



Allegheny County Department of Human Services

RFP Response Form

RFP for Drug and Alcohol Intensive Case Management

PROPOSER INFORMATION

Proposer Name: Human Service Administration Organization, Inc. (HSAO)

Authorized Representative Name & Title: Lisa Ashbaugh, M.Ed. - Executive Director.

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Telephone: 412-942-0814

Email: lashbaugh@hsao.org

Website: www.hsao.info

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

Date Incorporated: 1999

Partners and/or Subcontractors included in this Proposal: Donnelly-Boland and Associates

How did you hear about this RFP? *Please be specific.* As a contracted provider, HSAO receives email notifications from Allegheny County – Department of Human Services detailing all RFP’s. Furthermore, HSAO reviews all available Requests for Proposals from AlleghenyCounty.us website to determine where our organizations strengths match the needs of the community.

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Lisa Ashbaugh	412-942-0814	lashbaugh@hsao.org
Contract Processing Contact	Susan Levi	412-882-5383 x1125	slevi@donnelly-boland.com
Chief Information Officer	Fay Boland	412-882-5383 x1117	fboland@donnelly-boland.com
Chief Financial Officer	Eduard Rakach	412-882-5383 x1115	erakach@donnelly-boland.com
MPER Contact*	Lori Kozarian	412-882-5383 x2132	lkozarian@hsao.org

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

BOARD INFORMATION

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

Attached

Board Chairperson Name & Title: Fay Boland, President

RFP for Drug and Alcohol Intensive Case Management

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.

Honorable Jennifer McCrady – Court of Common Pleas of Allegheny County – [REDACTED]
[REDACTED]

Alexander Perla – Director of Admissions - Jade Wellness – [REDACTED]

Bryson Breznehane, Ph.D. – School Psychologist – [REDACTED]

PROPOSAL INFORMATION

Date Submitted 9/20/2019

Amount Requested: \$550,000

CERTIFICATION

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

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

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

Choose one:

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

OR

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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 (HSAO is a pre-existing Provider.)
- 3 years of audited financial reports
- W-9
- Budget attachment, as desired

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REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 80 points. Your response to this section should not exceed 15 pages.

Proposer Profile and Organizational Experience (10 points possible)

1. Describe your organizational experience within the Recovery-Oriented System of Care (ROSC) and how DA-ICM will fit within your current organizational structure.

Human Services Administration Organization's (HSAO) mission is to "Empower individuals, families and communities by improving their quality of life through specialized, personalized, enhanced and effective service coordination." We live out our mission each day through our succinct service coordination programs that touch the lives of clients across the cycle of recovery:

- Our Blended Service Coordination program has supported the eleven-year-old client who was caught by his family smoking marijuana with his older cousin; we were able to prevent future substance use by engaging him in a local after school program where he found more friends his age.
- Our Joint Planning Team Program (JPT) empowered a transition age client whose drug and alcohol use required residential treatment. At the JPT intake meeting, he reported that he only expected to live to age 27 because he did not see a way out of D&A use. JPT supported his transition to independent living, obtaining his diploma, getting his license, and landing a medical transport job. At closure he identified that he would live to his 60's and planned to be a paramedic.
- Our PCCD Court Program worked with Female client age 32, single mother of four children ages 2, 5, 9, and 14. She set an educational goal while in inpatient treatment to obtain a certificate in Horticulture from Bidwell. She followed through six months after her successful completion from treatment. She is currently enrolled in school while balancing her recovery, treatment, and family. She recently participated in a large display in the Home and Garden show. She is currently in the Breaking Free group and brought home grown tomatoes to everyone in group to promote healthy eating and wellness.
- Our Drug Court program opened with a 35 year old who was homeless at Renewal Alternative Housing. He had several ups and downs, including new charges. He is now graduating after five years and preparing to buy his first home in Cranberry. He also assisted a large number of our clients with obtaining employment over the last year.
- Our IMPACT program worked with a father who lost contact with his new born daughter. Through his success in completing outpatient Drug and Alcohol Treatment and obtaining employment, visitation with his daughter has increased. He was so touched by the support he received that he opened bible study groups in his area.

Throughout our work with these five clients and the 5510 other clients who we served during 2017/2018 fiscal year, we embed the Recovery-Oriented System of Care Principals into each interaction. We believe that there are opportunities every day to transform the lives of 1) our clients and 2) their support systems by utilizing the Recovery-Oriented System of Care.

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OUR CLIENTS:

Throughout our referral process, client assessment, service plan development / implementation and transition, our highest priority is ensuring we approach each client from a strengths-based perspective. Within the first month of meeting a client, we are conducting assessments, such as the Child and Adolescent Needs and Strengths Assessment, GPRA, a Comprehensive Biopsychosocial Assessment, and a Drug and Alcohol Level of Care Assessment (ASAM). This has enabled us to learn about the vast array of strengths that our clients have. A few unique examples include: playing the flute, repairing cars, professionally racing motor cross, teaching as a professor at a University, Welding, tattoo artists, etc. As we help clients develop their service plans, we integrate these strengths throughout the plan and highlight progress during our face to face meetings with clients.

We recognize that this level of participation is not where every client starts. We know that many clients have had negative experiences with services. In response, we place a paramount emphasis on the client voice and choice. For example, if a client would prefer to avoid an inpatient stay because they are someone's primary caregiver, we help them learn about alternative treatment options. Any progress towards harm reduction is celebrated. We know that many clients take steps backwards in their recovery. Utilizing the Stages of Change Model, we are able to identify which stage a client is experiencing (Precontemplation /Contemplation/Preparation/ Action/ Maintenance/Relapse) to encourage opportunities towards personal growth. We utilize our Motivational Interviewing skills to support clients with resolving ambivalence and moving to the next level of change.

