



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: Sojourner House MOMS.

Authorized Representative Name & Title: De'netta Benjamin-Miller Executive Director

Address: 5907 Penn Ave. Suite 220

Telephone: [REDACTED]

Email: [REDACTED]

Website: sojournerhousepa.org

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

Date Incorporated: 11-7-02

Partners and/or Subcontractors included in this Proposal:

- Message Carriers of Pennsylvania

How did you hear about this RFP? *Please be specific.* The RFP was announcement was published on the Allegheny County DHS website. As a contracted provider we were made aware of the RFP from DDAP DHS Allegheny County through email notification.

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	De'netta Benjamin-Miller	[REDACTED]	[REDACTED]
Contract Processing Contact	Matt Lewis	[REDACTED]	[REDACTED]
Chief Information Officer	Kholsen Hightower	[REDACTED]	[REDACTED]
Chief Financial Officer	Matt Lewis	[REDACTED]	[REDACTED]
MPER Contact*	Matt Lewis	[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.

Please see attached list of board members and contact information.

Dr. Staci Flint, Board President MOMS First Elected: July 2017

Courtney Abegunde MCPA Board President TERM: 3 Years

REFERENCES

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

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.

Gary Cirricione, Member, Negley Place Neighborhood Alliance, founding board member of Sojourner House MOMS, [REDACTED]

Rosa Davis, Chief Executive Office; co-founder of PA Treatment Alliance, [REDACTED]
[REDACTED]

Norma Raiff, Former Sojourner House Executive Director during creation of MOMS; [REDACTED]
[REDACTED]

PROPOSAL INFORMATION

Date Submitted: 5/5/2020

Amount Requested: \$210,000

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 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.

Since 1991, Sojourner House has provided compassionate faith-based residential recovery services to addicted mothers and their children. Licensed by the Pennsylvania Department of Drug & Alcohol Programs, Sojourner House can treat 14 families at any given time. Mothers can bring up to three children age 12 or younger with them. They live in their own one- or two-bedroom apartments for up to six months. Programming is based on the 12-step recovery model and includes individual and group counseling, parenting education and support and life skills services. Anticipated outcomes include continued sobriety, safe housing and family reunification.

Sojourner House MOMS (Motivation, Opportunity, Mentoring, Spirituality) a sister organization of Sojourner House, was formed in 2004. Its own 501(c) 3, MOMS provides 42 units of housing in East Liberty and Homewood to homeless, single parents who are dual-diagnosed with mental illness and addiction. MOMS is a partnership among Sojourner House, East Liberty Development, Inc., and the Negley Place Neighborhood Alliance. The goals of the MOMS program are long-term sobriety, sustainable income and family stability.

The Sojourner House MOMS Supportive Housing Program, launched in 2018, offers transitional housing and comprehensive support services to families in recovery for up to one year. Participants work to maintain abstinence and mental health stability, and to gain housing and employment. In this program, families receive home-based, intensive case management services. We want to help families to achieve their goals by providing safe and affordable transitional housing, support services, necessary referrals for the family, and an atmosphere of community encouragement.

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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.

Sojourner House and MOMS programs offer supportive services to families with children. We help mothers and children rebuild relationships damaged by addiction. We provide children the counseling, emotional support and enrichment they need to overcome their traumatic past and break the cycle of poverty and chemical abuse.

For adults who have experienced trauma, we offer multiple support options including: intensive inpatient program (IP) for drug and alcohol addiction; counseling services; community, relapse prevention and parenting groups; and mental health treatment referral. We also work closely with children who have experienced trauma.

One of the main challenges that Sojourner House and Sojourner House MOMS face is motivating our residents to continue on a path to change their lifestyle. Breaking the cycle of addiction is a difficult one. For almost 30 years, we have worked to mitigate this challenge by supporting and encouraging our residents and providing options and services. The following is an overview of our services.

- **Assessment for 3.5H Level of Care (at inpatient residential treatment facility)**
 - *Comprehensive pre-admission process:* This process determines if the individual is appropriate for Out-Patient, Ambulatory Detox, 3.5H Inpatient, or Hospitalization. A psycho-social evaluation is also completed.
 - *Admission Process:* Once an individual is deemed appropriate for our 3.5H Inpatient facility, they are scheduled an admission date. Within the first three days of admission, they meet with their two providers (Clinical and Service Coordinators). A mutually agreed-upon treatment plan is developed, reviewed and updated every 30 days. The resident completes a physical health examination within the first seven days of admission.
- **Wrap Around Service Delivery:**
 - *Clinical:* We offer individual and group counseling services. The lead clinician may also refer a client to medical, psychological and psychiatric services, and encourages the development of a recovery support system. Furthermore, we work with clients to learn parenting skills while they are clean and sober. Staff liaises between the mother and CYF or other legal guardians. They also attend court hearings and make referrals for supportive parenting services.
 - *Service Coordinator:* Service Coordinators help to improve a resident's ability to handle daily activities such as budgeting, job readiness, education preparation, and housing. Service Coordinators also act as liaisons between the resident and the judicial system to address legal issues. They also make referrals for the resident children in need of mental and/or physical health services.
- **Psychological, Spiritual and Medical health evaluation:**
 - *Psychological needs:* Referrals are made to address psychological and mental health needs within the first seven days of admission. Sojourner House collaborates with outside providers to deliver trauma-informed group services in-house.
 - *Spiritual needs:* Personal spiritual discovery, growth and expression are intertwined throughout the services provided by Sojourner House. Weekly Creative Writing sessions are provided by Chatham University to help the women to express their personal stories; Yoga is provided by a certified volunteer instructor once a month. Additional services can include such programs as a regularly offered Bible study program and Trade Institute of Pittsburgh cooking/baking instruction.
 - *Medical needs:* We work collaboratively with East Liberty Family Health to provide physical health services; UPMC Bloomfield-Garfield Family Health, and West Penn's Perinatal Hope Program to assist pregnant mothers to receive medication assisted services, outpatient mental health counseling and medical health treatment; and with The Children's Home of Pittsburgh to address pediatric needs.
 - *Developmental Assessment and Testing:* Provided by the Allegheny Intermediate Unit for children at the time of admission.
 - *Medication Assisted Treatment (MAT):* We work in collaboration with the UPMC NATP of Pittsburgh; Perinatal Hope Program, Addiction Recovery Services, UPMC Bloomfield-Garfield Family Health and Summit Medical to address MAT services such as methadone, Suboxone, Subutex, and Vivitrol delivery.
 - *HIV/STD and Overdose Prevention:* HIV testing, psychoeducation, and overdose prevention services are provided quarterly in-house by Prevention Point Pittsburgh.
 - *Smoking Cessation:* Encouraged with psychoeducation groups.

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- **Meaningful Assignments:**
 - *Chemical History:* This is a detailed, cathartic and often powerfully moving experience whereby the resident authors their addiction and recovery story. The assignment is read individually with their counselor and shared with their peers in a group setting. At the conclusion of their reading, they are provided clinical and peer feedback.
 - *Relapse Prevention:* Assignments are prepared to assist in the recognition of emotional, mental and physical relapses.
 - *Addiction through My Childs Eyes:* This moving assignment helps the mother to recognize the impact her addiction has had on her children.
- **Access to Community Based Self-Help Groups including:** Narcotics Anonymous (NA) - 4 times per week; Co-Dependents Anonymous (CODA) - 2 times per month; PA Organizations for Women in Early Recovery (POWER) Mentors: support the needs of recovering women holistically; and Diversified Care: Adult Case management referrals provided by Clinical Department.
 - **Resocialization Skill Development:** As an active component of treatment, a structured daily schedule is developed, and program guidelines are reinforced. The resocialization process is integrated within the program, Activities are designed to examine damaging beliefs, self-concepts and destructive patterns of behavior toward new and harmonious ways to interact with others.
- **Social and Community Outings** include such trips to Idlewild Park, Children's Museum, Pittsburgh Zoo, Science Center, and Recovery picnics, and a monthly rituals ceremony.
- **Family Support and Engagement** including family visits and family group alternate weekly, and daily phone contact focus on how to function in society, and how to properly parent.

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

Sojourner House created sister project MOMS in 2004, at the request of Negley Place Neighborhood Alliance (NPNA), a local grassroots organization. MOMS initiated as a partnership among Sojourner House, Inc., NPNA, and East Liberty Development, Inc. Sojourner House MOMS is based on the idea that with stable housing and appropriate services, women can maintain sobriety, achieve self-sufficiency, and build a stronger family life for their children.

The major successes of the program include the creation of individual apartments for 16 larger families in four buildings, scattered through the East Liberty neighborhood. The four properties were run-down nuisance properties known for hosting drug dealing and prostitution and were originally identified by NPNA because of their blighting effect on the entire community. NPNA's vision to rebuild their neighborhood by turning these vacant properties into safe, supportive, drug-free, affordable housing has enhanced the neighborhood.

In 2012, Sojourner House leased five additional apartments to bring the total to 21. Today, the apartment buildings are interspersed in a healthy, diverse neighborhood and have the full support of neighbors. In addition, Sojourner House MOMS acquired two Homewood apartment buildings, Sankofa and Open Arms, in 2014.

A prime example of one of Sojourner House's long-standing partnerships is with East Liberty neighbor Message Carriers. The mission of Message Carriers is "to provide advocacy and recovery related services to individuals and family members impacted by the disease of addiction and/or mental health disorders." Thanks to Sojourner House's support and acting as fiduciary, Message Carriers became its own 501(c) 3 in 2008.

Executive Director Robin Spencer credits the guidance offered by Sojourner House's retired Executive Director, Joann Cyganovich, and retired Finance Director, Gloria Brown, as one of the reasons that Message Carriers has continued to evolve. They helped Spencer learn the county system and processes, have both served as mentors to her (Note: Cyganovich and Brown now serve on the Message Carriers board.) The strong relationship continues to this day, thanks to both organizations' mutual respect for, and support of each other's missions.

Another strong partnership that became a reality in 2018 is the creation of Pennsylvania Treatment Alliance. In an additional response to the opioid epidemic, three community leaders in effective recovery treatment - including retired Sojourner House Executive Director Joann Cyganovich - joined forces to increase awareness and advocacy for those combating addiction, especially women with children. Cyganovich, along with Rosa Davis, Executive Director of POWER, and Fred Massey, former President and CEO of Familylinks, formed the Pennsylvania Treatment Alliance, an innovative approach to advocacy, and recruited an Alliance Government Relations Coordinator. Since its inception, the Alliance has made great strides in providing insight and assistance to state and federal legislators and to the government agencies that oversee addiction services. The Alliance's visits to Harrisburg and Congress have produced important changes in procedures for providers and support for greater funding to address the devastation of addiction.

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

.5 Intervention Services

Provide your plan for .5 Intervention Services that:

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

Strategy: Sojourner House MOMS and Message Carriers Collaboration with DHS

Sojourner House MOMS plans to collaborate with Message Carriers to:

- Provide Comprehensive Intervention Services to community members who are directly and indirectly impacted by substance use.
- Extend intervention support to community organizations across Allegheny County.
- Work closely with DHS to provide culturally competent services to high-need communities.

In collaboration with DHS, we will collect risk assessment data that can be used to support geo-mapping. Geo-mapping can assess high-need community trends and implementation of effective intervention services. This is best practice to provide competent services based on the cultural needs of the specific community. We are proposing to provide intervention service in the following categories: indicated, selective and universal.

Priority Issues

Based on the FY2018-19 DHS data, DHS there were 4,197 referrals made and 1,566 people involved in intervention services screening and assessment in Allegheny County. Studies have shown that communities that experienced high levels of emotional distress may be more at risk for substance use and risky behaviors. Based on the Allegheny County Health Department Chronic Disease and Epidemiology Snapshot Report, neighborhoods in Districts 7, 8, 10, 12 and 13 reported high numbers of emotional problems, stress and depression. These are the same neighborhoods identified by the county as high-needs communities for substance use with marijuana, heroin, painkiller use, binge drinking, and alcohol use. There are more reported cases of psychostimulant and poly substance use among persons entering into treatment or recovery support services.

