



Allegany 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: Mon Yough Community Services

Authorized Representative Name & Title: Carol Lingsch, MS, Program Director

Address: 335 Shaw Avenue, McKeesport, PA 15132

Telephone: [REDACTED]

Email: [REDACTED]

Website: www.mycs.org

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

Date Incorporated: September, 1969

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

How did you hear about this RFP? *Please be specific.* Discussion amongst Providers at DHS Meetings and email sent out from Dr. Latika Davis Jones on March 11, 2020

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Christine Zellefrow	[REDACTED]	[REDACTED]
Contract Processing Contact	Carol Lingsch	[REDACTED]	[REDACTED]
Chief Information Officer	Becky Burkley	[REDACTED]	[REDACTED]
Chief Financial Officer	Thomas Rector	[REDACTED]	[REDACTED]
MPER Contact*	Margaret Ogurchak	[REDACTED]	[REDACTED]

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

BOARD INFORMATION

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

Board Chairperson Name & Title: See Attached

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

Board Chairperson Address: See Attached

Board Chairperson Telephone: See Attached

Board Chairperson Email: See Attached

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization. *Please do not use employees of the Allegheny County Department of Human Services as references.*

Stacie Brown, CRS, CRFS, Opioid Response Outreach Coordinator, Allegheny County Health Department, [REDACTED]

Aaron Arnold, MPH, Executive Director, Prevention Point Pittsburgh [REDACTED]

Dr. Tracey Conti, Medical Director, Latterman Clinic [REDACTED]

PROPOSAL INFORMATION

Date Submitted 5/4/2020

Amount Requested: \$214,943.96

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

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

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 is 105 points.

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

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

MYCS began providing drug and alcohol services to the Mon Valley in 1973. MYCS staff providing these services, including outpatient substance use, TASC Intervention services, crisis services and case management, have over 75 years of combined experience in this field and are dedicated to the work they perform. Since 1973, the Mon Valley has undergone significant financial hardship with the closing of the steel industry. Because of this, the surrounding communities started to see an increase in drug and alcohol usage and mental health decline. MYCS recognized this need and began increasing our footprint in this area to assist with the demands of the community. We have since delivered many types of substance use services to adults and adolescents. These services include: Outpatient, Intensive Outpatient, Partial Hospital, Case Management and intervention levels of care. MYCS also operated the Ielase Institute in the city of Pittsburgh, which accommodated individuals with drug, alcohol and forensic needs. Recently, our substance use services took on the acronym, ATIS (Addiction Treatment and Intervention Services) to reflect the changes in the field. This umbrella includes the already mentioned levels of care and the TASC (Treatment Alternatives for a Safer Community), Driving Under the Influence (DUI) and the Underage Drinking, (UAD) program which receives referrals from community providers such as the courts and schools via the district magistrate offices. This UAD program provides 8 hours of class instruction to adolescents. Topics include: underage laws, peer pressure, decision making and review of adult DUI laws. In the past, MYCS also operated a recovery oriented social club that was fully self-sufficient for many years. The Sahara Club was a place for individuals in recovery to meet and connect with individuals in the community that could help them navigate through their personal struggles or provide guidance regarding relationships. In 1997 an outreach component was added to TASC. This service offered HIV street testing to high risk individuals when few other providers realized the need. MYCS staff met with individuals on the streets for testing. The target population at this time was women, specifically those actively using drugs and/or participating in prostitution but would assist any individual for testing. Soon after, components related to individuals who

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were homeless were added to aid those that had no insurance or permanent address. Often these individuals were young adults at risk. Staff would support them with obtaining a GED or job search. In 2017, McKeesport had the second highest Opioid related overdose deaths of any community outside of the city of Pittsburgh. The need for substance use services in this community is very high. MYCS continues to provide the treatment programs that were started over 35 years ago. Individuals that call for services are provided with an assessment that includes an ASAM determining level of care. Individuals are then offered services related to their scores, whether at MYCS or at another provider of their choice. MYCS case managers work with all individuals to ensure they are referred to the recommended level of care. If an individual chooses to attend services at MYCS we offer the following programs: Intensive Outpatient - Groups are offered three times a week and individual sessions with a therapist a minimum of once per week, and Outpatient - Offers 1 group per week and 1 individual therapy session weekly or biweekly. Both IOP and Outpatient utilize several evidence-based assessments and modalities including the Socrates to assess readiness, PHQ-9 for depression, MISA for co-occurring needs, and the ACE to identify childhood trauma. While in treatment, staff utilize Motivational Interviewing and supervisors are trained in MIA-STEP. With that, therapists record a minimum of 1 session per month and the supervisor is trained to score them on adherence and competency. Feedback is then provided to the staff person during clinical supervision and plans are implemented to increase skills and adherence. Therapists also practice Reality Therapy and Cognitive Behavioral Therapy (CBT). MYCS is currently participating in an initiative with ACHI and Case Western Reserve that is designed to move treatment in a more co-occurring direction. In 2016, Case Western visited MYCS and provided an assessment on improving co-occurring services. Since that time, MYCS has provided more thorough assessments such as the MSSA-SA, and the SOCRATES. MYCS continues to participate and will move forward with changes based on the recommendations of this initiative. Approximately five years ago, MYCS also added assessments at the Community Resource Center (CRC). Probation officers refer individuals to staff who then meet them on site at the CRC. Staff complete an assessment and provide a referral to the appropriate level of care and work very closely with the probation officers to ensure that the individuals follow through with all recommendations.

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.

Since 1994, the MYCS TASC program has been providing intervention and outreach services to the Mon Valley, the city of Pittsburgh and other surrounding communities. The population served includes adolescents and adults that do not meet the criteria for treatment, but their lifestyle and substance use is having a negative impact on their lives. These individuals face a consortium of psychosocial problems. One of the biggest barriers is homelessness. Individuals that have a long history of using substances often are unable to sustain an adequate living situation. Other obstacles often include legal problems, lack of education, maintaining rewarding employment and access to services such as treatment or learning basic life skills. The TASC program is equipped to refer and link people with these needs. MYCS offers many of these programs from Supported Housing, Supported Employment Services and Psych/Soc Rehab that assists with resume writing, budgeting skills and developing/maintaining meaningful social interactions, TASC staff assist individuals with connecting with these programs and many others outside of MYCS. The TASC outreach program provides educational services to all community

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groups, venues and individuals. We provide table displays along with education and referral to attendees of workshops and wellness fairs. Over the past year, TASC averaged 11 events per month interacting with approximately 300 people per month. Trainings provided include: STI/STD/ Hepatitis/ TB/HIV Education and Prevention, and Overdose Prevention and Education. Staff will provide other education and training depending upon the request. TASC staff also provide one on one and group Narcan training including distributing Narcan kits. Over the past 9 months, we have distributed 241 kits. Each group averages approximately 10 people. The TASC Education Group is a program for at risk individuals who are involved in the criminal justice system. Staff work with the referral sources, often court or schools, to provide updates on individuals. Curriculum presented within the groups include: Effects of Substance Use on Self, Effects of Substance Use on Families, Dealing with Stress/ Grief- means of coping, Overdose Prevention and Stages of Change. Groups are modified depending upon the members, their needs and requests, and referrals and linkage.

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.

