Health Record reporting forms to track engagement and outcomes. Calculation based on 40 hours of labor at current rates.

IT Services: Reflects the cost of subcontracted IT support and the development and implementation of Electronic Health Record reporting forms to track engagement and outcomes. Calculation based on current rates for substance use treatment.

EQUIPMENT

Computers: Reflects the purchase of 1 laptop computer for secure collection, entry, and tracking of client forms and data. Calculations based on current cost of $1000/device.

Signature Pads: Reflects the purchase of 1 signature pad to verify client approval. Calculations based on current cost of $100/device.

Cell Phones: Reflects the purchase of 1 cell phone and cell service. Calculation based on current monthly rate of $84/device.

SUPPLIES

Office Supplies: Reflects purchase of file folders, copy paper, record storage boxes, and other offices. Calculation based on current usage in substance use treatment service of $25/month.

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Advertising Materials: Reflects the design and printing of two program brochures for Pre-Treatment Services and Group Services, to be used for outreach. Calculation based on recent printing costs.

Consumables: Reflects a cost of $10/group meeting for food, drink, and consumable purchases. Calculation based on current expenses in substance use treatment programs.

Periodicals & Reference: Reflects $50/month to purchase print psychoeducational materials for clients and group meetings. Calculation based on current expenses in substance use treatment programs.

OTHER COSTS

Employee Local Travel: Staff may use personal vehicles to visit client appointments and groups. Calculation based on current local travel costs per billable hour in existing substance use treatment programs.

Employee Training: Reflects travel allocation for substance use training sessions required by PA DDAP. Calculation based on $100/staff member.

Occupancy: Reflects occupancy costs for private offices and shared meeting spaces. Calculation based on current expenses in substance use treatment programs.

Telephone & Internet: Reflects in-office landline telephone and in-office internet service. Calculation based on current expenses in substance use treatment programs.

Postage & Shipping: Reflects a cost of $20/month. Calculation based on current expenses in substance use treatment programs.

Indirect Costs: Reflects support from HR and Finance, insurance, legal expenses, dues, subscriptions, and quality assurance. Calculation based on HFI's 11.93% federally approved indirect cost rate.

Holy Family Institute Pre-Test (Adult)

Client Name: _____ Case # _____

Quality of Life Goals
•
•
•

				Pre-Test Score
1. **Access to Community Resources**				
Ratings and Definitions	0	The client has accessed at least two community resources in the past month.		
	1	The client has been connected to resources and has accessed at least one resource in the past month.		
	2	The client has been connected to at least two resources in the past month.		
	3	The client has not been connected to or accessed any resources in the past month.		
2. **Natural Supports**				

Ratings and Definitions	0	The client has substantial natural supports to assist in addressing most needs.
	1	The client has natural supports, but some limitations exist whereby these supports are insufficient to address some needs.
	2	The client has limited natural supports.
	3	The client has no natural supports.

3. **Housing Issues**			

Ratings and Definitions	0	The client has stable housing for the foreseeable future.
	1	The client has relatively stable housing, but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
	2	The client has moved multiple times in the past year. Housing is unstable.
	3	The client has experienced homelessness in the past six months.

4. **Financial Difficulties**			

Ratings and Definitions	0	No difficulties. The client has financial resources necessary to meet needs.
	1	Mild difficulties. The client has financial resources necessary to meet most needs, however some limitations exist.
	2	Moderate difficulties. The client has financial difficulties that limit their ability to meet significant family needs.
	3	Significant difficulties. The client is experiencing financial hardship, poverty.

5. **Transportation Difficulties**			

Ratings and Definitions	0	The client has a car or monthly bus passes. There is no problem with transportation.
	1	The client is able to utilize the bus frequently or can arrange a ride as needed.
	2	The client can't afford the bus often, does not have a nearby bus stop, or has difficulty getting a ride.
	3	The client does not have a vehicle, bus passes, or any means of transportation.

6. **Mental Health**			

Ratings and Definitions	0	No mental health problems. The client has no signs of any notable mental health problems.
	1	Mild mental health problems. The client may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated. The client has mental health problems, but is receiving effective treatment.
	2	Moderate mental health problems. The client has a diagnosable mental health problem that interferes with his/her functioning. The client is not consistent with mental health treatment.
	3	Significant difficulties with mental health. The client has a serious psychiatric disorder and is not receiving appropriate treatment.