Sojourner House MOMS and Message Carriers intervention services can provide “a no wrong door approach” to help persons experiencing emotional distress and using marijuana, heroin, painkillers, and alcohol use. The approach will include a warm referral to supportive recovery services that address behavioral health needs. It is essential for us to prioritize not just one substance, and to focus on all substance use due to the rise of polysubstance use that may be under-reported. This approach will permit us to target populations in universal, selective and indicated categories. In collaboration with DHS and other community-based organizations, we can operate as a unified team to increase screening and assessment across the county.

Opioids, marijuana, alcohol, psychostimulant, and polysubstance prevention intervention are primary issues that we want to address in high-risk communities. Opioid use education has increased; however, many families are facing the impact of addiction from polysubstance, psychostimulants and marijuana. Many families are marginalized and fear seeking assistance for early intervention due to stigma and being seen as pathological. On average, 40.7 people are in pre-contemplation stage regarding their risky behaviors and often deny treatment referrals. Also according to a Surgeon General’s report, 30.6 percent of people have limited or no health care. Learning how to navigate the health

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care system can be stressful, and 12.6 percent of people do not know how to access care. Our goal is to increase access to care and decrease the impact of substance use in high-need communities.

Targeted Communities

Both organizations have years of services in high-need communities across Allegheny County. Sojourner House MOMS, in collaboration with Message Carriers, requests to provide intervention services to the following high-need communities: District 11- East End Mall, Highland Park; District 12 – East Liberty; District 13 – Homewood & East Hills; District 10- Morningside Garfield; District 8 – Bloomfield; and District 7 – Shadyside. These communities were chosen based on the Allegheny County Health Department Needs Assessment Report and statistics from Allegheny Department of Human Services. The priorities for both organizations are to help improve healthcare equity; reduce overdoses (opioid and psychostimulants use); teach prevention education regarding; marijuana use, recovery wellness; and offer comprehensive case management services.

As stated earlier, the Sojourner House MOMS strategy plans to collaborate with Message Carriers to provide comprehensive intervention services to the community members directly and indirectly impacted by substance use; extend intervention support to community organizations across Allegheny County and to work closely with DHS to provide culturally competent services to high-need communities. In collaboration with DHS we will collect risk assessment data that can be used to support the geo-mapping. Geo-mapping can assess high-need community trends and implementation of effective intervention services. This is best practice to provide competent services based on the cultural needs of the specific community. We are proposing to provide intervention service in the following categories: indicated, selective and universal.

Target Populations

Our target populations are children, teens, young adults, adults and families who need intervention support. For selective and indicated categories, one of the target populations impacted by marijuana use are teens and young adults. Due to community violence, members of these communities are impacted by direct or indirect trauma. The trauma can create anxiety, depression and stress among adolescences/teens. There is an increase of marijuana use among this age group and some are self-medicating to manage psycho-social stressors. The recent legalization of medical marijuana may confuse teens/young adults to view street marijuana as natural/normal. Street marijuana can have devastating impacts on their physical and mental health. A harm reduction approach is essential when providing intervention services to this population. Our goal is to use Motivational Interviewing and Stages of Change when providing educational groups, warm referrals to treatment, and individualized one-on-one based sessions.

Family Intervention Services are essential to improve access to health equity, in order to reduce comorbidity issues that prevent long-term recovery wellness. Opioid addiction and the resurgence of psychostimulants are impacting families who reside in high-need communities. Intervention education needs to expand beyond opioid addiction and provide understanding on all substance use disorders. Our goal is to provide universal educational seminars for selective/indicated categories, intervention support for the entire families and linkages to treatment. We will assign each family a Family Support Specialist to provide one-on-one weekly sessions, as well as continued recovery linkage support in collaboration with the identified CRSs. The CRSs and FSSs will treat and care for individual families' recovery wellness as a whole unit. Families receive the following types of support: Emotional; Informational; Instrumental; and Affiliation (community inclusion). The support is not formal treatment; however, CRSs and FSSs connect families to care, and play instrumental roles in relapse prevention plans.

The Sojourner House MOMS and Message Carriers collaboration will provide comprehensive intervention services to decrease barriers, such as poverty-supporting “housing first” initiatives, social equity (recovery inclusion/advocacy) and access to health care. (Warm linkages connect people to services by assisting them with completing the referral information, to ensure their care needs are met. Sojourner House MOMS and Message Carriers will include warm linkages as part of physical and behavioral health wellness follow-up. We believe in a person-centered system theory approach to substance use intervention.

Intervention Services Pre-Treatment Linking and Pre-Mentoring Services

Sojourner House MOMS and Message Carriers intervention services will assist the community and Allegheny County DHS with intervention substance use supportive services and pre-treatment linkages to behavioral and physical health care. This will take place by using a trauma-informed care approach to decrease the health equity gap to wellness. We

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are proposing to use the following methods to assist targeted populations and community members to access treatment and healthcare linkages:

- 24-hour Telephonic Recovery Support: This will provide trauma-informed care approach using Motivational Interviewing a non-judgmental support to community members who need to access substance use, mental health and recovery support services. In addition, 24-hour support will assist family members and loved ones we serve by helping to navigate systems of care such as detox, inpatient/outpatient drug and alcohol treatment, recovery housing, mental health advocacy services and/or just being a listening ear.
- Warm line: This service will document all calls to ensure proper follow-up and will assist with direct referral to recovery wellness services. (A warm line is a telephone service (a.k.a., a call line) for people who are looking for someone to discuss their daily struggles. Warm lines are staffed with peers who have lived experience of mental health struggles themselves and who are open to sharing their stories of challenging situations, recovery, and perseverance.)

Fidelity and Evidence-Based Practices

We are proposing to use the following screening tools that will ensure fidelity and will assist with expedited referrals to treatment, The Certified Recovery Specialist will conduct the Level 2 Substance Use Screening tools adapted from NIDA-Modified ASSIST. Each tool is designed to screen the following populations:

- Adult 18 yrs. and older
- Child Age 11-17
- Parent/Guardian of Child Age 6-17
- ASAM- All ASAM Screenings will be conducted by a trained American Society of Addiction Medication (ASAM) recovery professional

The prescreening tools can help clients identify the risky substance behavior and move from pre-contemplation to accepting a referral to recovery services.

Provide Peer Mentoring: Fear of treatment or change can be a barrier for many persons who are considered pre-treatment and/or contemplating stage of change. The role of Certified Recovery Specialists is essential due to having lived experience. All pre-treatment participants will be offered a linkage to one of our CRSs. The CRS will follow up within 48 to 72 hours to introduce themselves to their assigned participant. CRSs will play an essential role with assisting participants with recovery support groups, treatment follow-up and education to individuals/families connected to the participant. The primary goal is to help a person move from pre-contemplation-contemplation into action stage of change to reduce risky behaviors in order to achieve long term recovery.

Warm Referrals to Care

For the indicated category, our intervention services will provide behavioral wellness screening and linkage support for persons who are high-risk, predisposed to substance use or impacted by substance use, including community trauma. The screening and case management support, are beginning steps to behavioral health wellness. Certified Recovery Support Specialists will assist each person with a warm referral to treatment services to ensure admission and support throughout the treatment duration. All referrals are completed within 24 hours of contact to ensure admission into treatment other healthcare services. Sojourner House MOMS and Message Carriers are committed to implementing these best practice approaches for intervention screening and one-on-one based services.

Best Practice Evidenced Base Screening for Recovery Wellness:

Sojourner House MOMS and Message Carriers are committed to Motivational Interviewing with Stage of Change as our therapeutic model for care. Motivational Interviewing/ Stages of Change will be the modality of care when providing intervention screening, linkages and support services. This harm reduction model will meet the program participant at their stage of change. This is a nonjudgmental approach and helps participants feel empowered when they are leading the change in their own lives. It is a practical to assess readiness for change, empathetic and short-term process that takes into consideration how difficult it is to make life changes.

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Screening Tools to Help Identify Emotional Distress and Substance Use Risk:

- *ACES (Adverse Childhood Experience Survey)* will assess for childhood trauma experiences. Studies show that across various cultural ethnicities that the increased exposure to childhood trauma is a risk indicator for substance use and mental health disorders. ACES is our foundation tool with students and adults. ACES also provide an opportunity to address many traumas that are experienced by individuals, families and the entire community.
- *PHQ-9 is a brief Depression Screening Tool* is used to assess an individual for depression or a depressive episode. Due to the increased rate of suicide among students and adults, our goal is to prevent suicidal ideations or acts. Depression and self-treating with (Alcohol and The Other Drugs (ATOD) is the second highest reason why a person can succumb to suicide.
- *The Clinical Opiate Withdrawal Scale (COWS) is an 11-item* scale designed to be used to reproducibly rate common signs and symptoms of opiate withdrawal/use. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal, and to assess the level of physical dependence on opioids. All persons whose score indicates opiate withdrawal or use will be offered a warm referral to an appropriate substance use clinic. The information can be used to help expedite a person's referral to MAT services and willingness to accept treatment as an option to fight the disease of addiction.

To ensure fidelity and to assist with expedited referrals to treatment, the Mobile Recovery Counselor Specialists is American Society of Addiction Medicine (ASAM)-certified. ASAM criteria includes a collection of objective guidelines that give clinicians a way to standardize treatment planning and where patients are placed in treatment. It also includes how to provide continuing integrated care and ongoing service planning. Mobile Recovery Counselor Specialists can complete ASAM screening to help with referrals into treatment. The counselor and recovery support staff can also conduct the Level 2 Substance Use Screening tools adapted from NIDA-Modified ASSIST. Each tool is designed to screen the following populations:

- Adult 18 yrs. and older
- Child Age 11-17
- Parent/Guardian of Child Age 6-17

The screening tools are brief and can be used for pre-treatment participants

Program Outcome and Evidenced-Based Implementation:

When using evidence-based programs for indicated, selective and universal, it is extremely important to measure effectiveness and achievement of program outcomes. The evaluation process of the evidence –based programs will be implemented. This can consist of pre- and post-tests and program surveys completed by program participants, stakeholders and community members. There will also be a review of program content prior to the start of a new topic that is embedded into the specific evidence –based program. Completed outcome surveys and pre/post- tests data will be reviewed and analyzed quarterly by Sojourner House/ Message Carriers Program Committee, executive leadership and board members.

Meeting the 60% Billable Rate: Quality Assurance

In collaboration with our finance department, the Intervention Program Director will perform monthly quality assurance reviews and weekly review of utilizations targets. Sojourner House MOMS and Marriage Carriers will enter 100% of Intervention data into PA WITS within one week of the service delivery date. Sojourner House is currently the fiscal agent for Message Carriers, and will maintain monthly data compliance, as required. As part of our process, all data is required to be monitored by the Prevention Manager for accuracy and analyzed for progression toward outcomes by the 30th of the following month. The 60% utilization is our target benchmark for direct service time only. No indirect hours will be permitted in 60% face-to-face time with participants, outreach or educational activities. The Intervention Program Director in collaboration with MOMS Program Manager will conduct weekly supervision with Message Carriers to ensure 60% of direct service hours are met.

Meeting the Needs of a Culturally Diverse Population

Cultural Base Diverse services are a priority for Sojourner House and Message Carriers. Cultural competence is the ability to interact effectively with people of different cultures. “Culture” is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location or profession. In collaboration with DHS, we will assess the most effective cultural approach for each community including target population. The approach will include community meetings for input, collaboration with essential stakeholders and Allegheny Department of Human Services. An annual evaluation from stakeholders and participants to measure our culturally based services will take place. Because substance use can

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impact anyone and does not discriminate, the Intervention Services will be designed with expertise and compassion to serve a diverse population. All clients should feel welcomed, well-served and supported, regardless of their ethnic or racial heritage, sexual orientation and gender identity, intellectual or physical disability, English language proficiency or life experiences.

Sojourner House and Message Carriers will assess the magnitude of the current needs, and in coordination with Department of Human Services Behavioral Health, will provide monthly reports and quarterly review of benchmarks to assist with ensuring alignment with the goals and continuum needs of behavioral health. For this reason, we have incorporated screening tools to help assess and identify dual behavioral health issues. Connection to substance use and mental health treatment is our best practice approach to decrease high risk behaviors.

