



Allegany County Department of Human Services

RFP Response Form

RFP for an Inpatient Program for Victims of Childhood Sex Trafficking

PROPOSER INFORMATION

Proposer Name: Familylinks, Inc.

Authorized Representative Name & Title: Rebecca (Becky) Haberstroh, Director of Youth and Family Services and Acting Chief Operations Officer

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

Date Incorporated: 2001

Partners and/or Subcontractors included in this Proposal: Allegheny Children’s Initiative, Inc.

How did you hear about this RFP? *Please be specific.* Email distribution list.

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Stacey Vaccaro	412-942-0411	svaccaro@familylinks.org
Contract Processing Contact	Rebecca Haberstroh	412-942-0154	rhaberstroh@familylinks.org
Chief Information Officer	Ray Herron	412-942-0451	rherron@familylinks.org
Chief Financial Officer	Ray Herron	412-942-0451	rherron@familylinks.org
MPER Contact*	Marlo Svidron	412-942-0421	msvidron@familylinks.org

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

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BOARD INFORMATION

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

Dotti Bechtol, Nonprofit Consultant

Ryan M. Bloser, Director of Finance, Health Services Division, UPMC

Joan Levenson Bruni, Licensed Psychologist, Self-employed

Rev. Dr. LaWana L. Butler, Owner and Executive Director, Heuer House

Seth Dresbold, Partner and Financial Advisor, Signature Financial Planning

Kate Freed, Nonprofit Management Consultant

Erin M. Ickes, Senior Vice President and Corporate Counsel, ServiceLink

Deb Luckasevic, Retired-First Vice President, BNY Mellon

George Manos, Retired-President Sheerwind/President USS Real Estate

Willard Martin, Retired

Louise Cavanaugh Sciannameo, Assistant Professor for Strategic Communications, University of Pittsburgh

Eric Siegel, Staff Software Engineer, Google, Inc.

Michael Sipe, Manager, Predictive Algorithms, ZOLL Medical Corporation

Rich Soeder, Retired-Senior Vice President, PNC Wealth Management

Anthony Spalvieri, Managing Director, Legal, Fedex Ground

Peggy Wojcik, Retired-Vice President, BNY Mellon Corp.

Board Chairperson Name & Title: Tony Matteo, Group Controller, WESCO Distribution, Inc.

Board Chairperson Address: 225 West Station Square Drive, Suite 700, Pittsburgh, PA 15219

Board Chairperson Telephone: 412-454-2285

Board Chairperson Email: tmatteo@wescodist.com

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.*

Elizabeth Miller, MD, PhD, FSAHM (Chief, Division of Adolescent and Young Adult Medicine, Children's Hospital of Pittsburgh of UPMC): [REDACTED]

Kelli Priddy (Familylinks Volunteer): [REDACTED]

Beth Kreinin (Independent Contractor): [REDACTED]

PROPOSAL INFORMATION

RFP for an Inpatient Program for Victims of Childhood Sex Trafficking

Date Submitted 10/14/2020

Amount Requested: \$815,617.53 Program Costs; \$16,000 Facility Upgrade Costs

CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania's Right-to-Know Law.

By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Choose one:

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

OR

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

ATTACHMENTS

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

- MWDBE documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9
- Photos of the proposed facility, if available
- Budgets, as desired

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REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 95 points. Your response to this section should not exceed 21 pages.

Approach (25 points possible)

1. Describe your vision for the overall design of the Program. Include the core partners in the proposal and the goals you wish the Program to achieve. Describe why you feel that you are the best candidate for this opportunity.

Familylinks and Allegheny Children's Initiative (ACI) will partner to develop, implement and manage a comprehensive inpatient residential facility program that provides intervention, therapeutic services and non-treatment supports for youth identified by child welfare staff as victims or potential victims of childhood sex trafficking. This program will serve up to 12 youth at a time, 9 to 21 years of age, of all gender identities and expressions, including but not limited to agender, nonbinary and transgender youth. Our vision is to ensure that a young person has a sense of safety and structure, belonging and membership, self-worth and social contribution, independence and control over their life, as well as skills to develop plans for the future, set goals and develop close interpersonal relationships. Our coordinated care will be strength based, trauma informed, victim centered and individualized for each participant and parent/care giver, and will provide services without pressure or judgment.

Familylinks will provide the residential space and operate the facility and ACI will be the clinical lead, providing the CHANCE Community Response Treatment Team (CHANCE-CRT Team). CHANCE is an evidence-based treatment program designed to address the complex needs of victims of childhood sex trafficking. Each organization will hire, orient and supervise their own staff, as described in the staffing section. To build cohesiveness and ensure a seamless experience for the youth, staff from both organizations will participate in the CHANCE training together, and we will have regular team meetings. The idea is that while this program will be staffed by people from two organizations, the youth will experience us as one team (with the youth at the center), who is working for the youth's goals. Working in partnership, our goals for the participants include:

- Provide safe housing and a welcoming environment that will help participants begin their path to improving their health, safety and well-being;
- Provide a continuum of strength based supports and services that are individualized for each participant and their parent/care givers in a team approach;
- Support reduction in trauma behavior/symptoms by promoting healthy coping behaviors;
- Improve youth's physical, psychological and emotional safety by offering reproductive health, mental health, substance use, legal, and advocacy services; job training and permanency;
- Provide psychosocial groups to improve interpersonal functioning, educational and training opportunities to help avoid further exploitation, harm reduction, and improvement in school achievement.

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The residential home will be a licensed facility (55 PA. Code Ch.3800), hold a certification as a Specialized Setting for Children and Youth Certification (Family First Prevention Act (Public Law (P.L.) 115-123)). The program will accept admissions on a 24-hour emergency basis as well as planned admissions. The program will have a “no eject/no reject” policy, which means that we accept any referred youth and will not refuse to keep them in the program.

Familylinks will create a welcoming home environment for the youth, where residential staff will provide for youth’s daily needs and implement the behavioral and treatment plans that the youth develop with their CHANCE-CRT Team. Residential staff will be responsible for medication administration, direct care and supervision of participants, recreational activities, supervision and transportation for participants’ religious observances, family involvement (as authorized by phone, mail, FaceTime), supervised visitation and transportation.

Familylinks’ Engagement Specialist will provide case management services as required by the Office of Children, Youth and Families (OCYF) and the state. The Engagement Specialist will schedule and attend appointments, meetings, and court hearings; participate in securing youth’s educational placement and transportation; complete documentation and data entry in KIDS as required by OCYF and the Department of Welfare 3800 regulations.

As desired or required, youth may be enrolled in and take advantage of Familylinks’ existing services, such as psychiatry consultation and medication management, and substance use services. These programs are well-established and fully licensed, with expertise working with vulnerable youth who have experienced trauma, including sexual exploitation. In addition, Familylinks offers federally-funded education coordination, where an Educational Coordinator will work with the participant, their family, their case worker, DHS stability team, and other child welfare partners to discuss educational options, enrollment barriers, school option choices and concerns to make a Best Interest Determination (BID) about the participant’s education as well as educational tutor availability. Familylinks can provide physical health services. Familylinks has an established relationship with UPMC Children’s Hospital Adolescent Clinic and contracts for a Nurse Practitioner from that clinic to be available to program participants and to provide 24/7 on-call services. Nurses are well positioned to promote evidence-informed, holistic health including a person’s physical, mental, and social well-being. This is important to note as the delivery of strengths-based and nonjudgmental care is crucial when working with sexually exploited children and adolescents (Pierce, 2012; Saewyc & Edinburgh, 2010).

Finally, Familylinks’ Street Outreach Team can provide important backup if a participant runs away. These staff, trained to identify runaway and homeless youth at risk for exploitation or trafficking, have built relationships in the community and regularly visit locations where runaway youth congregate. They can serve as eyes and ears on the streets to help locate runaway participants or to provide information on trafficking dangers in the community.