7. **Medical Needs**			

Ratings and Definitions	0	There is no evidence of medical or physical issues that impede functioning. The client is up-to-date on their medical and dental appointments.
	1	The client has some medical issues that require medical treatment and/or some physical conditions that place mild limitations on activities. The client is being treated for these conditions.
	2	The client has some medical issues that require medical treatment and/or some physical conditions that place mild limitations on activities. The client is being treated inconsistently for these conditions.
	3	The client has life-threatening illness or medical condition, or severe physical limitations due to multiple physical conditions. The client is significantly behind on their medical and dental appointments.

8. **Infant Supervision and Discipline (If Applicable)**			

Ratings and Definitions	0	No evidence of a need in this area or the client has good monitoring and disciplining skills.
	1	The client provides generally adequate supervision. The client may need occasional help or technical assistance.
	2	The client reports difficulties monitoring and/or disciplining their infant. The client needs assistance to improve supervision skills. The client has limited access to childcare services.
	3	The client is unable to monitor or discipline their infant. The client requires immediate and continuing assistance. The infant is at risk of harm due to absence of supervision. The client has no access to childcare services.

9. Intimate Partner Violence				
Ratings and Definitions	0	No evidence of intimate partner violence.		
	1	The client has been in previous relationships where intimate partner violence is present, however there is no concern with their present partner.		
	2	There has been a history of intimate partner violence with the client's current partner, however there are not present concerns.		
	3	There has been a history of intimate partner violence with the client's current partner, and there are present concerns.		

10. Drug and Alcohol Abuse				
Ratings and Definitions	0	No problems with alcohol or drug use. The client has no signs of any notable substance abuse problems.		
	1	Mild problems associated with alcohol or drug use. The client may have mild problems with work or home life that result from occasional use of alcohol or drugs. The caregiver may be receiving effective treatment.		
	2	Moderate problems associated with alcohol or drug use. The client has a diagnosable substance-related disorder that interferes with his/her life. The client is receiving inconsistent or inappropriate treatment.		
	3	Significant difficulties with alcohol or drug dependence. The client is currently addicted to drugs and/or alcohol. The caregiver is not receiving treatment.		

11. Education/Employment Problems				
Ratings and Definitions	0	The client is performing well in school/work.		
	1	The client is performing adequately in school/work, although some problems may exist.		
	2	The client is experiencing moderate problems with school/work attendance and/or performance.		
	3	The client is experiencing severe problems in school/work with attendance and/or performance.		

12. High-Risk Behavior				
Ratings and Definitions	0	No evidence of any high-risk behavior.		
	1	The client has a notable history of high-risk behavior, but not in the past month.		

	2	The client engages in high risk behavior that interferes with functioning and may place self or others at risk of harm.		
	3	The client engages in high risk behavior that places him/her or others at immediate risk of harm.		
13. **Cooperation with Referral Agent**				
Ratings and Definitions	0	The client is completely cooperative.		
	1	Minimal attempts have had to be made in order to engage with the client.		
	2	Significant attempts have had to be made in order to engage with the client.		
	3	The client is completely uncooperative.		

Scoring:

0-15 = Low Risk

16-33 = Moderate Risk

34-51 = High Risk

Pre-Test Score:
Additional Comments:
SIGNATURES
Staff Signature   Date
Supervisor Signature   Date

Holy Family Institute Post-Test (Adult)

Client Name: _____ Case #_____

Quality of Life Goals (From Pre-Test)	Achieved?
•	
•	
•	

Service Coordination	• • •
Natural Supports	•

		•	
		•	
Meaningful Connections		•	
		•	
		•	

				Post-Test Score
1. Access to Community Resources				
Ratings and Definitions	0	The client has accessed at least two community resources in the past month.		
	1	The client has been connected to resources and has accessed at least one resource in the past month.		
	2	The client has been connected to at least two resources in the past month.		
	3	The client has not been connected to or accessed any resources in the past month.		
2. Natural Supports				
Ratings and Definitions	0	The client has substantial natural supports to assist in addressing most needs.		
	1	The client has natural supports, but some limitations exist whereby these supports are insufficient to address some needs.		
	2	The client has limited natural supports.		
	3	The client has no natural supports.		
3. Housing Issues				

Ratings and Definitions	0	The client has stable housing for the foreseeable future.
	1	The client has relatively stable housing, but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
	2	The client has moved multiple times in the past year. Housing is unstable.
	3	The client has experienced homelessness in the past six months.