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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.

Collaboration with DHS

Sojourner House and Message Carriers will collaborate with community-based organizations and DHS to assess the current services being implemented in each community. Community meetings will be hosted prior to implementation and bi-annual feedback from participants will be gathered, including satisfaction surveys to measure efficacy of programs. The goal is to provide inclusive engagement with community-based organizations, DHS and members of community groups to insure their needs are being met.

Priority Issues Group Intervention Services:

Opioid, marijuana, psychostimulants, alcohol, and polysubstance prevention intervention are primary issues that we want to address in high-need communities. Many families are marginalized and fear seeking assistance for early intervention due to stigmatization and being seen as pathological. Opioid use education has increased; however many families are facing the impact of addiction from polysubstance, psychostimulants and marijuana. Intervening with children and teens can alter the life course trajectory in a positive direction. As stated under Intervention Services, marijuana use among children, teens and young adults is predisposing them to develop long-term substance use disease. According the U.S. Surgeon General Report: "About 11 percent of people who use marijuana in a given year may have a drug problem. Those who begin using marijuana before age 18 are four to seven times more likely than adults to develop a drug problem." It was reported that many teens think street and medicinal marijuana are both natural. The proposed educational groups to be provided will teach the potential dangers of illegal marijuana use and the difference between "street vs. medicinal" marijuana...Referrals to services will be made as needed or as requested by participants, Vaping will also be addressed for all populations. Synthetic cannabinoids are chemicals related to THC (the active ingredient in marijuana), but often more potent, they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices. These products are also known as herbal or liquid incense and are marketed under a wide variety of specific brand names.

Target Communities

As stated above, these communities were chosen due to the correlation between those communities that reported higher emotional distress and substance use rates based on the Allegheny County Health Department Chronic Disease and Epidemiology Snapshot Report. Over the past few decades, we have established solid relationships with organizations and providers that assist residents residing in these high-need areas. We are requesting to provide selective and indicated services to:

- District 7 - Shadyside.
- District 8 - Bloomfield
- District 10 - Morningside and Garfield
- District 11 - East End Mall and Highland Park
- District 12 - East Liberty
- District 13 - Homewood and East Hills

These communities were chosen based on the Allegheny County Health Department Needs Assessment Report and statistics from Allegheny Department of Human Services. The priority for both organizations is to help improve healthcare equity, reduce overdoses (opioid and psychostimulants use), education/prevention of marijuana use,

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recovery wellness and comprehensive case management services. Part of the strategy to reach these groups will be through the provision of outreach services and educational groups.

Target Populations

Selective activities will provide psycho-educational groups to address individuals or subgroups to reduce risk. Groups will be held for family, friends and other loved ones of individuals with a substance use disorder. This includes support groups for family and friends, as well as educational groups to help participants understand addiction and learn how to appropriately support their loved one. This also includes support groups for children of substance abusing parents/caregivers. (Parental consent is necessary). Intervention activities will provide group activities to those identified at higher risk via referral from telephonic services, CRSs and if there are biological markers indicating predisposition for a disorder or social exposure to substance use due to community culture /norms. **Node-Link Mapping** will be a group provided to serve populations under this category.

Marijuana Use Education will be offered to teens and young adults to reduce risk of developing a substance use disorder. Studies have shown that if intervention education is implemented at an earlier age, it helps with improving the trajectory of children who live in high-risk communities. Both models will be used for indicated and selective categories.

Universal activities- will be targeted to the general public to promote awareness and to provide educational support for those indirectly impacted.

Groups and Frequency of Meetings:

- **Relapse Prevention Therapy - 1 time per week:** In Relapse Prevention Therapy, individuals learn to identify and correct problematic behaviors. RPT encompasses several cognitive-behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse.
- **Family Support Group - 2 times per month:** Support groups for family and friends, as well as groups to help family and friends understand addiction and learn how to appropriately support their loved one with a substance use disorder. This also includes support groups for children of substance abusing parents/caregivers.
- **Life Education (life skills-social determinants of health) 1 time per week:** Groups that teach how to connect with your doctor, manage your money and stabilize your home.
- **Node-Link Mapping – 1 time per week:** This strategy involves the intervention staff member and client in the development of visual representations, or maps, of issues that emerge in substance abuse treatment.
- **Behavioral Health Wellness - 1 time per week:** Programing that helps participants understand the connection between substance use and mental health wellness, and the importance of treatment and medication management. This will help to challenge the mental health stigma in the black and brown communities. This includes Cognitive Behavioral Therapy (CBT), a psycho-social intervention that aims to improve health. CBT focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and developing personal coping strategies that target solving current problems.
- **Parent Group Education - 2 times per month:**
 - Marijuana: Facts Parents Need to Know-NIDA
 - Marijuana: A Video Guide for Parents and/Professionals – Total Running Time: 15 Minutes
 - “This video presents the latest research that marijuana is not a harmless drug. Viewers learn of the groundbreaking research that clearly connects head and neck cancer to marijuana use. We also hear from a head and neck cancer surgeon who has had to deal with the devastating results of these cancers. Also presented are the disturbing link between marijuana use and lung cancer, and the difficulty teenagers have in quitting once they have started. (<https://lifeskillstraining.com/>).”
 - **Parenting Engagement Group:** In recovery rupture and repair can occur in all relationships- Providing a safe space for parents that have been impacted by addiction to repair and heal with their children

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- **Children and Teens:**
 - Afterschool Education: Children Impacted By Addiction -1 time per week:
 - COA group curriculum helps children heal from the trauma of a parent's addiction.
 - Teens: to encourage and engage teen participation in educational groups we will use short video's and games to help prevent substance use - NIDA's teen site - 2x per month: <https://teens.drugabuse.gov>:
 - Genetics and the Brain: Video game that explores the brain's pathways and see what happens when drugs interfere
 - Drug Fact Challenge: A jeopardy style game of facts
 - Reconstructors: Video game Gather Evidence collect data and consult experts to solve drug related cases
- Recovery Support Group - 2 times per month: These groups will help empower individuals to sustain their recovery. We will provide groups to address their concerns, such as advocating for themselves, learning local and state laws, telling their stories to the media, etc. Our hope, as in the past, will be to rely on the participants' needs and concerns to help them in their communities.
- Opioid Education Group – 1 time per month: Narcan Training: To provide a short video on opioid addiction and the brain. MAT services information will be included in Narcan training.
 - Intervention educational groups will occur 3 times per week or more based on community trends and or crisis support.
 - Community Outreach activities will take place 3 times per month: A schedule rotation will be implemented to ensure services to all indicated high-needs communities, and to prevent a duplication of services among team members. For example, one staff member will be dedicated to education materials and a second staff will provide brief screening assessments.
- Weekly onsite AA/NA meetings: Recovery support meetings onsite at Sojourner House and Message Carriers site locations.
 - In collaboration with partner providers, the following groups will be offered monthly:
 - Yoga provided by certified yoga instructor.
 - Psychoeducation groups provide by Therapist from Pittsburgh Action Against Rape (PARR)
 - Resume building, job searching, and interview skill classes provided Career Links, Goodwill of South Western Pennsylvania, Urban League, Mon Valley Initiative, and Foundation of HOPE Aftercare.
 - Weekly writing program offered by Chatham University's nationally acclaimed Words Without Walls program.
 - Regularly offered cooking/baking classes offered by the Trade Institute of Pittsburgh.

Evidence-Based and/or Evidence-Informed Practices:

Sojourner House MOMS and Message Carriers are collaborating to provide the Universal, Selective and Indicated best practice activities:

Teen/Young Adult Group Education: Weekly Groups Education:

- The animated version of NIDA's "Drugs: SHATTER THE MYTHS" booklet: This booklet answers teens' most frequently asked questions about drugs and drug use. A must-have resource for every teen.
- Mind Matters: The Body's Response to Marijuana- Facts Parents Need to Know-NIDA
- Teen Brain Development: NIDA explores in this video the intriguing similarities between the processes of brain development and computer programming
- The Reward Circuit: How the Brain Responds to Marijuana. Brief video produced by National Institute on Drug Abuse (NIDA) to help educate communities, families and teens about the impact of marijuana use on the brain's reward system.
- The Prescription Drug Abuse Prevention Module: As outlined, this “gives adolescents the skills and knowledge necessary to help them avoid the misuse/abuse of opioids and prescription drugs. This model is ideal for school districts, community-based organizations, and agencies serving students in grades 6-9 (<https://lifeskillstraining.com/>).”

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Parent Group Education on Marijuana:

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

Behavioral Health Wellness

All Behavioral Health wellness groups will focus on Cognitive Behavioral Therapy and Motivational Interviewing. Motivational Interviewing & Stages of Change will be the modality of care when providing intervention screening, linkages and support services. The harm reduction model that meets the program participant at their stage of change. This is a nonjudgmental approach and helps participants feel empowered when they are leading the change in their own lives. It is a practical, empathetic and short-term process that takes into consideration how difficult it is to make life changes.

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

Reality Therapy will be implemented in our group curriculum to help focus on problem-solving and making better, healthier choices in order to achieve goals. Reality therapy is based on the idea that everyone is seeking to fulfill five basic needs; survival, love and belonging, power, freedom or independence, and fun. Issues arise when any of these needs are not being met. The delivery methodology is best summarized as the WDEP (Wants, Doing, Evaluation and Planning) system. Each letter represents a cluster of interventions.

Fidelity in the Delivery of Evidence-Based and/or Evidence-Informed Practices

When using evidence-based programs for indicated, selective, and universal interventions, it is important to measure effectiveness and achievement of program outcomes. The evaluation process of the evidence-based programs will be implemented. This can consist of pre- and post-tests and program surveys completed by program participants, stakeholders and community members. There will also be a review of program content prior to the start of a new topic that is embedded into the specific evidence-based program. Completed outcome surveys and pre/post- tests data will be reviewed and analyzed quarterly by Sojourner House/Message Carriers Program Committee, Executive leadership and board members.

Meeting the Required 60% Billable Rate: Quality Assurance

In collaboration with our finance department, the Intervention Program Director will perform monthly quality assurance reviews and weekly review of utilizations targets. Sojourner House MOMS and Message Carriers will enter 100% of Intervention data into PA WITS within 1 week of the date the service was delivered. Sojourner House is the fiscal agent for Message Carriers and we will maintain monthly data compliance, as required. As part of our process, all data is required to be monitored by the Prevention Manager for accuracy, and analyzed for progression toward outcomes by the 30th of the following month. The 60% utilization is our target benchmark for direct service time only. No indirect hours will be permitted during 60% face-to-face time with participants, outreach or educational activities. The Intervention Program Director and the MOMS Program Manager will conduct weekly supervision with Message Carriers to ensure the 60% of direct service hours are met.

Meeting the Needs of a Culturally Diverse Population

Sojourner House MOMS and Message Carriers will assess the most effective cultural approach for each community including target population. The approach will include community meetings for input, collaboration with essential stakeholders and Allegheny Department of Human Services. An annual evaluation from stakeholders and participants will measure our cultural-based services. The cultural and community needs assessment will occur prior to implementation and annually. We are here to help people heal and to prevent chronic behavioral health disorders. Sojourner House MOMS and Message Carriers Intervention Services will be designed with expertise and compassion to serve a diverse population. Clients should feel welcomed, well-served and supported, regardless of their ethnic or

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racial heritage, sexual orientation and gender identity, intellectual or physical disability, English language proficiency or life experiences.

Integration within the overall Behavioral Health Service Continuum in Allegheny County

Sojourner House MOMS strategy is to collaborate with Message Carriers to provide Comprehensive Intervention Services to the community members directly and indirectly impacted by substance use; extend intervention support to community organizations across Allegheny County; and work closely with DHS to provide culturally competent services to high-need communities. In collaboration with DHS, we will collect risk assessment data from our program participants to ensure we are implementing the effective educational groups for all communities. Intervention groups is our opportunity to work in collaboration with DHS to improve persons understanding of their substance use and how this is inclusive in improving social deterrents of health. The assistance with referrals to behavioral health service continuum will be implemented in our group engagement with communities. Sojourner House MOMS and Message Carriers are “no wrong door” social service agencies.