MYCS has a long history of partnering with community providers such as the Allegheny County Jail and the Community Resource Center (CRC). MYCS has interfaced with the county jail for more than 30 years. We continue to assess individuals in the jail for mental health and substance use needs following an incarceration. MYCS also works with county jail staff to ensure that individuals who are incarcerated receive the prescribed medications during their time in jail. The CRC is also a partner of MYCS. Our staff are onsite weekly to assess and offer resources to individuals on probation. They work with the probation officers to discuss a consumer's stage of change and what referrals would be appropriate for those individuals. In 2018, Allegheny County, OBH, CCBH and AHCI offered a Pay for Performance Initiative that made Naloxone available to all community staff including clinicians, service coordinators and other community-based staff. The plan was to provide Naloxone education and overdose prevention to members of each provider to have readily available when encountering someone in the midst of an overdose. When AHCI realized that they did not have staff to train the selected trainers at each of these organizations, they reached out to the TASC staff at MYCS. TASC staff provided all of the initial trainings for this Pay for Performance. Currently, TASC is partnering with the Allegheny County Health Department to provide Naloxone to the community. We also work closely with Penn State Allegheny to provide drug and alcohol education, overdose prevention and readily participate in wellness fairs, to those students. We are currently in the process of partnering with Prevention Point Pittsburgh to develop a needle exchange within the city of McKeesport. The TASC staff also cofacilitate the McKeesport SHIP (State Health Improvement Plans) and are members of the Clairton, Duquesne and Braddock SHIP. Overdose Prevention and Narcan distribution is also offered regularly at the Kane Community Living Center in McKeesport. This facility provides skilled nursing care for individuals with substance use disorders. MYCS staff also provide this education to community rehab programs such as First Step Recovery, Harbor Light, MYCS DUI program and personal care homes such as McKeesport Senior Care. Providing information during recovery focused 5K runs and walks have also been a focus of this program for years. They were part of the original organizing committee 20 years ago for the McKeesport HIV walk held yearly in October and continue to be

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a part of this event. Staff also partner with local religious organizations to offer support and education to the congregates in need.

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

.5 Intervention Services

Provide your plan for .5 Intervention Services that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate .5 Intervention Services.
 - b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen.
 - c. targets community(ies) where high needs exist and explains why they were chosen.
 - d. addresses one or more of the three target population categories and explains why they were chosen.
 - e. addresses one or both Pre-Treatment Linking and Pre-Treatment Mentoring Programs.
 - f. describes how Motivational Interviewing and any other evidence-based and/or evidence-informed practices will be used.
 - g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured.
 - h. describes how to meet the required 60% billable rate.
 - i. describes how to meet the needs of a culturally diverse population and those with special needs.
 - j. describes how the proposed .5 Intervention Services enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer’s organizational structure
- a. MYCS (TASC Program) has established solid relationships with numerous service providers/community stakeholders in the Mon Valley Region in Allegheny County and surrounding areas. We will continue to build upon those relationships to enhance the knowledge and wellbeing of the target population that we serve. TASC will continue to work with our current partners which include: Allegheny County Health Department (ACHD) , Prevention Point, First Step Recovery, Harbor Light, Kane Hospital (SUD unit), soup kitchens, faith based organizations, Allegheny County Adult Probation/Parole, colleges such as: Greater Allegheny – Penn State, CCAC-South, IUP/Waynesburg in Monroeville, high schools: McKeesport and Clairton, Community Organizations: Take Action-Mon-Valley, Mon-Valley Providers Council HIV Working Group, Salvation Army and others. MYCS TASC Program will continue active membership in the PA State Health Improvement Plan (SHIP) Meetings. MYCS participates in four local chapters which includes Duquesne, Clairton, Braddock and McKeesport; we co-facilitate the McKeesport Chapter and have been active for more than twenty years. The purpose of the meetings is to assess the needs of the community and to provide a holistic approach for a healthier and safer community as well as provide the community at large with referrals and linkage to various needed services such as medical, behavioral health, food banks, energy assistance, housing, after school programs, senior wellness programs, and transportation. The membership has enabled MYCS to help identify community needs and bring identified information to community events/venues. Connecting with these programs within the

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community, TASC Staff will engage with individuals; this will enable TASC to identify those at risk and in possible need of services. Once TASC identifies the individuals, they will interface with them in a one on one meeting. At this point we will assist the individual with recognizing risky behaviors and will provide referrals and linkages to needed services.

b. There are several areas to target currently. We have been working with individuals for several years on overdose prevention, decreasing overdoses and overdose deaths. We have also had a focus on alcohol use and communicable diseases related to drug use. With the increase in vaping, especially in the younger population, this will be a focus for the next year. These areas of need are the focus due to the high poverty rate. The poverty rate in the state of PA is 13.1%; however, in McKeesport alone the rate is 33.1%. One in three residents of McKeesport live in poverty and they have no way to access treatment. The Mon Valley has historically a higher than average rate of overdoses and overdose deaths. Fortunately, the city of McKeesport has decreased in both areas over the past year. We like to think this was due to MYCS having a program that identifies and responds to those in need. The other area of focus that we have is HIV/STI/Hepatitis/TB. A press release from the CDC dated 4/9/2020, data shows that chronic Hepatitis C infection affects every generation and recommends that every adult should be tested at least once in their lifetime for this curable infection. In this press release it states Hepatitis C was primarily a concern for the baby boomer generation, as well as people with risk factors, such as injection drug use, and that awareness of Hepatitis C infection still lags, only 61% of people with hepatitis C between 2015 and 2018 were aware of their infection. With our work in the community, we hope to have an impact on this group of individuals as well.

c. As stated above, the Mon-Valley area, including towns of McKeesport, Glassport, Clairton and Duquesne, have a high incidence of poverty, substance use and mental health disorders. We know that individuals living in poverty are likely to live in places without the resources to provide a safe and healthy environment. In this area, there are many public housing communities including Crawford Village, Harrison Village and high rises such as Midtown Plaza and Isbir Manor. With low income housing, a higher than average rate of drug use and an increase risk of HIV/ Hepatitis is known to happen. These communities are in need of programs that assist with intervention and support with changing their way of life. We are located in this geographical region and can provide supports to these communities.

d. We plan to target all three categories, Universal, Selective and Indicated. The primary focus will be in Indicated to allow staff to connect individually with people to be better able to provide motivational interviewing skills. Selective and Indicated may also be used with larger groups of people such as wellness fairs for individuals seeking information on their own recovery or for friends or family. The goal in all three categories is to share information to the target population whether it be at events or in groups; the information is aimed to increase knowledge and change attitudes towards substance use (and related topics) which is an avenue to influence behaviors and reduce the degree of risk.

e. Although the current TASC staff are not CRS certified, they have lived experience which enables them to meet individuals in a non-judgmental fashion and safe environment. They already have the ability to connect and mentor those they interact with that may be in the very early stages of recovery. After a relationship of trust has been established, TASC staff can then present options which can lead to a warm hand off through pre-treatment linkage. Due to the

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current TASC staff not being certified, we will focus on 1. Pre-Treatment Linking and have plans to have both staff attend a future CRS certification course to be able to also provide the 2. Pre-Treatment Mentoring.

f. TASC utilizing life experience as mentors supports evidence-based practices. Having lived the experiences prior to being in recovery, these staff understand the challenges people face in in their lives. They are committed to making a difference and their lived experience allows them to both engage and empathize with the clients they serve. When TASC staff are at events, providing group presentations or interacting with individuals, we utilize Motivational Interviewing (MI) for engagement purposes, meeting individuals where they are in their present journey. MYCS uses MI as a tool that leads individuals to explore their ambivalence regarding change. Working collaboratively, we help them to explore and strengthen their motivation for self-change as well as to identify what stage of change they may be in presently. For example, rather than just providing information when facilitating a group presentation, we might use the readiness ruler (scale of 1 to 10) to move the conversation forward; we might ask about the importance of change and how confident are they that they could change if they chose this for themselves. This dialogue could lead into further conversation to assess cost/benefits, acknowledge external factors and assist in finding internal motivators to help the individual move into the action phase. In the action phase we would be able to provide resources and opportunities to facilitate any identified change. MI is grounded in respect, acceptance, compassion and every individual deserves to be treated utilizing this approach.

