

PROPOSER INFORMATION

Proposer Name: Pressley Ridge

Authorized Representative Name & Title: Jesse McLean, Executive Director, Western Pennsylvania

Address: 5500 Corporate Drive, Suite 400, Pittsburgh, PA 15237

Telephone: 412-872-9400

Email: [REDACTED]

Website: htTreatment Parents://www.pressleyridge.org

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

Date Incorporated: January 4, 1832

Partners and/or Subcontractors included in this Proposal: None

How did you hear about this RFP? *Please be specific.* DHS Solicitation notification.

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Susanne L. Cole	[REDACTED]	[REDACTED]
Contract Processing Contact	Joanna Weidner	[REDACTED]	[REDACTED]
Chief Information Officer	Jan Kubiska	[REDACTED]	[REDACTED]
Chief Financial Officer	Douglas A. Mullins	[REDACTED]	[REDACTED]
MPER Contact*	Mary Kuhar	[REDACTED]	[REDACTED]

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

BOARD INFORMATION

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

Board Chairperson Name & Title: Jeremy Gill

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [REDACTED]

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

Please do not use employees of the Allegheny County Department of Human Services as references.

Joyce James LMSW-AP
Racial Equity Consultant
Joyce James Consulting

[Redacted]
[Redacted]
[Redacted]

Kimberly J. Rogers, MSW
Human Services Administrator
Washington County

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Sandra D. Arthur, M.S.W., A.C.S.W., L.I.C.S.W., P.I.P.
Trainer / Consultant / Training & Site Review Coordinator
Institute for Family Development

[Redacted]
[Redacted]
Direct Phone: [Redacted] (cell)
Email: [Redacted]

PROPOSAL INFORMATION

Date Submitted 2/9/2021

Amount Requested: \$1,520,383.52

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 [htTreatment Parent://www.alleghenycounty.us/dhs/solicitations](http://www.alleghenycounty.us/dhs/solicitations).

- MWDBE documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9
- Organizational Chart
- Implementation Timeline
- Line-item Budget, if desired

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is **250** points. Your response to this section should not exceed 30 pages.

Organizational Experience and Capacity (30 points)

1. Describe your organization's demonstrated experience working with the following populations: children from birth up to their 21st birthday who are at-risk or involved with the child welfare system; prospective and current Foster Care parents; birth parents; and all other stakeholders in Foster Care (e.g., court system, DHS caseworkers, other provider agencies), or an equivalent. Include how the input of children, Foster Care parents and birth parents have been incorporated into this Proposal.

Since 1832, Pressley Ridge has understood that all children can change and grow and that all families can use support. Pressley Ridge has a long and distinguished history of serving children and families across the northeastern United States and overseas. Pressley Ridge currently cares for almost 5,400 children annually through Residential options, Foster Care connections, Community Based Support, and Educational opportunities. With over 60 programs in Delaware, Pennsylvania, Maryland, Ohio, Virginia, and West Virginia, Pressley Ridge delivers vitally needed individualized services to children who have been abused, neglected, or diagnosed with serious mental and emotional illnesses. Pressley Ridge is often a provider of last resort -- touching children and their families at every level of the community when they are most in need of help. Pressley Ridge's mission is to "do whatever it takes to create success for children and families."

In Allegheny County, Pressley Ridge programs working with child welfare professionals serve youth and families ranging in age from birth through adulthood. Pressley Ridge's HOMEBUILDERS® program provides intensive services to infants, children, and youth at risk of placement and their families to resolve the immediate crisis and to learn the skills necessary for the family to remain together. Based on a similar model, the Parents and Children Together (PACT) program uses evidenced based interventions to address truancy issues when other services have not been successful. Pressley Ridge's Treatment Foster Care and Adoption Services serve infants, children, youth, and transition-age young adults through placement services, Child Preparation, and Child Specific Recruitment. Pressley Ridge provides case management and community connections to transition-age youth and young adults previously involved in or exiting foster care through our LifeSet program. Pressley Ridge's behavioral health and education programs serve a significant population of families that are also at risk of or involved with the child welfare system. In all these programs Pressley Ridge staff work closely with Children, Youth, and Families (CYF) caseworkers, other provider agencies, and the courts to ensure continuity of care.

Pressley Ridge operates under the premise that living with one's family is a fundamental right of all children. When children must live outside of their home environment, with rare exception, they still belong to a configuration of individuals they consider to be their family. These are the people that know the child better than anyone else. These are people who ultimately want the best for that child. The child's siblings are also a vital consideration. Pressley Ridge is committed to respecting and supporting these family relationships to whatever extent possible. No matter what the circumstances, leaving the familiar to enter an out-of-home placement is a great source of stress and anxiety. The normal course of development is impacted by this trauma. Pressley Ridge's job is to minimize the negative repercussions as much as possible. By including a child's family in all aspects of the program's work, from the initial stages of thinking about a placement to the day of discharge, the chances of positive outcomes are greatly increased. Through client and family satisfaction surveys and outcomes study for fiscal year 2020 Pressley Ridge has

demonstrated that 80% of the youth in our Allegheny County Treatment Foster Care program experienced an increase in functioning and 86% were living with family or independently six months post-discharge. Ninety-six percent of the youth and families served reported being satisfied or extremely satisfied with the services they received.

The Pressley Ridge programs in Western Pennsylvania hold quarterly performance improvement meetings in which client and family survey data is reviewed. In this meeting qualitative and quantitative data provided by the youth and their family is used to make program improvement decisions. In fiscal year 2020, we noticed our lowest scoring construct from our quarterly client and family satisfaction survey was Youth and Family Sense of Well-being. This data was presented to our direct care staff and we implemented a plan to have focused discussions with the families to offer supports and resources when needed and appropriate. By using family engagement skills and communicating often with biological parents during visitation and through regular touch points, we saw the score in this area increase by 10% over the next two quarters. We implemented a requirement that the primary worker for the youth be present for several family visits each month to gain insight and communicate with the parent. Pressley Ridge encourages, trains, and facilitates open sharing and communication between Treatment Parents and the family of origin, which often evolves into spending time together less formally as allowed and encourages both positive and constructive feedback. Moving forward Pressley Ridge plans to continue these efforts and will ensure that conversations with birth families are not solely focused on their child's well-being. We will purposefully ask birth families about their own well-being and provide resources, linkages, and support as appropriate while ensuring communication and collaboration with casework staff.

During the past year, under the direction of the Senior Director of Western PA, the Pressley Ridge TFC (PR-TFC) service line held a series of focus groups with over 75 Treatment Parents to address supports needed to place complex youth. The focus of the group was Treatment Parent preferences and how they change over time, challenges Treatment Parents find most difficult in fostering, the type of training or support Treatment Parents need to care for a youth with complex behavioral and/or physical health needs, and a discussion related to pre-placement visits. This focus group was developed to address our growing concern that Treatment Parent preferences were not aligned with the needs of the counties in which we serve. The goal was to have open and frank discussions, facilitated by the agency's Family Engagement Specialist, about the supports the program would need to implement for Treatment Parents to serve youth who need a high level of care. Treatment Parents offered solutions such as providing care breaks using support staff, educating and working with the family's biological children, providing extensive system navigation training, enhancing individualized training and support related to the individualized mental health and physical health needs of youth in their care, and supporting the Treatment Parents in working with the youth's family of origin. This input led to tangible outputs that were formalized and piloted in PR-TFC programs. These supports have been implemented when serving youth referred from the Allegheny County DHS Multi-System Team and are woven into the services Pressley Ridge is proposing in this response.

Due to the nature of working with children, youth, and families, Pressley Ridge has had longstanding commitments to, and experience with, collaborating with other child-serving systems, families, and community resources. Often the youth and families Pressley Ridge serves are experiencing a complex array of difficulties and are involved with child welfare, juvenile justice, behavioral health, or substance abuse services, have co-morbid physical health needs, experience difficulties in the educational setting, and/or need concrete assistance with housing and basic needs. Pressley Ridge staff is highly trained to build collaborative relationships with other providers and natural supports as identified for an individual family. Pressley Ridge's trusted relationships with youth and families can be transferred to new supports and providers with warm, in-person transitions, allowing for a wider network of supports.

2. Describe your organization's demonstrated experience working with communities and populations that are diverse in terms of race, ethnicity, religion, culture and SOGIE and reflective of the target population.

Pressley Ridge has strategic goals which demonstrate the commitment to practice cultural humility, to engage all those we serve with the intent to meet them where there are, and to have a deep understanding of how to create welcoming and safe relationships. Understanding diversity in terms of race, ethnicity, religion, culture and SOGIE helps to strengthen the relationship for those who have been marginalized and/or traumatized due to hate, racism, abuse, and negative social determinants that have created relational poverty.

Pressley Ridge is an antiracist organization. Pressley Ridge has had training in equity and inclusion for years but decided to increase its efforts in 2017. The impact of racism has been linked to birth disparities and mental health problems in children and adolescents (American Academy of Pediatrics, 2020). Joyce James, LMSW-AP from Equity Consulting has been guiding a transformation process for Pressley Ridge regarding Diversity Inclusion and Equity since 2018. Early in 2019 all Pressley Ridge leadership participated in Diversity Inclusion and Equity Initiative Model Experience facilitated by Joyce. This initiative is designed to be effective in creating a willingness to "turn the mirror inward" to begin to develop a racial equity lens, beginning at the leadership level of systems and institutions, and to raise the level of consciousness by providing a "Ground Water" analysis as the strategy for eliminating racial inequities. Pressley Ridge is currently using data from the groundwater analysis to further develop the racial equity lens. We are currently involved in including program level staff in the Inclusion and Equity Experience. This process is changing the attitudes and assumptions that have kept racial inequities in place and that prevent Pressley Ridge from achieving the outcomes we desire to achieve for all populations served.

A Diversity Inclusion and Equity committee has been created to further inform the process. This group includes a cross-section of Pressley Ridge leadership, staff, and support departments. One task this group has created is a racial equity "tracer." This is a formal process that takes a closer look at data indicators that indicate inequity. The process includes interviews with individuals served, a file review, and stakeholders. Additionally, Pressley Ridge is engaged with National Leaders and local efforts to further inform our organization transformation. Allegheny County's Trauma Think Tank is a specific example of one such partnership in which racial equity and white supremacy are analyzed and pathways for change are explored.

Ensuring safe and welcoming treatment environments for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Asexual (LGBTQIA+) Members is of critical importance. Pressley Ridge is committed to ensuring a safe and welcoming treatment environment for all members.