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Outreach

Provide your plan for Outreach that:

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

Outreach and Collaboration with DHS

As stated in the other sections of the RFP response, we want to earnestly work with DHS and community organizations to develop an effective outreach plan that is culturally effective for each community. We understand that each community may have the same high-need indicators; however, a different outreach intervention plan should meet the cultural concerns of that particular community/neighborhood. Similar concerns with different strategies can lead to a decreased risk for substance use. The outreach plan is a community-centered approach with respect to other peer providers who have community relationships. We want to be inclusive with DHS initiatives to serve high-needs community and prevent parallel services.

Priority Issues

Education and outreach for opioid and Narcan education, marijuana use (Street vs. medicinal), and Community Trauma are essential concerns for the high-need neighborhoods. We recognized the impact the Opioid Epidemic has on high-need communities, so this fiscal year Message Carriers began working closely with Allegheny County of Health Department (ACHD) to address this issue. Message Carriers and Sojourner House MOMS want to continue addressing this need by providing Narcan, Narcan education and support groups for the community. Act 139 of the Good Samaritan Law, passed in 2014, expands access to Naloxone and provides immunity to individuals who prescribe, dispense and administer naloxone. The goal of these educational events is to decrease overdoses, decrease stigma, and promote recovery inclusion in Allegheny County.

According to the Surgeon General, outreach education for marijuana use is needed in the high-needs communities due to a social substance that is usually shared with one or more other peers. Often, the marijuana blunt (marijuana in a cigar wrap) may be laced with another lethal substance such as heroin. Many teens assume what they are smoking blunt that is natural, it is not. There have been cases of teens becoming addicted to crack cocaine and heroin because it was unknowingly laced in the marijuana blunt. Education should be offered to parents, to teach them harm reduction approaches if they suspect substance use and how to use Narcan. Substance use education that covers polysubstance use, heroin, alcohol and other drugs are vital, and, with more awareness can save lives.

Target communities

As stated in Section 2 Intervention Services Plan, these target communities were chosen due to the correlation between the communities that reported higher emotional distress and substance use rates. The information was based on the Allegheny County Health Department Chronic Disease and Epidemiology Snapshot Report. We have community relationships and partners that we work closely with for decades to assist residents that reside in high needs areas. We are requesting to provide selective and indicated services to: District 7 - Shadyside, District 8 - Bloomfield, District 10 - Morningside and Garfield, District 11 - East End Mall and Highland Park, District 12 - East Liberty, District 13 - Homewood and East Hills.

These communities were chosen based on the Allegheny County Health Department Needs Assessment Report and statistics from Allegheny Department of Human Services. The priority for both organizations to help improve

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healthcare equity, reduce overdoses (opioid and psychostimulants use), education/prevention of marijuana use, recovery wellness and comprehensive case management services. We are willing to provide educational groups and outreach services to other communities suggested by Allegheny Department of Human Services.

Target Populations

Synthetic opioids like fentanyl, continue to be a main factor for overdose deaths in Allegheny County. It was the leading cause of overdose deaths in 2019. In the past decade, 4,870 people died from drug overdose in Allegheny and Westmorland counties. Universal activities will provide psycho-educational and several community seminars to the entire community to reduce risk. As we are experiencing with COVID-19, we are not individuals, but an interdependent web. We depend on each other. One disease can impact an entire community. The disease of addiction impacts all communities directly (families) and indirectly. We as a community need to offer interventions educational seminars, and we need to disseminate information to other community providers that need referral support or Narcan education to save lives. Our outreach target is for families, youth and individuals because of the needs in high- risk communities. A system approach is best when targeting whole communities because it is a community-centered focus. We want to take into consideration how educational information and resources can improve their quality of life with the goal of preventing an increase in comorbidity illnesses. Wraparound intervention care for the community will help with reduction in trauma, connection to care at early stages of addiction, and removing stigma so that those in need seek help. The universal activities will be targeted to individuals in high-needs locations. This includes those identified as having minimal, but detectable signs or symptoms foreshadowing a disorder. This also includes having biological markers indicating predisposition for a disorder but not yet meeting a substance use diagnosis.

Outreach activities (e.g., material distribution, intervention education, safe practice)

Material distribution – This will be directed toward teens, adults and parents to encourage prevention of marijuana use and opioid addiction. Message Carriers has been successful in disseminating information on available resources, such as pamphlets on treatment providers, swag promoting its Recovery After-hours Helpline, etc. Message Carriers provides these informational resources at all our recovery awareness events and outreach activities. Message Carriers recognized the impact the opioid epidemic has on high-risk communities, so this fiscal year, Message Carriers began working closely with Allegheny County Health Department (ACHD) to address this issue. Therefore, during the second quarter of this fiscal year, Message Carriers began by hosting two Narcan Trainings. In February, Message Carriers started offering Narcan outreach 5 hours a week. In addition to distributing informational materials, Message Carriers has distributed 117 Narcan kits. The collaboration between Sojourner House and Message Carriers can expand Narcan kit distribution and information dissemination to high-need communities.

Both organizations will continue participation in community day events and resource tables for DHS outreach events, such as the annual Recovery Walk. Message Carriers will continue to promote addiction education awareness through their annual Recovery Bike Ride and Tree of Life events. Sojourner House MOMS will host a quarterly educational seminar in various communities to help provide support to family and friends who are impacted by a loved one who is struggling with addiction. Sojourner House, in partnership with POWER and Familylinks created the Pennsylvania Treatment Alliance, as mentioned in Section 1. Sojourner House in participation with the PA Treatment Alliance had developed a consumer advocacy group that will encourage past program participants, community members and other stakeholders to share their experiences and feedback to improve access to treatment services.

Motivational Interviewing and any other evidence-based and/or evidence-informed practices

Motivational Interviewing/ Stages of Change: This will serve as the modality of care when providing intervention screening, linkages and community education. The harm reduction model will meet the program participant at their respective stage of change. This is a non-judgmental approach and helps participants feel empowered when they are leading the change in their own lives. It is a practical, empathetic and short-term process that takes into consideration how difficult it is to make life changes.

Screening tools that can be used at outreach events to assist with a referral to services and/or identify a potential behavioral health concern:

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

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Children and teens who witness substance use are impacted directly and experience Adverse Childhood Experiences. Children with an ACES score 5 or higher are up to 10 times more likely to experience addiction.

- PHQ-9 is a brief Depression Screening Tool to assess an individual for depression or a depressive episode. Due to the increased rate of suicide among students and adults, our goal is to prevent suicidal ideations or acts. Depression and self-treating with ATOD are the second highest reason why a person can succumb to suicide.
- The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be used to reproducibly rate common signs and symptoms of opiate withdrawal/use. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal, and to assess the level of physical dependence on opioids. All persons whose score indicates opiate withdrawal or use will be offered a warm referral to an appropriate substance use clinic. The information can be used to help expedite a person's referral to MAT services and willingness to accept treatment as an option to fight the disease of addiction.
- Drug Abuse Screening Test, DAST-10 Screens for possible involvement with drugs during the past 12 months. "Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs. The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin).
- The CAGE (cut-annoyed-guilty- eye) is a 4-item questionnaire that can indicate potential problems with alcohol abuse.
- Outreach Educational Groups/ Seminars:
 - Relapse Prevention Education: In Relapse Prevention Education, individuals, families and social supports can learn to identify and correct problematic behaviors. RPT encompasses several cognitive-behavioral strategies that facilitate abstinence, as well as provide help for people who experience relapse.
 - Naloxone Saves Lives- NIDA: This video reviews when Naloxone is used, how it is administered, and the way it works. A short video that explains how Naloxone save lives, followed by a discussion with group and/or community about the Good Samaritan Act.
 - BINGO-NIDA Looking for a fun activity for your National Drug and Alcohol Facts Week event? The NDAFW team has developed a BINGO game that anyone can use. Each pack comes with a vocabulary sheet and 30 BINGO cards. The caller will read the vocabulary word and definition, educating players about drug and alcohol use. If the word matches what is on a player's card, he or she marks it off. The first person to get five in a row yell "NDAFW!"
 - Why are Drugs so Hard to Quit-NIDA: A video that explains the disease of addiction For Family and Support to Learn what happens with addiction and why it's so hard to quit.

Information Dissemination Resources:

DRUGS & THE BRAIN Wallet Card: This tool is designed for people who have stopped drug use while they were detained in the criminal justice system or while receiving inpatient or outpatient treatment. To prepare these individuals to return to their home environment, counselors can customize this tool to help them identify triggers that could prompt a drug relapse. It also includes information about resources and helplines. These discreet cards can be kept in a wallet, pocket, purse, or cell phone case for easy access.

Marijuana the Facts Spanish & English Poster Double-sided poster for teens and young adults: This poster is printed in English on one side and Spanish on the other side. It emphasizes three essential messages about smoking marijuana: it is addictive, it can lead to school failure, and it impairs driving.

Recovery Training Institute (RTI): is aimed at improving the skillsets of mostly people who are not in recovery, but work with persons in need of their services. Message Carriers' goal through this RTI is to support those in how to best embrace the recovery process with hope, healing and empowerment, so that everyone involved can understand that recovery is truly a journey with many destination points along the road.

Message Carriers includes grassroots members from the recovering community and family members created to address stigma and discriminatory practices that would impede one's ability for sustainable recovery. As a Recovery

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Community Organization (RCO), Message Carriers has recognized the need of advocating for the benefits of recovery. Message Carriers also has been educating our communities on best practices for recovery since 1996. These best practices have evolved in training through collaborations with colleagues across the state and country. For example, Message Carriers along with three other RCO's across the state created the Certified Recovery Specialist (CRS) curriculum. This certification is currently being administered throughout the state and recognized as successfully peer to peer mentorship to assist those seeking recovery the ability to maintain and sustain their recovery through the many challenges they may face. Our belief and proven expertise in recovery with lived experiences from substance abuse have helped thousands thus far.

The CCAR Recovery Coach Academy© is a 5-day intensive training academy focusing on providing individuals with the skills need to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs. Provided in a retreat-like environment, the CCAR Recovery Coach Academy© prepares participants by helping them to actively listen, ask really good questions, and discover and manage their own stuff.

CCAR Recovery Coach Academy© participants will:

- Describe Recovery Coach role and functions
- List the components, core values and guiding principles of recovery
- Build skills to enhance relationships
- Explore many dimensions of recovery and recovery coaching
- Discover attitudes about self-disclosure and sharing your story
- Understand the stages of recovery
- Describe the stages of change and their applications
- Increase their awareness of culture, power and privilege
- Address ethical and boundaries issues
- Experience recovery wellness planning
- Practice newly acquired skills

PRO-ACT Family Education Program is a 3-day training developed to assist family members and loved ones impacted by this disease of addiction. It was developed by the Pennsylvania Recovery Organization - Achieving Community Together. PRO-ACT is a program of The Councils of Southeast Pennsylvania, Inc. Students receive 18 PCB credits upon completion of the training. PRO-ACT Family Education Program Participants will:

- Part One covers Understanding Addiction
- Part Two focuses on Understanding the Impact on the Family
- Part Three concentrates on Developing the Next Steps

Recovery Support Services for Older Adults, The Council of Southeast Pennsylvania, Inc.: Training For Peer Recovery Support Providers. By the end of the training, attendees will be able to:

- Describe the scope and nature of substance use disorders in older adults
- Explain how the aging process impacts substance use and recovery
- Understand the difference between early versus late-onset disorders
- Explain the key role social support plays in older adult health and recovery
- Identify and implement concrete strategies for assisting older adults attempting to access and sustain recovery

Bridge of Faith Pastors and all leaders in the church would benefit greatly from having current, correct and helpful information. Motivated by the need to create additional ways to reach those afflicted by the disease of addiction and to assist them in seeking the necessary services to promote a healthier life for themselves. Faith-based communities will learn:

- The nature of addiction and the benefits of recovery.
- To empower pastors and their churches to provide service outreach to those afflicted.
- To form ongoing relationships with the churches and to encourage them to invest in spreading this ministry to other churches. Message Carriers will continue to work with each church to provide guidance, referrals and other types of recovery support assistance that is our area of expertise. Sustaining this ministry will become part of the work of the church.