4. Financial Difficulties				

Ratings and Definitions	0	No difficulties. The client has financial resources necessary to meet needs.
	1	Mild difficulties. The client has financial resources necessary to meet most needs, however some limitations exist.
	2	Moderate difficulties. The client has financial difficulties that limit their ability to meet significant family needs.
	3	

5. Transportation Difficulties				

Ratings and Definitions	0	The client has a car or monthly bus passes. There is no problem with transportation.
	1	The client is able to utilize the bus frequently or can arrange a ride as needed.
	2	The client can't afford the bus often, does not have a nearby bus stop, or has difficulty getting a ride.
	3	The client does not have a vehicle, bus passes, or any means of transportation.

6. Mental Health				

Ratings and Definitions	0	No mental health problems. The client has no signs of any notable mental health problems.
	1	Mild mental health problems. The client may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated. The client has mental health problems, but is receiving effective treatment.
	2	Moderate mental health problems. The client has a diagnosable mental health problem that interferes with his/her functioning. The client is not consistent with mental health treatment.
	3	Significant difficulties with mental health. The client has a serious psychiatric disorder and is not receiving appropriate treatment.

7. Medical Needs			
Ratings and Definitions	0	There is no evidence of medical or physical issues that impede functioning. The client is up-to-date on their medical and dental appointments.	
	1	The client has some medical issues that require medical treatment and/or some physical conditions that place mild limitations on activities. The client is being treated for these conditions.	
	2	The client has some medical issues that require medical treatment and/or some physical conditions that place mild limitations on activities. The client is being treated inconsistently for these conditions.	
	3	The client has life-threatening illness or medical condition, or severe physical limitations due to multiple physical conditions. The client is significantly behind on their medical and dental appointments.	

8. Infant Supervision and Discipline (If Applicable)			
Ratings and Definitions	0	No evidence of a need in this area or the client has good monitoring and disciplining skills.	
	1	The client provides generally adequate supervision. The client may need occasional help or technical assistance.	
	2	The client reports difficulties monitoring and/or disciplining their infant. The client needs assistance to improve supervision skills. The client has limited access to childcare services.	
	3	The client is unable to monitor or discipline their infant. The client requires immediate and continuing assistance. The infant is at risk of harm due to absence of supervision. The client has no access to childcare services.	

9. Intimate Partner Violence			
Ratings and Definitions	0	No evidence of intimate partner violence.	
	1	The client has been in previous relationships where intimate partner violence is present, however there is no concern with their present partner.	
	2	There has been a history of intimate partner violence with the client's current partner, however there are not present concerns.	
	3	There has been a history of intimate partner violence with the client's current partner, and there are present concerns.	

10. Drug and Alcohol Abuse			
Ratings and Definitions	0	No problems with alcohol or drug use. The client has no signs of any notable substance abuse problems.	
	1	Mild problems associated with alcohol or drug use. The client may have mild problems with work or home life that result from occasional use of alcohol or drugs. The caregiver may be receiving effective treatment.	
	2	Moderate problems associated with alcohol or drug use. The client has a diagnosable substance-related disorder that interferes with his/her life. The client is receiving inconsistent or inappropriate treatment.	
	3	Significant difficulties with alcohol or drug dependence. The client is currently addicted to drugs and/or alcohol. The caregiver is not receiving treatment.	

11. Education/Employment Problems			
Ratings and Definitions	0	The client is performing well in school/work.	
	1	The client is performing adequately in school/work, although some problems may exist.	
	2	The client is experiencing moderate problems with school/work attendance and/or performance.	
	3	The client is experiencing severe problems in school/work with attendance and/or performance.	