Allegheny Children’s Initiative will provide the CHANCE Community Response Treatment team (CHANCE-CRT). The CHANCE-CRT Team will work with the youth across the continuum of care, and will give intensive clinical and supportive services to the participants, including individual and family therapy, targeted case coordination, behavior intervention and consultation, and life coaching. ACI will staff the CHANCE-CRT Team with caring, experienced individuals from our Service Coordination (SC) and Family-Based Mental Health

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(FBMH) programs and has worked with a survivor of sex trafficking in formulating this RFP response. The life coach will be available to provide 24-hour support, assistance and advocacy, when appropriate. An evidence-based model such as *Youth WRAP*, the Wellness Recovery Action Plan written by and for youth, would be utilized. Commercially exploited youth often express the belief that they only feel accepted and understood by other commercially exploited youth. Although this may be a maladaptive idea, the strength of this belief early in treatment highlights the value of connecting these youth with commercial sexual exploitation survivors who have become mentors (“survivor/mentors”) to whom they can relate and who can also model a fulfilling life free of sexual exploitation. Initially, we would utilize and train one life coach/peer support specialist and use the train-the-trainer model to train a second, as demand requires.

Within the Family-Based Structural Family Therapy model, the youth works with a team of two therapists who provide both family therapy and individual therapy as needed. The definition of “family” can look different; in some cases, the team works with the youth’s parents and immediate family and in other cases, the team provides support to residential staff as the consumer’s family.

It is our collective mission to support people by providing services that promote choice, personal satisfaction and the realization of their hopes and dreams. This mission will remain the driving force of serving and supporting individuals within the CHANCE model. We will provide treatment that is individualized to each person and family. We have extensive experience operating residential facilities, and working with adolescents and young adults who are interested in treatment, as well as those who are enrolled, but not ready to engage. Every team member is trained in Trauma Informed Care and Motivational Interviewing (MI). With these trainings, they are taught to meet the individual where they are in their journey and use the Stages of Change Model in MI to encourage and motivate them to recognize the benefits of change to guide them along their own path to safety and wellness. These trainings along with consistent individual and group supervisions help to develop the staff engagement skills and the awareness and ability to recognize their own vicarious trauma in working with a diverse population with high-level needs. The Family-Based Mental Health and Service Coordination departments place a huge emphasis on getting to know the individual and family and understanding what their unique strengths and needs are. Building this relationship and trust allows for a more effective partnership throughout treatment. It can help open the door for difficult conversations and honest communication. We understand that each person moving through this home will have their own unique story to tell, and we are dedicated to hearing each story and helping each person become a healthier and happier version of themselves.

Each participant will be treated individually and we are committed to seek additional support services to meet their unique needs. To strengthen the continuum of care, we will call upon our extensive networks in the community to provide interventions and non-treatment supports beyond those offered by Familylinks and ACI. In particular, the following organizations have committed to offering their services to youth:

Persad Center is a human service organization whose mission is to improve the well-being of the LGBTQIA+ communities and the HIV/AIDS communities. Persad Center also has a Foster Care program that is guided by the idea that both LGBTQIA+ identifying children and parents deserve

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safe, loving homes. The Persad Center serve all children; yet recognize that LGBTQ+ youth often experience the trauma of family rejection and homelessness and are dedicated to ensuring their health, safety, and welfare.

Pittsburgh Action Against Rape (PAAR) is contracted with DHS for a CSEC (Commercial Sexual Exploitation of Children) drop-in center that provides a safe place for youth ages 13 through 23 of all genders and sexual orientations. They have committed to supporting this program during a youth's stay as well as aftercare components.

Although the RFP places the Specialized Therapeutic Foster Care component of CHANCE out of scope, Milestone Centers, through their existing contract to provide Host Home services to DHS/OCYF, would eagerly join as a partner to this proposal. Milestone Centers and ACI are partner agencies under the Partners for Quality Managed Services Organization.

This Familylinks and ACI partnership blends the strengths and attributes of two leading service providers in Allegheny County, and we believe we are the best candidates for this opportunity. Not only do our organizations have direct experience in providing services to meet the behavioral health, physical health, legal needs and life skills needs requested under the RFP, we offer a range of programs that offer additional benefits. This includes street outreach to runaway youth and Specialized Therapeutic Foster Care through Host Homes. This means that youth may connect with staff, programs and organizations that are familiar to them before, during and after their inpatient stay, providing continuity and stability. While we have decades of professional experience, we recognize that survivors' voices must be included at every step of the program from planning to staffing to implementation and evaluation. Milestone (a program of ACI) includes a staff person with lived experience, and in the course of developing this application, we have consulted with a local survivor who currently conducts street outreach to this population. We have also had in-depth conversations with the clinical lead from Citrus Health Network (Citrus), the organization that originally developed the CHANCE evidence-based program with the Florida Department of Children and Families. We hope this demonstrates to reviewers that we are willing to listen, learn and grow, keeping survivors at the center of our work.

2. Describe the challenges you anticipate in developing, implementing and managing the Program and how you might mitigate those challenges.

Familylinks and ACI will need to build a cohesive team blending varied work cultures. This challenge can be mitigated by team building exercises, learning each other's work cultures, joint team meetings, team events and activities to build relationships and strengthen the team approach, and commitment from core partners.

Runaway behavior – Guided by the CHANCE-CRT, staff will remain nonjudgmental, work to establish an environment of safety and trust for the youth, and practice active listening and motivational interviewing. Staff will be trained to allow the participants to feel empowered and in control of their lives and situations. Each participant will have an individualized safety plan, and team members will focus on harm reduction. Staff will be educated on the cyclical nature of victimization and that multiple returns to exploiters are not uncommon before youth achieve independence. Staff will focus on building positive, healthy relationships with the participants

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and develop a sense of belonging. Familylinks' Street Outreach Team will work to build relationships with youth and will be notified of runaway situations.

Direct Trafficker recruitment – Studies have shown that anywhere from 50% to 80% of recruitment happens directly from foster care or group homes systems of care (Sewell, 2012; Walker, 2013). Exploiters will attempt to contact youth in person or online (Facebook, Twitter, or other social media). Staff will need to be educated and trained to recognize warning signs of trafficking involvement. To protect participants and staff, staff will notify law enforcement and the Pittsburgh CSEC Task Force as necessary. The building is secured with internal/external cameras, outside lighting, door alarms, and limited access via access cards.

Peer conflicts – Youth in the program may not get along, for many different reasons. Staff will be trained in safe crisis management and conflict resolution. The facility layout and size allows staff to separate participants while they work to resolve conflict, or to move a participant to a different apartment within the building, as needed.

Participant readiness – Participants may experience “Stockholm syndrome” and believe that the exploiter has their best interest in mind. They may not be ready to address their trauma or life experiences. Staff will provide care in a trauma informed approach and thoughtful interventions to meet participants' unique needs. Individual counseling, peer support, psychosocial educational groups on sexual exploitation and maintaining a healthy living environment are some of the ways to address this challenge.

Peer Recruitment – A participant may attempt to recruit another participant into being trafficked. Staff will be trained to recognize recruitment tactics and use a strengths-based approach with participants to curtail these efforts.

Advisory Board Member Recruitment – Familylinks will identify and reach out to candidates through members of the local survivor movement, OCYF and Pittsburgh Sex Trafficking Coalition, substance use programs, and FBI task force for self-referral. Advisory board members will be paid for their service.

3. Describe how you would engage and help Participants who do not recognize that they are victims of childhood sex trafficking and Participants who run away.

During the admission process, we will have a “warm handoff” with the youth's caseworker, and our engagement begins with earning the trust of the participant. Staff will work with the youth to develop a sense of belonging in a positive, supportive and safe living environment. Staff will take a “desire to understand approach” and exhibit a respectful, accepting, non-judgmental attitude with cultural humility. Staff will view the participants as experts on their lives, incorporate their input and respect their boundaries.