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Each presentation will consist of a video, panel discussion of professionals, distribution of printed material, and a Q&A session.

In addition, the Message Carriers Recovery After-hours Helpline was created to help those in need of navigating systems of care or just a listening ear during the non-traditional hours. However, Message Carriers is seeking to make this a 24 hours Recovery Helpline. This vehicle of service can be a lifeline for those who are pre-contemplative treatment, in recovery, family members and those with the desires to sustain long term recovery.

Message Carriers hosts monthly community meetings to inform and educate everyone who attend on the various legislative issues, as well as promote recovery awareness events. These initiatives are very empowering for those who participate, but especially those in early recovery. These meetings help teach them the power of their voice. Due to COVID-19, Message Carriers is adapting to a new norm, where virtual meetings are being embraced to continue this service. Message Carriers initiates Recovery Roundtables discussion to give those who would like to know about non-traditional recovery groups. The goal is help individuals where they are by offering multiple pathways of recovery to sustain long-term recovery. The Recovery Town halls we host are to have our state and local officials address our legislative concerns that will impact our rights in any form that can impede one's journey of recovery.

Fidelity in the delivery of evidence-based and/or evidence-informed practices

When using evidence-based programs for indicated, selective and universal it is of extremely important to measure effectiveness and achievement of program outcomes. The evaluation process of the evidence –based programs will be implemented. This can consist of pre/post tests and program surveys completed by program participants, stakeholders and community members. There will also be a review of program content prior to the start of a new topic that is embedded into the specific evidence –based program. Completed outcome surveys and pre/post- tests data will be reviewed and analyzed quarterly by Sojourner House/ Message Carriers Program Committee, Executive leadership and board members.

Meeting the Required 60% Billable Rate: Quality Assurance

In collaboration with our finance department, the Intervention Program Director will perform monthly quality assurance reviews and weekly review of utilizations targets. Sojourner House MOMS and Marriage Carriers will enter 100% of Intervention data into PA WITS within 1 week of the date the service was delivered. Sojourner House is currently the fiscal agent for Message Carriers and we will maintain monthly data compliance as required. As part of our process, all data is required to be monitored by the Prevention Manager for accuracy and analyzed for progression toward outcomes by the 30th of the following month. The 60% utilization is our target benchmark for direct service time only. No indirect hours will be permitted in 60% face to face time with participants, outreach or educational activities. The Intervention Program Director in collaboration with MOMS Program Manager will conduct weekly supervision with Message Carriers to ensure the 60% of direct service hours are met.

Meeting the Needs of a Culturally Diverse Population: Cultural Competency

Sojourner House MOMS and Message Carriers will assess the most effective cultural approach for each community including target population. The approach will include community meetings for input, collaboration with essential stakeholders and Allegheny Department of Human Services. An annual evaluation from stakeholders and participants to measure our culturally based services. The cultural and community needs assessment will occur prior to implementation and annually. We are here to help all people heal and to prevent chronic behavioral health disorders. Sojourner House MOMS and Message Carriers intervention services will be designed, with expertise and compassion, to serve a diverse population. All clients should feel welcomed, well-served and supported regardless of their ethnic or racial heritage, sexual orientation and gender identity, intellectual or physical disability, English language proficiency or life experiences.

Outreach enhances and integrates within the overall behavioral health service continuum in Allegheny County

Sojourner House MOMS and Message Carriers will work in collaboration with Allegheny County Behavioral Health and by offering warm referrals into the continuum of care. To share Allegheny County DHS Behavioral Health information with our program literature to help increase awareness of the vast array of services that can enhance the community well-being.

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

Other Treatment Related Services

Provide your plan for Other Treatment Related Services that:

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

DHS Collaboration

Sojourner House and Message Carriers want to work with DHS and community organizations to develop an effective outreach plan that is culturally effective for each community. We understand that each community may have the same high-need indicators, however, a different outreach intervention plan that meets the cultural concerns of that particular community/neighborhood. Similar concerns with different strategies that can lead to a decrease risk for substance use. The outreach plan is a community-centered approach with respect to other peer providers that have community relationships. We want to be inclusive with DHS initiatives to service high-needs communities and prevent parallel services.

Priority Issues

As we embark on a new social norm resulting from the COVID-19 pandemic, Message Carriers and Sojourner are adapting telehealth services. We are working on being creative with engaging, mobilizing and even galvanizing this high-risk population. The COVID-19 has revealed that many high-needs communities have been more at risk for contracting the virus due to limited effective outreach, higher risk of co-morbidity and less access to healthcare services. Abruptly, many social health providers had to change their face-to-face services to telehealth. Sojourner House and Message Carriers developed an IT committee to assess our electronic resources to ensure we could offer telehealth case management services and groups using a HIPAA-compliant software called ZOOM. The other source is our telephonic support services that offers after-hours support for those in need. The CRSs and FSS can provide weekly one-on-one telehealth visits for all participants. All telehealth visits require documentation and participant consent to participate in services. In collaboration with the program participant, the CRSs or FSSs will complete Case Management Recovery Service Plans and enter intervention data into PA WITS. We can also host community seminars and stakeholder meetings via teleconference. Sojourner House and Message Carriers have the resources to assist high-risk participants with a warm referral to behavioral and physical health treatment. We want to provide peer support during treatment and post discharge follow-up care to ensure long term recovery wellness health.

Target Communities

The communities were chosen due to the correlation between reported higher comorbidity and substance use risk. These are the same communities at risk for COVID-19 due to higher rates of pre-existing health conditions. These communities are most in need of best practice intervention services, according to the Allegheny County Health Department Chronic Disease and Epidemiology Snapshot Report. Sojourner House and Message Carriers have community relationships and partners that we have worked closely with for decades, to assist residents who reside in high-needs areas. We are requesting to provide selective, indicated and universal services to: District 7 – Shadyside, District 8 – Bloomfield, District 10 - Morningside and Garfield, District 11 - East End Mall and Highland Park, District 12 - East Liberty, District 13 - Homewood and East Hills. These communities were chosen based on the Allegheny County Health Department Needs Assessment Report and statistics from Allegheny Department of Human Services. The priority for both organizations to help improve healthcare equity, reduce overdoses (opioid and psychostimulants use), education/prevention of marijuana use, recovery wellness and comprehensive case management services. We are willing to provide educational groups and outreach services to other communities suggested by Allegheny Department of Human Services.

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

Target Populations

Sojourner House MOMS and Message Carriers' target population includes individuals experiencing substance misuse issues, the families (and other natural allies) who support them. Given the many aspects of life that are impacted by addiction, and the multiple pathways to achieve recovery, our target population is serviced by many types of organizations including formal treatment providers. As an RCO, Message Carriers sets itself apart from other recovery organizations. A Recovery Community Organization (RCO) is an independent nonprofit organization that is led and governed by representatives from the local communities of recovery. RCO's organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services (P-BRSS). The sole mission of an RCO is to mobilize resources within and outside of the recovery community to increase prevalence and quality of long-term recovery from alcohol and other drug addiction. Public education, policy advocacy and peer-based recovery support services are the strategies through which this mission is achieved.

Proposed Services:

Message Carriers has a history of collaborating with DHS to enhance Allegheny County's Recovery Community Model. Sojourner House MOMS also has a long history of facilitating referrals into recovery treatment services. We want to continue to be a support for those discharging out of inpatient treatment or participant's active in outpatient services by providing recovery linkages, housing support and peer support services to ensure long term self-sufficiency/recovery. Along with Allegheny County SCA both organizations have a strong relationship with the recovery community. Through our telephonic support or one-on-one sessions, we help community members with information and referral to clinical services and potential transportation to treatment.

Message Carriers provides recovery support services. Recovery support services are any services delivered by a person with lived experience with substance misuse and recovery. Recovery support services include direct care services such as telephonic support, individual or family services, linkages to community resources, and community awareness events for recovery. All services delivered are person-centered, recovery-oriented, and are often delivered by specialists in the field called Certified Recovery Specialists (CRS). Message Carriers helped to create and develop this statewide certification that sets specific standards for achieving and maintaining the CRS.

Message Carriers provides a plethora of recovery support services, and is expanding every year. Message Carriers strives to help our community sustain their recovery through Recovery Awareness Events (monthly community meetings, Town Halls, Recovery Roundtable), training and education initiatives (MC's newly established RTI), and telephone support (Afterhours Recovery Helpline).

In addition to the services detailed above, Message Carriers is active in local, state, and national recovering communities. Message Carriers participates on several boards, committees, and taskforces to address issues relevant to recovering individuals such as the opioid epidemic, improving access to care, Medicaid expansion, and peer support.

Message Carriers is aware that it will be required to learn the PA WITS system. In addition, through a collaboration with our national partners, Faces and Voices, Message Carriers will use our Recovery Data Platform to track outcomes and engagement for participants across our programs. The following tools are commonly used for recovery support services and that are widely used across Recovery Community Organizations:

- **Substance Abuse Data** survey that asks the participant about their drug and alcohol use habits and their opinions about substance use in their community.
- **Engagement Scale** is focused on three areas; rating individual wellbeing, level of cravings, and relationship satisfaction with service provider.
- **Life Style Data** focuses on role functioning by asking about educational and employment background, socioeconomic status, and access to healthcare insurance.
- **Recovery Capital** form that assesses the resources and beliefs a person has to find and sustain recovery. It includes questions about how an individual feels about their life, health, and emotions.
- **Brief Addiction Recovery Capital (BARC)** asks participants to rate their level of agreement with statements related to fulfillment, support, and recovery.

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

The following are the proposed Outcomes for MCPA and Sojourner House MOMS:

- Increase the length of time that telephonic support service is offered to recipients in order for them to maintain long-term recovery and avoid relapse by assisting 480 community members from high need neighborhoods.
- Increase the number of community members' access to treatment services including participation into DHS Behavioral Health Continuum of care by 70%. All intervention calls seeking treatment services will be linked to care via warm referral
- Increase participation in recovery awareness events via hosting 12 community events, virtual information dissemination and providing educational seminars to minimum of 100 participants from high need communities.
- 70% of CRSs and FSS participants will remain abstinence from substance use.
- Provide face to face in person or virtual intervention sessions to 100 consumers per fiscal year with 70 % reporting improvement with recovery wellness (mental/ substance use)
- 70% of teens that participate in intervention educational groups and community seminars will report an increase on substance use awareness.
- 80% of stakeholders and high needs communities will report satisfaction with intervention services.
- 100% participation with DHS Behavioral Health Continuum by attending monthly provider meetings
- 100% of all Intervention Documentation will be submitted in PA-WITS by the 30th of each month.

Data outcomes will be entered and tracked through our Case Management System. The leadership team will review results each month, and the Sojourner House MOMS and Message Carriers boards will review results quarterly, to ensure benchmarks are met. If the benchmarks are not met, the Program Director and Program Manager will submit a Performance Improvement Plan for each deficiency. Monthly results of all benchmarks will be shared with DDAP Allegheny County Department of Human Services.

In collaboration with Sojourner House's finance department, the Intervention Program Director will perform monthly quality assurance reviews and weekly review of utilizations targets. Sojourner House MOMS and Message Carriers will enter 100% of Intervention data into PA WITS within 1 week of the date the service was delivered. Sojourner House is currently the fiscal agent for Message Carriers, and we will maintain monthly data compliance as required. As part of our process, all data is required to be monitored by the Prevention Manager for accuracy and analyzed for progression toward outcomes by the 30th of the following month. The 60% utilization is our target benchmark for direct service time only. No indirect hours will be permitted in 60% face to face time with participants, outreach or educational activities. The Intervention Program Director in collaboration with MOMS Program Manager will conduct weekly supervision with Message Carriers to ensure the 60% of direct service hours are met.