g. MYCS provides ongoing training opportunities to enhance skill development and service delivery. Supervisors also provide regularly scheduled individual and group supervision on a consistent basis. All staff receive training in the following areas: MI, Cultural Competency/LGBTQ, TB/STD/Hepatitis, Confidentiality, Case Management Overview, Addictions 101, Basic HIV, Recovery Oriented Systems, CPR/First Aid, Harm and Risk Reduction, Comprehensive Crisis Management, Suicide Safe T Model, and Trauma Informed Care. Several of these have yearly competency reviews such as MI, Suicide Assessment, Trauma Informed Care and LGBTQ. The program utilizes feedback forms and satisfaction surveys to identify areas that need improvement and will also utilize this information to build upon a positive aspect of programming. Quarterly reviews are also in place to look at adherence with standards and scheduling.

h. MYCS will continue to be an active participant in community planning meetings and events to promote wellness, health and recovery. Staff will also participate in regularly scheduled educational and community events. This networking will lead to an increased presence in the community and will result in connections with individuals seeking an assessment and services. Staff will work diligently to network and connect with individuals and groups within MYCS and the local community. Productivity will be monitored by the supervisor to ensure compliance and will work with the staff to develop plans of improvement if they fall below the expected level.

i. MYCS Case Managers have life experience in recovery and are culturally aware and sensitive to the needs of the population that we serve. When selecting new hires, MYCS prioritizes hiring staff with relevant experience as it relates to the local community and the population that we serve. The focus is on hiring those with diverse backgrounds, gender, race, sexual orientation and age to better connect with those in the community seeking help. While delivering services,

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TASC staff consider the needs of each individual and base their actions with regard to this. Some changes may include ensuring an individual with mobility issues is greeted and served as close to the entrance as possible. Individuals with a hearing disability would be provided with a sign language interpreter or those that speak a different language would be provided with an interpreter fluent in their language. Those unable to read would be assisted by the staff to ensure they fully understand any information given to them. MYCS understands that individuals with disabilities are capable of the same needs and feelings as others and we will work to ensure that our message to them is received.

j. MYCS and DHS have worked hand in hand with the philosophy being people helping people. Intervention Services is an integral part of the continuum of care in Allegheny County and at MYCS. The common goal is to improve the health, wellness and recovery of adolescents and adults with substance use disorders through Intervention Services. MYCS engages and appreciates educating people on issues such as overdose prevention and the administration of Naloxone, HIV/STD/Hepatitis/TB, the effects/consequences of various drugs on self and others, harm reduction, and linking and referring individuals to much needed resources that are available throughout the community that they might otherwise not know of. MYCS is currently working very closely with the Allegheny County Health Department (ACHD), specifically Stacie Brown, Opioid Response Outreach Coordinator. With Ms. Brown, we are receiving direct referrals and ACHD is providing warm handoffs to the TASC program to assist with overdose education and administration of Naloxone. The ACHD also recruited TASC staff as part of a panel of professionals in discussion of breaking down the barriers and stigma around Opioid use and overdose. This panel presentation, titled Community Conversation: Opioids, Treatment, and Overdose Prevention Roundtable Discussion was presented in McKeesport, Penn Hills and Braddock in the fall of 2019. TASC also assisted ACHD with the Mon Valley Pop Up Drug and Alcohol Education Fair in December 2019. This was hosted at the MYCS site but due to little traffic, staff moved the table out to the street where they then dispensed 82 Narcan kits.

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.

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- 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.
- a. MYCS has a long history of working with a variety of community providers in the Mon Valley area as well as DHS. These connections have enabled MYCS to identify both opportunities and areas of need and bring that information to community providers, events and venues to enact change. Connecting with these opportunities enables TASC staff to be better equipped to participate more fully in the community to meet the identified needs. As these challenges are identified, an educational curriculum will be developed by the TASC team with input from community stakeholders and DHS team members. Services will be offered to identified individuals in need and the community at large. During group sessions additional needs from community members may arise that will necessitate the group to evolve and incorporate other identified group topics. Remaining flexible and fluid is essential to keep group members engaged in the process. For example, we recently learned through the COVID-19 pandemic that not only individuals' needs but modes of service delivery must change to keep up with the needs of the community. MYCS has the capability to use video technology in a group setting to connect with individuals who are not able to be seen outside of their residence. Some examples of groups include: Identifying a Substance Use Disorder, Relapse Prevention, How Substance Use Effects Yourself and Your Family, and Stages of Change.
- b. As stress, anxiety and fears increase so will the need for individuals to engage in services related to substance use and the development of coping skills. MYCS TASC staff will be able to facilitate educational groups that focus in these areas and create a safe space for individuals to share experiences, show strength and foster hope. TASC staff are well versed in community resources as well and will be able to provide linkages and referrals to other identified services. Currently, TASC staff are providing support to individuals struggling with the Opioid crisis. Along with this, we have been working in areas of overdose prevention, including decreasing overdoses and overdose deaths. We have also had a focus on alcohol use and communicable diseases related to drug use. With the increase in vaping, especially in the younger population, this will be a concentration for the next year. These areas of need are the focus due to the high poverty rate and the increased drug use in the area. The poverty rate in the state of PA is 13.1%; however, in McKeesport alone the rate is 33.1%. One in three residents of McKeesport live in poverty and they often have little means to access treatment. The Mon Valley has, historically, a higher than average rate of overdoses and overdose deaths. Fortunately, the city of McKeesport has decreased in both areas. We like to think this was due to having an MYCS program that identifies and responds to those in need. The other area of focus that we have is HIV/STI/Hepatitis/TB. A press release from the CDC dated 4/9/2020 reports new data shows that chronic Hepatitis C infection affects every generation and recommends that every adult should be tested at least once in their lifetime for this curable infection. In this press release it states Hepatitis C was primarily a concern for the baby boomer generation, as well as people with risk factors, such as injection drug use and that awareness of Hepatitis C infection still lags, only 61% of people with Hepatitis C between 2015 and 2018 were aware of their infection. With our work in the community, we hope to have an impact on this group of individuals as well.
- c. As stated above, the Mon Valley area, including towns of McKeesport, Glassport, Clairton and Duquesne, have a high incidence of poverty, substance use and mental health disorders. We know that individuals living in poverty are likely to live in places without the resources to

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provide a safe and healthy environment. In this area, there are many public housing communities including Crawford Village, Harrison Village and high rises such as Midtown Plaza and Isbir Manor. With low income housing, a higher than average rate of drug use and an increase risk of HIV is known to happen. These communities are in need of programs that assist with providing intervention and skills to help individuals increase their quality of life.

d. The primary focus for group will be selective in order to have individuals who can easily relate and support one another. Curriculum will be identified and offered to group members based on risk level and need. Groups provided will be open ended or offered on an individual basis depending on the topic and the individual's ability to participate. Individuals within the group will have the ability to interact, learn and support one another. Group discussions will be based on the identified requests and needs of the group or the community at large.

e. The initial plan is to complete one to four groups per month based on the identified community needs. Topics could include but are not limited to at risk behaviors, substance use related issues such as: Opioid Crisis – effects on self and significant others, overdose prevention through Naloxone distribution, defining warning signs of substance use disorders/behaviors and consequences, co-occurring behaviors, vaping including available behavioral health, medical resources, and support groups in the community, coping techniques and healthy social activities. Staff will call on their lived experience which will enable them to lead groups in a non-judgmental fashion and safe environment.