The LGBTQIA+ population has historically experienced high levels of discrimination in treatment. This is especially pervasive in the transgender/nonbinary community. According to a 2015 survey conducted by the National Center for Transgender Equality (2017), 33% of those surveyed reported at least one negative experience from a mental/medical health provider related to being transgender, and 23% reported not seeking care at all due to fears of being mistreated by providers. People in the LGBTQIA+ community have been refused appointments and been refused services upon arrival (Mirza & Rooney, 2018). Additional treatment barriers include harsh/abusive language used or unwanted physical contact based on sexual orientation or gender identity, with rates of experience two to three times higher for people who are transgender. Accessible and competent treatment providers are not always available, and for this reason, people in the LGBTQIA+ population do not engage in treatment (Mirza & Rooney, 2018). There is an increased risk of depression, substance use, and suicide in the LGBTQIA+ community (OMHSAS, 2011), which makes access to treatment imperative for this population. There are additional treatment barriers that are present for individuals who are transgender or nonbinary. Transgender/nonbinary people may be forced to disclose their gender identity and/or transition experience, yet when they do, they receive differential

treatment. Treatment providers or other individuals seeking treatment may mistreat, harass, marginalize experiences, or ask intrusive questions unrelated to treatment needs that may interrupt the therapeutic process and cause additional harm to individuals who are transgender/nonbinary.

People who are transgender/nonbinary have historically needed to educate providers on the experience of being transgender/nonbinary rather than have the focus of treatment be on their own health needs. Further, the exponential environmental and social stressors that come alongside living as transgender/nonbinary may not be recognized in treatment settings. These stressors include, but are not limited to, poverty, employment discrimination, homelessness, family loss, violence, mental health symptoms, and trauma reactions (Dickey, Karasic, & Sharon, 2016). It is recommended that providers take a proactive approach to learning about the health needs of LGBTQIA+ community from existent literature rather than their individual members. Providers should focus the member-provider relationship on the member-identified treatment needs while refraining from asking intrusive questions that are not related to treatment for provider education purposes.

To this end, Pressley Ridge has created a SOGIE training, identified LGBTQIA+ advocates, and has set up access to a virtual simulation that walks participants through challenging situations. Much like the Diversity Inclusion and Equity Initiative, a Committee has been created to guide policy and procedure efforts. This group is vetting standards recommended from managed care entities, the American Psychiatric Association and others that guide the ethical guidelines (Cavanaugh et al, 2016).

In a treatment foster care program, it is essential that a safe and trusting home environment is created and be intentional in recruiting and seeking out diverse families that mirror the needs of the youth being served. The hope is that the continual learning that comes from the efforts mentioned above will guide a continual enhance of our treatment foster care service.

3. Provide clear reasoning why your organization feels it is a strong candidate for this opportunity and how Foster Care fits well within your organization's mission.

Pressley Ridge has provided an array of community-based, in-home services to families in Allegheny County since the 1980's starting with the advent of Treatment Foster Care in 1981. All Pressley Ridge services are guided by a common treatment philosophy called Re-Education (Re-ED), which focuses on the entire ecology of the child and family with the goal of building on existing strengths to bring about positive change. Core beliefs of Re-ED include the importance of trusting relationships with caring, committed adults; the belief that competence can be taught; the understanding of the connection between physical health and emotional health; and that children, youth and families should know some joy in each day.

This philosophy easily translates to the individual, family driven, holistic, and creative approaches the Allegheny County Department of Human Services (DHS) is seeking to create through meaningful change in their foster care system. Pressley Ridge has been a long-standing collaborative partner with the Allegheny County DHS and the department of Children, Youth, and Families. We fully understand and are aligned with DHS's mission to reduce out-of-home placements and the use of congregate care and to improve placement stability, well-being, and safety by providing culturally competent, high quality, nurturing foster homes when placements must occur. Pressley Ridge has a keen understanding of the complexity of such a large system and strives to work within the system realizing the demands on the system and those who work within it.

We believe that serving a youth in foster care should be a family endeavor and that family members play an important role. Pressley Ridge's Treatment Foster Care serves youth by involving families in their care, no matter the volume or complexity of family issues or the severity of the child's needs. We believe every youth needs a connection with a caring adult which they can call "family". In the best-case scenario this

connection is the family of origin or a kinship connection. Our work is to partner with all stakeholders on behalf of the youth and family to ensure this connection remains intact and strong. When these connections fail to thrive or are nonexistent, then Pressley Ridge works with the Children, Youth and Family team to ensure a long-term connection is made.

Pressley Ridge has been a fervent participant in the innovation and system change at Allegheny County DHS and looks forward to a seeing through projects and new services with predictable regularity and reliability, and within the etiquette and processes needed. As active members in the Allegheny County Community of Practice (CoP) we fully understand the importance and endorse the seamless transitions between the child welfare and behavioral health systems. We have demonstrated our commitment to this process through consistent attendance and participation in all CoP workgroups and by becoming a participating provider in the CoP pilot project between behavioral health and child welfare. In addition, we have independently sought out a partnership between Pressley Ridge and Gateway Health Plan to assist in decreasing gaps in health care for the youth and young adults in Allegheny County. For 40 years we have been responsive, flexible, and creative in providing services, creating new approaches as needs change, and using out-of-the-box approaches for creating programs and serving youth and families in need.

4. Provide the number of homes and total bed capacity you anticipate being able to maintain at any given time. Be specific about the number of homes you anticipate being best equipped to care for different child demographics and other characteristics (e.g., infants, teenagers, Therapeutic Foster Care, LGBTQIA+ individuals).

The anticipated total bed capacity is expected to be 56-63. The entire program will provide a wide array of Treatment Foster Care services to youth including Teens, Medically Fragile children, those with behavioral and mental health/trauma needs, LGBTQIA youth, infants, children, young adults up to 21 years of age, and individuals with Developmental and/or Autism Spectrum Disorder needs. By July 2021 it is anticipated that at minimum 30% of the youth served (17-19 youth) will have complex behavioral health needs, significant trauma histories, or history of placement instability. By the end of the calendar year 2021 it is anticipated that at least 50% (28-31) of the youth in the program will be considered as having complex needs or trauma histories, be multi-system involved, or have a history of placement instability. Pressley Ridge will screen Treatment Parent applicants to focus certification resources on homes for complex youth. We will minimally certify homes for infants and younger children that can otherwise be served in more traditional foster homes unless applicants identify a willingness to accept emergency placements or provide respite care for older youth, or there is a belief that placement preferences will be expanded over time.

In addition to the homes serving youth with complex needs, at least four (4) Emergency Shelter Treatment Foster Care beds will be made available. These homes will be prepared to receive youth 24/7 to provide short term emergency placement of youth for up to 60 days, while assessment, family finding, matching, and reunifications efforts are put forth.

Promoting Placement Stability (60 points)

5. Describe your plan for *recruitment* of diverse, culturally humble Foster Care families who will provide high-quality and trauma-informed care and safety for children. Please include:
 - a. Specifics about which populations you will target.
 - b. The strategies you will use to ensure your Foster Care families are diverse and culturally humble.
 - c. The recruitment staffing strategy, specific roles and number of staff involved in the recruitment of Foster Care families.

- d. The specific recruitment strategies you will use for Emergency Placement Homes, Respite Homes and Emergency Respite Homes.
- e. How you will incorporate a “customer service” approach.
- f. How you include matching events and preplacement visits in your approach.

To provide services for children and youth throughout Allegheny County it will be important to educate potential Treatment Parents about the needs, particularly of underserved youth who require temporary and long-term Treatment Foster Care. Assessing Treatment Parent’s skills and knowledge related to serving children that are similar and dissimilar to their own unique cultural backgrounds is the first step in identifying Treatment Parents that can serve these youth. Educating, supervising, and supporting Treatment Parents in their growth in abilities to serve youth are the ongoing next steps. Treatment families are desperately needed for youth with more complex social, emotional, medical, and developmental needs. Assessment and training will begin with the Recruiters initial phone calls and subsequent interviews, be intensively included in our evidenced based Pre-Service Training, and provided ongoing through In-Service trainings and Treatment Coordinator supervision in the treatment foster home setting. Pressley Ridge will offer additional staff support or financial support, up to \$300 per month, to Treatment Parents who serve youth with complex needs to fairly compensate them for any additional time and cost accrued, such as child care for their own children when attending to the needs of foster youth, additional cost related to travel and parking for on-going behavioral health and/or medical appointments, replacement of household items that become broken or damaged due to caring for youth with aggressive responses to trauma triggers, and other needs determined to create placement stability. These supports are being implemented as part of Treatment Parent input regarding barriers to accepting placements for complex youth.

Recruitment will be centered around enhancing existing connections and growing in our connections with communities that are as diverse as the children that we serve. Pressley Ridge will recruit Treatment Parents who are willing and able to serve youth that are teens, have more complex social/emotional/development needs, are LGBTQIA, that are medically fragile, and that have experienced multiple placements in their young lives.

Recruitment of emergency shelter homes will be provided in a manner that solicits individuals, where a Treatment Parent will be required to provide 24/7 availability. These homes will provide emergency shelter placements only, allowing for availability and resources for 1-2 youth in their homes on a temporary emergency basis. On occasions when emergency respite is warranted shelter homes may be utilized. These homes will be supplemented with staff support to increase the likelihood of stabilizing a youth. Current agency staff, child welfare and behavioral health staff, teachers, and childcare workers, and experienced skilled foster parents are examples of recruitment niches. The PR-TFC program will have two full-time equivalent recruitment staff responsible for identifying, training, and certifying Treatment Parents, however all program staff will collaboratively assist with recruitment and certifications of emergency shelter homes as well as Treatment Parents able to serve more complex youth.

Pressley Ridge Recruiters are highly responsive, answering inquiries typically within 24 hours of notification. They meet with families in their homes and provide trainings on days and times that accommodate work and childcare schedules. The entirety of the program staff participates in the Pre-Service training in order that there is a range of knowledge and assessment occurring throughout the process. During Pre-Service trainings data reflective of the needs of children in AC CYF is presented. Trauma informed and culturally diverse content is evident throughout the training content and experiential activities as a means of helping families understand and relate to what is underneath the complex presentations of many children. Strategies and insights for connecting with and addressing these needs are also present throughout the Pre-Service training and a part of ongoing supervision for Treatment Parents.

When possible, pre-placement visits will be highly encouraged and readily facilitated by the PR-TFC staff. By engaging in these activities, child matching can be greatly increased, promoting greater likelihood of permanency with placements. Pre-placement with more complex youth afford the opportunity to address barriers that youth and Treatment Parents inherently possess and are not always able to identify and or articulate until these encounters take place.

Pressley Ridge continues to use some traditional media outlets (e.g., newspaper, radio, fliers/posters, billboard advertisements) as well as postings on the agency's website, marketing, and promotion of the TFC program through attendance at community events (e.g., Rotary's, churches), annual fundraising events, and through the agency's existing Treatment Foster Parent network. Data has informed us that the most frequent and reliable sources of referral for Treatment Parents is through our existing certified parents. They serve as role models & advocates of TFC and their roles as primary change agents in the lives of children and youth.