Other Treatment Related Services enhances and integrates within the overall behavioral health service continuum in Allegheny County:

In collaboration with DHS behavioral health continuum the additional treatment related approaches supports our philosophy of no wrong door to access care. Sojourner House MOMS and Message Carriers will work with DHS to create a safe space for services, enhance behavioral health wellness by offering warm referrals to the continuum and to promote inclusion of care – assisting participants with taking ownership in their change. Attend behavioral health provider meetings and planning of care development for a healthier Allegheny County. We will align all program treatment related activities to correlate with DHS behavioral health initiatives.

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

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.

Hiring and Recruitment:

Sojourner House MOMS has incorporated the following initiatives to recruit and retain qualified staff:

- Employee Culture Needs Survey- to assess the agency culture and to address staff concerns to enhance their commitment to our consumers.
- Bi-Monthly all staff meetings -The Executive Director and leadership team meet with the entire staff to disseminate and explain agency updates and receive feedback on how to improve agency culture.
- The leadership team and board are committed to ensure salaries for all staff is fair and conducts a compensation review every 2 years.

Staffing Ratios:

Sojourner House MOMS:

- **Full-time Program Director (0.05 FTE):** Provides program supervision, and can provide support to participants if there is a need.
- **2 Full time Intervention Program Managers (0.3 FTE, 0.1 FTE):** Provides supervision to CRS and FSS staff. Collaborates with Message Carriers on joint supervision to ensure all benchmarks and utilization are met.
- **Full time Certified Recovery Specialist (CRS) (0.5 FTE):** Provides services to 15 families and individuals 1 to 2 groups per week, 1 community outreach per month (Sojourner House currently has 2 FT CRFS employed with lived experience)
- **3 Full time Family Support Specialists (FSS) (0.3 FTE each):** Provides services to 15 families, 1 to 2 groups per week, and 1 community outreach per month.

Message Carriers of PA:

- 1 full time Program manager/ CRS (1.0 FTE)
- 1 part time CRS for MCPA Telephonic and Outreach Support (0.5 FTE)

5. Describe your staff training plan.

Staff Training Plan:

Sojourner House MOMS and Message Carriers understand the importance of implementation as an effective training plan of our staff. Message Carriers is known for being a creator of the Certified Recovery Specialist (CRS) and has been trainer for this certification. Along with other recovery-related training, Message Carriers can provide this service not only to Sojourner House, but to other treatment providers, corporations, or institutions who want to learn more about the benefits of recovery. Sojourner House continues to provide internal trainings and collaborates with other agencies to provide well-designed trainings to enhance the work performance of all staff. Sojourner House prides itself on being a trauma-informed agency. It promotes self-care and provides monthly newsletters to all staff with resources for burn-out prevention.

Intervention staff are required to complete an AOD Training/Needs Assessment during the orientation process. The Training/Needs Assessment will include all Mandatory DDAP Intervention training and Professional/Educational Development training plans. All mandatory trainings will be completed within one year from date of hire: Intervention Prevention 101, Addictions 101, Ethics, HIV, CPR/First Aide, Mandated Reporter CPSL, Narcan Education, Coordination of Services, Case Management Overview, ASAM (assessment staff only), PA WITS Documentation Training and Certified Peer Support Training – (new CRSs). Additional trainings will include Mental Health First Aide, Screening and Assessment, Motivational Interviewing, Practical Applications of Confidentiality Laws and Regulations, Fidelity Adaptations, Minimum Data Set (MDS) Service Codes, and 12 hours of approved supplemental training each year. Staff will be required to attend various cultural competency trainings: LGBTQ 101, Engaging African American Families, African Americans and Mental Health, Culture Diversity and How to Engage Teens. All trainings will be documented in the employees training file with a completed training needs assessment signed by the employee and their designated supervisor.

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

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.

Data Tracking

100% of data must be entered into PA WITS within 1 week of the date the service was delivered and by the last day of the month for services performed in the last week of the month. Sojourner House is currently the fiscal agent for Message Carriers and we will maintain monthly data compliance as required. As part of our process, all data including outcomes and utilization direct service time is required to be monitored by the Program Manager for accuracy, and analyzed for progression toward outcomes by the 30th of the following month.

All data outcome will be entered and tracked through our Case Management System and PA WITS. The leadership team will review results each month. The Sojourner House MOMS and Message Carriers Board will review results quarterly, to ensure benchmarks are met. If the benchmarks are not met, the Program Director and Program Manager will submit a Performance Improvement Plan for each deficiency.

Monthly and Quarterly results will be shared with DDAP, and Allegheny County Department of Human Services.

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.

To ensure we are reaching a diverse population of individuals in high need communities we will develop an annual descriptive analyses to determine over time whether differential change is seen within diverse racial, cultural and minority groups. Sojourner House MOMS and Message Carriers will implement a plan to address our impact with diverse populations. Attached to the RFP is the template for Intervention Care Health Disparities Impact Plan and the Consumer Satisfaction Survey. The consumer survey measures effectiveness of intervention services. Both surveys are essential tools to assist us with bi-annually and yearly evaluations to improve our intervention services while meeting the needs of diverse communities. The information will be shared with Allegheny County DHS Behavioral Health continuum to assist with geo-mapping the needs our communities.

8. Provide your plan for quality assurance.

Quality Assurance Plan:

The Program Manager in collaboration with Message Carriers management will review all PA WITS Data before the 30th of each month. The purpose is to monitor outcome and utilization benchmarks. All data outcomes will be submitted to both organization board and leadership team quarterly. The Program Director will also review data monthly and report any concerns to the leadership team during our monthly Risk Management Meeting. 25% of all files will be randomly monitored bi-monthly for a quality assurance review by the Program Director and Program Manager.

Prior to the start of the 2020-21 fiscal year, all DDAP Intervention staff will attend a 6-hour documentation training and implementation of skill will be reviewed in weekly supervision by the designated supervisor.

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

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 Intervention Budget workbook for budget details. The attachment includes the master budget for the \$210,000 proposed revenue, calculation support for all intervention services explained in this proposal, and the personnel expense detail and calculations to corroborate the staffing structure explained in Section 3, #4 of this proposal.

Budget Narrative:

- D&A Intervention services will be provided throughout the year. Please refer to the “MOMS Revenue” and “MCPA Revenue” tabs of the attached spreadsheet for the anticipated services that will be provided to clients. On the revenue tabs of the attached budget workbook, the revenue calculations are based on the number of sessions, hours, attendees/clients served, and/or groups.
- Based on the revenue calculations made on the attached spreadsheet, total expected revenue is about \$222,000, but due to client cancellations or staff sick or vacation time, the organization has elected to request the conservative proposed revenue amount below. The proposed D&A intervention revenue by intervention service area is as follows:
 - Outreach = \$85,000 (INT05)
 - 0.5 Intervention = 8,000 (INT02)
 - Other Related Treatment Services = \$107,000 (INT02)
 - Group = \$10,000 (INT03)

Total Proposed Revenue: \$210,000

- As personnel costs represent a significant portion of the budget, personnel expense detail and calculations are provided on the “Personnel Expense” tabs on the attached Intervention Budget excel workbook. Expectations are that 2 of the 7 direct service personnel will have 100% of their time devoted to the D&A Intervention Program, and the other 5 intervention employees will work in other programs at Sojourner House MOMS. As such, other costs such as rent, building and professional insurance, communications, and general admin costs will be allocated to according to each employee’s direct charges to each program. All allocation calculations are based on the employee’s recorded time by month in the payroll system as noted on the labor distribution report.
- Employee Benefits will be allocated to each program based on the each employee’s time recorded to each program. Employee benefits include health insurance, dental insurance, vision insurance, a \$25,000 life insurance policy, short term disability insurance, and a budgeted 2% 401k match. Excluding taxes, the benefits percentage of wages is approximately 27%.
- Payroll taxes equal 7.65% of total wages.
- Rent expense: 80% of the MCPA rent expense is charged to program, the other 20% is charged to the admin and fundraising cost centers. About 12% of the MOMS rent is allocated to the D&A program based on the MOMS FTE percentage.
- Indirect admin expenses: Such expenses include Executive Admin, Fiscal and Accounting, Human Resources, and Information Technology. MOMS’ administrative costs are based on the FTE employee percentage for all MOMS employees. The D&A Intervention allocation of such costs is approximately \$17,000. MCPA admin and indirect expenses are expected to be about 20% of total personnel costs based on time studies. An additional \$6,000 of MCPA indirect admin support was added to the D&A budget. This cost includes outsourced fiscal and IT assistance. The actual expense is about 2.5 times more than the \$6,000 but it will be paid for through fundraising.
- Other lesser costing program related costs such as staff travel for meetings and training, phone, utilities, program supplies, office supplies, printing, postage, and general insurance are all estimated costs and appear to be reasonable in providing a successful D&A intervention program. Please refer to the “master intervention budget” tab in the attached intervention budget workbook for the specific costs for each of the line items.

Sojourner House MOMS & MCPA

D&A Intervention - FY20.21 Program Budget

Purpose: To submit a detailed budget for the Sojourner House MOMS (MOMS) and Message Carriers of PA (MCPA) D&A Intervention proposal.

Note: This D&A Intervention budget represents a combined budget of Sojourner House MOMS (MOMS) and Message Carrier of PA (MCPA). Please refer to the "Revenue" tabs for the revenue calculations and commentary. Please refer to the "Personnel Expense" tabs for additional support for the personnel expense lines. Fundraising revenue will fund the projected deficit if necessary.

Conclusion: The amount of funding requested in the Sojourner House MOMS and Message Carriers of PA proposal is \$210,000.

Account	A - Expense Classification	Budget												
		FY20/21	07/01/19	08/31/19	09/30/19	10/31/19	11/30/19	12/31/19	01/31/20	02/28/20	03/31/20	04/30/20	05/31/20	06/30/20
Revenue:														
MOMS Group Revenue		10,000	833	833	833	833	833	833	833	833	833	833	833	833
MOMS Outreach Revenue		15,000	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250
MCPA Outreach Revenue		70,000	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833
MCPA 0.5 Intervention Service Revenue		8,000	667	667	667	667	667	667	667	667	667	667	667	667
MOMS Other Treatment Related Service Revenue		85,000	7,083	7,083	7,083	7,083	7,083	7,083	7,083	7,083	7,083	7,083	7,083	7,083
MCPA Other Treatment Related Service Revenue		22,000	1,833	1,833	1,833	1,833	1,833	1,833	1,833	1,833	1,833	1,833	1,833	1,833
		210,000	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500
Expense:														
MOMS Program Personnel wages	1	60,191	5,016	5,016	5,016	5,016	5,016	5,016	5,016	5,016	5,016	5,016	5,016	5,016
MCPA Wages: Executive Director & RSS	1	44,800	3,733	3,733	3,733	3,733	3,733	3,733	3,733	3,733	3,733	3,733	3,733	3,733
MCPA Wages: PT Recovery Support Specialist	1	12,480	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040
MOMS Payroll Taxes	1	5,535	461	461	461	461	461	461	461	461	461	461	461	461
MCPA Payroll Taxes	1	5,460	455	455	455	455	455	455	455	455	455	455	455	455
MOMS Program Personnel Benefits	1	19,645	1,637	1,637	1,637	1,637	1,637	1,637	1,637	1,637	1,637	1,637	1,637	1,637
MCPA Benefits: Health/Vision/Dental Insurance	1	9,516	793	793	793	793	793	793	793	793	793	793	793	793
MCPA Benefits: Workers Compensation	1	600	50	50	50	50	50	50	50	50	50	50	50	50
MCPA Benefits: Life Insurance & Disability	1	1,500	125	125	125	125	125	125	125	125	125	125	125	125
MOMS Staff Development	1	1,000	83	83	83	83	83	83	83	83	83	83	83	83
MOMS Staff Travel	2	500	42	42	42	42	42	42	42	42	42	42	42	42
MOMS Office Supplies	2	500	42	42	42	42	42	42	42	42	42	42	42	42
MOMS Program Supplies	2	500	42	42	42	42	42	42	42	42	42	42	42	42
MOMS Telephone & Communications	2	2,000	167	167	167	167	167	167	167	167	167	167	167	167
MOMS Printing & Copying	2	500	42	42	42	42	42	42	42	42	42	42	42	42
MOMS Postage & Shipping	2	500	42	42	42	42	42	42	42	42	42	42	42	42
MCPA Rent	2	4,800	400	400	400	400	400	400	400	400	400	400	400	400
MCPA Telephones/internet	2	2,400	200	200	200	200	200	200	200	200	200	200	200	200
MCPA Marketing Materials	2	1,200	100	100	100	100	100	100	100	100	100	100	100	100
MCPA Meeting Expenses	2	600	50	50	50	50	50	50	50	50	50	50	50	50
MCPA Business Registration Fees	2	150	150	-	-	-	-	-	-	-	-	-	-	-
MCPA Insurance	2	1,116	124	124	124	124	124	124	124	124	124	124	124	124
MCPA Staff Training	2	480	40	40	40	40	40	40	40	40	40	40	40	40
MOMS General Liability Insurance	3	500	83	83	83	83	83	83	83	83	83	83	83	83
MOMS Office Rent	3	3,000	250	250	250	250	250	250	250	250	250	250	250	250
MCPA Program Indirect Costs	3	14,356	1,196	1,196	1,196	1,196	1,196	1,196	1,196	1,196	1,196	1,196	1,196	1,196
MOMS Administrative Personnel	4	17,074	1,423	1,423	1,423	1,423	1,423	1,423	1,423	1,423	1,423	1,423	1,423	1,423
MCPA Admin Support	4	6,000	500	500	500	500	500	500	500	500	500	500	500	500
		216,902	18,285	18,135	18,135	18,135	18,135	18,135	18,135	18,135	18,135	18,011	18,011	18,011