We will facilitate psychosocial educational groups and activities with the participants, focusing on the participants' strengths and self-empowerment. Group topics could include positive thinking skills, anger management, communication, stress management, self-empowerment, understanding power and control, trust, self-forgiveness, safety planning, harm-reduction, what trafficking looks like and recruitment tactics. We will also use youth's preferred, neutral activities (basketball, crafts, etc.) to facilitate conversation and engagement. When engaging

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youth, staff will focus on the behaviors and patterns that were unsafe and resist labeling these experiences as “sexual exploitation” until the youth is ready to make that connection.

The therapist typically introduces Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) by discussing the impact of the youth's trauma experiences and how treatment will help. However, similar to many youth impacted by domestic violence who align themselves with the abuser, many commercially exploited youth insist that the exploitation was not traumatic, was their choice, and/or that they wish to return to the exploiter. Discussing the traumatic impact of the commercial sexual exploitation is unlikely to engage these youth in treatment. Therapists may have more success engaging these youth by adapting strategies that have been used successfully with children exposed to domestic violence. These include the following: 1) acknowledge that the youth perceived the relationship with the exploiter to be positive; 2) ask what made the relationship with the exploiter better than other relationships (e.g. with abusive caregivers); 3) identify the youth's trauma responses to negative past relationships; 4) connect those trauma responses to increased risk for commercial exploitation; and 5) provide psychoeducation about commercial exploitation (Bancroft and Silverman 2002; Cohen et al. 2011).

Upon admission to the program, participants will engage in a safety plan meeting, which will include names of staff and phone number to call 24/7 in case of emergency or if needed. The therapist will introduce the concept of risk and safety as early as the first session and openly ask the youth about risks of running away (Kliethermes and Wamser 2012). The therapist specifically explores potential triggers for the youth to run away (e.g., “What might make you think about running away? What might make you actually do it?”), and introduces a specific technique through which the youth can consider alternative possibilities if the trigger situation should arise. This may entail problem solving strategies (listing alternative choices, their likely outcomes and selecting the choice that gets the desired outcome), learning to consider connections among thoughts, feelings and behaviors, learning to change thoughts to change feelings and behaviors to generate more adaptive ones (“cognitive processing”), in combination with relaxation, distraction, and/or other TF-CBT strategies (Cohen et al. 2012).

If a participant runs away from the program, residential staff will notify the program manager, OCYF, Juvenile Probation Office (if applicable), parent/guardian, CHANCE-CRT Team, treatment team and file a police report. They will also complete a contact report in KIDS and HCSIS (the Department of Public Welfare’s Home and Community Based Information Services System). These notifications would be reversed upon the participant’s return to the program.

Staff will welcome the participant back into the program without judgment or bias, make sure they are okay (physically/emotionally), and continue efforts to build a trusting and caring relationship. Through talking to youth and reviewing documentation (logs, staff meeting notes, calendar items), staff will determine any disruptions of the participant’s services while on a runaway episode (for example, missed medications or appointments). It will be important for staff to attempt to understand what the youth is running to or from to deter future runaway attempts. Many youth run to stay connected to their neighborhoods, friends and family members. For example, if a youth runs to be with their mother, we would make sure the youth has scheduled visits with her. If a youth is worried about a younger sibling, we would make sure the youth calls the sibling daily. It will be imperative to establish a contact person at the school who the participant feels they can talk with.

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We will avoid going into “Crisis Mode” when participants run away. If the therapist/staff responds to youth running away by abandoning structured treatment and going into “Crisis Mode,” this gives the message that the youth has (is) “messed up”, thus validating the youth's already negative ideas about themselves. If the therapist/staff instead calmly continues with the treatment, the therapist conveys the belief that the youth will succeed in treatment (Bancroft and Silverman 2002). Thus the therapist will welcome the youth back (“I'm so glad that you are okay”), evaluate the sequence of events that led the youth to run away (“Let's talk about what happened when you ran away so we can understand it”), and brainstorm about how the safety plan can be adjusted to make it more successful in the future.

4. How will you ensure that the Program is able to serve Participants of diverse identities and Program delivery is culturally competent, trauma-informed, gender responsive and individually tailored for Participants?

Both organizations in this partnership are committed to these values and have built-in training and supervision for their respective staff to ensure services are tailored to each participant and are culturally competent, trauma-informed, and gender responsive.

One of six guiding core values at **Familylinks** is that “we are committed to reflecting the diversity of each community we serve.” At all times, Familylinks makes a conscious attempt to hire qualified staff who mirror the cultural and racial diversity of the populations being served. In this case, we plan to conduct targeted staff recruitment focusing on individual with expertise serving trafficked youth, prioritizing hiring survivors.

Our internal Cultural Diversity workgroup created a training that is now also being provided at other organizations, as well as for the Pennsylvania Child Welfare Training Resource Center, where Familylinks staff train all Department of Public Welfare caseworkers in the state. In addition, our staff training requirements mandate LGBTQIA+ and cultural competency training for all personnel on an annual basis. In fact, Familylinks had a leadership role in creating the now SOGIE (Sexual Orientation and Gender Identity/Expression) competency training for service providers in this region more than a decade ago. Beginning with our facilities, Familylinks established gender-based placement policies, which served as guidelines and are now utilized by government and private agencies.

As part of Familylinks’ Strategic Plan, agency leadership has a commitment to hire caring professionals and to consider the results of a Predictive Index when making hiring decisions. Each person’s characteristics are carefully considered with respect to how suited they may be for a particular position, and it is far less likely that the ‘wrong’ person ends up with a given duty.

Using the Positive Youth Development and trauma-informed care frameworks, Familylinks will employ the evidence-based practice of Motivational Interviewing, including the trans-theoretical model for change. Familylinks will utilize these models to establish and build relationships with youth, help youth reframe their past traumatic experiences, encourage youth to recognize the need for change, and develop healthier coping mechanisms. The treatment model will include strategies designed to address the developmental impact of negative experiences, related

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strengths, and deficits. These strategies will provide an environment for each youth leading to a positive and healthy life trajectory.

All Familylinks staff are trained in “Risking Connections” (trauma informed care) and will approach participants to build relationships, help reframe their past traumatic experiences, and encourage participants to recognize the need for change and develop healthier coping mechanisms.

Allegheny Children’s Initiative provides a comprehensive cultural competency training to all new staff during orientation. This two-hour training encourages new staff to ask questions instead of assuming, to be open to learn from each person they encounter, and to embrace cultural humility. The training allows staff to think about how their own culture, race, and background affects the way they view situations, individuals, and families. It is imperative that staff constantly are aware of and challenging their own assumptions in order to provide the best support for the individuals they serve. The training also includes information and several exercises on implicit bias offered through the Harvard University program, Project Implicit. ACI encourages staff to participate in trainings within Allegheny County related to cultural competence. ACI staff actively participate in numerous internal and external committees dedicated to diversity and inclusion, including the internal Committee for Race, Diversity and Inclusion, the CAP Equity Committee, and the upcoming ACHI Racial Injustice Committee. ACI also consistently facilitates trainings to help staff be more responsive to diverse populations. ACI staff have participated in the Poverty Simulation training presented by Just Harvest, a training on working with immigrant families from Immigrant Services and Connections, and a training on providing supportive and informed mental health services to people that identify as LGBTQIA+ presented by the Persad Center. In addition to on-going trainings and presentations, program supervisors and staff have regular discussions about diversity and culture and how it plays a role in the treatment staff provide. ACI recognizes that it is important to understand how the unique experiences and identity of each person can affect their ability to join with and accept treatment from the staff person. During group and individual supervisions, the program supervisors teach staff the communication skills and confidence needed to have conversations with people that may be uncomfortable. Supervisors emphasize a non-judgmental approach and helping staff use respectful curiosity to gain a greater understanding of cultural influences on that particular youth. Having open conversations about a person’s experiences, culture, race, gender, and other identities provides important information that informs treatment.

Over the last several years, ACI has increased its work with families who have immigrated to the United States. These families often identify a language other than English as their primary language. ACI contracts with The Center for Hearing and Deaf Services to set up spoken language interpretation for families and individuals who do not speak English. This allows ACI to provide treatment, such as Service Coordination and Family Based. Adding an interpreter to a session certainly adds a layer of complexity, but staff at ACI are comfortable navigating this triad. Staff use cultural competency, cultural humility, and active engagement to facilitate communication and rapport with each family. They are open to families and individuals having different priorities, cultural practices, and norms.