Pressley Ridge will continue to also use targeted recruitment and market segmentation strategies to increase the volume and frequency of its diligent recruitment strategy neighborhoods to boost outreach and education to new and existing community connections to promote the agency's growing need for foster parents. Three proven approaches to market segmentation include: 1) geographic (communities that have the most need for homes), 2) demographic (age ranges, racial diversity, careers), and 3) psychographic (interests, values, and lifestyles) can be used to recruit foster parents.

6. Describe specific efforts you will take and approaches you will use to *retain* foster parents, including Foster Care parents who have Emergency Placement Homes, Respite Homes and/or Emergency Respite Homes. Include how support will be available to Foster Care parents 24 hours a day, seven days a week.

Many retention strategies and supports are imbedded in the PR-TFC model and are currently being implemented throughout the Allegheny County TFC program. All Treatment Parents with youth placed receive twice monthly consultative support focused on recognition, self-care, and skill training. In PR-TFC a home visit is more than a safety assessment, it is an opportunity to enhance Treatment Parent skills, provide support and resources, and to encourage and coach parents to use the skills taught during PR-TFC Pre-Service to address youth behaviors and goal attainment. This supportive approach assists retention by addressing families as collaborative partners and recognizing the work they do in a professional and supportive manner. All Treatment Parents are encouraged to use planned respite as part of the PR-TFC model. It is PR-TFC staff's responsibility to encourage the use of planned respite as a therapeutic intervention to ensure a smooth and expected transition for the youth, while providing Treatment Parents with "time off" to avoid placement disruptions. PR-TFC only supports emergency respite in extreme situations or when safety cannot be maintained. It is our belief that providing in-person support during a crisis is more therapeutic and lends to placement stability as opposed to removing youth and then trying to reintegrate them back into the home. In situations where emergency respite is warranted emergency shelter homes will be utilized. A three-tiered 24/7 on-call system exists with access to the program that includes: consultation and crisis support provided to the Treatment Parents by the on-call Treatment Coordinator; access to a Clinical Supervisor for staff support and emergency placements; and access to the Program Director, Senior Director, or Executive Director when critical incidents occur.

Pressley Ridge has learned from Treatment Parent focus groups, surveys, interviews, and ongoing conversations that Treatment Parents are motivated and reinforced in a variety of ways and in some consistent steadfast ways. Some of the more unique factors that Treatment Parents have identified and historically positively responded to include:

- Financial referral bonus incentives - \$200 for a referred newly certified Treatment Parent and an additional \$200 when that same parent has a youth placed for 6 months or completes 2 respite placements.
- Treatment Parent focus groups for all Southwestern PA Treatment Parents to assess wellbeing and needs, promote open dialogue and growth, and to provide input into program processes.
- Treatment Parent networking during In-Service training to promote sharing of experience, skills, and knowledge.
- Financial resources provided to enhance ability to care for youth and provide enhanced recreational activities, typically through grant funding or DHS resources.
- Concrete good and financial resources for Treatment Parents willing and able to accept emergency shelter placements.

Taking from what we learned during the pandemic crisis; providing creative solutions to all in person trainings has enhanced motivation and attendance. Moving trainings to a virtual format has allowed us to offer more trainings at varied times and has enhanced training content by having both external and internal subject experts present.

Treatment Parents are also offered training content and other resources through our Treatment Parent Assistance Program (TPAP) which works the same as an Employee Assistance Program, providing resources, discounts, trainings, and access to free legal advice and behavioral health services for Treatment Parents and their families.

Moving forward we plan to offer the following enhancement to retention efforts:

- Continuing to provide virtual platform training in addition to in person training, as a means of supporting Treatment Parent feedback regarding; less time traveling to training, less need for childcare, less stress associated with creating lengthier times of availability to attend in person trainings.
- Creation of a network of Treatment Parent Hubs, designed to systematically encourage connections, foster resource sharing, natural respite options, and to provide a forum for Treatment Parent mentoring.
- Creating a monetary incentive for Treatment Parents committed to emergency shelter placements and providing enhanced training and staff support to allow for the placement of any youth needing care.
- Providing financial, staff, and other supports to Treatment Parents that serve complex youth, defined as youth with a history of placement instability, who are multi-system involved, medically fragile, and/or who need of additional supports as identified by the Treatment Team.
- Accessing the Hugh Lane Foundation through the DHS contract and partnering with other external entities to provide education and supports for specialized populations of youth.

7. Please describe a plan for facilitating peer supports for Foster Care parents. This may include strategies, a specific model (such as the Mockingbird Model) or informal mechanisms, and be based on common challenges, geography or something else.
 - a. Where you see fit, include innovative solutions that have arisen as a result of COVID-19 (e.g., videoconferencing, virtual visits).

Peer Mentoring has proven to be a valuable tool with supporting, educating, and retaining Treatment Parents. In our proposed hub model, Treatment Parents that have experience fostering a variety of children including those that present with more significant challenges, who have fostered for lengthier periods of time, and who have developed a working knowledge of system challenges will serve as Hub Mentors. Our model is based on the needs of Treatment Parents and matching them with a mentoring parent who has successfully managed the same or similar challenges. Hubs may be comprised of groups of Treatment

Parents that are experienced with or experiencing challenges with certain domains such as, medical fragility, fostering older youth, new to fostering, fostering youth with complex trauma histories, supporting bio-family work, working with youth with intellectual disabilities, working with youth with Autism, systems and professional boundaries, fostering teen girls, foster LGBTQIA youth, becoming a permanency option, and others as determined by the needs of the Treatment Parents.

Pressley Ridge Allegheny County Treatment Foster Care will utilize Hub Mentoring to coordinate and provide for mentoring for the entire program of Treatment Parents. Hub Mentors will serve as a formal and informal source of communication and knowledge for their designated cohort of parents. Hub Mentors will hold one formal meeting with all hub members monthly. Newer Treatment Parents will be encouraged to communicate weekly with their Hub Mentor. Treatment Parents struggling with placement stability, youth issues, or systems challenges will be encouraged to communicate with their Hub Mentor weekly or as needed. Overlaying hub meetings can be used to foster connections, share resources, and make connections for respite options. Hub Mentors will have access to their members respite plans so that they can suggest options to their members. PR-TFC staff will provide augmented clinical and technical support for initial meetings and as needed to Hub Mentors and will provide resources and coaching to Hub Mentors to aide in assessing and strategizing retention and motivation of Treatment Parents including team building activities, self-care resources, and resources targeted to their area of focus.

Hub Mentors will be chosen based on their performance history, annual parent evaluations, placement change rate, and ability to provide Treatment Foster Care services to an array of youth, especially those that are the most underserved. Hub Mentors will be assigned a TFC Clinical Supervisor to support their needs and the roll out of the Hub Mentoring Program. Hub Mentors will have access to the organization's Family Engagement Specialist, who has lived experience raising a special needs youth, our regional Clinical Coordinator, and a Psychiatric Nurse Practitioner, who also has lived experience fostering youth with complex trauma histories. All these supports and others can assist in group meetings and provide resources, trainings, and insight to the cohort. A Treatment Parent's assignment to a Hub Mentor will be determined by their length of time certified, focus of child preferences, areas of growth and goals identified in their Professional Development Plan, age and treatment issues of the youth being served, and a variety of other variables. Hub assignments may change as Treatment Parent skills or needs evolve.

Pressley Ridge Allegheny County Treatment Foster Care has over 100 Treatment Parents. Twelve (12) Hub Mentors will be solicited and selected. Hub Mentors will be provided supervision, resources, and a financial stipend of \$150 a month, to provide formal meetings and informal check ins and discussions. Hub Mentor planning meetings will be held with a determined periodicity to evaluate and plan for the needs of this resource. Hub Mentors will also have the option of participating in our Parent Advisory Committee (PAC) which includes duties such as, review and comment on service line practices and program procedures, fund raising, recruitment, and employee interviews.

Because we are not proposing hubs based on locality, we will make good use of virtual technology to meet more often and enhance the interactions of the designated groups. Treatment Parents have identified that having some option to participate in trainings and meetings virtually decreases their stress. The amount of time required to get to a training or meeting, the elimination of the need for childcare, and the decrease in the amount of time and energy required to prepare their families for the Treatment Parents to engage in virtual sessions was contributor to decreased stress and increased virtual meeting attendance. Phone calls, virtual meetings, and in person interactions will all be used as a medium to accomplish hubs effectively being available and utilized.

8. Describe your process and timeline for Foster Care Home approval. If your anticipated timeline will routinely take more than three months for approval from receipt of application, please explain.

The 3-month process of certification of Treatment Parents following the initial inquiry, includes:

- Participation in 12 Unit of PR-TFC evidenced based Pre-Service Training.
- Co-occurring completion of a formal interview and assessment.
- Co-occurring of all necessary documentation, including clearances, financials, physical, references, etc.
- Review of needs or barriers for the Treatment Parents to successfully become certified.
- Final Home Walk Through to assess whether the home meets DPW Standards.
- Recruiter completes and submits for approval the final version of Home Study.
- Intake Coordinator interviews Treatment Parents to assess initial and post training Child Preferences; needs and barriers.
- Home Study is approved, and certification is issued to newly certified Treatment Foster Parents. Home Study is provided to AC CYF, KIDS and Matching Team

Processes and timelines for certifications will be monitored and reviewed weekly. If there are any certifications that trend towards exceeding the period of three months, then barriers and or concerns will be pro-actively identified, and this information will be shared and problem-solved as quickly as possible with PR-TFC staff, Allegheny County DHS Placement Stability team, the Allegheny County CYF Contract Monitor, or other entity identified by DHS.

Promoting Well-Being (65 points)

9. Provide a detailed pre-service and ongoing training plan for Foster Care parents that emphasizes cultural humility and includes all required and relevant topic areas.

All Treatment Parents will have an individualized training and professional development evaluation and plan (PDP). This plan will be developed jointly between PR-TFC staff and the Treatment Parent to improve parent's skills and competencies in implementing PR-TFC model components on behalf of the youth being served. Skills will be addressed and documented at each home visit using the PR-TFC Parent Feedback Form. Parent Feedback Forms are then used to inform and update the Treatment Parent's PDP on a yearly basis. The PDP and Parent Feedback Form are used to address administrative duties, specific skills to meet the needs of the children in their care, and supports needed by the Treatment Parent.

The training curriculum used in the certification process of Treatment Parents is Pressley Ridge's evidence-based Pre-Service training, a competency-based training rooted in social learning theory, applied behavior analysis, and working alliance. The current 36-hour Pre-Service training is a fully-scripted curriculum to ensure consistency in the content delivered and incorporates skill-building videos to demonstrate correct applications of techniques with homework assignments between trainings for Treatment Parents to practice new skills. Key concepts of the training modules include understanding child development and effects of trauma, developing healthy relationships, therapeutic communication, changing behavior, skill teaching, conflict resolution, understanding and managing crisis, grief, and loss, navigating the system and being part of a team, and cultural competency training.