f. TASC utilizes life experienced staff as mentors. This supports engagement, strong relationships and evidence-based practices. Having the lived experience prior to being in recovery, these staff understand the challenges that individuals face. They can fully relate to helping to make a difference. This experience allows them to provide services in a nonjudgmental way and with a personal perspective. When providing groups, we utilize Motivational Interviewing for engagement purposes. Motivational Interviewing is used to meet individuals in whatever stage they are in during their present journey. MYCS uses MI as a conversation that can lead people to talk about the ambivalence of change and to explore and strengthen one's own motivation for self-change. By identifying what stage of change an individual is in, approaches can be developed to work effectively with them. Using MI leads to further conversation to assess cost/benefits, acknowledge external factors and assist in finding internal motivators to help the person move into the action phase which is when we often see change. MYCS staff have been trained in MI and believe in this approach and have seen positive outcomes due to utilizing it with those we serve.

g. Staff will continue to attend trainings to further enhance engagement skills, cultural diversity and MI. On-going supervision and case reviews will be conducted by the supervisor to ensure compliance with the MI model and to ensure fidelity. Weekly staff meetings will be provided to give the team the opportunity for peer support and guidance, weekly individual supervisions sessions will also be provided to identify and increase skill sets and job performance. MYCS will use Feedback Forms/ Satisfaction Survey results to help guide services and make necessary improvements. Quarterly reviews will ensure adherence and best practice standards. TASC staff are currently trained in the following: MI, Cultural Competency/LGBTQ, TB/STD/ Hepatitis, Confidentiality, Case Management Overview, Addictions 101, Basic HIV, Recovery Oriented Systems, CPR/First Aid, Harm and Risk Reduction, Comprehensive Crisis Management, Suicide

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SAFE T Model and Trauma Informed Care. Several of these have yearly competency reviews such as MI, Suicide Assessment, Trauma Informed Care and LGBTQ.

h. Staff will hold regularly scheduled groups that will be filled via networking and connecting with individuals and groups within MYCS and in the community at large. The supervisor will work with the staff to ensure that scheduling is robust, and time is being managed in an effective way that will promote the 60% billable rate. Regular reports will be run to assess billable hours and identify any shortfalls. Group times will reflect the preferences of the individuals served in order to increase participation.

i. When selecting new hires, MYCS considers hiring staff with life experience as it relates to the population that we serve. The focus is on hiring those with diverse backgrounds, gender, race, sexual orientation and age to better connect with those in the community seeking help. Current MYCS Case Managers have life experience in recovery and are culturally aware and sensitive to the needs of the population that we serve. Staff will continually enhance their understanding of culturally diverse populations via ongoing education and trainings. While delivering services, TASC staff consider the needs of each individual and base their actions with regard to this. Some changes may include ensuring an individual with mobility issues is greeted and served as close to the entrance as possible. Individuals with a hearing disability would be provided with a sign language interpreter or those that speak a different language would be provided with an interpreter fluent in their language. Those unable to read would be assisted by the staff to ensure they fully understand any information given to them. MYCS understands that individuals with disabilities are capable of the same needs and feelings as others and we will work to ensure that our message to them is received.

j. Intervention Services is an integral part of the continuum of care in Allegheny County and at MYCS as well. The common goal of MYCS SUD programs is to improve the health, wellness and recovery of adolescents and adults with substance use disorders. By providing Intervention Services we can be proactive and prevent negative outcomes for those we serve and the community at large. MYCS provides education and community programs on issues such as: overdose prevention and the administration of Naloxone, HIV/STD/Hepatitis/TB, the effects/consequences of various drugs on self and others, harm reduction, and linking and referring individuals to much needed resources that are available throughout the community. Providing group intervention on these topics will allow MYCS to serve many individuals at the same time, offering both staff and peer support to those in need. This service would be an important addition to the services already offered at MYCS.

Outreach

Provide your plan for Outreach that:

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

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- e. addresses all of the acceptable Outreach activities (e.g., Material Distribution, Intervention Education, Safe Practice).
 - f. describes how Motivational Interviewing and any other evidence-based and/or evidence-informed practices will be used.
 - g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured.
 - h. describes how to meet the required 60% billable rate.
 - i. describes how to meet the needs of a culturally diverse population and those with special needs.
 - j. describes how the proposed Outreach enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure.
- a. MYCS (TASC Program) has established solid relationships with numerous service providers/ community stakeholders in the Mon Valley Region in Allegheny County and surrounding areas. We continue to build upon those relationships to enhance the knowledge and wellbeing of the target population that we serve. TASC will continue to work with our current partners which include: Allegheny County Health Department (ACHD), Prevention Point, First Step Recovery, Harbor Light, Kane Hospital, Soup Kitchens, Faith Based Organizations, Allegheny County Adult Probation/Parole, Take Action-Mon-Valley, Mon-Valley Providers Council HIV Working Group, Salvation Army, colleges such as: Greater Allegheny – Penn State, CCAC-South, IUP/Waynesburg in Monroeville, high schools: McKeesport and Clairton and community organizations. MYCS TASC Program will continue active membership in the PA State Health Improvement Plan (SHIP) Meetings which works to assess the needs of the community and to provide a holistic approach for a healthier and safer community as well as provide the community with referrals and linkage to needed services. MYCS participates in four local chapters of SHIP including Duquesne, Clairton, Braddock and McKeesport; we co-facilitate the McKeesport Chapter and have been active for more than twenty years. Once TASC identifies at risk individuals, they will interface with them in a one on one meeting during which, we will assist the individual with recognizing risky behaviors and will provide referrals and linkages to needed services. The MYCS TASC team will continue to build relationships with Allegheny County Health Department and Prevention Point to address the needs of the Mon-Valley in overdose prevention and the administration of Naloxone. In 2019 TASC participated in the PA Narcan Give Away Day along with Allegheny County Health Department. This was the second year in a row that we participated, and we were the only designated site in the Mon Valley Region, giving out 89 Nar Can kits. Providing street outreach allowed us to distribute the majority of the kits. MYCS administration saw a need for all staff to be trained in overdose prevention and implemented mandatory training across the agency. To date, TASC continues to train all new hires on overdose prevention and the administration of Naloxone. In March of 2018, MYCS TASC participated with Allegheny County Office of Behavioral Health Naloxone Access Initiative in a Train the Trainer event. The TASC staff supplied resources and trained Community Treatment Teams, Service Coordination (adult and youth) and Residential Programs in the Pay for Performance Initiative. TASC continues to attend events that educate community members about substance use and the negative consequences and effects that can occur. Topics can include but are not limited to: overdose prevention, FASD, communicable diseases, HIV/ STD/HEP/TB, Driving Under the Influence and Coping with Stress/Grief. TASC will also continue to provide education groups to high risk individuals focusing on education around substance use. Topics include: substance use and its relationship to communicable diseases and

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life skills. Examples include: grief, coping, support systems, housing, food, childcare and behavioral health services as well as HIV/STD/ Hepatitis/TB, where to be tested and preventative measures. TASC will continue to facilitate groups on overdose and Naloxone education as well as purchasing and/or distribution of kits to individuals that are high risk. This may be in a group setting or individually. Additionally, staff will continue to present to various community venues/ organizations via group settings regarding overdose prevention, administration, and distribution of Naloxone. Often, these large events consist of over 50 attendants requiring more than one staff person to attend to ensure that all participants receive the information that they are seeking. Locations include but are not limited to Mon Yough, CRC-McKeesport, McKeesport First Step, Harbor Light, Kane Hospital, Libraries, Soup Kitchens, local churches, behavioral health providers, colleges, and high schools. The Mon Valley region has been identified as an at-risk population for poverty. As you know, poverty does not just include lack of or low finances but also inadequate education, childcare, limited access to basic services or resources and social discrimination. Mon Yough can be the organization to fill that gap. MYCS operates in areas where some of the greatest needs are and we can help to alleviate those social disparities.