12. High-Risk Behavior			
Ratings and Definitions	0	No evidence of any high risk behavior.	
	1	The client has a notable history of high-risk behavior, but not in the past month.	
	2	The client engages in high risk behavior that interferes with functioning and may place self or others at risk of harm.	
	3	The client engages in high risk behavior that places him/her or others at immediate risk of harm.	

13. Cooperation with Referral Agent			
Ratings and Definitions	0	The client is completely cooperative.	
	1	Minimal attempts have had to be made in order to engage with the client.	

	2	Significant attempts have had to be made in order to engage with the client.
	3	The client is completely uncooperative.

Scoring:

0-15 = Low Risk

16-33 = Moderate Risk

34-51 = High Risk

Post-Test Score: **Additional Comments:**
SIGNATURES
    _____ Staff Signature   Date   _____ Supervisor Signature   Date

Holy Family Institute Pre-Test (Adolescent)

Client Name: _____ Case # _____

Quality of Life Goals (From Pre-Test)
•
•
•

Service Coordination	• • •
Natural Supports	• •

Meaningful Connections	•
	•
	•
	•

			Pre-Test Score
1. **Access to Community Resources**			
Ratings and Definitions	0	The client has accessed at least two community resources in the past month.	
	1	The client has been connected to resources, and has accessed at least one resource in the past month.	
	2	The client has been connected to at least two resources in the past month.	
	3	The client has not been connected to or accessed any resources in the past month.	
2. **Natural Supports**			
Ratings and Definitions	0	The client has substantial natural supports to assist in addressing most needs.	
	1	The client has natural supports, but some limitations exist whereby these supports are insufficient to address some needs.	
	2	The client has limited natural supports.	
	3	The client has no natural supports.	
3. **Housing Issues**			
Ratings and Definitions	0	The client has stable housing for the foreseeable future.	
	1	The client has relatively stable housing, but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.	

	2	The client has moved multiple times in the past year. Housing is unstable.
	3	The client has experienced homelessness in the past six months.
4. Financial Difficulties		
Ratings and Definitions	0	No difficulties. The client has financial resources necessary to meet needs.
	1	Mild difficulties. The client has financial resources necessary to meet most needs, however some limitations exist.
	2	Moderate difficulties. The client has financial difficulties that limit their ability to meet significant family needs.
	3	Significant difficulties. The client is experiencing financial hardship, poverty.

5. Transportation Issues		
Ratings and Definitions	0	The client has no problem with transportation.
	1	The client is able to utilize the bus frequently or can arrange a ride as needed.
	2	The client can't afford the bus often, does not have a nearby bus stop, or has difficulty getting a ride.
	3	The client does not have any means of transportation.
6. Mental Health		
Ratings and Definitions	0	No mental health problems. The client has no signs of any notable mental health problems.
	1	Mild mental health problems. The client may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated. The client has mental health problems, but is receiving effective treatment.
	2	Moderate mental health problems. The client has a diagnosable mental health problem that interferes with his/her functioning. The client is not consistent with mental health treatment.
	3	Significant difficulties with mental health. The client has a serious psychiatric disorder and is not receiving appropriate treatment.
7. Medical Needs		

Ratings and Definitions	0	There is no evidence of medical or physical issues that impede functioning. The client is up-to-date on their medical and dental appointments.
	1	The client has some medical issues that require medical treatment and/or some physical conditions that place mild limitations on activities. The client is being treated for these conditions.
	2	The client has some medical issues that require medical treatment and/or some physical conditions that place mild limitations on activities. The client is being treated inconsistently for these conditions.
	3	The client has life-threatening illness or medical condition, or severe physical limitations due to multiple physical conditions. The client is significantly behind on their medical and dental appointments.

8. **Physical Abuse**		
Ratings and Definitions	0	No evidence of physical abuse.
	1	The client has experienced one episode of physical abuse or there is a suspicion that the client has experienced physical abuse, but no confirming evidence.
	2	The client has experienced a moderate level of physical abuse and/or repeated forms of physical punishment.
	3	The client has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

9. **Sexual Abuse**		
Ratings and Definitions	0	No evidence of sexual abuse.
	1	There is a suspicion that the client has experienced sexual abuse with some degree of evidence or the client has experienced "mild" sexual abuse including, but not limited to, direct exposure to sexually explicit materials.
	2	The client has experienced one or a couple of incidents of sexual abuse that were not chronic or severe. This might include a child who has experienced molestation without penetration on a single occasion.
	3	The client has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time.