Pressley Ridge is currently in the process of updating the evidence-based PR-TFC Pre-Service curriculum to remain on the cutting edge of current knowledge regarding trauma informed and trauma sensitive care. The new Pre-Service curriculum will be ten 2.5-3 hour sessions with approximately 30 minutes of online digital content in-between each session to aid in new learning and to reinforce the content taught at the live instructor led trainings.

Pressley Ridge's Recruitment & Certification Specialist and/or certified program staff will provide the Pre-Service training to prospective Treatment Parents at the program location in a group setting. Pressley Ridge program staff will also provide CPR and First Aid training to prospective Treatment Parents. For In-Service trainings, Pressley Ridge program staff will provide Treatment Parents with a minimum of 12 hours of continuing education on topics including: attachment, cultural humility, grief, and loss, working with the child's family, and medication management training.

Pressley Ridge understands that the most effective way to serve youth from different cultural and ethnic backgrounds is to recruit foster families within the natural demographic of that group. Utilizing religious leaders, support groups, and those who know the cultures best is an effective way to recruit and support foster parents. Recruitment efforts for cultural matches are supported by seeking mentors, informal supports, formal services, and education to support staff and foster parents.

Ongoing in-person and virtual training opportunities will be provided for all Treatment Parents. Treatment Parents will be regularly observed and surveyed to assess their training needs and interests. Trainings will be offered formally via monthly In-Service Training(s) and ad hoc opportunities that are frequently provided to all Treatment Parents, both individually and in groups. In home supervision by the assigned Treatment Coordinator will include training and education on subject matter relevant to the child(ren) in their home, their development as Treatment Parents, and the needs of the biological families and their goals.

10. Describe your plan to facilitate co-parenting between birth parents and Foster Care parents, including how you will connect these people as early on as possible after a new placement is established.

The process of building a strong working relationship between Treatment Parents and birth parents must start early, as soon as the youth's foster home is identified, which is why Pressley Ridge continues to support holding an "icebreaker" meeting involving the foster family and birth family within 3-5 days of placement in the program. Pressley Ridge believes that this is a good first step in allowing both sets of parents to see each other in a relaxed, non-threatening and positive context. During this first meeting, information is shared about the youth's likes and dislikes, strengths, interests, and habits. The biological family can express its hopes and preferences for their child. The meeting also provides the foster family the opportunity to present themselves to the birth family and talk about household rules, routines, activities and interests, and tentative planning around visitation, information sharing, and communication. Part of Pressley Ridge's job in this process is to coordinate regular contact between the youth and natural family as appropriate. Pressley Ridge then monitors the relationship between the foster and natural families for the duration of the placement, intervening in a timely fashion when the quality of contact seems to be deteriorating.

Ongoing team meetings will be coordinated by Pressley Ridge staff to continue to identify potential barriers, identify progress and establish goals for the birth and foster family to strategically work to meet the unique needs of every child. When deemed appropriate, the informal interactions and relationships of the birth and foster families will be encouraged and supported to promote sustaining relationships and resources for birth parents and their child(ren).

11. Provide a detailed plan for establishing and sustaining Therapeutic Foster Care (TFC) homes. Please include:
 - a. The standards of the specific model you intend to use and why you chose it.
 - b. How you will implement the model, including specifics about the development and use of treatment plans at the client level.

- c. How your organizational capacity and infrastructure will be able meet all model standards and train and support Foster Care parents.
- d. Your proposed process and timeline to establish between 30% and 50% of your Foster Care homes as TFC settings.

The Pressley Ridge Treatment Foster Care model (PR-TFC) was developed in the 1980's to ensure effective, foster family-based treatment for youth with severe emotional and/or behavioral disturbance. The PR-TFC model has over 30 years of continuous operation and has been replicated within the six states Pressley Ridge serves. The model is manualized with fidelity measurements used to ensure adherence to model components and has practice-based evidence for its effectiveness with treatment level youth. From Pressley Ridge's published research, youth who are served in our PR-TFC model typically present with externalizing disorders, have an average of two clinical diagnoses, and half of them are receiving the service as a step down from residential treatment (Trunzo, et al., 2021). Our research has also shown that youth enrolled in the PR-TFC programs significantly improve in their day-to-day functioning from entry to discharge and their functioning at discharge was predicted by days in our program and age at time of entry (Bishop-Fitzpatrick, et al., 2014). PR-TFC's theory of change is based on using behavior and social learning theories to drive the interventions with the youth in care. Using the social learning theory principle of modeling, youth learn to model appropriate behavior as Treatment Parents act as live models. Behavioral theory is a theory of learning based upon the idea that all behaviors are acquired through conditioning and therefore can be changed. Conditioning occurs through interaction with the family environment and new behaviors can be taught and maladaptive behaviors can be lessened.

Pressley Ridge's Pre-Service Training Curriculum is designed to teach Treatment Parents how to implement parenting skills which align with our PR-TFC model. The PR-TFC Pre-Service Training Curriculum is the only evidence-based program designed specifically for treatment parents to give them this enhanced skillset of working with youth with complex behaviors. The California Evidence-Based Clearinghouse has rated the curriculum as evidence-based in the areas of resource parent recruitment and retention and building knowledge and skills of resource parents. Our Pre-Service training program is not only used internally to train our Treatment Parents and staff, but over 31 states and 170 child-serving providers use our Pre-Service training, and it is mandated state-wide for all foster parents in Oklahoma and Colorado and is listed as an approved practice for training foster parents in North Carolina and California.

PR-TFC holds to a core set of values, beliefs, and principles that in turn provide the context for the treatment strategies, organizational structure, and practices comprising Pressley Ridge Treatment Foster Care. PR-TFC hold three basic tenants:

1. **An Ecological Perspective** incorporates an eco-systemic view of the youth emphasizing the importance of the youth's total social system in the teaching that needs to occur for health and learning to take place. Treatment Parents teach youth skills to help manage their lives as well as strategies for coping with the complex demands placed on them by family, school, community, or job.
2. **The Working Alliance** refers to supportive relationships in the helping professions. Alliances consist of three interrelated components: bond, goals, and tasks. Each component is equally important to achieving success with youth and families. Building trusting relationships that engages a youth and family in a strong working alliance is the cornerstone of treatment. From intake to the successful connection to permanency the relationship the youth have with the primary agent of change, the Treatment Parent, is the best predictor of therapeutic change.
3. **With an Action-Oriented Approach**, Treatment Parents are taught behavioral techniques that strengthen the youth's desirable behaviors and extinguish undesirable. Within the family setting, a behavioral approach is used with the identification and monitoring treatment goals. Treatment is guided by a comprehensive biopsychosocial assessment and individualized treatment plan created by a master's

level clinician in conjunction with the youth, family, and members of the treatment team. Teaching is implemented by the Treatment Parents and consists of a set of specific goals, which are tailored to each individual child's needs and problems. Treatment parents complete a Log of Daily Events (LODE) that summarizes the youth's performance and progress towards measurable goals based on skills implemented by the Treatment Parent. The LODE is completed weekly and reviewed at every home visit. Monthly progress reports are completed by the treatment staff and goals, interventions, and strategies are updated. Treatment plans are formally reviewed with the treatment team no less than quarterly.

Since the initial development of our model, the intensity and scope of the model has become more flexible to respond to the needs of our community and funders. However, there are three pillars that exist regardless of treatment level or client characteristics, and all programs operate under these core principles: 1) Professional Treatment Parents who are trained in our evidenced based Pre-Service training, well supervised, and who are supported in their work; 2) a skilled, well-trained, supportive work force who receive weekly supervision and 24/7 access to their supervisor; and 3) evidenced-informed interventions and approaches that support family engagement and a working alliance, are trauma informed, and focus on placement stability. As one of the few child-serving agencies in the country that has its own research department and quality improvement department, Pressley Ridge has been consistently diligent in conducting research and using findings to inform and improve our service delivery. It is through Pressley Ridge's robust organizational capacity with both research and training departments that we have been able to meet our model standards and train our Treatment Parents over the past 30 years.

Pressley Ridge's Allegheny County Treatment Foster Care program is our oldest and longest-standing program. Pressley Ridge currently serves more than 100 youth annually in Treatment Foster Care, Foster Care for Young People, and via placements through emergency shelter. All Pressley Ridge Treatment Parents and staff are trained in the PR-TFC model and complete our evidenced-based PR-TFC Pre-Service training. Pressley Ridge offers an intensive level of care to all youth and treatment families including increased home visits, data driven treatment planning, on-going assessment and skill training for Treatment Parents, and access to 24/7 on-call. All teams have access to enhanced clinical and service line support. Based on our current Pre-Service class and inquiries and with the addition of one Treatment Coordinator staff we feel confident that we can meet a census between 56 and 63 youth, all receiving the benefits of PR-TFC. To increase the number of complex youths we serve, Pressley Ridge will need to recruit specifically for Treatment Foster Care, as opposed to emergency shelter and teen care and work to widen the preferences of our currently certified homes. We plan to be at least at the 30% mark requested by July 1, 2021. We will continue to move our current treatment families from shelter care of younger children to serving more complex youth and begin to move away from certifying families specifically for shelter care of young children and focus our recruitment efforts on families committed to serving youth with complex trauma histories and behaviors to meet or surpass the 50% mark by the end of the calendar year. Pressley Ridge will put increased efforts into educating potential foster families about the need for families to serve youth with complex treatment needs and older youth, while enhancing and offering supports so that they can feel fully supported and confident in accepting placements for the most needed populations.

12. Describe your plan to ensure timely completion of assessments for children in Foster Care through staff training, supervision and quality assurance.

Assessment will include initial and ongoing child/youth Safety Assessments. Safety Assessments are provided within 24 hours of any child's initial placement with Allegheny County Treatment Foster Care and ongoing at minimum of monthly thereafter. When a child/youth experiences a crisis then Safety Assessments will be completed immediately and an individualized plan for ongoing assessment will be

determined and monitored for the need for adaptation ongoing. Safety Assessments for children/youth are provided in-person monthly. Additional assessments include:

- Child and Adolescent Needs Assessment will be provided at entry and at intervals prescribed by the CANS protocols for youth that meet the age criteria.
- Initial assessments include completion of Columbia Suicide Severity Rating Scale (CSSRS) which will be completed for children/youth within the first 24 hours of their placement. Individuals that have a known history or present with concerns of self-injury or suicide-related concerns will be assessed at every Safety Assessment until a determination is made that the CSSRS should be completed more or less frequently.
- Child and Adolescent Trauma Assessment (CATS) will be administered at placement and discharge.
- Comprehensive Bio-Psychosocial Assessments will be completed in the first (30) days of placement. Completion of the assessment includes communicating with collaterals pertinent to well-being of each child.
- Child/youth Satisfaction Surveys will be administered twice throughout the calendar year. Bio Family Satisfaction Surveys will be administered on alternating quarters twice per calendar year.
- A Casey Life Skills Assessment will be completed for all Transition age youth (14-21yo) annually or as warranted depending on their needs.