HSAO Staff believe in a holistic approach to meeting client needs. Their substance use/abuse symptoms are usually intertwined with other domains of their lives. Are they self-medicating to address a depressive disorder or physical pain? Are they using alcohol to overcome a social anxiety? Has their substance use impacted their housing stability? In order to reach a client's substance use goals, we have to address basic physiological and safety needs in conjunction with substance use needs.

We believe that every client can and does recover from substance use and mental health symptoms.

CLIENT'S SUPPORT SYSTEMS:

Many of our clients are eager to share the critical role that their support systems have played in their lives. We hear about their weekly meals with Godmother, faith community events, sports team they joined, a new support from a Narcotics Anonymous meeting, outreach they've done in the recovery community, and people they've met who they feel they can pay it forward to. We have former clients who are employed as Forensic Peer Supports, started their own recovery home, worked as Peer Mentor at Power, and established new careers as Certified Recovery Specialists.

HSAO services as the Single Point of Accountability for our clients. In this role, we are eagerly outreaching to team members who play an important role in reaching our clients' goals. Our experience tells us that clients reach their goals when their drug and alcohol treatment providers, mental health treatment team, natural supports, legal team members, educational team, etc. are

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all working with the same vision. Recently, we had a client who was in the Allegheny County Jail awaiting an appropriate housing placement. Unfortunately, multiple housing options fell through because of the perceived level of treatment needed. We were ultimately able to hold a joint meeting with a potential housing provider and the client's parents. After learning about the parent's commitment to support the client, the housing program opened their doors with open arms. Our staff work diligently to organize meetings with all team members, create open lines of communication, clarify team member roles, advocate for client voice, and hold team members accountable.

We also have a vast array of experience working with clients who report the recent and historical isolation from natural supports. We encourage ongoing dialog about mending those past relationships and seeking out new opportunities. One opportunity that clients have to form relationships is through our Teen and Family Groups. We address any barrier a client may experience in accessing or fully participating in these support networks.

DA-ICM:

HSAO launched a standalone Drug and Alcohol Case Management program in fiscal year 2018/2019. HSAO currently has 10 Drug and Alcohol Case Management positions that are funded through three grants: Opiate Use Disorder Housing Support Pilot, Drug and Alcohol Case Management, and an Emergency Response Grant with the Allegheny County Health Department. These staff all fall under a Drug and Alcohol Supervisor, as well a Unit Manager. This Unit Manager reports to the Executive Director. These staff are all housed at the Gristmill Building at 101 Bellevue Road in Ross Township.

These staff go through a similar pre-employment screening, new hire training, on-going supervision as the other service coordinators/support specialists employed by HSAO/Justice Related Services.

The Drug and Alcohol Intensive Case Managers who are part of this RFP would have their own Supervisor, be housed at Gristmill Building, and report to a Unit Manager and Executive Director.

2. Describe your organizational experience providing case management to Clients with substance use disorders (SUDs).

In 2019, HSAO celebrated 20 years of providing specialized service coordination services to Allegheny County's highest risk populations of children, adolescents, and adults. Throughout our history of working with clients with mental health diagnosis, we have honed our knowledge of working with co-occurring substance use / abuse disorders.

HSAO's formalized involvement in Drug and Alcohol Case Management began in 2001 with the development of the CROMISA Program, which was a therapeutic community for men with co-occurring mental health and substance use disorders while they are on probation / parole. Since that time, we have added several additional programs specifically designed to meet the unique needs of clients involved with Drug and Alcohol Services:

- Children's Court IMPACT Program: on-site resource for Children's Court Judges, Hearing Officers, and Conciliators who encounter Parents or Guardians involved in Dependency

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and/or custody proceedings who may be in need of drug and alcohol and / or mental health treatment. This often includes on-site D&A assessments.

- Drug Court Program: Engages users of illegal drugs who are involved in the criminal justice system in an intensive drug treatment program as an alternative to incarceration.
- DUI Court Program: Encourages alcohol dependent offenders arrested for Driving Under the Influence to change their patterns of behavior. This program collaborates with the court to support offenders to live substance free lifestyle.
- Justice Related Services Diversion Program: Staff work with clients who experience substance use disorders and co-occurring disorders. They develop and present service plans at Preliminary Hearings / District Court and assist clients with accessing treatment, housing, basic needs.
- Justice Related Services State / County Support Programs: Provides service coordination for all persons with co-occurring mental illness and substance use disorder from the point of formal arraignment to sentencing. Specialists develop and present service plans that create a road map for smooth transition into the community.

HSAO launched a standalone Drug and Alcohol Case Management program in fiscal year 2018/2019. HSAO currently has 10 Drug and Alcohol Case Management positions that are attached to three separate grants. Each one of these grants has afforded new opportunities for partnerships and collaborations. The first grant, which is referenced as being the ‘OUDSHP or Opiate Use Disorder Housing Services Pilot’ grant is a collaboration between the County, Community Human Services, and HSAO. This grant looks to connect individuals with opioid use disorder to long term housing by way of the ‘housing first’ model. The second grant is a partnership between the County, the provider community, and HSAO which is also for purposes of D&A Case Management. This grant has a broader reach in that individuals who are involved with any number of providers can be referred for services. The third and final grant involves working with the Allegheny County Health Department. This particular grant seeks to establish rapport with identified communities in Allegheny County to bridge the service gap between emergency responders (law enforcement, EMS, etc.) and drug and alcohol services.