5. Describe your plan for the Program advisory board that includes survivors of commercial sexual exploitation. Please include: your desired board composition and the perspectives you

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would seek to include; how often you plan to meet; examples of the responsibilities of board members; and your plan to compensate board members for participation.

As a guide, we will use the Southern California Clinical and Translational Science Institute's Community Advisory Board Toolkit to develop our advisory board for integrating community voices. Developed to help integrate community voices in research projects, this toolkit reflects real-life successful examples for engaging community members to ensure that projects are relevant to the community, maintain quality, and aim to improve the health and well-being of those involved. Desired board member composition includes eight to ten people who share a common commitment to positive outcomes for victims sexually exploited by sex trafficking. We will attempt to recruit survivors as they have lived the life as trafficked victims and are critical to anti-trafficking efforts. They understand the mindset of traffickers, how to conduct outreach to survivors, how to outsmart traffickers, how to enact legislation that is victim-centered, how to offer victim-centered empowerment-based services, and address human trafficking in a practical and useful manner.

We plan to meet quarterly for two hours per session. Board members would receive a \$100 stipend per meeting for their participation. A member of the CHANCE-CRT Team and Program Manager will attend the meetings. Once the Advisory Board is established, we will refine roles, goals and responsibilities. Responsibilities of the board would include program oversight and guidance, insight, experience, and education.

Organizational Experience (10 points possible)

6. Describe your experience in providing services to childhood sex trafficking victims, other victims and/or vulnerable youth. Include your background working with a variety of systems (e.g., child welfare, legal, physical/behavioral health, education).

Familylinks has over 40 years of experience providing services to vulnerable youth, including residential programs for runaway and homeless youth ages 18-24, at-risk youth ages 13-21 in need of emergency shelter, and children/youth from 4-21 who are involved in multiple systems. Every year, we serve several youth who have been trafficked or subject to sexual exploitation. We have created numerous customized and specialized programs for youth with extraordinary and/or complex needs in partnership with Allegheny County Department of Human Services (DHS), Allegheny County OCYF, and Juvenile Court. We have extensive experience in effectively collaborating with other providers, such as UPMC Western Psychiatric Institute and Clinic (UPMC-WPIC), Pennsylvania Council of Children Youth and Family Services, and the Rehabilitation Community Providers Association (RCPA).

RESPOND Program operates under a similar model to the one we propose here. In collaboration with UPMC-WPIC, RESPOND provides comprehensive mental health residential services for 2 youth, who have been dually diagnosed with intellectual disabilities and mental illness, and who utilize three or more systems. RESPOND can serve youth ages 5-21. The UPMC-WPIC mobile treatment team provides clinical services to the youth and family and trains the Familylinks residential staff how to work with the youth in our care.

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In addition, Familylinks' **Plum Step-Down Program** (5 male youth, ages 4-21), **Sylvan Step-Down Program** (5 female youth, ages 10-21) and **Pathways Program** (2 youth, ages 4-21) provide trauma informed care and residential services to youth diagnosed with mental illness and who utilize three or more of Allegheny County's systems of care services, including Intellectual Disability Services, Mental Health Services, Medical Services, Education, Juvenile Justice and Children, Youth and Families Services. **Adolescent Semi-Independent Living Program (ASIL)** (15 youth, ages 16-21) provides supervised apartment living for youth with a focus on vocational, educational and life skills development for successful independent living and transition to adulthood. **Youth Emergency Shelter** (10 males/10 females, ages 13-21) provides temporary emergency group care for youth at risk of abuse, neglect, homelessness or other family crisis, referred by Offices of Children, Youth and Families, Juvenile Court, or other sources. Familylinks has also operated a **Street Outreach Program** since 2015 and was awarded a federal grant in 2018 to serve runaway, homeless and street youth younger than 21, at risk of or subjected to sexual abuse, exploitation and trafficking. Familylinks is the designated National Safe Place administrator in Pittsburgh.

Last year, we served 223 youth in residential programs, and 901 through Street Outreach. While relatively few of the youth we serve annually meet the governmental definition for commercial sexual exploitation, all have experienced trauma and many have had multiple adverse childhood experiences, such as sexual, physical or emotional abuse; neglect; and parental conflict (often over gender identity or gender expression). The youth we serve share many characteristics, but each person comes to us with their own story, unique strengths, and needs. We create customized plans to provide each youth with the support and tools to improve their physical and emotional health, and develop life skills to be healthy, happy and strong for life.

To specifically address needs related to sexual exploitation and sex trafficking, all residential staff and street outreach workers receive CSEC training. Staff are also trained in Risking Connections (a trauma informed model of care) and Safe Crisis Management. Since 2017, staff have conducted CSEC screenings for youth who have run away from our facilities for four hours or more, and we contact OCYF and Human Services Administration Organization (HSAO) for follow-up in the case of positive screens. (HSAO is an enhanced service coordination program which works with Allegheny County's highest risk population of children, adolescents, and adults.) Familylinks has partnered with PAAR to facilitate weekly groups to build youth's strengths and self-esteem, and prior to COVID-19, our youth were encouraged to participate weekly at the PAAR drop-in center. To protect youth's welfare, we have collaborated with the County's contracted investigator who helped to locate runaway youth to bring them to safety, and to alert us of "high risk" youth. We have successfully managed situations where traffickers have pursued youth by showing up outside the building, calling, using email or social media. We ensure the youth remain safe while alerting law enforcement and the FBI to pursue the trafficker.

Allegheny Children's Initiative (ACI) is a social services agency located in the South Side neighborhood of Pittsburgh that provides services to children and families throughout Allegheny County. ACI is licensed by the PA Department of Human Services/Office of Mental Health and Substance Abuse Services and monitored by Allegheny County Department of Human Services and Community Care Behavioral Health Organization. Since the agency's founding in 1993, ACI has a long history of successfully providing behavioral health supports to many youth active in the child welfare system. ACI is an initiative of Partners for Quality.

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Recently, the **Family Based** program at ACI has had great success with proving the treatment model within shelter placements. This includes training and psychoeducation for shelter staff as well as assisting management with addressing the cultural changes needed to provide trauma-informed care to youth with high needs. Teams effectively work with any family members involved with the youth, shelter staff, and collaborate with the broader system. The teams are flexible and skilled in individualizing treatment to fit the current environment of each consumer. ACI's Family Based therapists attend weekly team supervisions and weekly group supervisions to review their use of the model with each family they are working with. Case complexity is the norm within a structural family therapy model, and additional trainings in attachment, trauma, and Motivational Interviewing have allowed ACI's Family Based program to build a reputation for being effective with involved cases. ACI's Family Based program can fulfill the Family Therapist and Individual Therapist component of CHANCE, when clinically indicated. All of the Family Based teams, the Program Director, and Assistant Director will be trained in the CHANCE model once offered.

The **Service Coordination (SC)** program at ACI has experience supporting youth facing homelessness, including those living in shelters, couch surfing, or on the streets. These youth are often navigating the court and custody system, and are vulnerable to exploitation such as trafficking. Identification of symptoms and characteristics of this population, by *trained* system professionals, is perhaps the most critical aspect of intervention. ACI utilizes SOAR (Stop, Observe, Respond, Ask) framework to train our clinicians to identify potential victims within a trauma-informed understanding of the reluctance to self-disclose. Additionally, ACI's Service Coordinators are certified to administer the Child and Adolescent Needs and Strengths (CANS) assessment. This tool allows our SCs to identify needs and strengths in multiple areas of living and help the person identify individual goals. ACI's SCs are extremely knowledgeable about the services and opportunities within Allegheny County and will help link each individual with the appropriate and preferred supports. SC services from ACI can fulfill the needs of the case management component of CHANCE by including the Director and two staff coordinators to be trained in the CHANCE model once offered.

