

**Request for Qualifications
Elementary Social, Emotional, Behavioral and Family Support**

COVER SHEET

Organization Information:

Organization name: Therapeutic Health Services

Organization address: 1116 Summit Avenue, Seattle, WA 98101

Describe your legal status and, if applicable, state of incorporation (for example, Washington State non-profit corporation, Washington State partnership, sole proprietorship):

Washington State non-profit corporation

Application Components and Checklist (submit in this order)

- Cover Sheet
- Key People
- Previous Experience
- Tracking to Success
- Women and Minority Inclusion; Non-discrimination

Contact Information:

Contact person: Ken Schlegel
(please print clearly)

Title: Director of Development & Marketing

Mailing address: 1116 Summit Avenue, Seattle, WA 98101

Day/Work phone: (206) 323-0930 x.201 Email address: KennethS@ths-wa.org

Signature: _____ Date: _____

Additional information is provided in Attachment 3.

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Key People

1.) Jeffrey Thaxton, MHS, LPC will be the staff member who will deliver the elementary social, emotional, behavioral and family support. He has nearly 20 years experience working with at-risk youth of all ages (elementary and high school age) including drug and alcohol education, assessment, counseling, case management, crisis intervention, anger management, parent-school liaison, behavioral modification, and family therapy. Since 2011, he has worked for our Making a Difference at Madrona (MAD) program as a Family Outreach Counselor. He is stationed full-time at Madrona K-8 and provides support and intervention, assessment, individual and family counseling, and group counseling sessions (e.g. anger management, grief and loss, drug & alcohol education, etc.) for K-5 students and their families. He also coordinates systems and agencies (Child Protective Services, DCFS, CPS, etc.) to ensure continuity of care, and conducts in-home counseling and training for families. Jeffrey has experience tracking outcomes and indicators relating to the Background Section. He previously used a web-based data collection service (RMC Research Corporation) which allowed him to analyze qualitative and quantitative data. This included pre and post testing along with online surveys. It allowed for evidence-based practices by identifying, refining, and evaluating integrated approaches to treating students with drug/mental health disorders.

2.) Anthony Austin, M.Ed., is the Program Supervisor. He has 8 years experience working with elementary, middle and high school age students and their families, including parent training groups, case management, assessment, and crisis intervention. He has supervised the 2 staff members attached to MAD since 2010. He manages and monitors contract outcomes and requirements and helps develop and implement program curricula.

Previous Experience

1.) We have extensive experience providing services to the focus students targeted by the Elementary Social, Emotional, Behavioral and Family Support RFQ. Founded in 1972, for 40 years we have provided integrated, culturally-relevant and evidence-based mental health and chemical dependency services for adults and their families. In 2006, we expanded our ability to serve at-risk youth through a merger with Central Youth & Family Services, a non-profit with 25 years experience serving at-risk, low-income youth of color in Seattle and King County. Today, our 9 branches offer a full range of treatment services for families affected by substance abuse and mental illness. Our youth programs provide substance abuse/mental illness intervention, treatment, prevention, outreach, and case management services to youth and their families, with a special emphasis on high-risk, low-income, ethnic minority, multi-system involved, and "harder to serve" youth and their families (90% of the youth are from racially diverse backgrounds, 91% are from low-income families). More than 50% of our clients have some involvement with corrections or the juvenile justice system. Many are in the foster care system or have "aged out" and are now homeless; about 65% have no health insurance. We are the primary provider of chemical dependency treatment services in WA State for African American youth, and we are designated by

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the State as the consulting mental health agency for Afri-ethnic mental health issues. Because of our comprehensive, integrated programs, we have a long history of serving children or youth who are multiple-system involved (mental health, substance abuse, child welfare, juvenile justice, foster care, developmental disabilities, or special education programs). Each year we serve ca. 7,500 children, youth, adults, and their families in Seattle, Kent, Shoreline, Everett, and the Eastside.