All three of these grants have created an opportunity that has affirmed the immense need for D&A Case Management in Allegheny County. Referral rates are one indicator of this community need. In the OUDHSP grant, HSAO received over 100 referrals in a few months’ time. The D&A case management grant received 30+ referrals in the few weeks following announcements of the services being provided. Community by-in is another indicator. Our Health Department Collaboration has a captive audience of community partners who are looking to utilize the resources.

The case managers working in the HSAO D&A Case Management program have a breadth of knowledge surrounding the entire continuum of care for drug and alcohol services, the entire continuum of care for mental health services, subsidized / supportive housing, applying for benefits, transportation resources, employment resources, educational programs, navigating legal services, etc. More importantly, beyond the scope of technical skill, these case managers champion the importance of compassion and understanding. Even in the face of adversity, staff persist in trying to educate other providers, clients, and their families about the importance of educating oneself given the current opiate epidemic. One such vignette of this advocacy echoes

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in a recent experience one of the current D&A staff had with a client's family. The family, who was resistant to having Narcan on hand in their home, eventually agreed after continued encouragement from the D&A case manager. Shortly after accepting the Narcan, that same family was able to use it to save the life of a loved one, who may have otherwise been tragically lost.

As an agency we try to never lose sight of the fact that one more conversation, one more go at treatment, or one more 'try' of any sort, could be what it takes to save a life.

HSAO has been at the forefront of utilizing Narcan Nasal Spray. In May 2017, we had trainers from Jade Wellness teach staff about Medically Assisted Treatment. In August of 2017, all HSAO/JRS staff were trained on how to administer the lifesaving medicine and provided all staff with the medication to carry. In January 2018, Governor Tom Wolf declaring the heroin and opioid epidemic a Statewide Disaster Emergency. During 2018, HSAO participated in Allegheny County Pay for Performance to certify four staff as trainers and develop a user guide for administering Narcan. In Summer 2019, we again distributed Narcan to all staff, due to the previous medication expiring.

Education and Training:

HSAO places a high priority on formalized education and training for our staff. All 152 HSAO employees hold a Bachelor's Degree, which include: Criminal Justice, Psychology, Sociology, Education, Child Development, Social Work, etc. HSAO employees hold 58 Advanced Degrees. We have eight Certified Allied Addictions Practitioner (CAAP). We have 31 Department of Drug and Alcohol Program trained staff. We have one Certified Alcohol and Other Drugs of Addiction Counselor (CADC). All Drug and Alcohol Case Managers are trained to complete the GPRA (Government Performance and Results Act) and the TAP (Treatment Assignment Protocol) Assessment Tool in Web Infrastructure for Treatment Services (WITS). We have eleven staff trained through American Society of Addiction Medicine.

All HSAO staff have completed SOGI (Sexual Orientation and Gender Identify) Cultural Competency Training; we also have two SOGI Trainers. All Supervisor and many staff completed Groundwater Analysis on Racial Inequity training in 2018. All staff also have reoccurring training in Cultural Competency, Trauma Informed Care, Motivational Interviewing, Substance Abuse Topics, HIPAA, Fraud/Waste/Abuse, Wellness, CPR, Mandated Reporter Training, as well as a repertoire of topics that promote standards of care and cultural competencies relevant to individuals served by our agency.

HSAO presented at 2017 Pennsylvania Association of Drug Court Professionals (PADCP) State Conference on Wellness and Recovery.

Collaboration:

HSAO's Motto is "Bridging the Gap to a Brighter Tomorrow." We fervently believe that collaboration with system partners is paramount to bridging the gaps that our clients experience. There are several places where we have forged powerful relationships that can be leveraged to meet the goals identified by clients in the DA-ICM Program:

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- Recognizing the role that Medically Assisted Treatment (MAT) plays in our client's success, we have found two unique bridges to decrease lapses of care. We have strong relationships with Allegheny County Jail Drug and Alcohol staff that enables HSAO to quickly link clients utilizing MAT or who have a history of substance use disorder to appropriate pods at the Jail so as to ensure they continue to receive services while incarcerated. Secondly, we have fostered relationships with numerous providers in order to reduce wait times for clients who need continuation of Vivitrol or other MAT'S once they return to the community from Allegheny County Jail.
- We have signed Letters of Agreement with 75+ local providers, including: Jade Wellness Renewal, Power, Gateway Recovery, Greenbriar Treatment, Pyramid, Holy Family, etc.
- The HSAO staff have developed close partnership with the Certified Recovery Specialists through Center for Excellence to work as a team in meeting client goals.
- The Joint Planning Team, as well as many other Child & Adolescent programs, work very closely with the Youth Support Partners through Department of Human Services and Family Support Partners through Allegheny Family Network to ensure that Family Voice and Choice is at the forefront of client decision making.
- HSAO has daily presence in courts across Allegheny County, including: Family Division Court / Juvenile Court / Adult Specialty Courts / Shuman Juvenile Detention Center / Hartman Adolescent Shelter / District Magistrate Court / Criminal Division Court
- HSAO has broad representation in Committees and Workgroups that are using cross system approaches to address systemic barriers for clients. This includes: Drug Court Steering Committee, Allegheny County D&A Providers Committee, DUI Court Steering Committee, etc
- In 2010, HSAO received the Juvenile Court Judges Commission (JCJC) award and were nominated again in 2019.