Weekly supervision will be provided by the Clinical Supervisors to the Treatment Coordinators and Youth and Family Support Specialists. Weekly supervision will be provided by the Program Director with Clinical Supervisors, Intake Coordinator, Visitation Coordinator, and Recruiters. Group supervision is provided 1-2 times monthly. During supervision data review, assessment, treatment planning, case management, and clinical interventions will be addressed. Quarterly Quality assurance audits will be completed as well as service line quarterly data assessments.

Building a High-Quality and Consistent System (15 points)

13. Describe your organization's plan to regularly collect feedback from Foster Care children, parents and families and how you will incorporate it into your Foster Care program and ensure continuous quality improvements. Please include:
- a. How you will collect feedback from children in Foster Care and use it to inform your practice.
 - b. How you will get Foster Care family input to evaluate what supports are needed, and how this feedback will inform changes to practices.

Pressley Ridge actively solicits feedback regarding its performance from youth and their families, employees, Treatment Parents, and external stakeholders. Pressley Ridge utilizes a youth and family satisfaction survey that assesses their overall satisfaction and effectiveness of our services in helping them to deal with their problems, get along with their family, taught them life skills, identified supportive people in their life, and their relationship with Pressley Ridge staff. There are two open-ended questions for youth and families to provide input on the most helpful aspect of services and areas for improvement. Results from the surveys are shared on the program's Dashboard and reviewed quarterly at regional Quality Improvement meetings with program leadership and action plans are developed. The open-ended comments from the surveys are also shared with program leadership to identify any specific areas for improvement.

On an annual basis, Pressley Ridge assesses Treatment Parent satisfaction and retention through a standardized survey, the Treatment Foster Parent-Satisfaction Survey (TFP-SS) (Mihalo, J.R., et al., 2016) that elicits their feedback on their professional parenting role, treatment parent efficacy, quality of training, support from staff, and overall satisfaction, intent to refer others to become foster parents, and intent to

continue as foster parents. Pressley Ridge research has shown that the Support from Staff domain is the most influential domain on whether Treatment Parents would refer others and stay with us as Treatment Parents, so our programs are provided with evidence-informed strategies to improve the concrete and emotional support they offer Treatment Parents. In developing this standardized survey, a series of focus groups with Treatment Parents was conducted to have them group items that had the most impact on their satisfaction and retention. Program leadership are provided with the results from the surveys and will then host focus groups with Treatment Parents to review results from the surveys with them and elicit their feedback about how to improve services. Annually, Treatment Parents receive a formal performance evaluation that elicits their feedback about their relationship with Pressley Ridge, a stay interview, and feedback to the Treatment Parent around their performance in key competencies. The stay interview questions are designed to get feedback directly from the Treatment Parent on what keeps our Treatment Parents motivated and identifies any areas that they would like to develop from their perspective. In development of the annual performance evaluation, Pressley Ridge engaged a current Treatment Parents as a consultant who worked with our team for several months and provided insight and feedback about the process and the form.

Recently, Pressley Ridge's Family Engagement Specialist, Patti McCloud, conducted a series of focus groups with Treatment Parents across our organization on what supports they would need to take complex youth. Results from these focus groups were shared with program leadership and plans to improve services and to identify needed supports are currently being put into place. Pressley Ridge is routinely collecting Treatment Parent feedback throughout the year, either through surveys and/or focus groups, and providing that information back to programs.

14. Describe your process and plan for tracking, entering and reporting data in a timely and accurate manner. Be specific about which staff will be required to perform the data entry, how they will be supervised, monitored and supported and where data entry fits into the overall business process.

Pressley Ridge has engaged in an extensive quality improvement system managed by the Organizational Performance (OP) department which oversees the quality improvement activities in the organization and coordinates the program evaluation process. Continuous quality improvement at Pressley Ridge is an integral part of how the organization achieves excellence in care. Quality improvement is designed to support the organization's mission and the strategic priorities through the measurement, evaluation, analysis, and implementation of new processes as need in the organization. Pressley Ridge believes that the way to improve outcomes in services is to improve the processes that produce those outcomes, to understand how organizational processes affect performance and take action to improve these processes.

A designated staff member of the OP department works directly with the PR-TFC program to facilitate quality improvement activities. This OP staff member holds a Masters' degree and is experienced in behavioral health research and evaluation. As part of their duties, the OP staff member extracts and analyzes program outcomes data and works closely with the program director to identify trends and areas of program improvement based upon the results of the data analysis. The OP staff member also trains program staff on quality improvement processes and the importance of timely, accurate data entry to the quality improvement activities. A steering committee specific to TFC services has been established and meets regularly to review quality improvement issues that have arisen in programs across the organization. The steering committee is chaired by the Chief Operations Officer and includes staff members in various roles and positions organization-wide.

Performance Improvement Strategies: Planning new processes and redesigning existing processes are continuous activities for any human service organization and the entire organization is responsible for the

implementation of the Quality Plan throughout all programs and operations. In the Quality Plan, the quality activities are outlined and highlighted, and it is the philosophy that each staff person look for opportunities for service delivery and operational process improvements. Once an area of concern is identified, an ad hoc team is formed which then uses the Plan-Do-Study-Act (PDSA) model for improving process issues - shorthand for testing a change by developing a plan (Plan), carrying out the test or trying it (Do), observing and learning from the consequences (Study), and then acting on what is learned from those consequences (Act). Organizational learnings from this process are then instituted in other programs to improve quality of care across services.

Organizational Dashboard: A Dashboard is a performance management tool that utilizes key performance indicators derived from the Strategic Plan to equip decision-makers with actionable information that can be used to guide organizational performance. A dashboard serves to focus managers' attention on strategic issues and the management of the implementation of strategy. The dashboard is reviewed at Program/regional level meetings, organizational Quality Improvement quarterly meetings, and at Board meetings.

Ongoing quality enhancement at Pressley Ridge addresses outcomes, customer satisfaction, and quality record reviews. Pressley Ridge has a robust outcome evaluation process in place to determine the extent to which program services impact upon the individuals and their families utilizing them. A logic model is used to outline and identify the activities for each program and their respective immediate, intermediate, and long-term outcomes. Outcome indicators utilize both a standardized instrument that measures a youth's functioning at intervals during their care, at entry and discharge into the program and again at 6-months and 12-months following discharge. Additionally, each program documents the disposition of the youth at discharge for living and educational environments. The Restrictiveness of Living Environment Scales (ROLES) is used to quantify the level of success for each youth. Pressley Ridge also engages in a national and state-wide benchmarking initiative to review outcomes in comparison to other organizations.

Pressley Ridge actively solicits satisfaction data and feedback regarding its services from youth and their families. Satisfaction surveys are collected on every youth and parent at intervals determined by the program. Results are reported on a quarterly basis on the program's Dashboard and reviewed at regional and organizational Quality Improvement meetings.

Quarterly Quality Record Reviews are completed in each program to assure that the program is operating according to program standards and adheres to model fidelity. When the review is completed, the documentation is administered electronically and staff from the OP department analyzes the data and report results on the program's Dashboard. Corrective action plans are generated from these reviews to improve program outcomes. Regardless of the action taken, data is gathered across time and analyzed to assure that the desired impact has been obtained.

Staffing and Staff Training (40 points)

15. Attach an organizational chart that reflects the positions, including responsibilities and current or desired qualifications, of all staff members involved with all components of operating Foster Care. The attachment is not included in the page count. See attached.
16. Describe your plan and strategy for recruiting any additional staff needed for Foster Care, or how current staff meets all needs, including the staff who will support TFC homes. Describe past successes using this strategy.

Over the past year Pressley Ridge successfully hired 61 employees in Allegheny County with a wide stratum of race, age, gender, and experience backgrounds using the following recruitment strategies to attract qualified staff:

- Recruit current high performing staff members with relevant experience and career goals who are ready for advancement.
- Pressley Ridge utilizes its internship program as a resource to identify appropriate staff.
- Targeted recruitment through local college and university campus visits, career fairs, information sessions, on-and off-campus interviewing, and information to department heads, professors, and advisors. Pressley Ridge has existing relationships with many universities in the surrounding area of Allegheny County.
- Job postings are placed internally on the Pressley Ridge intranet as well as externally on the Pressley Ridge website, Indeed.com, LinkedIn, and college and university job boards.
- Jobs at Pressley Ridge also are posted to several external organizations and community boards to announce job openings and source candidates.
- Pressley Ridge utilizes social media strategies to target potential candidates based on their demographics on platforms such as YouTube, Facebook, and Instagram
- Encourage current staff to refer those that would be a good fit by offering our staff a referral bonus that is paid out in the amount of \$500 at 6 months of successful employment and \$500 at 1 year of successful employment.
- Promotion of our employee benefits such as opportunity for free medical insurance for employees, retirement program with company match, and up to \$1500 for education reimbursement to use for conferences, training, or tuition payments.

Using these recruitment strategies, Pressley Ridge has built a successful process of filling staff needs as well as retaining top employees to sustain effective programming. To retain staff, Pressley Ridge continues to support staff development with monthly supervisory meetings, consistent communication, training opportunities offered through our Learning Management System, annual reviews with opportunity for salary raises, and ability to grow within the organization via internal promotions (when operationally possible). The success of using these strategies has strengthened Pressley Ridge's priority of retention and engaging the workforce. Pressley Ridge's Treatment Foster Care program in Allegheny County has:

- A retention rate of 83% of our staff in the last 12 months with only a 17% turnover rate.
- A current staff that has an average 7.5+ years of experience at Pressley Ridge.

17. Provide a detailed staff training plan that emphasizes cultural humility and ensures that staff are trained in relevant topic areas, including the changes you will make to the existing training program to meet requirements.

Pressley Ridge has established a standardized system of determining training requirements for each job description for the varied services the organization provides in multiple states. Training modules for employee roles are defined for all positions and tracked via a learning management system (LMS). Training standards are linked to licensing, and state, county, and organizational-wide requirements. Pressley Ridge's Organizational Training department works directly with the Human Resources Department and Clinical Services Department to ensure that the parallel processes of employee training and employee development are intertwined.

The Pressley Ridge Treatment Foster Care Service Line has a training manual developed for Treatment Coordinators, Clinical Supervisors, and Program Directors. The 4-unit training curriculum teaches the foundation of the model, model components, and model fidelity and focuses on skill building and

supervision of Treatment Parents, Family Engagement, assessment and treatment planning, and the specific paperwork requirements for the service line, state, and county regulations. The curriculum is delivered in a variety of formats, including self-study, review and discussion, web-based content, and mentoring and shadowing.