ACI will provide a **Certified Behavior Analyst (CBA)** that will deliver direct service and consultation when the need is identified for an individual. This staff has extensive experience in providing these supports, holding a Master's Degree in Applied Behavior Analysis and Autism. This staff member currently works as Director of a Behavior Supports program, working with individuals with IDD and Autism, both directly and in a supervisory capacity. They also have significant experience in providing behavior trainings to residential staff.

7. Describe your experience managing a residential facility.

Familylinks has extensive experiencing managing residential facilities housing both youth and adults. We currently manage nine locations ranging in capacity from 2 to 24 people each, in accordance with Chapter 3800 regulations for child residential and day treatment centers. Our current residential programs include those described above: Plum Step-Down Program, Sylvan Step-Down Program, Pathways Program, RESPOND Program, Adolescent Semi-Independent Living, Youth Emergency Shelter. Familylinks also manages the Family Treatment Center (a

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residential treatment facility for women with substance use disorder and their children), and the Teen Healing Center (a residential quarantine facility in cooperation with DHS and UPMC Children’s Hospital for teens with a positive or suspected COVID-19 diagnosis.)

Familylinks staff ensure that all facilities meet health and safety standards, conduct routine cleaning and maintenance, and provide direct care—including activities of daily living, such as shopping for and preparing meals, and doing laundry. Familylinks is responsible for coordinating community-based treatment services for maximum therapeutic effectiveness and family reunification when feasible; offering a strengths-based environment that encourages change through learning and practicing new ways of living, interacting, and problem-solving; partnering with schools, health care agencies and behavioral health service providers to ensure that each individual’s needs are met; and providing linkages with appropriate services.

This involves providing direct care and supervision of youth; medication administration and consultation; scheduling and attending appointments, court hearings and meetings; participating in educational meetings and making transportation arrangements to the youth’s assigned school; recreational activities; supervision and transportation for youth’s desired religious observances; referral and coordination of behavioral health services and crisis intervention; safe crisis management; family involvement; referrals for family behavioral health and support services; referral for family reunification support and aftercare services; and case management services.

Our staff are familiar with the challenges in running a residential facility, including interpersonal conflict, negative peer influence, runaway behavior, behavioral health needs, and physical aggression. This program will be overseen by the Director of Youth and Family Services, who has 40 years of experience in human services.

Inpatient Residential Facility (15 points possible)

8. Provide a description of your proposed facility’s layout. Include the location, a list of rooms and the facility’s safety elements. Describe how you will ensure the facility will adhere to regulations and be cleaned and maintained. If you have photos of the site, please attach them (they will not be included in the page count limit).

[REDACTED]

[REDACTED]

The first floor features two apartments with two bedrooms in each apartment (one single and one double). It can accommodate six youth. The floor also has a second egress to the parking lot for emergency purposes. There is also a laundry area and a community room that could be used for mealtime gatherings, a computer lab, exercise and relaxation.

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The second floor features two apartments with three bedrooms (one single and two doubles) in each apartment. It can accommodate 16 youth. This floor also has natural lighting, a living room for watching television or relaxing, an equipped kitchen, bathroom, and a second egress to the outside front of the building for emergency purposes.

Although DHS expects that participants will be primarily femme and female identified, the apartment layouts have the ability to competently serve youth of all gender identities and expressions, including but not limited to agender and nonbinary youth. The apartment configuration enables us to separate youth by age and developmental needs.

The interior building safety features include a monitored automatic fire alarm system, sprinkler system, emergency response system, fire extinguishers, smoke detectors, horns, heat detectors, internal (common areas) and external (grounds, entrances, parking lot) cameras and exit signs. Familylinks has a contract with a fire extinguisher company that inspects and services the fire extinguishers. There are two means of escape from each apartment: an interior stairway and an exterior fire escape, which leads directly to the back parking lot and the front of the building. Individual apartment settings will be monitored with a sensor alarm for entry and exit notification. Staff wear emergency safety necklaces that provide a direct alert to the police, and we conduct internal and external safety calls during the midnight shift.

The ground floor has administrative offices, a medication room, kitchen, medical records room, reception area, and private space for service meetings and for the use of other partnering agencies. A fifth fully equipped apartment and community room could be used for mealtimes and family gatherings, a computer lab, exercise, relaxation, groups or classes.

Residential staff and the participants will be responsible to maintain the day-to-day cleaning of the facility (“house chores”). Familylinks contracts with a commercial MWDBE company for non-routine cleaning needs and with an exterminator for routine monthly service. Familylinks’ facilities department is available 24/7 for emergency maintenance and repairs. As a 3800 licensed facility, certified as a Specialized Setting for Children and Youth and contracted by Allegheny County OCYF, the program will have external monitoring and oversight.

9. Provide a description of your proposed facility’s environment, including its design, décor and other amenities.

The facility features medium-tone wood floors and neutral colors. There is natural lighting on the first and second floors. Each room includes a bed, and dresser; most also have a chair, lamp, closet and footlocker. The common areas are furnished with couches, chairs and a television and decorated with inspirational quotes and a large butterfly mural on one wall. The furniture style is similar to what you might find in a college dorm, designed for durability, stability and comfort.

Familylinks staff will be responsible to ensure that the environment is welcoming, home-like and inspires hope. Residential staff will support participants in decorating their space to create a positive living environment. Familylinks will offer a selection of bedding and other décor (lamps, etc.) featuring different designs and styles that youth can use to decorate their own rooms and living areas to their liking.

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The facility features many amenities for recreation and daily living activities. The exterior features a small yard and playground with rubber surface. Each apartment has a fully-equipped kitchen, a living room for watching TV or relaxing, and bathroom (the first floor and ground floor bathrooms are ADA-accessible). In addition, each floor has a laundry area, and both the first floor and the ground floor have a community room that could be used for mealtime gatherings, a computer lab, exercise or relaxation and the second floor has an extra room that could be a special purpose or multi-purpose room.

10. Describe what development and renovations your proposed facility currently needs. Include what you think the development and renovation process will entail and the timeline needed. Provide a separate budget for the development and renovations (you may attach the budget and it will not be included in the page count limit).

The proposed facility is move-in ready with minimal/no renovations. Proposed exterior renovations include patching and tarring the parking lot, resurfacing/adding treads to the internal steps of the building, and adding an additional key access to the outside door. Familylinks will also install movement sensors on apartment doors for youth entering and exiting individual apartments. Renovations would not defer the start of programming. The anticipated timeline for opening would be about three months from award date, for licensing and certification (including 3800 and Specialized Setting for Children and Youth), staffing and training.

Intervention, Therapeutic Services and Non-Treatment Supports (15 points possible)

11. Describe the intervention, therapeutic services and non-treatment supports that will be available to Participants.

All program staff will be trained in a trauma informed care model and Motivational Interviewing (MI), and will utilize a strengths-based, client-centered approach in all therapeutic and non-treatment supports. MI helps staff to inspire people to become motivated to change behaviors that are preventing them from making healthier choices and to prepare them for further therapies. The trauma-informed model used by Familylinks staff is called *Risking Connection* and has been deemed a promising practice by SAMHSA. This model teaches a relational framework and skills for providing services to survivors of traumatic experiences. *Risking Connection* teaches all Familylinks staff to understand how working with our clients and learning their stories and history affects us as caregivers. The model focuses heavily on relationship and trust development to help people recover from trauma, and teaches staff how to develop relationships hallmarked by respect, information sharing, connection, and hope.

CHANCE-CRT Team will provide mental health services to the participants. Participants will be encouraged to accept referrals and utilize specific services, such as basic medical care, mental health care, sexual abuse counseling or substance abuse services, life and interpersonal skill building, GED or other educational opportunities, career and employment counseling, mentoring activities, financial literacy, and legal services. Familylinks has established relationships with a number of organizations, such as PAAR, Persad, 412 Youth Zone and Youth Support Partners, and can seek out additional community supports at the youth's direction and choice.