From the moment HSAO staff meet a client for the first time, they are planning for transition. We work to identify the necessary level of intervention that will empower the client to move towards their service plan goals. As stability is reached, HSAO Staff progressively pass along increased opportunities for client independence and self-sufficiency. We are continually evaluating who in a client's life can take over the role that the staff plays.

Management of DA-ICM Staff, Training, Recruitment and Retention (35 points possible)

Staffing and Training

3. Describe your plan for hiring quality DA-ICM case managers and the Act 53 case manager pursuant to the required skills and qualifications as described in the RFP. Include the number of DA-ICM case managers you plan to hire.

At the launch of the DA-ICM Program, HSAO will hire four case managers, one Act 53 Case Manager, and one supervisor. Job postings will clearly outline the RFP expectations of the Drug and Alcohol Intensive Case Management Positions (per section 1.1 of the proposal). Postings will include an overview of the service guidelines of the Recovery Oriented Systems of Care (ROSC) model. Postings will include a clear description of case management job duties and job principles to promote self-sufficiency and empower clients in the recovery process. Postings will

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specify the knowledge and skills, educational/professional qualifications, and certificates and licenses required for the job (per section 2.2 of the proposal).

HSAO will employ the following recruitment resources to enlist diverse talent with the qualifications to fill the Drug and Alcohol Intensive Case Management positions: Indeed.com, LinkedIn.com, Careerbuilder.com, Pittsburgh Courier, Area Job Fairs, and collaborations with local colleges/universities.

Furthermore, HSAO has an active internship program with University of Pittsburgh, Duquesne University, Waynesburg University, Grove City College, Indiana University of Pittsburgh, California University of Pennsylvania, Carlow College, and Chatham University. This hands on experience has enabled interns to learn about the philosophy and work culture of HSAO. We have hired multiple interns into full time employment.

The unit supervisor will be selected from a pool of internal candidates, who meets the qualifications of the position (per the RFP guidelines); excels in the duties and standards of their current position; and exemplifies HSAO's mission to empower individuals through enhanced and effective service coordination.

HSAO will post positions within our three sister companies, which will reach over 400 staff, many of which work closely and network with DHS, area schools, probation, mental health, healthcare, and various community service providers. Additionally, HSAO utilizes the IBM Occupational Personality Inventory to highlight specific supplemental support / training that a new hire might need to be a successful employee.

As the Drug and Alcohol Intensive Case Manager Program establishes stable caseloads for each of the original staff, we will continue recruiting through the above outlets in order to grow in response to client needs.

With an unwavering focus on improving quality of client care, evolving social trends will be considered as it pertains to hiring. We value hiring staff with lived experience.

4. Describe your plan to onboard and train staff.

Once notified of the award grant, HSAO will post the positions and begin the interview process with candidates who meet the position requirements within the first month.

If awarded in December, HSAO projects to staff program positions by March 2020.

HSAO requires, for all hires, a comprehensive training protocol. New HSAO employees work with a team of seasoned staff to learn the daily responsibilities of the position. This team includes the Unit Manager, Supervisor, Mentor, and co-workers. The Unit Manager and Mentor provide an intensive six-week long training that covers the day to day responsibility of a case manager. This includes the review of more than 200+ unique learning criteria. Trainings conducted include: HSAO's employee handbook, HIPAA and confidentiality, Mental Health continuum-of-care, Drug and Alcohol continuum of care, SPA principles, Quality Assurance, Mental Health best-practice standards, Evolv (HSAO's Electronic Medical Record) and WITS

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systems training for service documentation, diversity training, motivational interviewing, DHS structure / practices, CPR/first aid, health and wellness, as well as a repertoire of topics that promote standards of care and cultural competencies relevant to individuals served by our agency.

In addition to internal trainings, we are continually looking for opportunity for staff to build professional networks and learn standards of the industry. In order to foster these connections, staff attend trainings conducted by outside providers and partner agencies who specialize in various competencies in the field of human services: The Allegheny County Five Day New Training, Western Psychiatric Hospital Online Case Management Training, Jail Training, Student Assistance Program, Office of Intellectual Disability, and Education 101, 102, 103. In total, HSAO Staff complete more than 70 formalized training hours.

HSAO maintains up to date Act 33, 34, and FBI Clearances for all employees.

For this position, unit staff will attend the required DDAP trainings at ACDHS, and HSAO is reserving seats at each of the required trainings offered in 2019 so that HSAO is not delayed in preparing new case managers.

HSAO is in the process of creating an additional module that focuses specifically on the D&A case manager's job duties and expectations, with a focus on Opioid Use Disorder that follows all DDAP-required trainings for case managers. HSAO has committed strong management involvement in both the design/implementation of this new model and the preparation of case manager staff.

In addition to formal internal and external trainings, new hires shadow tenured staff to be immersed in the field with peers to learn soft skills required for the job. Notably, HSAO has two existing staff members with extensive D&A experience through the Drug, DUI, and IMPACT courts who have been identified to serve as mentors for the new case managers. D&A ICM will be also be able to shadow existing Drug and Alcohol Case Management Program.

HSAO Supervisors recently completed a yearlong workgroup committed to identifying the vast array of cross system trainings that would be needed for a staff to be educated across the continuum of services for both adolescents and adults. These materials are very helpful in identifying the unique overlap of responsibilities that the DA-ICM would have.

5. Describe your strategy for assessing employees' competencies before they work with Clients.

HSAO has developed a respected reputation across Allegheny County regarding professionalism of staff and knowledge of programs far beyond our office. This reputation centers around the preparation training that we provide to each new HSAO staff.