We serve our youth in community-based locations accessible to children, youth, and their families, in ways consistent with the client's culture and identity, are strengths-based and individualized, and involve family members and natural supports wherever possible. We provide a quality continuum of care for youth that includes individual, group, and family counseling, mental health assessment and treatment, substance abuse prevention and education, chemical dependency assessment and treatment, and parenting programming. Since 1990, we have maintained licensure as a mental health provider in WA and have provided integrated services to clients with co-occurring mental health and substance use disorders. In addition to treatment, our mental health and chemical dependency programs include outreach, intensive case management, Wraparound, retention activities, skill-building programs, clean and sober support, recreation, after-care, and extended follow-up. Our staff provide individual, group, and family counseling and intervention, outreach, and school-based counseling sessions.

We currently provide case management, drug/alcohol/substance abuse and mental illness intervention, treatment, prevention, individual and group counseling, advocacy, referral, and outreach services to at-risk students in 51 King County area schools, 40 of which are in the Seattle School District and 11 of which are elementary or K-8 schools. Currently, the majority of referrals to our programs come from these schools. We collaborate and maintain effective relationships with school personnel (e.g., counselors, principals, administrators, teachers, intervention specialists, volunteer coordinators, and school security). This also provides us with on-going relationships with school staff so that when at-risk youth are identified, referrals to services are seamless and school staff may be part of the youth's treatment team (where appropriate and sanctioned by youth).

We have a long history of providing school-based services for elementary, middle and high school students. Historically, our services for elementary schools and K-8 schools have included:

- **GEAR-UP** (2000-2006) – in partnership with the University of Washington and Seattle Public Schools, we provided counseling, case management, skill-building, and other services on-site at elementary and middle schools (including Madrona K-8, the African American Academy and Zion Prep) and high schools to increase student likelihood of success and transition to higher education.
- **R.E.S.U.L.T.S. Project** (1998–2000): In partnership with United Way and Martin Luther King Elementary School, this program provided comprehensive, intensive counseling, case management, skills/support groups, parenting, family support, advocacy, and referral services to low-income, at-risk children who were exhibiting school attendance or behavioral problems, academic failure, low-motivation, or social

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isolation. The goal was to reduce the risk and increase protective factors that contribute to the prevention of violence, substance abuse, delinquency, and school dropout.

- **AFA Male Project** (9/08 to 6/09): We partnered with Seattle Public Schools to implement the African-American Male Project (AAMP) at T.T. Minor Elementary and the African-American Academy. The goal was to transform the ideas, thoughts, and behaviors of African-American males through academic, social, emotional, and cultural interventions that empower them to achieve and attain their optimum life potential. The group experience was specifically designed to help young African-American males learn leadership, life skills and how to make positive life decisions.

Highlights of our **current** school-based collaborations for at-risk elementary students include:

- **Making A Difference At Madrona** (2009-Present): In partnership with Seattle Public Schools, Madrona K-8 school staff, we provide on-site staffing at Madrona K-8 to provide assessment, crisis-intervention, individual and group counseling, as well as community support and resource connection to address specific issues identified by students, families, and the school community. Our staff person is a liaison for parents and family members who might need services within the larger THS organization and/or to connect families with outside resources and expertise (e.g., housing). The goal is to improve student and family connection to and positive participation in the school setting and reduce barriers that impact kids' readiness to learn through innovative, evidence-based interventions addressing their social and emotional needs and improving access to resources for any student/family who wishes to participate in the project.
- **General Outreach/Collaboration:** We currently provide substance abuse and mental illness prevention and treatment services, case management, individual/group counseling, advocacy, referral, and outreach to students in 51 schools throughout King County. Our partnerships with schools provide improved access to youth where they spend most days, as well as a direct connection to staff, so when students are identified, referrals are seamless and school staff become ongoing members of the treatment team, participating regularly in the evaluation of individual students, as well as program progress and outcomes.