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Familylinks utilizes the UPMC Children's Hospital Adolescent Clinic, where youth can benefit from a nutrition clinic, a mental health clinic, and a doctor from UPMC Magee-Women's Hospital. Consultations include pregnancy testing; birth control; sexually transmitted infection (STI) testing and treatment; sexuality; gender identity concerns; menstrual problems; hormone problems; eating disorders. The clinic has a Gender and Sexual Development Program that serves children and youth (up to age 26) with questions around gender and sexual identity development and transgender care.

ACI has experience in identifying children and families in need of substance use supports and connecting them with appropriate services. ACI staff complete a Mental Illness and Substance Abuse Disorder (MISA) screening for all consumers over the age of 14, and would complete one for all CHANCE participants. If substance use is indicated, ACI follows the MISA screening with the CRAFFT assessment, which consists of a series of six questions developed to screen adolescents for high-risk alcohol and other drug use disorders simultaneously. The CRAFFT assessment allows our staff to assess whether a longer conversation about alcohol and drug use is warranted. In addition to these more formal screening tools, ACI staff informally monitor and assess the children and families we work with.

We will offer a variety of non-treatment interventions and supports so they can be individualized and tailored to the unique experiences and needs of the participants. Non-treatment interventions will include input from the participants with continual assessment for quality, and making changes accordingly. Non-treatment supports could include but are not limited to visual and performing arts; civic activities; writing and poetry; music; sports and exercise; yoga; gardening; arts and crafts; school activities and club; horseback riding; book club; hiking; camping; gardening. Supports will be offered on-site and within the community as necessitated.

12. Describe how you will work with outside organizations and across systems to assist with meeting Program goals and providing services and supports to Participants.

Familylinks and ACI each have long histories of working across multiple systems and involving key stakeholders in program design and ongoing evaluation of that design. We will work in a team approach, which includes participants as part of the team to achieve program goals and to provide services and supports to participants.

Monthly meetings will be scheduled with key stakeholders. The primary stakeholder is the youth, and the meeting might also include the youth's guardian, OCYF, child advocate, contract monitor or other people important to the youth's healing process. Familylinks will maintain ongoing communications via email, phone calls and monthly reports. All reports will be entered into the OCYF KIDS database. All OCYF and DHS notification requirements will be followed.

If we are awarded this opportunity, we will form a Home Team, which will include our assigned contract monitor and other identified OCYF personnel, CHANCE-CRT team member, Familylinks Program Manager, Senior Program Manager and YFS Director who will meet monthly to discuss progress, issues, concerns and needs of the program. A Home Team approach has been successful in the development and implementation of recently OCYF programs. The Engagement Specialist will maintain communication with the participant's caseworker and other

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service workers assigned to the participant, if any, and participate in Conferencing and Teaming meetings.

Program leaders will work with Familylinks' Performance Quality Director to develop program goals, benchmarks, trends and outcomes. The CHANCE-CRT Team will provide data that will be uploaded to our data management and analysis system.

This data-sharing model is the one we currently successfully use with RESPOND, where we share data with the UPMC-WPIC team. Utilizing a data visualization tool called POWER BI, staff can view data on an ongoing basis to spot trends and make adjustments as needed. The outcomes we look to achieve for participants include: an increase in their strengths, improved interpersonal functioning, improved school achievement, decrease in oppositional/defiant behavior, improved prosocial behaviors, reduction in trauma symptoms, decrease in depression and anxiety, decrease in high-risk behaviors, and improved life skills. Goals will be determined for each participant during their Individual Service Plan (ISP) meeting.

A significant level of organizational oversight in the Performance Quality Improvement (PQI) process includes the PQI Advisory Committee, which includes two board members, the CEO, COO, Director of Program Quality, and three stakeholders from each of the agency's Divisions. This group develops overarching PQI goals for the agency, examines division outcomes, measures progress and trends, identifies issues related to critical incident trends (such as medication errors, suicidal ideation, restrictive procedures, etc.), provides feedback and recommendations to the Executive PQI Teams, and prepares a semi-annual PQI report to the agency Board of Directors.

13. Describe how you will work with DHS to develop a step-down plan for Participants and provide aftercare. Include some examples of what you think may be included in the step-down plan and aftercare.

Aftercare planning begins at the point of intake as demonstrated by discharge determination in written intake and admission forms, assessment and evaluation materials and service planning documents. From initial contact, the Home Team will work with DHS's Placement Stability Team to prepare aftercare plans and develop a plan for permanency.

In developing this proposal, Familylinks and ACI had an extensive consultation with Dr. Gihan Omar, the clinical lead from Citrus in regards to the CHANCE Program. Numerous topics, including strategies for staff recruiting, location of facility, security procedures and safety requirements, demographics of program participants, use of the Certified Behavior Analysts, behavioral health interventions, education and school supports, cell phones/technology considerations, aftercare, and ongoing training and consultation post-ramp up were included.

Treatment team meetings will be held monthly to review identified goals/outcomes and progress. Each young person participates in the development of an aftercare plan that includes supports and services wanted or needed to maintain safety, well-being and permanency. Academic achievement and success is paramount for our youth and it will be a focus point. We want to be sure that participants are in the right educational placement and are able to be successful in the

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residential and academic setting. Educational attainment provides youth with more opportunities and a way out.

The Specialized Therapeutic Foster Care (STFC) component ideally will be a step-down option, and achieved by specifically recruiting families for this population and within the existing structure of Milestone Centers Host Home program or through Persad's Foster Care program. After consulting with Citrus, we believe that this option is critical for the aftercare portion of the inpatient treatment. Additional training and consultation for program staff and families would need to occur, and recruitment will no doubt be a challenge. The CHANCE-CRT Team will train potential foster families. PAAR and Persad have agreed to participate in the CHANCE training and provide consultation and additional training to staff and provide aftercare supports and services to the youth. The residential program and CHANCE-CRT will also remain as a 24/7 support and resource for youth who have been admitted to the program.

CHANCE (10 points possible)

14. Describe how you envision CHANCE will be woven into the Program. Provide a short description of what an example Participant's typical week looks like to illustrate this.

The CHANCE-CRT Team will be the clinical lead for the program. They will train the residential staff in both the behavioral and emotional needs of this population and the unique social factors related to commercial sexual exploitation. They will be available 24 hours a day, 7 days a week, to respond to crises or to the need for special therapeutic interventions. The CHANCE-CRT Team will work with the participants across the continuum of care.

Familylinks staff and identified core partners will participate in 16 weeks of manualized group therapy that will provide psychoeducation about sexual exploitation that includes identification and understanding of commercial exploitation and precursors to CSEC to understand the impact of CSEC and the importance of treatment. The Familylinks Engagement Specialist will participate in treatment team meetings.

A participant's typical week would include therapy, school, activities, groups and free time. This would include individual therapy 1-5 times a week, with a therapist on call and available to youth 24 hours a day, seven days a week. Family therapy will be provided as necessary and be initiated when deemed appropriate. A Life Coach will be available to provide 24 hour support, assistance and advocacy when appropriate, and a Certified Behavioral Analyst will be available as clinically indicated. The Targeted Case Manager will facilitate linkage to all appropriate support services. The youth would be encouraged to participate in treatment team meetings.

Scheduling will be based individually and agreed on around the participant's educational placement, employment, planned activities and programming. Participants will have the opportunity to participate in a variety of scheduled and planned structured activities throughout the day as well as free time.

The weekday routine for a youth in school might consist of: 6-8am wake up/morning prep; 8-8:30 am breakfast; 9-11:30am school; 11:30-12pm lunch; 12:30-2:30pm school; 2:30-4pm free

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time, therapy session or homework; 4-4:30pm community group; 4:30-5pm dinner prep; 5-5:30pm dinner; 5:30-6pm dinner clean up/chores; 6-8pm psychoeducational groups, therapy sessions, activities, free time (TV, arts and crafts, games, etc.), homework; 8-9:30pm bed prep, reading, yoga, snack; 9:30-10pm quiet time, wind down, lights out. On weekends, youth wake up later (around 8am) with free time, chores, and/or religious observances until noon. (Some youth will not attend religious observances and others will do so on weekdays, depending on their faith tradition.) Brunch is available 9am-noon. The rest of the day might be: 12pm-4pm activities, exercise, family visitation; 4-4:30pm community group; 4:30-5pm dinner prep; 5-6pm dinner, cleanup and chores; 6-8pm groups, activities, free time or group sessions; 8-9:30 bedtime prep, yoga; 9:30-10pm quiet time, passive activities and lights out.