A multi-dimensional approach that recognizes an array of learning styles is used to ensure staff have a thorough understanding of the materials covered.

- Unit Managers have developed internal assessment tool to ensure that staff have a working knowledge base regarding the 200+ unique learning criteria that are taught through HSAO's New Hire Training.

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- Unit Manager completes Practice Exercises / Role Play with new hire staff to help them prepare for potential situations that they will face with clients.
 - All new hires complete IBM Occupational Personality Inventory prior to receiving a job offer. This tool highlights specific deficit areas that a new staff might have. The Supervisor / Manager utilize this information to provide supplemental training / shadowing feedback to foster staff growth.
 - After completing two months of shadowing the work done by experienced staff/Supervisors, new hire staff have a Supervisor/Mentor/Co-worker shadowing them until they have exhibited skills necessary to successfully complete each type of client encounter (intake, service plan development, court hearing, inpatient hospitalization, team meeting, linkage to services, etc).
 - In conjunction with the Allegheny County Five Day Service Coordination New Hire training, DA-ICM staff will take a pre- and post-test to assess acquisition of information. Failure to earn a passing grade results in supplemental training from Supervisor / Manager.
 - DA-ICM will complete the Western Psychiatric Hospital Basic Case Management and Child/Adolescent Case Management Online Training. This includes competency test that have to be passed at 80%. Failure to achieve this score results in additional one on one direction from Supervisor / Manager.
6. Describe your plan for supervising DA-ICM case managers and the Act 53 case manager and ensuring they are providing quality services to Clients.

HSAO has a strong reputation of providing high quality, personalized services to our clients and families. This is because our staff often face unpredictable and complex situations. We expect staff to work closely with clients, professional teams, and natural supports to think outside the box when coming up with solutions. We have established multiple layers of feedback to ensure that staff are provide high quality services.

HSAO's entire Leadership Team maintains an Open Door Policy, as well as a No Wrong Door Policy. At any time, our staff are empowered to reach out to anyone in the Leadership team with a concern/problem. This includes eleven Supervisors, six Unit Managers, the Operations Manager, and the Executive Director. During the work day, there is always an assigned Supervisor of the Day based in the office to provide support/guidance.

New staff receive weekly one on one supervision with their Program Supervisor. Supervisors prepare for these meetings by running several reports from our Electronic Medical Record System that provide a breadth of data points, including: caseload size, face to face contact, timely submission of paperwork, referrals made, productivity, treatment history, etc. These meetings are an opportunity to discuss outreach to new clients, brainstorm around treatment options / barriers, highlight strengths/progress, improve client engagement, monitor collaboration with team, identify natural supports, discuss concrete goods needed, mediate personnel concerns, etc. After staff have illustrated their ability to independently perform the job, one on one supervision will transition to twice a month. All staff define Quarterly goals with their supervisor to enhance a select area of Quality Assurance.

Our staff have a wealth of knowledge from many years of experience in the field. We look for every opportunity to encourage employees to support each other. Our staff have regular email

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and text communication with each other to share resources and seek out guidance. Each staff is also involved in bi-monthly Group Supervision, which offers opportunity for co-workers to provide insight to client related issues, highlights of client / staff strengths, check in on program quality targets, share community resources, etc. Each staff also participates in a monthly all staff meeting, where we will have presentations from outside providers. For example, Ryan West from Greenbriar Treatment Center presented in September 2019 on Medical Marijuana.

Each Supervisor also has their own compliment of support and feedback. A Supervisor meets one on one with their Unit Manager twice a month to discuss staff strengths / needs, referrals, collaboration barriers, system barriers, quality assurance, etc. There is also a Leadership Team meeting twice a month where the Executive Director, Unit Managers, and Supervisors meet to triage clients, address Electronic Medical Record needs, plan trainings, discuss staff professional development, etc. This team also selects an Employee of the Month, which is presented at the monthly staff meeting. The Supervisor group meets monthly with an outside consultant who specializes in Reflective Supervision. These meetings help Supervisors to intentionally explore the approaches they use during supervision with staff. The Supervisors each develop a yearlong Leadership plan that encompasses a Personal Development Goal, Program Development Goal, and a Collaboration Goal. The supervisors will then use quarterly check ins with their Manager to monitor progress towards this goal. In addition, the Leadership Team has two full day retreats throughout the year where they explore professional development topics.

HSAO takes Quality Assurance very seriously. There are several other Quality Assurance measures that we utilize noted in Question 13. This multi-dimensional approach to supporting and providing feedback to staff have played a pivotal role in the success that HSAO has had during Annual Licensing visits for Blended Service Coordination and Student Assistance Programs.

Recruitment and Retention

7. Describe your strategies for recruiting DA-ICM case managers and the Act 53 case manager.

HSAO will employ the following recruitment resources to enlist diverse talent with the qualifications to fill the Drug and Alcohol Intensive Case Management positions: Indeed.com, LinkedIn.com, Careerbuilder.com, Pittsburgh Courier, area Job Fairs, and collaborations with local colleges/universities.

Furthermore, HSAO has an active internship program with University of Pittsburgh, Duquesne University, Waynesburg University, Grove City College, Indiana University of Pittsburgh, California University of Pennsylvania, Carlow College, and Chatham University. This hands on experience has enabled interns to learn about the philosophy and work culture of HSAO. We have hired multiple interns into full time employment.