In addition to these school-based partnerships, our staff collaborate with the Seattle Public Schools Office of Discipline and Truancy and School Safety Net Program to provide behavior modification counseling to referred students following a suspension or other disciplinary action requiring re-entry services. We also provide school-based crisis intervention, violence prevention, intervention, and counseling services for victims as well as perpetrators of violence throughout the Seattle Public Schools system.

During the year ending 6/30/2012, 92% of our youth and young adults (ages 5-25) with emotional and behavioral disturbances developed/strengthened their coping skills, we had 97% success for youth developing skills and competencies that support positive development and 52% success for youth following through with treatment; abstaining from or reducing drug use and making progress in addressing other issues impacted by alcohol/drug dependency.

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We have a contract with the City of Seattle to provide mental health counseling for youth ages 9-19. Under this contract, in 2011 we served 36 elementary-aged youth. In accordance with our contractual responsibilities, we track a number of indicators and outcomes depending on the client's needs and treatment plan. In 2011, 52% of our elementary-age clients who had the indicator tracked met the indicator for improved communication with family members and 40% showed some positive change. 37.5% met the indicator for increased family involvement with the school and 50% showed some positive change. 38.5% of our clients met the indicator for increased school enrollment/attendance and 30.8% showed some positive change. 50% met the indicator for reduction in school disciplinary actions and 25% showed some positive change. 50% had a reduction in antisocial behavior, 40% showed some positive change, and 10% had a decrease in functioning. 50% had a reduction in involvement with the juvenile justice system or increased compliance with juvenile justice, 33.3% had some positive change and 16.7% showed no change. 48% met the indicator for improvements in mood and 40% had some positive change. 42.9% of our students met the indicator for reductions in oppositional behavior, 28.6% showed some positive change and 14.3% had a decrease in functioning. 25% met the indicator for meeting basic needs, 37.5% had some positive change and 25% showed a decrease in functioning.

3.) Kaaren Andrews, Principal of Interagency Academy and former Principal of Madrona K-8, (206) 252-6816, klandrews@seattleschools.org; Farah Thaxton, Principal of Madrona K-8, (206) 252-3100, fgthaxton@seattleschools.org; Dr. Marion Smith, Vice Principal of Madrona K-8, (206) 252-3100, mjsmith1@seattleschools.org; Michael Garrett Smalls, YMCA, (206) 252-3100, megarrettsmall@seattleschools.org; Alexis McMahan, Treehouse, (206) 252-3100, almcmahan@seattleschools.org; Margaret Soukup, Project/Program Manager III, King County Mental Health, Chemical Abuse and Dependency Services Division, (206) 263-8958, Margaret.Soukup@kingcounty.gov; and Jim Vollendroff, Asst Division Director/Drug & Alcohol Coordinator, King County Mental Health, Chemical Abuse and Dependency Services Division, (206) 263-8903 Jim.Vollendroff@kingcounty.gov.

4.) Some of the challenges and barriers that our intended students face include gang involvement, violence, multi-system involvement (CPS, juvenile court, special education, etc.), lack of family involvement, poverty, lack of stable housing, lack of adequate health care, mental illness and/or drug and alcohol use or dependence. All of these factors have been shown to reduce school performance, attendance and grade promotion rates. There also appears to be an increase of children, youth and their families that have been affected by trauma as a result of violence in the community, as evidenced by an increase in the request for services by community members and agencies.

We address these issues by working with a number of Seattle Schools to provide assessment, crisis intervention, case management services, parenting classes, and individual and group counseling. We are a partnering agency in the Seattle Youth Violence Prevention Initiative. We have extensive relationships with juvenile courts. Our wraparound services allow us to address the full range of issues that our clients face-

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we provide individual and family counseling, vocational services, case management, help with accessing public assistance (including Disability Lifeline, Medicare, and TANF) and referrals to housing providers, physicians and any other providers as needed.