The most recent changes to our agency wide required training include topics that focus on cultural humility including Institutional and Structural Racism, Sexual Orientation Gender Identity and Expression, and a three-module training on Family Engagement. In addition, all newly hire staff are required to participate in a 1-day training regarding Pressley Ridge’s culture of Re-Education, Trauma Informed Care and doing whatever it takes to serve kids and families. Currently, all Pressley Ridge TFC staff receive the following trainings:

All Staff

- New Hire Orientation
- Program Orientation
- The Pressley Ridge Experience
- Trauma Informed Care
- Family Engagement Module 1
- Red Cross CPR/FA
- Universal Precautions
- HIPAA
- Compliance and False Claims
- Cultural Competency including:
 - Respect and Dignity
 - Institutional and Structural Racism
 - Sexual Orientation, Gender Identity and Expression
 - Harassment in the Workplace
- Crisis Intervention and Prevention (CIP)
- Run, Hide, Fight and Emergency Response
- Suicidality and Self Harm Introduction Training
- Substance Use Disorder Introduction

Clinical Staff

- Screening and Assessing Those We Serve
- Biopsychosocial Assessment
- CANS Training
- CAFAS Training
- Psychiatric Diagnosis
- Screening for Trauma Using the Child and Adolescent Trauma Screener (CATS)
- Treatment Planning
- PR-TFC Paperwork Training
- Safety in the Community
- Psychotropic Medications
- Mental Health Diagnoses and Symptoms
- Family Engagement Modules 2-3
- Commercial Sexual Exploitation of Children
- Reasonable and Prudent Parenting
- Conferencing and Teaming
- Applied Behavior Analysis
- Columbia Suicidal Severity Rating Scale
- Suicidality Level One & Two
- Act 101 and Act 119 Training
- Conferencing and Teaming
- Pressley Ridge Foster Parent Pre-Service
- PR-TFC Model Fidelity Review
- KIDS/MPER and DHS systems training.

All Treatment Coordinators, Clinical Supervisors, and Program Directors also complete the Pressley Ridge Treatment Coordinator Manual Training (18+hours):

- Unit One – Foundations: The PR-TFC Model and staff roles and responsibilities
- Unit Two – Working with Treatment Parents: Joining and supervising Treatment Parents.
- Unit Three – Working with the Child’s Family: Family centered serves and family engagement.
- Unit Four, Section 1 –Biopsychosocial Assessment: Comprehensive assessment to drive treatment planning.
- Unit Four, Section 2 – Service Planning: Strength-based family centered interventions, permanency planning, behavior management interventions, and discharge planning

Most of the trainings outlined in the Scope of Service are part of Pressley Ridge's Treatment Coordinator Manual, PR-TFC Pre-Service training, or agency wide training. Pressley Ridge enhances our current training curriculum by reaching out to collaborative partners and resources such as: The Hugh Lane Foundation, Casa San Jose, PAAR, Urban Impact, and other providers who have population, community, or resource specific expertise. Pressley Ridge programs that service DHS adhere to the training requirements set forth in the Contract Specification Manual or by contract. Pressley Ridge staff will take part in all required trainings and will work collaboratively to develop and facilitate new system wide trainings as needed. All Treatment Foster Care staff are required to have an additional 40 hours of training each licensing year. Staff employed over 6 months can utilize \$1,500 annually in education benefits to seek related advanced degrees and to attend conferences and training opportunities.

18. Describe your plan for hiring racially and culturally diverse staff.

Pressley Ridge provides a continuum of services to a culturally diverse population of consumers. To meet the needs of agency staff and the youth and families served, Pressley Ridge has focused on cultural competence as a primary development area for all staff. As part of the organization's Strategic Plan, Pressley Ridge has implemented a strategy to increase diversity within the organization's workforce and improve the organization's ability to function as a multi-cultural organization in a diverse world.

Pressley Ridge believes that joining and engagement is enhanced when family members feel that a helping professional has a sense of commonality or shared experiences, such as age, race, ethnicity, gender, class, or community background. Pressley Ridge is responsive to this dynamic and considers these factors in hiring and matching staff with families. Requests for matches based on referral source requests or family preference are respected and prioritized. The ability, competence, and maturity of a person to work through and resolve potential cultural barriers are important factors in hiring, training, and supervision. Families and staff make unique and sometimes unexpected relationships through shared commonalities, as well as differences, when given the opportunity to experience the conditions that promote such growth. Pressley Ridge's services with the dual-diagnosed deaf population is one example that specifically helped the organization gain a greater awareness and sensitivity when working within multiple cultures, prompting staff to modify services to meet specific cultural needs and expectations.

Staff training in cultural competence is essential. Pressley Ridge provides opportunities for staff to become more culturally competent with the expectation that they will utilize these skills in their work with families. Cultural Competency is a required training for all Pressley Ridge staff in all locations. Pressley Ridge has continued to modify and improve the organization's Cultural Diversity/ Cultural Competency training with multiple revisions over the last 10 years. The organization's current training, *Treating Others with Respect and Dignity* is delivered as an online resource, available at hire through the organization's Intranet. Embedded in the training are several activities and graded quizzes to ensure staff acquire the information determined to be most pertinent to providing culturally sensitive and competent services. Additional opportunities to enhance the competency of staff members around culture and spark curiosity about the uniqueness of individuals and families are afforded at Pressley Ridge through a variety of activities, including skill training, committee work, and ad-hoc workgroups.

Since February 2019 Pressley Ridge has been working with Dr. Joyce James, LLC around Institutional and Systemic Racism (ISR). All Pressley Ridge executive leadership and supervisory staff have been trained in ISR. As a result of the ground water analysis that was done, Pressley Ridge is reviewing internal policies and procedures, aggregating service delivery data by race, formed an Equity, Diversity, and Inclusion committee across the organization, and is making sure that data on race is being discussed from the executive leadership level to our frontline staff. Pressley Ridge is excited as we look to develop our next

steps in this process. This will not only allow us to recruit, retain, but also have a culture where staff are comfortable and inclusive.

Enhancement of cultural competence skills and abilities is supported by ongoing supervision, training, and opportunities to experience success with a diverse population of families. Pressley Ridge is committed to targeted recruitment of a diverse staff, including multi-lingual, culturally diverse employees with professional and lived experience, who consider themselves “life-long learners.” When additional skills and resources are needed/required such as translators, interpreters, and translation of written material, Pressley Ridge ensures these resources are available to the team and families.

Organizational Capacity and Implementation Challenges (30 points)

19. Complete the following chart of services your organization currently provides in contract with DHS and/or other PA counties. You may add additional lines to the chart, as needed.

Service Name	Service Description	Contracting Entity	Contract Amount	Start Date of Contract
Foster Care	Foster Care - Treatment, Teen & w/child	Allegheny County	\$2,496,942.00	1981
Foster Care	Foster Care - Treatment & Traditional FC	Bradford County	\$102.73 Per diem	2014
Foster Care	Foster Care - Basic, Treatment, Level 1 & 2	Dauphin County	\$51.62 Lev1, \$83.02 Lev2	2008
Foster Care	Foster Care - Treatment, Teen FC, Mom/Child, Level AA, BB & Traditional	Erie County	\$74.01 Trad, \$89.01 FC, \$48 LevAA, \$72.04 LevBB, \$76 Teen	2009
Foster Care	Foster Care - Treatment, Teen FC, Level I & II	Fayette County	\$95.42 FC, \$71.60 Trad, Teen \$90.25	2006
Foster Care	Foster Care - Treatment, Teen FC, Traditional	Greene County	\$74.01 Trad, \$96.41 Treat, \$82.60 Teen	2009
Foster Care	Foster Care - Treatment & Traditional FC	Huntingdon County	\$102.73 Treat, \$74.01 Trad	2016
Foster Care	Foster Care - Treatment & Traditional FC	Indiana County	\$102.73 Treat, \$74.01 Trad	2014
Foster Care	Foster Care - Basic Level I, Level II, Parent/Child I & II, Standby FC	Lancaster County	\$50.65 Lev1, \$72.04 Lev2	2008
Foster Care	Foster Care - Treatment	Washington County CYS	\$65.37 Treat, \$87.43 Trad	2004
Foster Care	Foster Care - Treatment	Westmoreland County	\$89.01 Treat, \$65.37	2008
Foster Care	Foster Care - Basic Level I & II, Treatment & Traditional	York County	Treat, \$54.70 Lev1, \$87.46 Lev2	2011

20. Describe the challenges that your organization has experienced in the past and/or that you anticipate with fulfilling the Foster Care Scope of Services, as described in the RFP, and how you will mitigate those challenges.

Over the past year, Pressley Ridge has focused on the disconnect between open homes and an inability to place referred youth or matching. We created a service line sub-committee, under the leadership of the Western PA Senior Director to address matching youth with complex needs to certified homes. Pressley Ridge surveyed TFC programs to find out the characteristics of the youth being referred and compared that to the ability to place the youth. We found that there was certain youth characteristic such as aggression, sexual acting out, and medical co-morbidity, as well certain age groups that our certified families were declining to accept. This data led us to focus on three groups of youth that were identified as, “hard to place” - youth with Autism, youth who have complex medical needs or are medically fragile, and youth with sever aggression. Through input from Treatment Parents from a series of focus groups we created supports including respite and in-home support, monetary reimbursement, access to advance clinical and physical health treatment planning and support, and support group and mentoring. We have completed a

pilot project and integrated the use of these supports in serving Allegheny County DHS Multi-System youth referrals. Addressed in this proposal and built into our budget is Pressley Ridge's plan to move forward with these supports along with accessing organizational resources and community partnerships so that the youth that most need care can be served.

Pressley Ridge intends to take full advantage of resources offered through DHS, including the Hugh Lane Foundation, to assist in areas regarding serving LGBTQIA youth, an area we have not yet met potential. Pressley Ridge is seeking assistance with recruitment and retention strategies for treatment families to serve this population. We are hoping to pilot the Allied Affirm Pittsburgh curriculum for biological children of treatment families ages 10+ & other youth and families. We will ask staff from Hugh Lane to assist us in developing strategies to address religious and cultural barriers which have been challenging to overcome in trying to create affirming treatment homes. Pressley Ridge feels that by accessing resources we will benefit in expanding our homes for LGBTQIA youth.

Pressley Ridge's Allegheny County Treatment Foster Care program has a successful word-of-mouth Treatment Parent referral program. We are fortunate to have consistent groups of parents coming through Pre-Service training. Our challenge is aligning the foster parent applicants' preferences to the youth in need of care. We have begun to implement a series of steps that will widen the preferences of our certified Treatment Parents and those in the certification process to being more accepting of the youth most in need of a home. Starting at our first contact with interested applicants, we have begun discussing the youth who most need care; during Pre-Service training, we have put more attention on trauma-informed care to allow class participants to see the youth through a different lens. Pressley Ridge Recruiters work to seek mission-driven applicants who are more likely to serve the youth most in need. Our clinical staff as well as Treatment Parents that serve older youth and youth with complex needs have begun attending Pre-Service training to guide learning and attitudes towards fostering. We will ask all certified parents to host a youth on respite to increase their comfort level with older youth and youth with complex needs. In addition, Pressley Ridge will continue to use targeted recruitment strategies to seek out applicants for vulnerable populations.