15. Describe how you will enable Participants to continue with CHANCE even after their stay at the inpatient residential facility has ended.

The CHANCE-CRT efforts will focus on stabilizing the youth in the program and assist in the transition of the youth during discharge planning with a focus on reunification with parent/caregiver or resource family. The CHANCE-CRT Team will subsequently educate, train the families/resource families and be a support to them until they are no longer deemed clinically indicated regardless of their placement.

Once an individual is ready to discharge from CHANCE-CRT, ACI's Family Based Mental Health Services and Service Coordination will continue with the individual to help with the transition to their new living arrangements and help create a positive and support environment in their home. The skills learned during the time at the residential home will be transferred to their parents/caregivers and the resources/supports needed in the new environment would be coordinated. Once Family Based and Service Coordination are no longer deemed medically necessary and the individual has met their goals with each program, they will then be supported through those discharge processes that can include a graduation to less intensive therapeutic services, such as outpatient or case management services, such as Administrative Service Coordination. It is common for Service Coordination to work with individuals for several years, so this level of support would likely be a consistent for the youth for some time. This gradual and planned step down will help to ensure the sustainability of the progress made within the CHANCE program. Participants will also have the option to contact the CHANCE-CRT Team for additional support after discharge.

Staffing (10 points possible)

16. Describe your plan to staff the Program, including staff for the residential facility and the CHANCE Program. Provide a list of job titles with brief job descriptions, FTEs and supervision reporting structure. If you have existing staff identified for any position, please provide their name and title.

Staffing will be coordinated in a multi-agency approach to address the needs of the participants in care with core providers with a system of care model. The treatment approach will be holistic, individualized, trauma informed and tailored to the unique experiences and needs of the youth.

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The CHANCE-CRT Team and the Program Manager will work together to maintain treatment plans and the integrity of the program.

Familylinks Residential Facility Staffing:

1) Director: Master's degree in a relevant field and 3-5 years' supervisory experience; 2) Senior Program Manager: Master's degree preferred; 3) Manager: Bachelor's degree with at least 2-4 years' relevant experience preferred, life experience will also be considered; 4) Engagement Specialist: Bachelor's Degree with at least 1-2 years' relevant experience, life experience will also be considered; 5) Teacher Counselors: Bachelor's Degree preferred or at least 1-2 years of relevant life experience; 6) Life Coach: High School Diploma or equivalent, life experience required. Preference is for all staff to have lived experience with child/youth sexual exploitation.

Safety and well-being of youth in our care is paramount. Familylinks requires background checks for **all staff and volunteers** who come into contact with children and youth served or proposed to be served by the agency in compliance with applicable laws and licensing requirements. This includes Child Line Abuse History, Criminal Record History and an FBI Record Check (which includes fingerprint check), and National Sex Offender Public Website.

Familylinks requires submission of official transcripts, certificates, or diplomas to verify educational credentials and required licenses. For jobs requiring transporting clients in agency vehicles, employees must present a valid driver's license, certification of insurance, and disclose their driving history on the Familylinks application and may be selected for monthly random motor vehicle record (MVR) checks after hire. Before driving an agency vehicle, an employee must review a defensive driving video and complete a road test. Employees who lose their driving or insurance coverage will be subject to possible job transfer or termination.

Youth and Family Services Director (.08 FTE): provides strategic leadership; development and oversight of programs and agency-wide functions. (Rebecca Haberstroh, Director of Youth and Family Services)

Senior Program Manager (.15 FTE): assists in providing operational leadership; develops and interprets the implementation of policies and strategies; management supervision. (Mark Thomas, Senior Program Manager)

Program Manager (1.0 FTE): provides operational leadership to the residential program; responsible for the oversight of staff, clients and program operations.

Engagement Specialist (1.0 FTE): coordinated support services and case management to youth and their families. Works collaboratively with Targeted Case Manager.

Teacher Counselor (9.4 FTE): provides direct trauma-informed service work, with an emphasis on ensuring the health and safety of the client and enhancing overall well-being of the client.

Psychiatrist (available as needed): provides psychiatric evaluation and medication management. (Dr. Teresa Lutka, Child and Adolescent Psychiatrist)

Supervision is an integral part of employment at Familylinks at every level. The Engagement Specialist, Life Coach and Teacher Counselors report to the Program Manager. The Program

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Manager reports to the Senior Program Manager. The Senior Program Manager reports to the Director. The Medical Director reports to the President and CEO of Familylinks. Formalized individual supervision will occur weekly and team meetings will occur bi-weekly. The Program Manager reports to and has formalized individual supervision with the Senior Program Manager bi-weekly. The Senior Program manager reports to and has formalized individual supervision with the Youth and Family Services Director bi-weekly. The program is reviewed for progress, successes, and concerns. All levels provide technical assistance and support. The Youth and Family Services Director reports to and has bi-weekly supervision with the COO, who in turn reports to the President and CEO. Familylinks endorses a policy of positive discipline that helps employees understand what is expected of them, how to effectively problem solve and to achieve the desired level of performance. All staff have a performance evaluation at six months of employment and annually thereafter.

ACI CHANCE Team Staffing:

Individual Therapist: Master's-or Doctoral-level therapist trained in Trauma-Focused Cognitive-Behavior Therapy (TF-CBT) and Motivational Interviewing Director of Family Based Mental Health

Family Therapist: Master's-or Doctoral-level therapist (when) appropriate to address family conflict, poor communication, and dysfunctional family systems. (Assistant Director of Family Based Mental Health, Susan Brockman, MA, NCC)

Targeted Case Manager: facilitate linkages to all appropriate support services. (Director of Service Coordination, Theresa Zurku, LPC)

Certified Behavioral Analyst (CBA): available to address the behavioral needs of the participant as clinically indicated.

Life Coach (1.0 FTE): A survivor of commercial sexual exploitation, is available to provide 24-hour support, assistance and advocacy to the participant, advisory role.

ACI supervision structure: Service Coordinators are supervised weekly, with bi-weekly individual supervision and bi-weekly group supervision. Family Based Mental Health staff receive three hours of weekly supervision, with weekly individual team supervision and weekly group supervision. Family Based therapists also attend trainings twice a month. One of the trainings is a clinical presentation and one is a lecture on a topic related to the Family Based treatment model and structural family therapy. The clinical training allows therapists to assess the model in practice and gain clinical feedback from colleagues and trainers. The lecture training provides on-going educational opportunities to the therapists to continue to grow their skills in using the model. These trainings span over three years, culminating in competency tests and certification in the model. All staff within ACI always have access to their supervisor and the in-house psychologist for consultation and support. In addition to the departmental supervisions and trainings, ACI also facilitates quarterly All Agency training days, bringing in outside experts to speak on various topics, treatment strategies, and community resources.

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Budget (10 points possible)

The line item budget and budget narrative are not included in page count limits. They may be provided in the space below or as attachments (e.g., Excel file).

17. Provide a line item budget that reflects a realistic estimate of the costs associated with implementing and sustaining the Program. Include costs for at least the following budget categories: 1) any startup expenses not already included in the facility development and renovation budget, 2) staffing, 3) ongoing facility management and 4) ongoing (concrete) expenses.

Please see attached Excel file.

18. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget and describes any assumptions.

OVERVIEW

The proposed budget is based on the following assumptions:

- An inpatient program for victims of childhood sex trafficking, staffed 24 hours per day, 7 days per week.
- The program will serve up to 12 youth at any given time for inpatient treatment.