Tracking to Success

1.) We have a long experience of collecting and reporting outcomes for our City, County, and United Way contracts. Indicators for each client vary depending on the individual treatment goals. Our outcome indicators include: reduced mental health/psychiatric symptoms, progress on treatment plan goals, school attendance/grades, disciplinary reports, decision-making and coping skills, treatment completion, drug/alcohol use, involvement in the criminal justice system, and family involvement.

Under our contract for youth mental health treatment (ages 9-19) with the City of Seattle, we track a number of indicators and outcomes depending on the client's identified needs and treatment plan. These indicators include: communication with family, family involvement with the school, school attendance, grades, promotion to the next grade level, successful transition from Middle to High School, meeting graduation requirements, gang involvement, mental health symptoms, school disciplinary actions, antisocial behavior, involvement with the juvenile justice system, etc.

We review progress toward goals in conjunction with the participants and their families at 90-day intervals as part of the treatment plan review. In addition to subjective measures of progress (e.g., self-report, counselor report), we collect more objective/corroborating information such as attendance records, grade reports, urinalysis results, and teacher and parental feedback. In addition to internal agency measures, we utilize external outcome data such as DASA Treatment Analyzer and TARGET outcome data to inform our evaluation process.

2.) We consistently use data to inform our treatment plans. We review student progress toward goals every 90-days, but use school attendance reports, grades, urinalysis, and parent or teacher reports to modify our treatment as necessary. These objective measures allow us to identify problems early and address it in treatment. For example, if we receive a report from a school that a client is skipping school, we will address this issue in treatment sessions. In addition, if we see a problematic trend, we can identify it early and address it in sessions.

3.) Depending on the program, we receive monthly or weekly reports from schools, including attendance, grades and behavioral issues. These reports include attendance, behavioral issues (for example, truancy or expulsions), and treatment compliance. In addition to these reports, we work closely with schools and they will contact us if there is an issue relating to one of our clients. We utilize these reports in our treatment sessions to tailor treatment to identified issues.

Women and Minority Inclusion; Non-discrimination

1.) We will not subcontract or hire additional staff.

SAMPLE DATA REPORT

OUTCOMES/INDICATORS

- FF-1 Improve communication with family members
- FF-2 Out of home placement or runaway
- FF-3 Family involvement/connection with school
- AA-1 School Enrollment/Attendance
- AA-2 Grades
- AA-3 Credits on target for graduation
- AA-4 Promotion to next grade level
- AA-5 Successful transition from Middle to High School
- AA-6 Post high school plans
- AA-7 Disciplinary actions
- AA-9 Meeting graduation requirements

- PR-1 Physical Altercations
- PR-2 High-risk behaviors (sex, breaks curfew, etc)
- PR-3 Gang Involvement
- PR-4 Anti-social behavior
- CAI-1 Lack of pro-social, culturally relevant
- CAI-2 Lack of adult role models non family members
- CAI-3 Juvenile justice involvement
- IEBH-1 Mood
- IEBH-2 Anxiety
- IEBH-3 Oppositional behavior
- IEBH-4 Drug/Alcohol Use
- IEBH-5 Eating Disorders
- IEBH-6 Self Harm Behaviors

- SR-1 Basic Needs
- SR-3 Language Ability
- SR-5 Isolation
- SR-6 Rival Gang Presence
- SR-8 Learning Disability
- SR-9 Self Safety of School
- SR-10 Safety of route to school
- SR-11 Lack of
- SR-12 Lack of Parent support
- SR-13 Appropriate Placement

Client # 74545

Date: 2/14/12

Family Communication-Involvement

FF-1 Some positive change
FF-1 No change

School Participation

AA-1 Met Outcome
AA-3 Some positive change

Peer Relations

PR-4 Met Outcome
PR-3 Some positive change

Community Functioning

CAI-2 Some positive change
CAI-3 Met Outcome

Individual Functioning

IEBH-3 Met Outcome
IEBH-1 Met Outcome

School Readiness

SR-12 Some positive change
SR-1 Met Outcome