b. MYCS has offered a wide variety of services including but not limited to overdose prevention education and the administration of Naloxone. In 2017 we understood that the Opioid epidemic was ravaging the community. We wanted to begin to make a difference and assist in any way that we could. Thus, we began to explore, plan and implement our Overdose Prevention Program. With the Opioid epidemic being a priority, specifically in the Mon Valley, MYCS TASC Program developed services that include but are not limited to: intervention education – conducting trainings on overdose prevention and the administration of Naloxone, material distribution – including hand cards/flyers containing overdose information and community advertisement on Save a Life and Carry Narcan, at community engagement/ community p, resource fairs, hosting events, group and/or individual presentations, partnering with other agencies/stakeholders/community organizations. Looking at the Mon Valley Region of Allegheny County, there is a decrease in fatal overdoses between 2018 and 2019. However, during that time we have seen a mild increase in non-fatal overdoses. What that tells us is that people are still using but have the tools to save lives (Nar Can). In McKeesport we have also seen the trend of a decrease in both fatal and non-fatal overdoses. This leads us to believe our efforts are effective, but our work is not done. We recognize that with continued efforts and funding we can ensure people will have access to Narcan and lifesaving treatments. The statistics were supplied by Stacie Brown, Overdose Prevention Outreach Coordinator of Allegheny County Health Department Overdose Prevention Program:

	Mon Valley		McKeesport	
	Fatal Overdoses	Non Fatal Overdoses	Fatal Overdoses	Non Fatal Overdoses
2018	45	187	15	61
2019	36	196	8	55

At MYCS our focus is to continue to collaborate with many of the stakeholders, such as DHS, ACHD and Prevention Point Pittsburgh (PPP), to bring awareness to the community and break through the stigma that is still present with the Opioid crisis. The CDC reports 128 people die every day from an Opioid overdose. This means that there is still more work to be done and the Mon Valley is in need of this service. Another priority issue is HIV/STI/Hepatitis/TB. MYCS is

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committed to educating at risk individuals and the community at large on communicable diseases as it relates to substance use as well as link individuals to beneficial services. A press release from the CDC, dated 4/9/2020, reports new data shows that chronic Hepatitis C infection affects every generation and recommends that every adult should be tested at least once in their lifetime for this curable infection. Also reported, nearly 1 million Americans are living with Hepatitis C and are not aware that they have it. Treatment for Hepatitis C can cure the disease, eliminating a serious and potentially deadly health threat to those with the infection, and preventing transmission to others. The Bureau of Assessment, Statistics and Epidemiology, Allegheny County Health Department reports that the rate of newly reported Hep C infections is consistently higher in Allegheny County compared with the rest of PA, excluding Philadelphia. With that being said, TASC will continue to promote awareness about substance use and its relationship to contracting communicable diseases. This education can be completed in a group setting, as well as individually and at various events and venues through educational materials, referrals and linkage to requested and needed services. The information that is covered in a group presentation is as follows: Bacterial versus Viral, Treatment versus Cure, Protection versus Infection, Slide show presentation for common diseases in our region, condom demonstrations as well as condoms being given out to promote safety and wellness, and information on treatment services in the region. Question and answer periods throughout the presentations are always offered along with distribution of pamphlets. MYCS is currently partnering with Prevention Point to bring a Needle Exchange Program into the Mon Valley. When this occurs, Hepatitis C testing will be available for the community at large. The barriers to access in the Mon Valley consist of poverty, homelessness, transportation and childcare. Partnering with Prevention Point and providing this service in McKeesport will enable the residents of the Mon Valley to access this much-needed service and will improve the health, wellness and recovery of this community. MYCS wants to be a part of the solution by increasing awareness, promoting treatment and referring individuals to various treatment services. MYCS can be a part of eliminating a serious and potentially deadly health threat to those infected and through education preventing transmission to others.

c. MYCS proposes to continue our work with substance use with at risk individuals and the community at large in the Mon Valley. A mainstay for fifty years, we understand the needs of the area and are a trusted provider of outreach, substance use and mental health services. MYCS proposes to target the priority issues of overdose prevention, FASD, communicable diseases - HIV/STI/Hepatitis/TB, driving under the influence, various coping skills as it relates to substance use (stress/grief) and reinforcing various support systems. When individuals receive education around overdose prevention and the administration of Naloxone, as well as breaking through the stigma that surrounds Naloxone, we know lives can and have been saved. In speaking with family members, we know that Naloxone works in saving lives and gives family members resources for themselves and their significant others which can and does instill hope.

d. MYCS is targeting all three categories; Universal, Selective and Indicated. Activities conducted at health and community neighborhood fairs would target the general public. From those, we may then network with individuals in more specialized community groups. such as religious organizations, and other audiences. Often those interactions lead to one on one discussions with individuals in need. The goal in all three categories is to share information to the target population whether it be at events or in groups. The information is aimed to increase knowledge and change attitudes towards substance use and related topics.

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- e. Material distribution, intervention education and safe practices gives us an opportunity to engage with individuals whether it be one on one or in a group setting. MYCS has participated in many types of community events. Information is distributed on various topics as it relates to substance use, mental health, non-treatment needs and community resources that are available to individuals. This gives us an opportunity to speak to individuals, answer any questions they may have and make referrals to needed services. Intervention education gives us the opportunity to meet individuals where they are and provide education on topics such as overdose prevention, the administration of Naloxone, HV/STD/Hepatitis C/TB, coping skills, or decision making, etc. Intervention education assists individuals with critical analysis, exploring coping skills and decision making which can reduce risk.
- f. When at events, doing group presentations or interacting with individuals, we utilize Motivational Interviewing for engagement purposes. Motivational Interviewing is used to meet individuals where they are in their present journey. MYCS uses MI as a tool that leads individuals to explore their ambivalence regarding change. Working collaboratively, we help them to explore and strengthen their motivation for self-change as well as to identify what stage of change they may be in presently. For example, rather than just providing information when facilitating a group presentation, we might use the readiness ruler (scale 1 to 10) to move the conversation forward. We might ask about the importance of change and how confident are they that they could change if they chose this for themselves. This dialogue could lead to further conversation to assess cost/benefits, acknowledge external factors and assist in finding internal motivators to help the individual move into the action phase. In the action phase, we would be able to provide resources and opportunities to facilitate any identified change. MI is grounded in respect, acceptance, compassion and every individual deserves to be treated utilizing this approach.
- g. Staff will continue to attend trainings to further enhance engagement skills, cultural diversity and motivational interviewing. On-going supervision and case reviews will be conducted by the supervisor to ensure compliance with the MI model and to ensure fidelity. Weekly staff meetings will be provided to give the team the opportunity for peer support and guidance, weekly individual supervision sessions will also be provided to identify and increase skill sets and job performance. MYCS will use Feedback Forms/ Satisfaction Survey results to help guide services and make necessary improvements. Quarterly reviews will ensure adherence and best practice standards. TASC staff are currently trained in the following: MI, Cultural Competency/LGBTQ, TB/STD/Hepatitis, Confidentiality, Case Management Overview, Addictions 101, Basic HIV, Recovery Oriented Systems, CPR/First Aid, Harm and Risk Reduction, Comprehensive Crisis Management, Suicide SAFE T Model and Trauma Informed Care. Several of these have yearly competency reviews such as MI, Suicide Assessment, Trauma Informed Care and LGBTQ.
- h. Staff will participate in on-going, regularly scheduled commitments and events. These will be monitored by the supervisor to ensure compliance and overall response. Staff will continue to work diligently with networking and connecting with individuals and groups within MYCS and in the community. The supervisor will immediately address any challenges staff may be experiencing to meet the 60% billable rate and action will be taken to make improvements.
- i. MYCS Case Managers have life experience in recovery and are culturally aware and sensitive to the needs of the population that we serve. At MYCS, the focus is on hiring those with diverse