LINE ITEM DESCRIPTIONS

1. Personnel Costs:

- a. 1 FTE Program Manager to oversee the program and provide operational leadership.
- b. 1 FTE Engagement Specialist to coordinate support services and case management for youth and their families.
- c. 10.4 FTE direct service personnel total, including 9.4 FTE Teacher Counselors and 1 FTE Life Coach as required under the CHANCE model. The program will run on a 2-3-2 schedule, meaning two staff will be there during the day (8am-4pm), 3 staff will be there in the evening (4pm-midnight), and 2 staff will be there from during the night (midnight-8am) to provide around the clock care.
- d. Management oversight is provided by .08 FTE Director of Youth and Family Services and .15 FTE Senior Program Manager.
- e. Employee benefits are inclusive of: FICA, Health Insurance, Vision Insurance, Life Insurance, Disability Insurance, Dental Insurance, Workers Compensation Insurance, Pension, Unemployment, Employee Assistance, Clearances.
- f. Employees Benefits are budgeted on a percentage of payroll allocated to the program. The estimated employee benefit percentage for this fiscal year is 25%.

2. Facility Costs:

- a. [REDACTED]
[REDACTED] The facility costs consist of telephone and communications, data communications,

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utilities, depreciation and facility operations, which includes cleaning the facility on a regular basis. This also includes expenses of one van, which will be used to transport youth to appointments, school activities, visitation appointments, etc.

- b. There will be one-time facility costs to make necessary updates, including the installation of stair treads (\$5,000), new lighting (\$2,000), parking lot updates (\$8,000), and an additional card reader on the doors (\$1,000).

3. Information Technology:

- a. Cell phone usage is budgeted at \$50 month for the Program Manager and Engagement Specialist.
- b. For the facility, we will incur the following one-time costs totaling \$10,830.
 - i. 10 desktops, keyboards, mice and monitors for everyday use in the program (\$8,700)
 - ii. 2 laptops for Program Manager and Engagement Specialist (\$1,200)
 - iii. Additional items including 3 Wi-Fi Access Points, 4 desk phones, 2 webcams and 2 speakers (\$930)

4. Other Expenses:

- a. Recreation includes taking youth on field trips and cultural experiences that align with the hobbies and interest of the individuals.
- b. Staff Development includes conferences and/or trainings on relevant Victims of Commercial Sexual Exploitation of Children topics and issues.
- c. Office supplies include items consumed in the day-to-day operations budgeted at \$65 per month for staff.
- d. Print supplies include a brochure on the program and business cards for the Program Manager and Engagement Specialist.
- e. Food includes three meals per day plus snacks for all youth and staff, as staff are unable to go off-site for lunch.
- f. Clothing could include a warm coat and boots for winter, a uniform for school or the necessary clothing for a job.
- g. Program supplies include printed education materials averaging \$10 per client
- h. Insurance includes general and professional liability, property, auto, cyber and employment practices liability insurance.

5. Subcontracted/Other Services:

- a. Allegheny Children's Initiative (ACI) includes lost productivity costs for eight ACI staff members, including three Family-Based Mental Health teams (six clinicians) and two Service Coordinators. The loss will result in these staff having to take the CHANCE training, which will take 24 hours in total. Four additional staff will need the training as well. An additional \$4,000 (four youth clients per year for 5 hours each at \$200/hr rate) is for the Certified Behavioral Analyst, should we need them to address the behavioral needs of the participants as clinically indicated. The remaining \$12,000 are for micro-grants that can be used to motivate youth and help them start on the right foot after

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leaving our facility. These funds can be used to start their own business, take a vocational training class, etc.

- b. Advisory Board Stipends includes nine board members attending quarterly meetings. Each member will be paid \$100 per meeting for their participation, for a total of \$3,600.
6. Indirect Administrative Support:
- a. Program Support is inclusive of staff salaries, benefits, and other costs associated on an agency wide basis with Central Intake, Program Receptionists, Director of Quality Assurance, Chief Operating Officer, Assistant to Chief Operating Officer, Training Department (Agency and Staff), Revenue Cycle Management Department and Community Education. Total Agency wide costs are for program support are approximately \$1.2 million and are allocated by FTE's, which is estimated at 6-7% of total direct expenses. Costs allocated to this program for program support are budgeted to be \$46,292.93.
 - b. Administrative support agency wide costs which are inclusive of staff salaries, benefits, and other costs associated with Executive Administration, Fiscal, Human Resources and Information Technology. Agency wide administrative expenses total approximately \$2.2 million. Costs allocated by FTE's, which are estimated at 8% of total direct expenses. Costs allocated to this program for administrative expenses are budgeted to be \$52,510.

Familylinks, Inc.
 Inpatient Program for Victims of Childhood Sex Trafficking
 Program Budget (Excludes facility upgrades)

			ANNUAL BUDGET	ONE TIME COSTS	FIRST-YEAR COSTS
Personnel Costs:					
	Wages	Benefits	Total		
Program Manager	\$ 50,000.00	\$ 12,500.00	\$ 62,500.00		\$ 62,500.00
Engagement Specialist	\$ 35,100.00	\$ 8,775.00	\$ 43,875.00		\$ 43,875.00
Teacher Counselors (9.4 FTE)	\$ 274,950.00	\$ 68,737.50	\$ 343,687.50		\$ 343,687.50
Life Coach	\$ 29,250.00	\$ 7,312.50	\$ 36,562.50		\$ 36,562.50
Director (.08 FTE)/Senior Program Manager (.15 FTE)	\$ 8,250.00	\$ 2,062.50	\$ 10,312.50		\$ 10,312.50
Total Personnel Costs:	\$ 397,550.00	\$ 99,387.50	\$ 496,937.50		\$ 496,937.50
Facility Costs:					
<i>Frankstown Facility Costs:</i>					
Telephone & Communications			\$ 1,000.00		\$ 1,000.00
Data Communications			\$ 8,000.00		\$ 8,000.00
Utilities			\$ 42,840.00		\$ 42,840.00
Van - Vehicle/Maintenance			\$ 5,000.00		\$ 5,000.00
Depreciation			\$ 6,000.00		\$ 6,000.00
Facility Operations			\$ 50,000.00		\$ 50,000.00
Total Facility Costs:			\$ 112,840.00		\$ 112,840.00
Information Technology:					
Cell Phones			\$ 1,200.00		\$ 1,200.00
Equipment (Desktops, Laptops Phones, Camera, etc)				\$ 10,830.00	\$ 10,830.00
Total Information Technology Costs:			\$ 1,200.00	\$ 10,830.00	\$ 12,030.00
Other Expenses:					
Recreation			\$ 3,000.00		\$ 3,000.00
Staff Development			\$ 2,000.00		\$ 2,000.00
Office Supplies			\$ 800.00		\$ 800.00
Print Supplies			\$ 400.00		\$ 400.00
Food			\$ 40,000.00		\$ 40,000.00
Clothing			\$ 2,400.00		\$ 2,400.00
Program Supplies			\$ 7,500.00		\$ 7,500.00
Insurance (General Liability, Property, Auto, Cyber and EPLI)			\$ 5,700.00		\$ 5,700.00
Total Other Expenses:			\$ 61,800.00		\$ 61,800.00
Subcontracted/Other Services:					
Allegheny Children's Initiative			\$ 29,216.00		\$ 29,216.00
Advisory Board Stipends			\$ 3,600.00		\$ 3,600.00
Total Subcontracted/Other Services:			\$ 32,816.00		\$ 32,816.00
Indirect Administrative Expenses:					
Program Support (7% of direct expenses)			\$ 46,290.55		\$ 46,290.55
Administrative Operations (8% of direct expenses)			\$ 52,903.48		\$ 52,903.48
Total Indirect Costs:			\$ 99,194.03		\$ 99,194.03
Total Budget			\$ 804,787.53	\$ 10,830.00	\$ 815,617.53
			Direct Expenses \$ 661,293.50		

Familylinks, Inc.
Inpatient Program for Victims of Childhood Sex Trafficking
Facility Upgrade Budget

Installation of stair treads	\$5,000.00
New lighting	\$2,000.00
Parking lot updates (tar and patch)	\$8,000.00
Additional card reader on doors	\$1,000.00
Total Upgrade Costs	<u>\$16,000.00</u>