Pressley Ridge has been regrettably challenged in meeting the demand for emergency shelter beds. We have put a lot of effort in finding homes for youth needing immediate placement through the multi-system team but have still underserved this population. Pressley Ridge can often find homes willing to provide one or two nights of care but have seen the trauma these short-term multiple placements have upon the youth. In addition, the PR-TFC model strongly suggests facilitating pre-placement visits and we have found that with the absence of this piece, placement stability has been negatively impacted. With DHS's support, Pressley Ridge will create emergency shelter beds, in order to facilitate pre-placement visits in long-term resource homes. We plan to pay Treatment Parents a retainer of \$50 per diem per shelter bed and the TFC per diem when a youth is placed. Families willing to provide this level of care will also be provided Youth and Family Support Specialist (YFSS) hours to support the placement as needed. Shelter families will be required to accept placements with consistent regularity and to work with youth until an alternative placement can be found but for no longer than 60 days, so long as safety can be maintained. This will allow time for reunification efforts, placement with kin, or pre-placement visits if needed. In addition, Pressley Ridge will provide medication management and out-patient service, billable through Medical Assistance through our Family Counseling Center, prioritizing appointments when needed.

21. Provide a plan for implementation that clearly identifies your organization's strengths and challenges to implementing the Scope of Services, including the changes your organization will need to make (in terms of staffing, training, structure, Board of Directors, etc.) to deliver the services described. Attach a timeline for implementation that includes benchmarks and anticipated completion dates, clearly showing what can be in

place by July 2021 and what will require more time to implement. The attachment is not included in the page count.

Pressley Ridge has been providing Treatment Foster Care in Allegheny County for over 30 years and believes the Scope of Service can be met by increasing our staffing, restructuring duties, phasing out youth with lower level needs, increasing the number of Treatment Parents willing to serve youth with complex needs, and adding emergency shelter beds. Over fiscal year 19/20 we fluctuated in census from 55 to 62 youth in care with an average of 58.5; this included Treatment Foster Care, Foster Care for Young People, placements through Emergency Shelter, and specialized contracts. Our current program structure will allow us to add a full-time Treatment Coordinator and a part-time recruiter, in addition we will add one Youth and Family Support Specialist whose duty will be to support homes providing emergency shelter care. With the addition of the Treatment Coordinator, for a total of seven, our program capacity will range from 56 to 63, with caseloads of 8 or 9 youth depending on the needs of the youth, number of youths in a home, and experience of the Treatment Parent. Over the past several years Pressley Ridge has been called upon to place infants, children, and sibling groups through shelter care. We have gladly responded to these requests but have found ourselves not serving the youth that can most benefit from our model. Although all youth benefit from PR-TFC we want to get back to being the Treatment Foster Care provider of choice serving the youth that traditionally do not do well in lower levels of care. This census will be focused on serving those youth.

All youth in our program will receive the benefits of Treatment Foster Care, including increased supervision of Treatment Parents focusing on skill development and support, Treatment Parents trained in our evidenced based Pre-Service, implementation of PR-TFC model components in all homes, well trained and supervised staff, and access to our organizational clinical resources. It is our belief that all youth in care can benefit from components of our models, including trauma informed care, family engagement, and highly trained and skilled staff and Treatment Parents, with a focus on a working alliance to build permanency and placement stability. We will work to widen Treatment Parent preferences by providing additional supports and training so that certified treatment families feel confident in taking youth with a higher level of need. In addition, we will add four (4) shelter beds in which families will be committed to taking any youth that needs care. These homes will be compensated through an additional daily stipend of \$50 per bed, supported by receiving additional staff hours each week as needed, be required to participate in youth specific individualized training, and have access to agency formal and informal supports including a peer mentor. We are proposing that these beds remain as shelter beds and that the length of stay be no longer than 60 days, with flexibility built in to accommodate the best transition. We will utilize our continuum of services to provide quick assessment and treatment so that reunification or other permanency options can be achieved. This continuum includes, out-patient psychiatric services, in-home behavioral health services, and family preservation and reunification services.

Through natural attrition and with DHS backing we will reduce the number of youths coming into our program through emergency shelter care with lower level of need to increase available beds for youth with complex needs who are typically harder to place and benefit from pre-placement visits and matching, with the goal of increasing placement stability. Although we are proposing a budget for seven (7) full-time Treatment Coordinators, or direct care staff, with caseloads of 8 to 9, as recommended through our model to provide a high level of treatment parent supervision and support, we plan on continued intensive and targeted recruitment efforts. We will make placements for the county if our open beds match a youth's need. We are willing to look at adding additional staff as recruitment efforts play out but feel that the projected census meets the proposed program structure, the number of current and projected open homes and supports our plan to increase placements for youth with complex needs and trauma histories.

Financial Management and Budget (10 points, not included in page count)

22. Provide a detailed line-item budget that reflects a realistic estimate of the costs associated with implementing and sustaining Foster Care, including the suggested Maintenance Rate for TFC homes for the selected model and whether that amount varies based on the age of the child in care. You may provide the line-item budget as an attachment (e.g., Excel file) or in the space below.

Pressley Ridge Budget Proposal for Treatment Foster Care Services
February 2021

	<u>TFC</u>	<u>Shelter</u>
Total Personnel Expense	814,206.86	80,658.64
Occupancy Expense		
5200-Office Rent	473.31	26.69
5210-Maint of Grounds/Bldgs	14,811.73	835.25
5215-Allocated Maintenance	9,735.55	549.00
5230-Telephone/Communications	18,483.41	1,042.30
5240-Utilities	5,160.77	291.02
5290-Depreciation - Buildings	7,767.86	438.04
5291-Depreciation - Furniture & Equipment	538.78	30.38
5292-Depreciation - Land Improvement	664.30	37.46
Total Occupancy Expense	57,635.72	3,250.13
Client Costs		
5411-Professional Parent Fee Other	112,000.00	73,000.00
5412-Parent Recruitment	11,359.43	640.57
5413-Parent Fee Respite	15,000.00	
5414-Parent Retention	19,879.00	1,121.00
5415-Youth Gifts and Parties	3,975.80	224.20
5420-Travel/Client Expense	44,066.87	2,484.97
5445-Client Supplies	3,198.06	180.34
5460-Youth Allowance	11,520.00	
5465-Youth Activities	1,419.93	80.07
5470-Family Support Services	21,600.00	
5475-Purchasded Services	2,000.00	106.76
Total Client Costs	219,019.10	77,837.91
General/Administration		
5603-Allocated Billing	18,378.11	1,036.36
5607-Computer Services - Other	2,399.52	135.31
5610-Conference/Training	3,786.48	213.52
5620-Xerox / Leased Office Equipment	2,500.92	141.03
5622-Office Supplies	4,173.08	235.32
5623-Office Equipment	5,679.72	320.28
5625-Maintenance Supplies	693.24	39.09
5627-Postage	456.31	25.73
5629-Printing	589.89	33.26
5630-Travel/Business Expenses	3,507.31	197.78
5640-Insurance - Non Payroll	19,150.75	1,079.93

Pressley Ridge Budget Proposal for Treatment Foster Care Services
February 2021

	<u>TFC</u>	<u>Shelter</u>
5690-Miscellaneous	2,225.97	125.52
Total General/Administration	<u>63,541.28</u>	<u>3,583.15</u>
Total Direct Expenses	<u>1,154,402.96</u>	<u>165,329.84</u>
General & Administrative		
7000-Executive Admin Allocation	162,422.31	1,447.60
7090-State Administration	26,440.84	10,339.98
Total General & Administrative	<u>188,863.15</u>	<u>11,787.57</u>
Total Expenses	<u>1,343,266.10</u>	<u>177,117.42</u>
Census/Child Days	17,476	1,095
Admin Per Diem Calculation	76.86	161.75
5410-Professional Parent Per Diem	30.00	30.00
	<u>106.86</u>	<u>191.75</u>

23. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget.

Budget Narrative

Pressley Ridge has prepared a 1-year budget for the Treatment Foster Care Program, including a budget for Emergency Shelter services. The budget was prepared based on historical costs, anticipated changes in service delivery, and expected census based on staffing.

The largest expense for the program (61% of total expense) will be salaries and benefits.

- The Program Director will be charged to the program at 100% of the \$55,620 salary.
- The Senior Director will be charged to the program at 17% of salary.
- Program Supervisors of 2 FTE full time staff, with .05 FTE to support the Emergency Shelter homes. Total salary of \$91,790 per year.
- Recruiters (2.0 Recruiters), consists of 1 full time staff, and 1 FTE part time staff with a total budgeted salary of \$89,798, charged to the program to recruit families, and manage the annual re-certification of foster families.
- Treatment Coordinators of 7 FTE, with .5 FTE to support the Emergency Shelter homes, with a total salary of \$283,920 per year.
- Youth Family Support Specialists (YFSS) staff consists of 2 FTE full time staff, 1 FTE part time staff, and 1 FTE full time to support the Emergency Shelter homes. Total salary of \$113,880 per year.
- Administrative support consists of .5 FTE full time Office Manager, 1.1 FTE full time Administrative Assistants, with .08 FTE supporting the Emergency Shelter homes.

Personnel Expense Calculation - Personnel expenses were calculated in the budget based on the rates Pressley Ridge is currently paying for the taxes and benefits. Payroll taxes include FICA and Unemployment tax, and Workers Compensation insurance is applied to both full time and part time staff. These taxes are calculated as 18% of salary dollars. Benefits include Healthcare, Retirement funds, Group Life & Disability Insurance, and Educational Benefits for higher education and/or CEU & Licensure fees for staff. These benefits are calculated as 12% of salary dollars, and applied to full time staff only.

Occupancy Expense Calculation - The occupancy expense for the program was calculated based on historical data, inclusive of storage rent, maintenance of grounds & owned building, landline and cell phones, utilities and depreciation expense for the building and equipment. These expenses represent 4.3% of total program costs.

Client Costs:

Professional Parent Fee – The maintenance rate for the TFC youth is \$30/night based on the TFC model utilized at Pressley Ridge, PR-TFC model.

Professional Parent Fee Other – This line item represents extraordinary mileage paid to foster parents at a rate of .44/mile, as well as additional foster parent allowance for complex youth as described in the proposal. Calculation is \$300/month for estimated 30 youth, \$108,000, plus \$4,000 for estimated extraordinary mileage, based on historical data. The fees associated with the Emergency Shelter service is based on a retainer fee of \$50/bed/night for homes to be available for emergency placements 24 hours/day.

Parent Recruitment/ Advertising Expense - Parent recruitment expense combines three (3) expenses - the cost for clearances for the families, the cost for parent recruitment activities, and bonuses paid to families

for referring other families to the program.