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backgrounds, gender, race, sexual orientation and age to better connect with those in the community seeking help. While delivering services, TASC staff consider the needs of each individual and base their actions with regard to this. Some changes may include ensuring an individual with mobility issues is greeted and served as close to the entrance as possible. Individuals with a hearing disability would be provided with a sign language interpreter or those that speak a different language would be provided with an interpreter fluent in their language. Those unable to read would be assisted by the staff to ensure they fully understand any information given to them. MYCS understands that individuals with disabilities are capable of the same needs and feelings as others and we will work to ensure that our message to them is received.

j. Intervention Services is an integral part of the continuum of care in Allegheny County and at MYCS. The common goal is to improve the health, wellness and recovery of adolescents and adults with substance use disorders through Intervention Services. MYCS engages and appreciates educating people on issues such as overdose prevention, the administration of Naloxone, HIV/STD/Hepatitis/TB, the effects/consequences of various drugs on self and others, harm reduction, and linking and referring individuals to much needed resources that are available throughout the community that they might otherwise not know of. MYCS is currently working very closely with the Allegheny County Health Department (ACHD), specifically Stacie Brown, Opioid Response Outreach Coordinator. With Ms. Brown, we are receiving direct referrals and ACHD is providing warm handoffs to the TASC program to assist with overdose education and administration of Naloxone. The ACHD also recruited TASC staff as part of a panel of professionals in discussion of breaking down the barriers and stigma around Opioid use and overdose. This panel presentation, titled Community Conversation: Opioids, Treatment, and Overdose Prevention Roundtable Discussion was presented in McKeesport, Penn Hills and Braddock in the fall of 2019. TASC also assisted ACHD with the Mon Valley Pop Up Drug and Alcohol Education Fair in December 2019. This was hosted at the MYCS site and they dispensed 82 Narcan kits in one day.

Other Treatment Related Services

Provide your plan for Other Treatment Related Services that:

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

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- 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.
- a. Networking with local services has enabled MYCS to help identify community needs and bring identified information to community events/venues. Connecting with these programs within the community, TASC staff will engage with individuals; this will enable TASC to identify those at risk and in possible need of services. Once TASC identifies the individuals, they can offer one-on one support in their areas of need.
- b. We have been working with individuals for several years on overdose prevention, decreasing overdoses and overdose deaths. We have also had a focus on alcohol use and communicable diseases related to drug use. These areas will be the focus of Other Treatment Related Services due to the increased risk of drug and alcohol usage in the Mon Valley area. With the poverty rate in McKeesport alone at 33.1% compared to an average in Pennsylvania of 13.1%, individuals are more exposed to the plights in the communities where they live. This higher than average poverty level often leads individuals to a lifestyle that includes drinking and drug use. Helping these individuals to lead a more positive and productive lifestyle is the focus of the intervention team.
- c. As stated above, the Mon Valley area, including towns of McKeesport, Glassport, Clairton and Duquesne, have a high incidence of poverty, substance use and mental health disorders. We know that individuals living in poverty are likely to live in places without the resources to provide a safe and healthy environment. In this area, there are many public housing communities including Crawford Village, Harrison Village and high rises such as Midtown Plaza and Isbir Manor. With low income housing, a higher than average rate of drug use and an increase risk of HIV/ Hepatitis is known to happen. These communities are in need of programs that provide intervention and assistance with changing their way of life. We are located in this geographical region and can provide supports to these communities.
- d. The population target for this selection would be Selective or Indicated. Assisting those one-on-one, mentoring and providing warm hand-offs would be completed best with individuals where the staff person can give undivided attention. This service may be provided to an individual that may be having difficulty connecting through other means. Offering groups with topics of risky behaviors, and relapse prevention would also be recommended.
- e. Services offered in this area may include warm handoffs from hospital ED's, treatment services where the individual assessed at a .5 LOC, Probation/Parole, or other provider that identifies the need for intervention services for individuals. Staff then connect with those people to discuss their needs and readiness for change. Staff can mentor the individuals and/or provide service under .5 Intervention service or group. TASC services may also set up a warmline to offer to the community to connect with individuals for information for themselves, for their family, friends or significant others. This service can be advertised to the community through direct contact with local providers and community organizations, flyers and on the MYCS website. Having individuals connect through this line will increase access for people who are unsure about their current needs.

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f. Providing this service, we would expect to see a continuation in the reduction of fatal and nonfatal overdoses in the area. Individuals receiving intervention services would be better equipped to understand when to reach out, and who to reach out to, in order to receive the services that they need. We will also expect to see individuals experience more insight and an increase in awareness of their substance use. Following through with the referrals recommended will, in turn, lead to improvement in other life domains of the individual's served. Homelessness would decrease, individuals would enroll in GED or other educational opportunities, obtain satisfying and inspiring employment, and/or develop positive and meaningful relationships with others. Responses from customer feedback surveys will determine patient experience satisfaction. These results will help to refine and improve service delivery within the program. Utilizing the MSSSI-SA, we would expect to see a decrease in this score as well as an increase in their SOCRATES scores that show they are moving closer to taking the necessary steps to making changes in their lives.

g. Documentation on individuals and group participants will be completed within the electronic medical record (EMR). This will allow us the opportunity to run reports and gather information regarding volumes and goal achievement. We will also be utilizing assessments such as MSSSI-SA which reviews a large spectrum of signs and symptoms associated with substance use disorders and the SOCRATES which is a 19-question assessment that focuses on identifying a person's readiness to change. Reports can be run from the EMR to determine if behaviors have changed from beginning to discharge. An 'on the spot' assessment may also be used. It may be 2-3 questions that they complete manually or electronically through Survey Monkey. Staff can then pull reports from those sources to determine satisfaction and outcomes. These assessments can also be continued as the individual moves through other levels of care within the MYCS programs. Feedback from the ACHD would also provide evidence of the continued decrease of fatal and nonfatal overdoses in this area.

h. Staff will network with the above-mentioned providers on a regular basis to ensure all appropriate individuals are being referred. Staff will continue to work diligently with individuals and groups within MYCS and in the community. The supervisor will immediately address any challenges staff may be experiencing to meet the 60% billable rate and action will be taken to make improvements. Supervisors will work with staff to ensure schedules are full and will provide assistance, when needed. Supervisor will also provide service if the staff person does not have the availability.

i. MYCS Case Managers have lived experience in recovery and are culturally aware and sensitive to the needs of the population that we serve. When selecting new hires, MYCS prioritizes hiring staff with relevant experience as it relates to the local community and the population that we serve. The focus is on hiring those with diverse backgrounds, gender, race, sexual orientation and age to better connect with those in the community seeking help. While delivering services, TASC staff consider the needs of each individual and adjust their service delivery accordingly. Some changes may include, ensuring an individual with mobility issues is greeted and served as close to the entrance as possible. Individuals with a hearing disability would be provided with a sign language interpreter or those that speak a different language would be provided with an interpreter fluent in their language. Those unable to read or process information would be assisted by the staff to ensure they fully understand any information given to them. MYCS understands that individuals with disabilities face many