Once resumes have been received, Executive Director and Unit Managers will review the resumes to ensure that applicants meet RFP expectations of the Drug and Alcohol Intensive Case Management Positions (per section 1.1 of the proposal). Unit Managers will contact qualified applicants to answer any questions regarding the position and schedule an in person interview. Applicants will complete an application that summarizes their relevant work experience.

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Applicants will meet with two Managers / Supervisors to review relevant experience, identify any potential barriers to staff's successful implementation of program, discuss program goals/philosophy, etc. If an applicant successfully passes interview process, Manager / Supervisor will contact references by phone. Applicant will also complete an IBM Occupational Personality Inventory to highlight specific supplemental support / training that a new hire might need to be a successful employee. If all data gathered through interview process indicates that an applicant will be a strong member of the HSAO Drug and Alcohol Intensive Case Management Program, an offer of employment will be made by the Executive Director.

If awarded RFP in December 2019, HSAO projects to staff program positions by March 2020. We expect that there will be a few internal applicants who are currently working in other HSAO programs. These applicants will complete the same pre-screening / interview process.

8. Describe your strategies to address staff retention.

HSAO will provide the Drug and Alcohol Intensive Case Managers with a very competitive and comprehensive benefit package that includes UPMC Health Insurance, Vision Insurance, Dental Insurance, Health Savings Account, Benefit Option Fund, eligibility for raises/ bonuses, reimbursed education expenses, 401(k) match, 401(k) vesting schedule for long term employees, etc.

As highlighted above, HSAO employees have multiple layers of support/feedback from peers and supervisors. This includes one on one supervision, group supervision, Supervisor of the Day, agency staff meeting, field supervision, and Quarterly Professional Development Plans. All supervisors have an open door policy. Anytime a staff person works outside of business hours, there is someone from the Leadership Team available to them. Our small staff to supervisor ratio ensures that there is always someone available to guide staff decisions regarding complex clients.

We understand the stresses that this job brings. We also recognize that during difficult times in a staff's personal life, they struggle to strike a healthy work/life balance. In response, we are flexible with approving Paid Time Off and encourage staff to utilize the time they have earned, which starts at 18 days annually and grows to 30 days a year. We also offer Short/Long Term Disability and Family Medical Leave Act coverage where needed. Furthermore, we have Employee Assistance Programs through Life Solutions and Guardian Worklife Matters where staff can confidentially receive support with personal matter that could be impacting their work. These services are provided at no cost to the staff.

Each new staff is provided a comprehensive training curriculum, which was detailed earlier. We are dedicated to supporting staff with understanding the complex role of DA-ICM so that they feel prepared to meet the needs of their clients. Beyond the initial training, we have outside trainers at HSAO Monthly Staff Meetings.

Just as we want to provide a comprehensive plan to our clients, HSAO places strong emphasis on supporting all Eight Dimensions of Wellness for our staff. We look for opportunities throughout the year, including: celebrating birthdays, hosting pot luck lunch, recognizing staff for years of service, highlighting staff's personal successes, highlighting Little Victory's for clients, identifying a monthly staff person who has embodied HSAO's Mission, Value, & Passion, hosting an Annual Picnic, organizing cross company challenges, etc. We also have an annual

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staff retreat in May that staff help to plan, which includes a professional development trainer as well as activities that foster relationship building amongst staff.

9. Provide your organizational staff retention rate for the past three years.

07/01/2016 – 06/30/2017: 74%

07/01/2017 – 06/30/2018: 89%

07/01/2018 – 06/30/2019: 87%

Average over three years: 82%

Management of Service Delivery (15 points possible)

10. Describe your plan for service delivery. Include a description of your strategies for serving clients in remote geographic areas and areas that lack public transportation.

HSAO fervently believes that quality service coordination requires regular face to face contact with clients. Our philosophy of service delivery is detailed in RFP Section 1 which addresses organizational experience within the Recovery-Oriented System of Care (ROSC).

In response to the elimination of travel reimbursement for Blended Service Coordination, we have had several years to establish best practices to ensuring that travel is not a barrier to supporting clients with reaching their goals. Our experience has led to us having clients in every corner of the county, including Elizabeth, Lower Burrell, Warrendale, and Imperial. At a foundation, the Drug and Alcohol Intensive Case Managers will meet clients wherever the client requests. Each staff will have necessary technology - including laptop, cell phone, and mobile internet connectivity - to perform their job remotely.

Regarding client transportation, we are efficient with linking clients to Medical Assistance Transportation Program, which includes mileage reimbursement and door to door transportation services in conjunction with ride hailing services. We provide payment for Port Authority Connect Cards / Bus Passes, Uber Gift Cards, and gift cards to cover the cost of gasoline. We support clients with identifying / repairing relationships with natural supports who can transport. We have had some success in arranging our face to face meetings with clients during their existing appointments with team members. This has fostered increased collaboration and decreased need for some busy clients to add one more appointment to their schedule. For example, clients often have a standing pre-arranged ride to MAT appointments from another provider or natural support; so we accompany clients to those appointments.

In situations approved by the supervisor, HSAO staff can transport. Time spent in travel would be documented in accordance with payer policy. We recognize that there are scenarios where initially a client may have no other option but to utilize the case manager. We will not permit transportation to prevent a client from reaching their Case Management goals.