Professional Parent Respite & Retention – These costs are associated with respite paid to families providing care for the youth in place of the placement family, emergency respite, and annual bonuses paid to foster families based on meeting specific criteria.

Youth Gifts – This is specifically for holiday gifts for all foster youth. The cost is estimated as \$75 per youth in placement.

Client Travel Expense - Client Travel has two parts: 1) bus passes for youth and 2) all additional client travel by Treatment Coordinators for family visits, and YFSS travel with youth. The estimated cost in this budget is based on historical data.

Client Supplies - Client supplies are supplies that are purchased by Pressley Ridge that go directly to the youth.

Youth Allowance - Monthly allowance, as earned, for youth 12 and older. Estimated cost is based on average \$48/month for 20 youth.

Youth Activities Expense – Youth Activities are program sponsored or program funded youth related activities which may include foster families and/or biological families.

Family Support Services – This budget line represents the HUB stipend for foster parent peer support activities, based on \$150/month for 12 families, as described in the proposal.

Purchased Services – This represents funds that will be used to contract with external entities to provide training and support for specific populations.

General/Administration Expenses:

Allocated Billing Expense - Allocated Billing is the cost for the Pressley Ridge Billing Department to invoice and manage AR and cash receipts. This expense is allocated to all Pressley Ridge programs based on a percentage of the programs revenue compared to the agency's total revenue. This estimate is based on historical data.

Conference and Training – Conference and Training is for staff ongoing training needs and FFTA conference attendance to remain current.

General Expenses – General Expenses include: Computer Services, Leased Office Equipment, Office Supplies, Office Equipment (replacement computers), Maintenance Supplies for office cleaning, Postage, Printing, Administrative Travel, and miscellaneous expense. These costs are all estimated based on historical data.

Insurance Expense - Included are Professional Liability, Cyber, Property, and Umbrella Insurance policies as required by contract.

Indirect Administrative - expenses are calculated as program salaries compared to total agency salaries. The percentage is multiplied by the administrative expenses and the administrative expenses are then allocated the program.

2021 Pressley Ridge Board of Directors Composition

Name	Gender	*Age	Race/Ethnicity	College Education	Employed/Retired	Industry	Strongest Areas of Expertise	Current Term Expires	Disabled
Alex, Jeffrey	M	41	Caucasian	Y	Employed	Legal	Legal Public Policy/Management Foster Care	2022	N
Robert Butler	M	65	Caucasian	Y	Employed	Communications/Crisis Management	Marketing/Communications Technology Merger/Acquisitions	2022	N
Brij Dhamla	M	28	Asian	Y	Employed	Technology	Technology/Innovation Marketing/Fundraising Project Management	2022	N
Eaton, Kara	F	40	Caucasian	Y	Employed	Legal	Legal Fundraising	2022	N
Chase Fisher	M	32	Caucasian	Y	Employed	Insurance	Benefit Platforms Technology Environmental Economics/Sustainability Fundraising	2022	N
Tisha Germany	F	47	African-American	Y	Employed	Real Estate Development	Strategic Planning Real Estate New Business Recruitment	2022	N
Jeremy Gill	M	43	Hispanic	Y	Employed	Technology	Information Systems/Technology Due Diligence for Acquisitions Managing Budgets	2022	N
Mary Graafl	F	47	Caucasian	Y	Employed	Corporate Risk/Finance	Corporate Risk Financial Fundraising	2021	N
Robert Johnson, Jr.	M	49	African-American	Y	Employed	Legal	Legal Human Resources Community Relations	2021	N

*Age they will be/turn during the calendar year.

2021 Pressley Ridge Board of Directors Composition

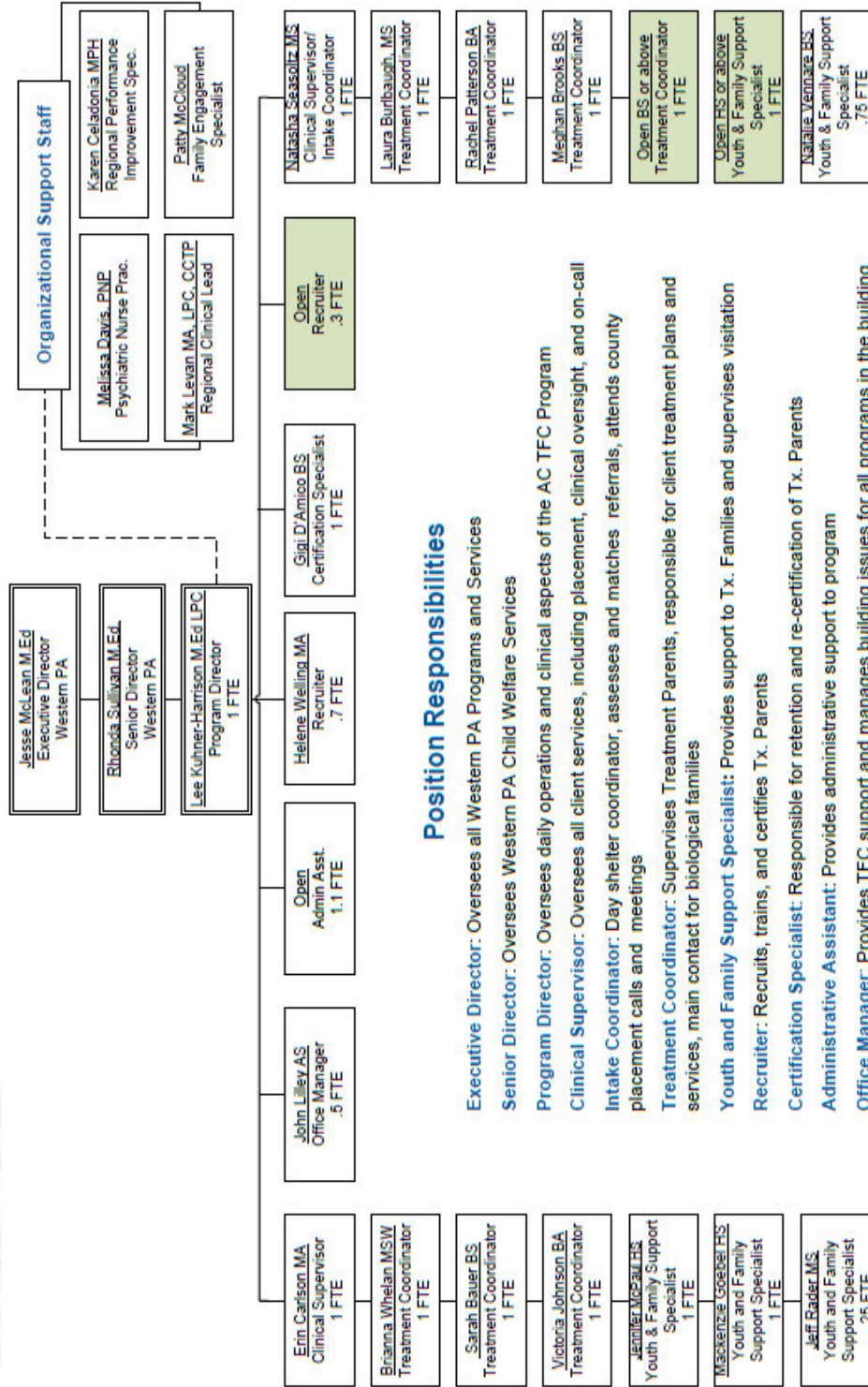
Name	Gender	*Age	Race/Ethnicity	College Education	Employed/Retired	Industry	Strongest Area of Expertise	Current Term Expires	Disabled
Fay Mosle	F	82	Caucasian	Y	Retired	Education	Fundraising Finance Education/Community Outreach	2022	N
Jennifer Mulhoney	F	38	Caucasian	Y	Employed	Legal	Legal Mergers/Acquisitions Fundraising	2022	N
Eileen Stevens	F	50	Caucasian	Y	Employed	Finance	Auditing Financial	2023	N
Louise Urkan	F	57	Caucasian	Y	Employed	Healthcare	Auditing Financial Risk Management	2023	N

* Age they will be/turn during the calendar year.



Allegheny County Treatment Foster Care

Proposed July 1, 2021



Position Responsibilities

- Executive Director:** Oversees all Western PA Programs and Services
- Senior Director:** Oversees Western PA Child Welfare Services
- Program Director:** Oversees daily operations and clinical aspects of the AC TFC Program
- Clinical Supervisor:** Oversees all client services, including placement, clinical oversight, and on-call placement calls and meetings
- Intake Coordinator:** Day shelter coordinator, assesses and matches referrals, attends county placement calls and meetings
- Treatment Coordinator:** Supervises Treatment Parents, responsible for client treatment plans and services, main contact for biological families
- Youth and Family Support Specialist:** Provides support to Tx. Families and supervises visitation
- Recruiter:** Recruits, trains, and certifies Tx. Parents
- Certification Specialist:** Responsible for retention and re-certification of Tx. Parents
- Administrative Assistant:** Provides administrative support to program
- Office Manager:** Provides TFC support and manages building issues for all programs in the building

New positions for RFP



RFP for Foster Care Agencies

**Pressley Ridge
Foster Care Agencies
Implementation Timeline**

TASK	TIMELINE	PERSON RESPONSIBLE
Post and interview one full time Treatment Coordinators (TC) and one part-time parent recruiter	April 2021	Senior Director, Program Director, Human Resources
Restructure recruiters' duties, update recruitment plan, and begin new recruitment efforts with current recruiters	April 2021	Senior Director, Program Director
Develop Emergency Shelter Service protocols	April 2021	Senior Director, Program Director, Tx Parent
Connect with DHS/Hugh Lane Foundation for assistance in recruiting and supporting Treatment Homes for LGBTQIA youth	April 2021	Senior Director, Program Director
Form new PR-TFC Pre-Service Training	April 2021	Program Director, Recruiters
Continue recruitment, training, and education efforts, with current and prospective Treatment Parents with a focus on serving youth with complex needs	April - May 2021	Recruiters, Program Director, In-take Coordinator, and Clinical Supervisors
Continue PR-TFC Pre-Service Training and Certification	May -June	Recruiters, Clinical Supervisors, Program Director
Hire new full-time Treatment Coordinator	June 2021	Program Director, Clinical Supervisors
Recruiter and TC trained in PR-TFC Pre-Service Train the Trainer	June 2021	Pressley Ridge Training Dept.
Post, interview and hire one full-time Youth and Family Support Specialist for shelter home support	June 2021	Program Director
Certify Treatment Parents from Pre-Service class	June 2021	Recruiters, Program Director
Increase matching and pre-placement visits	June 2021	In-take Coordinator DHS Matching Team
Open 4 Emergency Shelter Beds	July 2021	Program Director
30% of placements are complex or older youth	July 2021	Recruiters, Program Director, Clinical Supervisors
50% of placements are complex or older youth	December 2021	Recruiters, Program Director, Clinical Supervisors