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challenges and barriers to services. We are committed to working to ensure that individuals receive quality services in the manner that makes the most sense for their needs.

j. Intervention Services is an integral part of the continuum of care in Allegheny County and at MYCS. The common goal is to improve the health, wellness and recovery of adolescents and adults with substance use disorders through Intervention Services. MYCS engages and appreciates educating people on issues such as overdose prevention and the administration of Naloxone, HIV/STD/Hepatitis/TB, the effects/consequences of various drugs on self and others, harm reduction, and linking and referring individuals to much needed resources that are available throughout the community. As mentioned previously, MYCS is currently working very closely with the Allegheny County Health Department (ACHD), specifically Stacie Brown, Opioid Response Outreach Coordinator. With Ms. Brown, we are receiving direct referrals and ACHD are providing warm handoffs to the TASC program to assist with overdose education and administration of Naloxone. The ACHD also recruited TASC staff as part of a panel of professionals in discussion of breaking down the barriers and stigma around Opioid use and overdose. This panel presentation, titled Community Conversation: Opioids, Treatment, and Overdose Prevention Roundtable Discussion was presented in McKeesport, Penn Hills, and Braddock. TASC also assisted ACHD with the Mon Valley Pop Up Drug and Alcohol Education Fair in December 2019. This was hosted at the MYCS site where they dispensed 82 Narcan kits in one day.

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.

As part of UPMC, MYCS aggressively recruits qualified staff via the Talent Acquisition department dedicated to seeking out and hiring individuals well versed in the needs of the individuals served. UPMC/MYCS provides ongoing career development and a generous compensation package to retain committed and knowledgeable staff. MYCS staff also receive extensive trainings, including DDAP trainings such as Addiction 101, Confidentiality, HIV and TB/STD. Additional required trainings are outlined below in the training plan section. The TASC staff must also meet the training requirements set forth from Department of Human Services which states that each staff must have twelve hours of on-going training per year which MYCS has consistently met. MYCS provides mentor services to new hires. A more seasoned staff person is assigned to new staff who can assist with training and answering questions along with the supervisor. Competency reviews are assessed at 30, 60 and 90-day intervals to assist with job performance and will guide additional training needs. An annual performance evaluation is standard practice as well. Currently, the two staff members working in the TASC program both have lived experience and openly and honestly discuss this with the individuals that they interact with in their trainings, workshops and phone calls. Ideally, two staff would provide the identified services to the Mon Valley and surrounding communities. Group services would consist of 1 staff to no more than 10 group members. The intervention positions would be supervised by an individual with a bachelor's degree, certified alcohol and drug counselor and/or someone with lived experience. This program would be housed within the drug and alcohol services of ATIS where it can easily interface with other programs that can offer support. This

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program would also work collaboratively with other services within MYCS that offer skills beneficial to the identified individuals.

5. Describe your staff training plan.

Once hired, the individual is oriented to UPMC, MYCS, and their specific role.

Orientation for UPMC new hires includes a two day 'New Beginnings' seminar that reviews areas in the following:

- Compliance and Ethics Review
- Mandatory Trainings, that include areas of:
 - Bloodborne Pathogens
 - Environment of Care
 - Infection Prevention
 - Patient Safety
- Harassment-Free Workplace
- Creating an Inclusive Workplace
- Overview of the UPMC values:
 - Quality & Safety
 - Dignity & Respect
 - Caring & Listening
 - Responsibility & Integrity
 - Excellence & Innovation

Orientation for an MYCS is a 1-day training includes but is not limited to:

- Motivational Interviewing
- Stages of Change
- AIDET+ The Promise- This is a framework to help staff better communicate with patients and their friends/families.
- CISM
- LGBTQ
- Overdose Prevention (this training is provided by the TASC staff)
- Trauma Informed Care
- Suicidality Competencies

Once oriented to the clinic, the new staff person is also specifically trained in their position utilizing the 30/60/90-day competencies created for that specific role. This includes but is not limited to:

- Knowledge of the computer system
- Understanding of expectations
- Day to day processes
- Utilizing clear and effective communication
- Working as part of a team
- Interaction with community partners
- Co-Occurring Needs
- Confidentiality, HIPAA, D&A regulatory information and a solid understanding of recovery-oriented behavioral health services

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All staff are also required to complete CPR and Comprehensive Crisis Management (CCM) within 30 days of hire. MYCS staff receive both group and individual supervision on a consistent basis throughout their tenure.

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.

Staff that attend large community events or wellness fairs will deliver pamphlets and intervention information to those individuals. In order to identify the amount of information disbursed, staff will tally the number of brochures and booklets that were handed out to participants. This will identify whether individuals were provided information on overdose prevention, HIV, Hep C or other relevant topics. Staff will also count the number of people that they interacted with to have a good understanding of the number of unique individuals accepting information since many of these people may not yet be ready to engage in services. Staff can also initiate a 2-3 question 'On the Spot' survey with individuals via a manually completed card or administered electronically through Survey Monkey. This information will be provided to the county within the monthly report template. MYCS will also work closely with the data specialist to track trends regarding areas in need. The supervisor will review the data on a regular basis to identify trends or areas that would require more outreach and then efforts would be more focused in those areas.

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.

When staff interact with individuals and assist them with identifying whether they have a need for drug and alcohol services, the initial MSSSI-SA will be provided to determine a need. This screening tool reviews a large spectrum of signs and symptoms associated with substance use disorders. The tool can either be self-administered or interactively with staff and the individual needing assessed. Looking at five different domains of; substance consumption, preoccupation and loss of control, adverse consequences, problem recognition, and tolerance and withdrawal, this tool will identify the need for follow up. In situations where staff have limited time with individuals, it is recommended that questions 1,2,3 and 16 be administered (Treatment Improvement Protocol (TIP) Series, No. 42. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2005). Once all questions are answered, staff will then score the test. Questions 1 and 15 do not receive a score but 1(yes) or 2 (no) are given to all other questions. If the individual scores more than 4, a more thorough assessment is recommended. Once it is identified as to whether an individual would need more information on drug and alcohol treatments, another assessment that could be used would be the SOCRATES v.8D. This 19-question assessment's focus is on identifying a person's readiness to change regarding their substance use. This questionnaire can be answered independently by the individual or delivered via the staff. The focus is on three areas; Recognition (Re)- recognizing that there may be a problem, Ambivalence (Am), wondering or knowing that they are drinking/using too much, and Taking Steps (Ts)- movement towards reaching out for help. Each of the nineteen questions relates to one of the three focus areas. Once completed, staff then score the tool. A score of low, medium or high is given in each area. The scoring is relative to people already seeking treatment for drug and/or alcohol problems.

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Intervention staff will then share that outcome with the individual taking the test to better understand where they are with their substance use and which programs may best fit that stage of change if referral is warranted.

8. Provide your plan for quality assurance.

This intervention program will provide ongoing quality assurance and quality improvement. Protocol's will be written for each service provided and the staff and supervisor will continue to provide services in relation to the written protocol. This will also allow a review to ensure that the service provided is consistent with the mission and philosophy of the program and clinic. The supervisor will continually review the activities in the program and modify, as needed. Weekly supervision with the staff will allow for discussion of what is going well and areas that can be improved upon. Keeping detailed tracking of events and encounters with individuals will allow the supervisor to focus on community areas that are more receptive to information. Feedback and satisfaction forms will be utilized during services for individuals. Staff will consistently update the information given out during fairs, groups and other activities. At a minimum, staff will review the statistics referenced during teaching sessions and will update the information being delivered annually.