10. **Neglect**		
	0	No evidence of neglect.

Ratings and Definitions	1	The client has experienced minor or occasional neglect. The client may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision.
	2	The client has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing, which resulted in corrective action.
	3	The client has experienced a severe level of neglect, including multiple and/or prolonged absences by adults without minimal supervision and failure to provide basic necessities of life on a regular basis.

11. **Drug and Alcohol Abuse**		
Ratings and Definitions	0	No problems with alcohol or drug use. The client has no signs of any notable substance abuse problems.
	1	Mild problems associated with alcohol or drug use. The client may have mild problems with work or home life that result from occasional use of alcohol or drugs. The client may be receiving effective treatment.
	2	Moderate problems associated with alcohol or drug use. The client has a diagnosable substance-related disorder that interferes with his/her life. The client is receiving inconsistent or inappropriate treatment.
	3	Significant difficulties with alcohol or drug dependence. The client is currently addicted to drugs and/or alcohol. The client is not receiving treatment.

12. **Educational Problems**		
Ratings and Definitions	0	The client is performing well in school.
	1	The client is performing adequately in school, although some problems may exist.
	2	The client is experiencing moderate problems with school attendance, behavior, and/or achievement.
	3	The client is experiencing severe problems in school with school attendance, behavior, and/or achievement.

13. **High-Risk Behavior**		
Ratings and Definitions	0	No evidence of any high-risk behavior.
	1	The client has a notable history of high-risk behavior, but not in the past month.
	2	The client engages in high-risk behavior that interferes with functioning and may place self or others at risk of harm.

	3	The client engages in high-risk behavior that places him/her or others at immediate risk of harm.
14. Cooperation with Referral Agent		
Ratings and Definitions	0	The client is completely cooperative.
	1	Minimal attempts have had to be made in order to engage with the client.
	2	Significant attempts have been made in order to engage with the client.
	3	The client is completely uncooperative.

Scoring:

0-15 = Low Risk

16-33 = Moderate Risk

34-51 = High Risk

Pre-Test Score:
Additional Comments:
SIGNATURES
Staff Signature   Date
Supervisor Signature   Date

Holy Family Institute Post-Test (Adolescent)

Client Name: _____ Case # _____

Quality of Life Goals (From Pre-Test)	Achieved?
•	
•	
•	

Service Coordination	• • •
Natural Supports	• •

Meaningful Connections	•	
	•	
	•	
	•	

				Post-Test Score
2. Access to Community Resources				
Ratings and Definitions	0	The client has accessed at least two community resources in the past month.		
	1	The client has been connected to resources, and has accessed at least one resource in the past month.		
	2	The client has been connected to at least two resources in the past month.		
	3	The client has not been connected to or accessed any resources in the past month.		
3. Natural Supports				
Ratings and Definitions	0	The client has substantial natural supports to assist in addressing most needs.		
	1	The client has natural supports, but some limitations exist whereby these supports are insufficient to address some needs.		
	2	The client has limited natural supports.		
	3	The client has no natural supports.		
4. Housing Issues				
Ratings and Definitions	0	The client has stable housing for the foreseeable future.		
	1	The client has relatively stable housing, but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.		

	2	The client has moved multiple times in the past year. Housing is unstable.
	3	The client has experienced homelessness in the past six months.

5. **Financial Difficulties**				

Ratings and Definitions	0	No difficulties. The client has financial resources necessary to meet needs.
	1	Mild difficulties. The client has financial resources necessary to meet most needs, however some limitations exist.
	2	Moderate difficulties. The client has financial difficulties that limit their ability to meet significant family needs.
	3	Significant difficulties. The client is experiencing financial hardship, poverty.