11. Describe your plan to meet the required 60 percent billable rate described in the RFP.

HSAO specializes in working with the highest risk clients in Allegheny County. We are knowledgeable in working with clients who have / are experiencing significant symptoms related to substance use / abuse / dependency, mental health symptoms, psychosocial stressors, personal

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trauma, system induced trauma, etc. We believe that these same clients possess many incredible strengths and extraordinary resiliency. We believe that focusing on our clients' strengths is pivotal to forming the close professional relationship that leads to our clients trusting us to join in their journey towards recovery. Clients often tell us that they wanted us to be the first to know about their big success. They also tell us we are the first person they call when there is a problem; they know that we can provide ideas, solutions, and a path forward. In a similar manner, our collaborative approach with professional team members and natural supports lead to lots of opportunities for communication. This close connection with clients/teams creates more opportunities for billing.

Beyond relationships building, we have placed a lot of resources in technology that will support staff with being more efficient with their time. All staff will have their own transportation to enable them to meet clients in their community. All of the DA-ICM staff will have the capacity to work remotely. This includes staff having touch screen laptop computers, cell phones, remote internet access, electronic forms, ability to fax remotely, and HSAO's Evolv Web Based Electronic Medical Record System. Staff will have the ability to complete most paperwork in real time with the client. We will also train all staff in Collaborative Documentation to enable them to capture and receive feedback from clients that they accurately summarized the work done together.

The DA-ICM will have flexible, non-traditional work hours to enable them to meet with clients when it is convenient for the client, which could include evenings and weekends. A typical day for the DA-ICM could include spending several hours with a client in court during the morning, a three to four hour break in the middle of the day, and then meetings with clients after they are finished with work/ treatment. In several programs, we have established close relationships with the Medically Assisted Treatment programs. This has enabled us to attend pre-existing appointments with clients if clients would prefer not to add another meeting into their busy schedules.

We will explore viability of clustering clients who live close together with the same staff person. This has been shown to foster relationships between the staff and local treatment providers, probation officers, CYF workers, Magistrate Judges, and community resources. For example, one staff recently leveraged their relationship with a foodbank to arrange for a food box on a day that the foodbank was closed. This approach also helps to decrease staff travel time because staff can remain in the community between meetings as opposed to returning to the office.

Ongoing training can be provided to staff surrounding time management strategies. We often have staff complete a Time Study to highlight where non-billable time can be reduced.

HSAO is committed to continued exploration of best practices to assess areas for improvement.

12. Describe your plan to meet the needs of a culturally diverse population and those with special needs.

HSAO believes that every individual is unique and can achieve their goals. We have consciously developed practices and skill-sets that foster inclusion and allow culturally diverse and special needs individuals to fully utilize our offered services and to ensure that linkages to equally

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affirming supports are made. HSAO has long standing relationships and contracts with interpreters specializing in diverse languages and Sign Language. The Language Line is a resource utilized for interim services while more permanent services are located in those situations when translation is imperative to immediate health or safety but unavailable in the moment. Often, interpretation services can be independently contracted through members of a client's community, thus creating a natural support in the process.

HSAO will assist clients and families in obtaining natural supports in the community via referral and introduction to existing culturally pertinent organizations. For instance, collaboration with community churches allows for the opportunity to introduce clients to individuals of their faith and culture. We help families find culturally pertinent festivals and organizations, which allow clients to make a community connection and to interface with individuals from their country of origin. This builds lasting natural supports that can assist them in their treatments and recovery. HSAO has existing relationships with and knowledge of Primary care facilities that have sliding pay scales and inclusive philosophies help ensure that every client has access to appropriate and affirming healthcare regardless of age, race, disability or gender identity.

Reporting and Quality Management (10 points possible)

13. Describe your plan for measuring the quality of service delivery to Clients.

HSAO has created a Quality Management Plan designed to monitor and improve the quality and effectiveness of programs and services provided to the children and families enrolled in HSAO programs. The Quality Management Plan consists of evaluation, quality assurance, and quality improvement. Our quality management program will focus on program evaluation; staff development, including staff proficiency and the ability to implement and execute the mission of HSAO, and the evaluation of client success and satisfaction. Our goal is to consistently meet the needs of our clients and support them to achieve their goals. We evaluate outcomes, client satisfaction, staff satisfaction, and the ability for our staff to perform their duties and responsibilities. Our Quality principles include: 1) Quality is important and vital to the success of the agency and the clients we serve. 2) Continuous Quality Improvement requires evaluation. If there is a problem or deficit, we must evaluate the process. 3) Solution Based: Once we identify that there is a problem/need, we need to identify a solution. 4) Quality is the responsibility of all staff and employees. Staff must participate in the process if our efforts are to be successful.

There are several specific Quality Assurance measures that we utilize:

- Supervisors review and approve: CANS/ANSA, service plans, and case notes,
- Supervisors provide a least quarterly field supervision
- Supervisors conduct end of the month quality audits of client charts
- HSAO Intake meetings and handbook inform clients how to address concerns and/or file a grievance.
- Operations Manager available for any Fraud/Waste/Abuse, HIPAA, Compliance Concerns
- Several HSAO Programs have utilized CART of Allegheny County to conduct telephone interviews with Clients/Families to assess quality of services provided
- Supervisors complete Satisfaction Surveys for each staff on a quarterly basis in order to gather direct feedback from clients about the services provided by staff.

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- We have Employee Assistance Programs through Life Solutions and Guardian Worklife Matters where staff can confidentially report any personal matter that could be impacting their work. These services are provided at no cost to the staff.
- We have contracted with Lighthouse to provide a confidential outlet for staff to report any concerns with Fraud/Waste/Abuse, HIPAA, or Compliance
- All staff will complete Quarterly Evaluations with supervisor to foster concrete steps to improve quality.
- Donnelly-Boland and Associates has provided periodic quality compliance audits and will expand this service to include the DA-ICM Program.
- Executive Leadership Team holds a Quarterly Compliance Meeting to discuss results of audits, explore Program risk areas, establish quality improvement plans.
- A selection of staff participates in bi-annual Quality Assurance meetings to explore the current policies and practices utilized. The Quality Assurance meeting for September 2019 gathered feedback about the Hiring and Training process for new staff.