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.

See attached

Proposed Direct Staff

Proposed Direct Staff				
Position/Title	Full Time Equivalent	Salary	Benefits/Fringe	Total Salary/Benefits
Case Manager	2.00	37,000	9,620	93,240
Supervisor	0.4464	61,500	15,990	34,592
Admin Assistant	0.4464	33,250	8,645	18,702
Other: (please identify)				-
				-
Total				146,533

Proposed Indirect Staff

Staff Name	Position/Title	Full Time Equivalent	Salary	Benefits/Fringe	Total Salary
				-	-
CL	Program Director	0.05	75,250	19,565	4,741
LF	Admin Assistant	0.05	33,250	8,645	2,095
				-	-
				-	-
				-	-
					-
Other: (please identify)					-
Other: (please identify)					-
					-
Total					6,836

Proposed Direct Administrative Expenses

Personnel Expenses (Use detailed Direct SE Staff tab as an input for this section)	
Employment Specialists	93,240.00
Supervisor	34,591.54
Admin Assistant	18,701.93
Staff Training	2,000.00
Other: (please identify)	
Other: (please identify)	
Other: (please identify)	
Total Personnel Expenses	148,533.46
Office and Operational Expenses	
Office Space - (Mortgage/Rent)	6,000.00
Maintenance	500.00
Building Utilities	4,000.00
Communication	1,500.00
Office Supplies	6,000.00
Transportation/Travel	2,500.00
Vehicle Maintenance and Repair	-
Postage and Shipping	300.00
Printing and Publications	3,000.00
Insurance	2,000.00
Equipment and Furniture	3,500.00
Association Dues/Licensing Fees	250.00
Model Fidelity/Consultation	-
Recruitment/Advertising	200.00
Other: BILLBOARDS	10,000.00
Other: (please identify)	
Other: (please identify)	
Total Office and Operational Expenses	39,750.00
Offsetting Revenue	
Offsetting Revenue: (please identify)	
Total Offsetting Revenue	-
Net Total:	188,283.46
Total Indirect Administrative Expenses	26,660.50
Grand Total:	\$ 214,943.96

Proposed Indirect Administrative Expenses

Personnel (Use Indirect Staff tab as an input for this section)	
Indirect Staff	6,835.50
Staff Training	
Other: (please identify)	
Other: (please identify)	
Other: (please identify)	
Total Personnel Expenses	6,835.50
Operational Expenses	
Office Space - (Mortgage/Rent)	
Maintenance	
Building Utilities	
Communication	
Office Supplies	
Transportation/Travel	
Vehicle Maintenance and Repair	
Postage and Shipping	
Printing and Publications	
Insurance	
Equipment and Furniture	
Association Dues/ Licensing Fees	
Recruitment/Advertising	
Auditing Expense	
Other: Professional Fees	
Depreciation	
Misc.	
Other: Admin Allocation (Sr.Mgmt-Fiscal-HR-IT-Facilities)	19,825.00
Other: (please identify)	
Other: (please identify)	
Total Indirect Operational Expenses	19,825.00
Offsetting Revenue	
Offsetting Revenue: (please identify)	
Total Offsetting Revenue	-
Net Total	\$ 26,660.50

TASC Education Group

Feedback Form

NAME (optional) _____ DATE _____

1. A. Did you learn anything from the group sessions? YES NO

B. If yes, what was the most important information you learned in group? _____

2. Was there anything that you did not like about the groups? _____

3. Did the instructor present the information well and take time to answer your questions?

YES

NO

Any comments: _____

4. Through the knowledge given to you in group, do you believe that there is an alcohol and/or drug problem in your lifestyle? YES NO

If so, state why _____

5. If you don't feel you have a problem, what future plans will be taken to avoid a potential re-arrest? _____

6. Was it helpful to share your questions and/or concerns with others in group? YES

NO

7. Do you have any observations or comments that would be helpful in planning future groups?

YES

NO

Comments: _____

Name _____

ENGLISH

Date _____

**Modified Simple Screening Instrument for Substance Abuse (MSSI-SA)
Self-Administered Form**

Directions: The questions that follow are about your use of alcohol and other drugs, including prescription and over-the-counter medication/drugs. Your answers will be kept private. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past 6 months.

Filling out this form assists us in identifying your needs and providing you with services. Your answers on this form will not exclude you from services, care or treatment at this program.

During the last 6 months...

	Yes	No
1a. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants)		
-----	-----	-----
1b. Have you used prescription or over-the-counter medication/drugs? (Such as sleeping pills, pain killers, sedatives, or anti-anxiety medication like Valium, Xanax, or Ativan)		
2. Have you felt that you use too much alcohol or other drugs? (Other drugs also include prescription or over-the-counter medication more than recommended.)		
3. Have you tried to cut down or quit drinking or using alcohol or other drugs?		
4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.)		

5. Have you had any health problems? Please check if you have: ___ Had blackouts or other periods of memory loss? ___ Injured your head after drinking or using drugs? ___ Had convulsions, delirium tremens ("DTs")? ___ Had hepatitis or other liver problems? ___ Felt sick, shaky, or depressed when you stopped? ___ Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs? ___ Been injured after drinking or using? ___ Used needles to shoot drugs?

Please continue =>

Name _____

ENGLISH

Date _____

Modified Simple Screening Instrument for Substance Abuse (continued)

	Yes	No
6. Has drinking or other drug use caused problems between you and your family or friends?		
7. Has your drinking or other drug use caused problems at school or at work?		
8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.)		
9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?		
10. Are you needing to drink or use drugs more and more to get the effect you want?		
11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?		
12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break laws, sell things that are important to you, or have unprotected sex with someone?		
13. Do you feel bad or guilty about your drinking or drug use?		

The next questions are about your lifetime experiences.

	Yes	No
14. Have you ever had a drinking or other drug problem?		
15. Have any of your family members ever had a drinking or drug problem?		
16. Do you feel that you have a drinking or drug problem now?		

Thank you for filling out this questionnaire.

{Module Name} Module
SOCRATES 8D
Personal Drug Use Questionnaire

Agency Name: _____

Site Name: _____

ID #: _____

Date: ___/___/_____

Please read the following statements carefully. Each one describes a way that you might (or might not) feel *about your drug use*. For each statement, check the box beside the number from 1 to 5 that indicates how much you agree or disagree with it *right now*. Please check one and only one box for every statement.

	NO Strongly disagree	No Disagree	Undecided or unsure	Yes Agree	YES Strongly agree
1. I really want to make changes in my use of drugs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Sometimes I wonder if I am an addict.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. If I don't change my drug use soon, my problems are going to get worse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I have already started making some changes in my use of drugs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I was using drugs too much at one time, but I've managed to change that.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. Sometimes I wonder if my drug use is hurting other people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. I have a drug problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. I'm not just thinking about changing my drug use, I'm already doing something about it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. I have serious problems with drugs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. Sometimes I wonder if I am in control of my drug use.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. My drug use is causing a lot of harm.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. I am actively doing things now to cut down or stop my use of drugs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. I want help to keep from going back to the drug problems that I had before.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. I know that I have a drug problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16. There are times when I wonder if I use drugs too much.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17. I am a drug addict.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18. I am working hard to change my drug use.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
19. I have made some changes in my drug use, and I want some help to keep from going back to the way I used before.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Reference: Miller WR; Tonigan JS. Assessing drinkers' motivation for change: The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). *Psychology of Addictive Behaviors* 1996;10(2):81-89.