6. **Transportation Issues**				

Ratings and Definitions	0	The client has no problem with transportation.
	1	The client is able to utilize the bus frequently or can arrange a ride as needed.
	2	The client can't afford the bus often, does not have a nearby bus stop, or has difficulty getting a ride.
	3	The client does not have any means of transportation.

7. **Mental Health**				

Ratings and Definitions	0	No mental health problems. The client has no signs of any notable mental health problems.
	1	Mild mental health problems. The client may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated. The client has mental health problems, but is receiving effective treatment.
	2	Moderate mental health problems. The client has a diagnosable mental health problem that interferes with his/her functioning. The client is not consistent with mental health treatment.
	3	Significant difficulties with mental health. The client has a serious psychiatric disorder and is not receiving appropriate treatment.

8. **Medical Needs**				

Ratings and Definitions	0	There is no evidence of medical or physical issues that impede functioning. The client is up-to-date on their medical and dental appointments.
	1	The client has some medical issues that require medical treatment and/or some physical conditions that place mild limitations on activities. The client is being treated for these conditions.
	2	The client has some medical issues that require medical treatment and/or some physical conditions that place mild limitations on activities. The client is being treated inconsistently for these conditions.
	3	The client has life-threatening illness or medical condition, or severe physical limitations due to multiple physical conditions. The client is significantly behind on their medical and dental appointments.

9. **Physical Abuse**		
Ratings and Definitions	0	No evidence of physical abuse.
	1	The client has experienced one episode of physical abuse or there is a suspicion that the client has experienced physical abuse, but no confirming evidence.
	2	The client has experienced a moderate level of physical abuse and/or repeated forms of physical punishment.
	3	The client has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

10. **Sexual Abuse**		
Ratings and Definitions	0	No evidence of sexual abuse.
	1	There is a suspicion that the client has experienced sexual abuse with some degree of evidence or the client has experienced "mild" sexual abuse including, but not limited to, direct exposure to sexually explicit materials.
	2	The client has experienced one or a couple of incidents of sexual abuse that were not chronic or severe. This might include a child who has experienced molestation without penetration on a single occasion.
	3	The client has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time.

11. **Neglect**		
	0	No evidence of neglect.

Ratings and Definitions	1	The client has experienced minor or occasional neglect. The client may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision.
	2	The client has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing, which resulted in corrective action.
	3	The client has experienced a severe level of neglect, including multiple and/or prolonged absences by adults without minimal supervision and failure to provide basic necessities of life on a regular basis.

12. **Drug and Alcohol Abuse**		

Ratings and Definitions	0	No problems with alcohol or drug use. The client has no signs of any notable substance abuse problems.
	1	Mild problems associated with alcohol or drug use. The client may have mild problems with work or home life that result from occasional use of alcohol or drugs. The client may be receiving effective treatment.
	2	Moderate problems associated with alcohol or drug use. The client has a diagnosable substance-related disorder that interferes with his/her life. The client is receiving inconsistent or inappropriate treatment.
	3	Significant difficulties with alcohol or drug dependence. The client is currently addicted to drugs and/or alcohol. The client is not receiving treatment.

13. **Educational Problems**		

Ratings and Definitions	0	The client is performing well in school.
	1	The client is performing adequately in school, although some problems may exist.
	2	The client is experiencing moderate problems with school attendance, behavior, and/or achievement.
	3	The client is experiencing severe problems in school with school attendance, behavior, and/or achievement.

14. **High-Risk Behavior**		

Ratings and Definitions	0	No evidence of any high-risk behavior.
	1	The client has a notable history of high-risk behavior, but not in the past month.
	2	The client engages in high-risk behavior that interferes with functioning and may place self or others at risk of harm.

	3	The client engages in high-risk behavior that places him/her or others at immediate risk of harm.		
15. Cooperation with Referral Agent				
Ratings and Definitions	0	The client is completely cooperative.		
	1	Minimal attempts have had to be made in order to engage with the client.		
	2	Significant attempts have been made in order to engage with the client.		
	3	The client is completely uncooperative.		

Scoring:

0-15 = Low Risk

16-33 = Moderate Risk

34-51 = High Risk

Pre-Test Score:
Additional Comments:
SIGNATURES (POST-TEST)
Staff Signature   Date
Supervisor Signature   Date