14. Describe your data collection and entry plan.

Each DA-ICM will receive a laptop that requires both a BIOS password and Windows password to access client records. Staff will be trained and receive ongoing coaching around completing collaborative documentation. In situations where collaborative documentation is not feasible, staff are expected to maintain updated client records by entering notes within three business days.

Supervisor will be responsible for submitting monthly reports in compliance with data spreadsheet. We will meet timelines identified.

All staff will be trained on how to enter necessary data. Supervisors will ensure compliance during individual and group supervision.

HSAO utilizes Evolv, a Netsmart Product - a HIPAA certified electronic, web based medical health record. This program meets the minimum computer specifications on page 14 of the DHS Contract Specifications Manual.

The Evolv system is capable of producing aggregate and/or detailed reports based on any data entered into the system. We have contracted software programmer who develops customized reports. We have experience with developing specialized reports for Joint Planning Team, Student Assistance Program, and Drug and Alcohol Case Manager. If unforeseen barriers are faced, we will collaborate with Allegheny County and payer to resolve.

HSAO staff are trained and utilizing WITS system in four programs. HSAO DA-ICM will develop recovery plans in WITS system. We will collaborate with WITS to report out as detailed in RFP.

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Budget (10 points possible)

15. Provide a detailed line item budget that reflects a realistic estimate of the costs associated with implementing and sustaining DA-ICM and a budget narrative that clearly explains and justifies the line items and your assumptions in the proposed budget. You may provide the line item budget and narrative as an attachment (e.g., Excel file) or in the space below. This question is not counted in the page limit.

See Attached.

A. Case Management Activities

1. Staff Personnel

Position	Hourly Rate	Number of Hours	Budget
Supervisor	\$ 30.37	2,015	\$ 61,200.00
DA-ICM Case Manager	\$ 21.26	2,015	\$ 42,840.00
DA-ICM Case Manager	\$ 21.26	2,015	\$ 42,840.00
DA-ICM Case Manager	\$ 21.26	2,015	\$ 42,840.00
DA-ICM Case Manager	\$ 21.26	2,015	\$ 42,840.00
Act 53 Case Manager	\$ 21.26	2,015	\$ 42,840.00
Data Lead Collection 50%	\$ 17.21	1,008	\$ 17,340.00
Unit Manager 19%	\$ 33.37	382.9	\$ 12,777.50
			\$ -
			\$ -
			\$ -
		Subtotal	\$ 305,518

2. Fringe Benefits

Position	Salary	Rate	Budget
Supervisor	\$ 61,200.00	34.0%	\$ 20,808.00
DA-ICM Case Manager	\$ 42,840.00	34.0%	\$ 14,565.60
DA-ICM Case Manager	\$ 42,840.00	34.0%	\$ 14,565.60
DA-ICM Case Manager	\$ 42,840.00	34.0%	\$ 14,565.60
DA-ICM Case Manager	\$ 42,840.00	34.0%	\$ 14,565.60
Act 53 Case Manager	\$ 42,840.00	34.0%	\$ 14,565.60
Data Lead Collection 50%	\$ 17,340.00	34.0%	\$ 5,895.60
Unit Manager 19%	\$ 12,777.50	34.0%	\$ 4,344.35
0 \$	-		\$ -
0 \$	-		\$ -
0 \$	-		\$ -
		Subtotal	\$ 103,876

Total \$ 409,393

3. Training/Staff Development

	Budget
Training (6 employees)	\$ 3,319
Subtotal	\$ 3,319

4. Other		Budget
Occupancy	33,000	300 sq ft space each for 6 employees at \$17/sq foot. $300*6*17=\$30,600$. Cleaning is separate and is estimated at 33-34 dollars/month/employee or $33.33*6*12=2,400$
Office Supplies	4,200	All office supplies needed (\$700 per employee)
Copier Lease	6,000	\$500 per month to lease a printer/copier
Software/Electronic Health Record	5,700	Microsoft exchange/Windows/Watchguard is \$200 per year/employee for license; Software Licenses (Evolve 30/month/employee, HR software 10/month/employee, Replicon/timesheet
Travel (non Training)	6,000	Mileage that staff incur not related to Training. Travel between clients \$1000 per employee 40/mifi/mo, 40/phone/mo, share of internet and cable and office phone 34 /mo/employee,
Telecommunications	8,208	$114*6*12$
Insurance	2,580	\$430 per employee/year (6 employees); This is for all insurances (Works Comp, General Liability, Renters Insurance, Professional Liability, etc.)
Administration (Accounting, HR, IT, CAD)	44,000	8% of total contract ***While the RFP did not specifically mention start up costs we have added costs to start the program. These costs in year 2 would allow HSAO to hire another case manager for the program which we believe that we need. If start up costs are not allowable we would like to put those costs toward another case manager in year 1.
Start-up Costs:		
Laptops, Monitors, Cell phone	18,000	Laptop Monitor, Cell phone for 6 new employees
Furniture/Office/Desk Setup	6,000	Furniture, Office equipment (Desk phone, cubicles) for 6 new employees
Electronic Health Record License	3,600	6 New Evolve Licenses - \$600 per employee
	Subtotal \$	137,288
Total Subcontract - Case Management Activities: \$		550,000