A - Expense Classification Numbering and expense totals:

Expense Classification	Dollars	Percent
1 - Program Personnel Expense	160,726	74.1%
2 - Operating Expense	15,246	7.0%

3 - Indirect Operating Expense	17,856	8.2%
4 - Indirect Admin	23,074	10.6%
	<u>216,902</u>	<u>100.0%</u>

Message Carriers of PA		
Projected FY20/21 Intervention Budget		
Note: This budget represents the Message Carriers of PA (MCPA) budget		
	Expense Classification	Budget FY20/21
<u>D&A Intervention Fee for Service Revenue:</u>		
MCPA Outreach Revenue		70,000
MCPA 0.5 Intervention Services		8,000
MCPA Other Treatment Services (RSS) Revenue		22,000
TOTAL REVENUE:		100,000
<u>Expenses:</u>		
MCPA Wages: Executive Director & RSS	1	44,800
MCPA Wages: PT Recovery Support Specialist	1	12,480
MCPA Payroll taxes	1	5,460
MCPA Benefits: Health/Vision/Dental Insurance	1	9,516
MCPA Benefits: Workers Compensation	1	600
MCPA Benefits: Life Insurance & Disability	1	1,500
MCPA Rent	2	4,800
MCPA Telephones/internet	2	2,400
MCPA Marketing Materials	2	1,200
MCPA Meeting Expenses	2	600
MCPA Business Registration Fees	2	150
MCPA Insurance	2	1,116
MCPA Staff Training	2	480
MCPA Program Indirect Costs	3	14,356
MCPA Admin Support	4	6,000

MOMS D&A Intervention Revenue Generating Services

FY20/21 Projections

Purpose: To prove out the organization is capable of meeting service levels to earn the funding requested in the proposal

Note: The revenue noted on this tab is reflected on the budget tab. The hourly rates below utilize the 15 minute unit rates as outlined on page 10 of the RFP. The revenue request is rounded down to account for client cancellations or staff sick or vacation time.

	<u>Sessions Per year</u>	<u>Hours per session</u>	<u>Avg Attendees per session</u>	<u>Hourly Rate</u>	<u>Total Revenue</u>
<u>MOMS Outreach services:</u>					
Outreach - community needs assessment: 5 times per year, 2 hour sessions, avg of 10 attendees per session	5	2	10	\$ 61.52	6,152
Outreach - townhall and community meetings: 5 times per year, 2 hour sessions, average of 10 attendees per session	5	2	10	\$ 61.52	6,152
Outreach - community education: 3 times per year, 2 hour sessions, average of 10 attendees per session	3	2	10	\$ 61.52	3,691
Outreach - Victorian tea annual 2 hour event - universal education to the targeted and untargeted population	1	2	20	\$ 61.52	2,461
					18,456
					15,000

TOTAL OUTREACH REVENUE EXPECTATION
TOTAL MOMS OUTREACH REVENUE REQUESTED IN PROPOSAL

MOMS Other Treatment Related Services:

Other Treatment Related Services - Case Mgmt: Average 45 minute sessions, 36 clients per week, 52 weeks per year	1,872	0.75	1	\$ 63.36	88,957
					88,957
					85,000

TOTAL OTHER TREATMENT RELATED SERVICES REVENUE EXPECTATION
TOTAL MOMS OUTREACH REVENUE REQUESTED IN PROPOSAL

	<u># of groups per year</u>	<u>Hours</u>	<u>Attendees</u>	<u>Rate</u>	<u>Total Revenue</u>
<u>MOMS Group services:</u>					
MOMS Group meetings: 5 groups per week, avg of 5 attendees per group	260	1	5	\$ 10.00	13,000
					13,000
					10,000
					110,000

TOTAL GROUP REVENUE POTENTIAL
TOTAL MOMS GROUP REVENUE REQUESTED IN PROPOSAL
TOTAL MOMS INTERVENTION REVENUE POTENTIAL

**MCPA D&A Intervention Revenue Generating Services
FY20/21 Projections**

Purpose: To prove out the organization is capable of meeting service levels to earn the funding requested in the proposal.

Note: The revenue noted on this tab is reflected on the budget tab. The hourly rates below are derived from the 15 minute unit rates as outlined on page 10 of the RFP. The revenue request is rounded down to account for client cancellations or staff sick or vacation time.

	<u>Sessions Per year</u>	<u>Hours per session</u>	<u>Avg Attendees per session</u>	<u>Hourly Rate</u>	<u>Total Revenue Per Service</u>	
<u>MCPA led Outreach services:</u>						
Outreach - Narcan handout and education: 5 hours per week, all year	N/A	260	N/A	\$ 61.52	15,995	
Outreach - townhall and community meetings: Once per month, 2 hours per session, avg 10 attendees	12	2	10	\$ 61.52	14,765	
Outreach - information dissemination and materials distribution: 10 times per year, 2 hours per session	10	2	N/A	\$ 61.52	1,230	
Outreach - Tree of Life - universal education to the targeted and untargeted population: Annual organizational event, 30 targeted attendees	1	2	30	\$ 61.52	3,691	
Outreach - Recovery Lights Up the Night - universal education to the targeted population: 1 event, 3 hours, 20 attendees	1	3	20	\$ 61.52	3,691	
Outreach - CCAR Recovery Coach Academy©: 2 times per year, 5 Day Program, 6 hours per day, avg 5 attendees	2	30	5	\$ 61.52	18,456	
Outreach - PRO-ACT Family Education Program: 2 times per year, 3 Day Program, 6 hours per day, avg of 5 attendees	2	18	5	\$ 61.52	11,074	
Outreach - Bridge of Faith - Pastors & Church Leaders: 2 sessions per year, 3 hours per session, avg 5 attendees	2	6	5	\$ 61.52	3,691	
Outreach - news letter distribution to about 1000 people		0		\$ -	-	
					72,594	TOTAL OUTREACH REVENUE CALCULATED
					70,000	TOTAL OUTREACH REVENUE REQUESTED IN PROPOSAL
<u>MCPA led Other Treatment Related Services (RSS):</u>						
Other RSS - Recovery Support Services for Older Adults: 3 times per year, 6 Hours per session, 5 participants	3	6	5	\$ 63.36	5,702	
Other RSS - Phone Service 8A-5P calls: 3 times per week 30 min calls on avg	156	0.5	1	\$ 63.36	4,942	
Other RSS - Walk in D&A triage or referral: twice per week for 45mins per consultation	104	0.75	1	\$ 63.36	4,942	
Other RSS - Other educational group						

12	1	10	\$ 63.36	7,603
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23,190

TOTAL OUTREACH REVENUE CALCULATED

22,000

TOTAL OUTREACH REVENUE REQUESTED IN PROPOSAL

MCPA led 0.5 Intervention Services:

Telephonics - MCPA after hours telephonics services (available 5P-12A M-F): Avg. 0.5 hours of call time per day

520	0.25	1	\$ 61.52	7,998
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7,998

TOTAL OUTREACH REVENUE CALCULATED

8,000

TOTAL OUTREACH REVENUE REQUESTED IN PROPOSAL

100,000

TOTAL BUDGETED D&A REVENUE

**Sojourner House MOMS
D&A Intervention Program Personnel
Personnel Costs and Allocations**

POSITION	Hire Date	Hourly Rate	Hrs per week	Annual Hrs	Wages	Bonus	Taxes	Benefits	Total	Alloc %	Program Costs				
											Salaries & Wages	Payroll tax	benefits	Program Cost	
Program Manager	7/20/2011	27.88	40.00	2,080.00	58,000	1,160	5,126	8,389	71,515	5%	2,958	256	419	3,634	
Program Manager	3/18/2015	21.85	40.00	2,080.00	45,450	909	4,146	12,280	61,876	30%	13,908	1,244	3,684	18,836	
Lead Family Support Specialist	9/27/2011	20.75	40.00	2,080.00	43,160	863	3,968	13,104	60,232	30%	13,207	1,190	3,931	18,328	
Family Support Specialist	7/1/2013	16.16	40.00	2,080.00	33,613	672	3,223	12,503	49,339	30%	10,286	967	3,751	15,003	
Family Support Specialist	7/1/2013	16.16	40.00	2,080.00	33,613	672	3,223	14,030	50,866	30%	10,286	967	4,209	15,461	
Peer Recovery Support Specialist	9/4/2018	15.00	40.00	2,080.00	31,200	624	3,035	12,167	46,402	30%	9,547	910	3,650	14,108	
					<u>245,036</u>	<u>4,901</u>	<u>22,720</u>	<u>72,473</u>	<u>340,229</u>		60,191	5,535	19,645	85,370	
														Admin Personnel expense	17,074
														Total Personnel expense	<u>102,444</u>

Organizational-wide taxes and benefits as a percentage of wages:

Benefit	Rate
ER FICA	7.65%
ER Unemployment Tax	1.40%
Health/Dental/Vision Insurance	13.40%
Life & Disability Insurance	1.60%
Workers Comp	0.90%
Pension	2.00%
	<u>26.95%</u>

**Sojourner House MOMS
D&A Intervention Program Personnel
Personnel Costs and Allocations**

POSITION	Hire Date	Hourly Rate	Hrs per week	Annual Hrs	Wages	Bonus	Taxes	Benefits	Total	Alloc %	Program Costs				
											Salaries & Wages	Payroll tax	benefits	Program Cost	
Ececutive Director & Peer Recovery	7/1/1996	26.44	40.00	2,080.00	55,000	1,000	4,884	11,895	71,779	80%	44,800	3,907	9,516	58,223	
PT Peer Recovery Support Specialist	2/1/2020	12.00	20.00	1,040.00	12,480	-	1,555		14,035	100%	12,480	1,555	-	14,035	
					<u>67,480</u>	<u>1,000</u>	<u>6,439</u>	<u>11,895</u>	<u>85,814</u>		<u>57,280</u>	<u>5,462</u>	<u>9,516</u>	<u>72,258</u>	
														Admin Personnel expense	14,356
														Total Personnel expense	<u>86,614</u>

Organizational-wide taxes and benefits as a percentage of wages:

Benefit	Rate
ER FICA	7.65%
ER Unemployment Tax	1.40%
Health/Dental/Vision Insurance	13.40%
Life & Disability Insurance	1.60%
Workers Comp	0.90%
Pension	2.00%
	<u>26.95%</u>



Intervention Services Disparities Impact Plan

#1: Propose the number of individuals to be served by subpopulations in the grant implementation area (should be provided in a table that covers the entire grant period.) The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.

The chart below is based on the demographics at the site(s) and outlines our proposal for the clients we will serve over the grant period.

	Total	FY1	FY2	FY3	FY4
Direct Services: Number to be served					
<i>By Race/Ethnicity</i>					
<i>By Gender</i>					
<i>By Sexual Orientation/Identity Status</i>					

#2: Describe the quality improvement plan for how you will use your program data on access, use, and outcomes to monitor and manage program outcomes by race, ethnicity, and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

The following policies and procedures have been or will be established to ensure that the cultural and communication needs of underserved sub-populations are met, including adherence to CLAS standards.

A plan of how to review data for outcomes, regarding race, ethnicity, and LGBT status:



Criteria #3: The quality improvement plan should include methods for the development and implementation of policies and procedures to enhance adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to: a) Diverse cultural health beliefs and practices; b) Preferred languages; and c) Health literacy and other communication needs of all sub-populations within the proposed geographic region.

Revised 4.15.2020



**Consumer Satisfaction Survey
DDAP Intervention Services**

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your response will help us improve our services. There is no right or wrong answer; we are asking for your honest opinions. In no way will your response affect your treatment here. Thank you for your time!

What services did you participate in today?

Group___ Community Education___ Telephonic Support___
Referral Services___ Individual/Family Session___

	Always	Most of the time	Some of the time	Rarely	Never	NA
I feel welcomed and comfortable with services						
I feel I am able to access care when I need it						
I feel respected and listened to by the staff						
I feel the staff takes time to explain and educate me.						
I feel I am involved in my care and included in the decision making regarding my service plan and support linkages						
I feel the staff has an understanding of my health care needs and successfully coordinates care with my other healthcare providers						
I feel the staff encourages me to develop my substance abuse recovery goals if needed						
I feel the staff encourages and welcomes the input and support of my family						
I feel my health information is kept confidential and shared only as necessary with other healthcare providers involved in my care.						
I feel the staff sees me as a whole person and addresses multiple needs when necessary						

What suggestions do you have for improvement?

MONTH _____

THANK YOU!

4/1/2020

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

Measure: LEVEL 2—Substance Use—Adult (adapted from the NIDA-Modified ASSIST)

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LEVEL 2—Substance Use—Adult*

*Adapted from the NIDA-Modified ASSIST

Name: _____ Age: _____ Sex: Male Female Date: _____

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _____

In a typical week, approximately how much time do you spend with the individual receiving care? _____ hours/week

Instructions: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by “using medicines on your own without a doctor’s prescription, or in greater amounts or longer than prescribed, and/or using drugs like marijuana, cocaine or crack, and/or other drugs” at a slight or greater level of severity. The questions below ask how often you (the individual receiving care) have used these medicines and/or substances **during the past 2 weeks**. **Please respond to each item by marking (✓ or x) one box per row.**

During the past TWO (2) WEEKS , about how often did you use any of the following medicines ON YOUR OWN , that is, without a doctor’s prescription, in greater amounts or longer than prescribed?							Clinician Use
		Not at all	One or two days	Several days	More than half the days	Nearly every day	Item Score
a.	Painkillers (like Vicodin)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b.	Stimulants (like Ritalin, Adderall)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c.	Sedatives or tranquilizers (like sleeping pills or Valium)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Or drugs like:							
d.	Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
e.	Cocaine or crack	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
f.	Club drugs (like ecstasy)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
g.	Hallucinogens (like LSD)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
h.	Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
i.	Inhalants or solvents (like glue)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
j.	Methamphetamine (like speed)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Total Score:							

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Instructions to Clinicians

The DSM-5 Level 2—Substance Use—Adult is an adapted version of the NIDA-Modified ASSIST. The 15-item measure is used to assess the pure domain of prescription medicine, and illicit substance use in adults age 18 and older. It is completed by the individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure. Each item asks the individual receiving care (or informant) to rate the severity of the individual's use of various substances **during the past 2 weeks**.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (i.e., 0=not at all; 1=1 or 2 days; 2=several days; 3=more than half the days; 4=nearly every day). The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." Scores on the individual items should be interpreted independently because each item inquires about the use of a distinct substance. The rating of multiple items at scores greater than 0 indicates greater severity and complexity of substance use.

Frequency of Use

To track change in the severity of the individual's use of alcohol, tobacco/nicotine, prescription or illicit substance over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals of impaired capacity, it is preferred that completion of the measures at follow-up appointments is by the same knowledgeable informant. Consistently high scores on the measure may indicate significant and problematic areas that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

Measure: LEVEL 2—Substance Use—Child Age 11–17 (adapted from the NIDA-Modified ASSIST)

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LEVEL 2—Substance Use—Child Age 11–17*

*Adapted from the NIDA-Modified ASSIST

Name: _____

Age: _____

Sex: Male Female

Date: _____

Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by “having an alcoholic beverage”; “smoking a cigarette, a cigar, or pipe or used snuff or chewing tobacco”; “using drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)”; and/or “using any medicine ON YOUR OWN, that is, without a doctor’s prescription, to get high or change the way you feel.” The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms **during the past two (2) weeks**. Please respond to each item by marking (✓ or x) one box per row.

							Clinician Use
		Not at All	Less Than a Day or Two	Several Days	More Than Half the Days	Nearly Every Day	Item Score
During the past TWO (2) weeks, about how often did you ...							
a.	Have an alcoholic beverage (beer, wine, liquor, etc.)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b.	Have 4 or more drinks in a single day?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c.	Smoke a cigarette, a cigar, or pipe or use snuff or chewing tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
During the past TWO (2) weeks, about how often did you use any of the following medicines ON YOUR OWN, that is, without a doctor’s prescription or in greater amounts or longer than prescribed?							
d.	Painkillers (like Vicodin)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
e.	Stimulants (like Ritalin, Adderall)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
f.	Sedatives or tranquilizers (like sleeping pills or Valium)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Or drugs like:							
g.	Steroids	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
h.	Other medicines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
i.	Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
j.	Cocaine or crack	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
k.	Club drugs (like ecstasy)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
l.	Hallucinogens (like LSD)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
m.	Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
n.	Inhalants or solvents (like glue)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
o.	Methamphetamine (like speed)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

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Instructions to Clinicians

The DSM-5 Level 2—Substance Use—Child Age 11–17 is an adapted version of the NIDA-Modified ASSIST. The 15-item measure is used to assess the pure domain of alcohol, tobacco/nicotine, prescription medicine, and illicit substance use in children and adolescents. It is completed by the child prior to a visit with the clinician. Each item asks the child to rate the severity of his/her use of various substances **during the past 2 weeks.**

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (i.e., 0=not at all; 1=less than a day or two; 2=several days; 3=more than half the days; 4=nearly every day). The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” Scores on the individual items should be interpreted independently because each item inquires about the use of a distinct substance. The rating of multiple items at scores greater than 0 indicates greater severity and complexity of substance use.

Frequency of Use

To track change in the severity of the child’s use of alcohol, tobacco/nicotine, prescription or illicit substance over time, the measure be may completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. Consistently high scores on the measure may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

Measure: LEVEL 2—Substance Use—Parent/Guardian of Child Age 6–17 (adapted from the NIDA-Modified ASSIST)

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LEVEL 2—Substance Use—Parent/Guardian of Child Age 6–17*

*Adapted from the NIDA-Modified ASSIST

Child's Name: _____

Age: _____

Sex: Male Female

Date: _____

What is your relationship with the child receiving care: _____

Instructions to parent/guardian: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* your child receiving care has been bothered by “having an alcoholic beverage”; “smoking a cigarette, a cigar, or pipe or used snuff or chewing tobacco”; “using drugs like marijuana, cocaine or crack, club drugs, hallucinogens, heroin, inhalants or solvents, or methamphetamine”; and/or “using any medicine without a doctor’s prescription.” The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms **during the past two (2) weeks**. Please respond to each item by marking (✓ or x) one box per row.

							Clinician Use	
Please respond to each item by choosing one option per question.		Not at All	Less Than a Day or Two	Several Days	More Than Half the Days	Nearly Every Day	Don't Know	Item Score
During the past TWO (2) WEEKS, about how often did your child ...								
a.	Have an alcoholic beverage (beer, wine, liquor, etc.)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
b.	Have 4 or more drinks in a single day?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
c.	Smoke a cigarette, a cigar, or pipe or used snuff or chewing tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
During the past TWO (2) WEEKS, about how often did your child use any of the following medicines without a doctor’s prescription or in greater amounts or longer than prescribed?								
d.	Painkillers (like Vicodin)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
e.	Stimulants (like Ritalin, Adderall)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
f.	Sedatives or tranquilizers (like sleeping pills or Valium)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
Or drugs like:								
g.	Steroids	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
h.	Other medicines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
i.	Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
j.	Cocaine or crack	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
k.	Club drugs (like ecstasy)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
l.	Hallucinogens (like LSD)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
m.	Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
n.	Inhalants or solvents (like glue)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
o.	Methamphetamine (like speed)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	

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Instructions to Clinicians

The DSM-5 Level 2—Substance Use—Parent/guardian of Child Age 6–17 is an adapted version of the NIDA-Modified ASSIST. The 15-item measure is used to assess the pure domain of alcohol, tobacco/nicotine, prescription medicine, and illicit substance use. The measure is completed by the parent or guardian about the child prior to a visit with the clinician. Each item asks the parent or guardian to rate the severity of the child’s use of various substances **during the past 2 weeks.**

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (i.e., 0=not at all; 1=less than a day or two; 2=several days; 3=more than half the days; 4=nearly every day), with an option to indicate “Don’t Know” (unscored). The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” Scores on the individual items should be interpreted independently because each item inquires about the use of a distinct substance. The rating of multiple items at scores greater than 0 indicates greater severity and complexity of substance use.

Frequency of Use

To track change in the severity of the child’s use of alcohol, tobacco/nicotine, prescription or illicit substance over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. For consistency, it is preferred that completion of the measures at follow-up appointments is by the same parent or guardian. Consistently high scores on the measure may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

CAGE Questionnaire

- Have you ever felt you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

Scoring:

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

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Developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Cahpel Hill, CAGE is an internationally used assessment instrument for identifying alcoholics. It is particularly popular with primary care givers. CAGE has been translated into several languages.

The CAGE questions can be used in the clinical setting using informal phrasing. It has been demonstrated that they are most effective when used as part of a general health history and should NOT be preceded by questions about how much or how frequently the patient drinks (see "Alcoholism: The Keys to the CAGE" by DL Steinweg and H Worth; American Journal of Medicine 94: 520-523, May 1993.

The exact wording that can be used in research studies can be found in: JA Ewing "Detecting Alcoholism: The CAGE Questionnaire" JAMA 252: 1905-1907, 1984. Researchers and clinicians who are publishing studies using the CAGE Questionnaire should cite the above reference. No other permission is necessary unless it is used in any profit-making endeavor in which case this Center would require to negotiate a payment.

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Source: Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill

Clinical Opiate Withdrawal Scale

Introduction

The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be administered by a clinician. This tool can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids. Practitioners sometimes express concern about the objectivity of the items in the COWS; however, the symptoms of opioid withdrawal have been likened to a severe influenza infection (e.g., nausea, vomiting, sweating, joint aches, agitation, tremor), and patients should not exceed the lowest score in most categories without exhibiting some observable sign or symptom of withdrawal.

APPENDIX 1 Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date and Time ____/____/____:_____	
Reason for this assessment: _____	
Resting Pulse Rate: _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	GI Upset: over last 1/2 hour 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: over past 1/2 hour not accounted for by room temperature or patient activity. 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	Tremor observation of outstretched hands 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness Observation during assessment 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	Yawning Observation during assessment 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

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Patient Health Questionnaire-9

Introduction

The Patient Health Questionnaire (PHQ) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD) diagnostic tool for common mental disorders. The PHQ-9 is a brief, 9-item scale that includes only the depression-related items from the PHQ. The PHQ-9 has been validated for use in primary care settings and can be used to make a tentative diagnosis of depression and to monitor depression severity and response to treatment in the past 2 weeks.

Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use a check mark to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

FOR OFFICE CODING _____ + _____ + _____ + _____

= Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...		Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.			Score:

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment