



**A PROPOSAL TO IMPLEMENT AND ADMINISTER “DRINKING
DRIVER REHABILITATION PROGRAM” IN BRITISH COLUMBIA**

RFP #: SATP-111

**CENTRE FOR ADDICTION AND MENTAL HEALTH
ONTARIO**

and

**PROVINCIAL HEALTH SERVICES AUTHORITY,
BRITISH COLUMBIA**

March 18, 2005

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Program Components

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Screening (RFP Sec. 7.1.1)

As stated in the RFP, the goal of the screening is to determine the client's reasons for drinking and driving, the level of risk they pose to continue to drink and drive, and the most appropriate rehabilitation intervention for the client.

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The details of proposed screening process and tools, including plans to work with the Ministry to establish the appropriate policies and thresholds during implementation:

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Education (RFP Sec 7.1.2)

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The minimum number of participants to run an educational program:

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The details of the proposed education process, tools, techniques, and personal action plan, including plans to work with the Ministry to obtain the appropriate approvals during design, development, and delivery:

The education process will consist of provision of the educational elements as identified in the RFP. These include education on:

- Legal issues around impaired driving;
- Alcohol consumption effects on blood alcohol concentration (BAC), how fast the body gets rid of alcohol;
- Acute effects of alcohol and other drugs on driving skill (such as effects on perception, judgment, reaction time, motor skills, and probability of accidents);
- Consequences of drinking and driving (such as accidents, lives lost, and financial costs);
- Physical, psychological and social effects of abusive drinking;
- Effects of other drugs and combining drugs and alcohol on the body and driving skill;
- Special issues of multiple offenders, e.g., causes of premature death in second offenders; and alternative transportation strategies before judgment is impaired.

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The details of proposed personal action plan including goals, plans, strategies and contractual agreements to address triggers and eliminate drinking driving behaviour:

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Counselling (RFP Sec 7.1.3)

As stated in the RFP, the purpose of counselling is to provide clients with insight into their behaviour and their triggers, help them to accept responsibility, change their driving behaviour, and reduce their future risk of drinking-driving. The counselling component will include clients who have been screened to have more serious problems with their use of alcohol. More attention should centre on dealing with emotional problems without resorting to alcohol use, relapse prevention and establishing a healthier lifestyle. It should also provide clients with advice on where to look for further help in dealing with their substance use problems.

The proposed counselling process, tools, personal action plan, and counselling checklist, including plans to work with the Ministry to obtain appropriate approvals during design, development and delivery:

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The scheduling options will be available for counselling:

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The methods of providing counselling to clients not able to participate or benefit from a group arrangement i.e., clients who have cognitive deficits, behavioural difficulties, etc.:

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The Proponents' understanding and experience with motivational interviewing techniques and cognitive behavioural therapy:

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Post-Intervention Assessment (RFP Sec 7.1.4)

As stated in the RFP, the purpose of the post-intervention assessment is to make a recommendation to OSMV on the client's fitness to drive. All clients who have completed counselling or treatment will be required to have a post-intervention assessment in order to determine if there has been a change in attitude and/or behaviour. Although the treatment component is out of scope for this RFP, the post-intervention assessment will apply to clients who go through treatment. Clients who successfully complete the education component will not be required to complete a post-intervention assessment.

The details of the proposed post-intervention assessment process and tools, including plans to work with the Ministry to obtain the appropriate approvals during design, development, and delivery:

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The methods to standardize the post-intervention assessment process throughout the province and tools and reporting templates to be used:

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The post-intervention assessment by Service Providers and any additional or different testing techniques:

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Service Delivery Timeframes

As stated in the RFP, the expectation is that screening, counselling and education components will be implemented and available to clients by June 15, 2005 (depending on passing of required regulations) and that post-intervention assessments will be implemented and available by December 15, 2005.

The required timeframes are as follows:

Screening:	completed within 1 month after driver requests service
Education:	completed within 2 months after the client registers for a course
Counselling:	completed within 5 months after the client registers for counselling
Post-intervention	
Assessment:	completed within 1 month after completion of counselling or treatment must be a minimum of six months after screening and within six months of re-licensing

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The proposed method to ensure that Service Providers meet this standard:

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The proposed approach and time-lines for staging delivery of the services:

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Geographic Availability

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Client Volumes

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Proposed method to manage the risk of fluctuating client volumes (higher or lower) both during the initial year of implementation and ongoing:

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Data Collection and Reporting

As Proponents, we will collect all client and Program data for reporting, audit requirements and future evaluation and research purposes.

Proposed method used to report Program results to OSMV in a timely manner:

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The Proponents will maintain a database with the following data:

- Unique client identifier;
- Driver's licence number;
- Program location;
- Service performed;
- Fee status;
- Dates of service provision (screening, education, counselling, post-intervention assessment);
- Service delivery location;
- Gender;
- Client address;
- Screening and post-intervention assessment results.

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- Numbers of client screening sessions conducted;
- Numbers of education courses and counselling sessions conducted;

- Numbers of post-intervention assessments conducted;
- Numbers of clients needing individual or specific programs;
- Numbers and nature of client complaints;
- Revenue reporting;
- Issues and topics of concern; and
- Changes in subcontracting arrangements.

Proposed method Prime Contractor will use to manage questions and requests for clarification to or from OSMV staff:

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Proposed method Prime Contractor will use to ensure data is collected and collated for external evaluation and OSMV monitoring:

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Additional reports that may be beneficial:

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Program Communications

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Proposed communication material for the Program:

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Proposed approach Prime Contractor will use to deal efficiently with communications between the Ministry, the Province, the client, Service Providers and other Subcontractors both during design and development of the Program and subsequent ongoing Program operations:

Conflict Resolution

As stated in the RFP, the Proponents will be responsible for responding to any complaints or conflicts arising from the Proponent's service delivery or administration. The Proponents are responsible for developing written guidelines for their Service Providers to support them in their dealings with client complaints pertaining to the Program.

Method for dealing with "day-to-day" Program-related issues:

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Proposed conflict management and issue resolution plans and methods:

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The proposed approach for developing guidelines for Service Providers to support them in dealing with client complaints (i.e. complaints and challenges resulting from client dissatisfaction with screening and post-intervention assessment results):

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Qualifications

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Financial Information

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Method and Timing of fee collection from the client:

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The proposed process for monitoring province-wide fee collection:

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The proposed process for keeping records of client fee payments and also remitting the required portion of the revenue to the Ministry:

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The proposed amount of fee to be retained per client and provide an explanation and rationale for the amount:

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Describe any proposed options and rationale for additional client fees for rescheduling and non-completion:

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Subcontracting

Proposed geographical areas of B.C. that will be subcontracted:

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Proposed contracting arrangement with Subcontractors:

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Proposed plan to train and monitor the Subcontractors to deliver consistent services throughout the province:

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Privacy and Security

As stated in the RFP, personal information processed by the Service Providers will be of a personal nature and will be treated as highly confidential. All clients expect protection of the integrity of their data and personal information, as well as the access to the computing environment that stores that data and personal information. A strong commitment to ensuring confidentiality and data integrity of computing services necessitates a highly secure environment, where all Service Providers participate in the protection of information.

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Audit and Control

As stated in the RFP, the Proponents will agree to open their accounting ledgers and other business operations to the Province for the Program on an annual basis, or as requested by the Ministry for auditing purposes.

The proposed approach to working with the Ministry on establishing audit and control procedures:

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The proposed approach the Prime Contractor will use for separating the Program related expenditures and revenues from other non-Program business:

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The process the Prime Contractor will use to audit Subcontractors:

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Quality Assurance

The Proponents will be responsible for quality assurance, ensuring Program consistency, delivery performance standards, and availability; however, the Ministry has a vested interest in ensuring high quality standards and will make certain that quality control procedures are in place, maintained, and monitored on an on-going basis. Quality assurance and control will be proactive operational components with consistent high standards. The Proponents will also ensure continuous improvement to all parts of the Program and its components. Program quality will be monitored and audited periodically by the Ministry.

Proposed province-wide quality assurance program:

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Proposed process for continuous improvement of all Program components:

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Proposed process for developing and refining a policy and procedures manual over the course of the Contract:

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Proposed process for managing changes in policies, procedures or regulations, required by the Province to be communicated to all Service Providers.

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Proposed quality assurance plan to ensure high standards are achieved:

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Intellectual Property

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Proposed Work Plan and Time-Frames

The Program is scheduled to offer some of the services (screening, education, counselling) throughout the province on June 15, 2005, and post-intervention assessment on December 15th, 2005. s.21
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Company Financial Information

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Number of Full Time Employed Staff

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<i>Requirements</i>	<i>Y or N</i>	<i>Comments</i>
<p><u>AGENCY</u></p> <ol style="list-style-type: none"> 1. Access to space, or be willing to secure appropriate space for group education and counselling programs for a maximum number of twenty (20) participants. 2. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up, referral to medical review), will be sent electronically to OSMV and Prime Contractor. 	s.21	
<p><u>STAFF</u></p> <p><u>EDUCATION</u></p> <p>Have completed a recognized degree or diploma program in counselling, human services, psychology, or adult education from an accredited organization.</p> <p><u>EXPERIENCE</u></p> <p>Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> • counselling addicted individuals; • conducting drug and alcohol assessments; • motivating angry or hostile clients; • presenting in adult education style; • dealing with drinking drivers. <p><u>SKILLS</u></p> <p>Have the following skills:</p> <ul style="list-style-type: none"> • familiarity with brief intervention strategies; • familiarity with stages of change theory and practice; • group facilitation skills. 		



Request for Proposal

Drinking Driver Rehabilitation Program

Ministry of Public Safety and Solicitor General Request for Proposal (RFP)
Number: SATP-111

Issue date: February 14, 2005

Government Contact Person

All enquiries related to this Request for Proposal, including any requests for information and clarification, are to be directed, in writing, to the following person who will respond if time permits. Information obtained from any other source is not official and should not be relied upon. Enquiries and any responses will be recorded and may be distributed to all Proponents at the Province's option.

Robert Hollis
Manager, Commercial Services
Strategic Acquisitions and Technology Procurement Branch

Fax: (250) 356-0846
Email: pcadmin@gems2.gov.bc.ca

Closing time and location

Proposals must not be sent by facsimile or e-mail. Proposals and their envelopes should be clearly marked with the name and address of the Proponent, the Request for Proposal number, and the project or program title.

Five (5) complete copies of each proposal together with one electronic version on CD ROM or diskette preferably in MS-Word or Adobe PDF format must be received no later than 2:00 PM Pacific Time on: March 18, 2005, at the following location:

COURIER/BY HAND:

Strategic Acquisitions and Technology Procurement Branch
102 - 548 Michigan Street
Victoria, B.C. V8V 1S3
Attention: Robert Hollis
Re: SATP-111 Drinking Driver Rehabilitation Program

Proponents Meeting

A proponents meeting will not be held.

Proponent Section

A person authorized to sign on behalf of the Proponent, and to bind the Proponent to statements made in response to this Request for Proposal, must complete and sign this Proponent Section, leaving the rest otherwise unaltered, and return one original with the first copy of the proposal.

The enclosed proposal is submitted in response to the above-referenced Request for Proposal, including any addenda. Through submission of this proposal we agree to all of the terms and conditions of the Request for Proposal and agree that any inconsistent provisions in our proposal will be as if not written and do not exist. We have carefully read and examined the Request for Proposal, including the Administrative Section, and have conducted such other investigations as were prudent and reasonable in preparing the proposal. We agree to be bound by statements and representations made in our proposal.

Signature:	Legal Name of Proponent, and Doing Business As Name If Applicable:
Printed Name:	
Title:	Address:
Date:	
Phone:	

SATP-111

RFP Qualification Form

Name/Agency: **Elizabeth Fry Society of BC/Greater Vancouver (Prime Contractor)**

Telephone: **604.520.1166**

Fax: **604.520.1169**

Agency Profile:

Registered Charitable Organization – Not for Profit Society. Founded in 1939, in BC. The Society provides programs and services to those involved in the Criminal Justice System or at risk of involvement.

Address: **402 East Columbia, New Westminster, BC V3L 3X1**

Agency's service offerings:

Elizabeth Fry Society provides individual, family & addictions counselling; group counselling - Fraud, Shoplifters, Anger Management, and Addictions (cognitive behavioural models); Residential Services: 8 programs for youth and women: 23 beds in 4 programs for adult support recovery; a half way house for female parolees; psycho-educational program for high risk women; third party administration program for men and women unable to receive government service due to their behaviour; educational program on Crime and Consequences; community justice programs; programs for youth. Annually the Society works with over 9,000 clients roughly 45% are female, 55% male.

Name of owners and/or key executives:

The Society is governed by an 18 member Board of Director constituted of from across the Lower Mainland.

Shawn Bayes, Executive Director, The Elizabeth Fry Society of Greater Vancouver

Locations (number of offices, head office location, branch offices):

The Elizabeth Fry Society head office location is in New Westminster.

The Society has offices in Abbotsford, Burnaby, New Westminster, North Vancouver, Port Coquitlam, Richmond, Surrey, and Vancouver.

Branch Affiliates: E. Fry Prince George, Kamloops, and Kelowna

The proposed service locations are: **Vancouver, Richmond, North Vancouver, Port Coquitlam, New Westminster**, Langley, **Surrey, Abbotsford**, Campbell River, Victoria, **Nanaimo**, Prince Rupert, **Prince George**, Fort St. John, Williams Lake, **Kamloops, Kelowna**, Castlegar, Cranbrook. **(Bolded Locations are those sites in which we currently have office space).**

Number of Full Time Employed Staff **93 FTEs; 60 PTEs; 300 volunteers**

RFP Qualification Form

Name/Agency: **The Law Courts Education Society of British Columbia**

Telephone: (604) 660-9870

Fax: (604) 775-3476

Address: **260 – 800 Hornby St., Vancouver, B.C., V6Z 2C5**

Agency Profile: **The Society is a registered non-profit organization founded in 1989. Through regional offices and the web, the Society delivers high quality legal education programs to citizens and justice system personnel living in all parts of the province.**

Agency's service offerings:

Public Legal Education Programs for B.C., Canada, and internationally including:

- **Justice System Education involving over 40,000 youth and adults annually (courtwatching, mock trials curriculum development, system personnel sessions, community workshops)**
- **Parenting After Separation (120 workshops involving 2,500 participants)**
- **Court information for Immigrants (Spanish, Vietnamese, Chinese and French)**
- **Northern Native Aboriginal Programs (workshops for aboriginal communities, specialized education programs for aboriginal youth).**
- **Youth at Risk Programs**
- **Restorative Justice Programs**
- **Professional Development Workshops for teachers and community workers**
- **Community Justice Forums**
- **Specialized community education for Judges and justice system personnel.**
- **Dealing with Abuse workshops for Aboriginal Communities**
- **Web based public legal education (Air India, Relationship Violence, Families Change)**
- **Web based teacher and community worker law-related education training**

Name of owners and/or key executives:

The Society is governed by a 13 member Board of Directors appointed by government, the Judiciary, and the legal profession.

The current Directors are:

Mr. Justice Wallace T. Oppal, President
Mr. Justice L. Paul Williamson, Director,
Judge Pedro L.J. de Couto, Director,
Ms. Jane E. Gardiner, Vice President,
Mr. Chris Beresford, Director,
Mr. Bob Gillen, Q.C., Director,
Mr. Bill Grandage, Director,
Ms. Susanne Dahlin, Director,
Ms. Margaret Ostrowski, Q.C., Vice President
Ms. Jennifer J. Lynch, Director,
Mr. Mason Loh, Q.C., Director,
Mr. Tony Kapusta, Director,
Mr. John Borrowes, Director

Rick Craig, Executive Director, Law Courts Education Society

Locations (number of offices, head office location, branch offices):

The head office is located in Vancouver at the Law Courts Complex. The Society has seven regional offices - Prince George, Kamloops, Kelowna, Victoria, Surrey, and Vancouver. The Society has sub regional offices located in Port Coquitlam, Chilliwack, New Westminster and Richmond.

Number of Full Time Employed Staff: **9 FTE; 11 PTE; 14 contracted facilitators.**

Requirements	Y or N	Comments
<u>Agency</u>		
3. Access to space, or be willing to secure appropriate space for group education and counselling programs for a maximum number of twenty (20) participants.	Y	A map is provided in the appropriate section for a comprehensive overview of locations across the province. The Society is using its own locations, those of the E. Fry Societies in other cities, and small office rentals in the remaining locations. Thus, through the network of the organizations we have access to offices of society educational for educational groups. The Elizabeth Fry Society will purchase at its own expense the electronic capability for all locations without capacity the ability to connect with the OSMV and Agency as the Prime Contractor. The Society has existing capacity in its current offices as does the Law Courts Education Society in some locations.
4. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up, referral to medical review), will be sent electronically to OSMV and Prime Contractor.	Y	
<u>Staff</u>		Sample resumes of current employees included in Appendix A
<u>Education</u> Have completed a recognized degree or diploma program in counselling, human services, psychology, or adult education from an accredited organization.	Y	The Society is a professional public legal education organization. Nine educators have degrees in education and/or law. All 14 facilitators have degrees in psychology or education. All Society staff receive ongoing education yearly including training on delivering specialized workshops and working with new resources. Many of these programs are for adult learners.
<u>Experience</u> Have a minimum of two years experience in: <ul style="list-style-type: none"> counselling addicted individuals; conducting drug and alcohol assessments; motivating angry or hostile clients; presenting in adult education style; dealing with drinking drivers. 	Y	All Society staff receive ongoing training two times per year on how to implement new Society programs for adults and youth. Most staff have been with the Society over five years, many over 10 years so that they have substantial experience delivering educational programs. Most Society Parenting After Separation facilitators have counselling experience and experience working with clients under stress. These facilitators currently handle clients who are not happy with attending the compulsory PAS course. The Society will bring all service providers/employees together to provide them with a comprehensive training review so as to ensure consistent service delivery.
<u>Skills</u> Have the following skills: <ul style="list-style-type: none"> familiarity with brief intervention strategies; familiarity with stages of change theory and practice; 	Y	As indicated, permanent Society staff and facilitators have substantial experience in delivering adult education programs and facilitating groups. Society staff have familiar with educational theory on personal growth and change and have

<ul style="list-style-type: none"> • group facilitation skills. 		<p>worked on numerous programs designed to foster attitude and behaviour change. These programs have been for youth at risk and adult parents and victims.</p>
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7.0 Program

The proposed program is designed to:

- Separate drinking and driving behaviours
- Be consistent with the best available evidence
- Provide a consistent high standard of services in each of the locations.

The Elizabeth Fry Society and the Law Courts Education Society propose that the chronic, relapsing nature of alcohol and drug problems be recognized in a way that supports a client's loss of self-esteem and self control and provides a framework that can be used to enable relapse prevention strategies.

Thus, we propose that the the Drinking Driver Rehabilitation Program be organized under a consistent theoretical framework - 'Prochaska's Transtheoretical of Change using Prochaska & Di Clemente's Stages of Change Model, with consistent goals, principles, processes and tools which are inclusive of the theory and model such as Motivational Interviewing; Structured Relapse Prevention (based upon social learning theory and a cognitive-behavioural approach) which includes the stages of change; and, standardized, research supported measures which can be used to measure client change and program efficacy.

In keeping with the Model of Change and that relapse can occur at any stage to the previous one; and, there are relapse rates of 60 to 80% for ANY behaviour change attempt the Model of Change will be presented as a normative occurring cognitive-behavioural cycle.

Thus the cycle will be presented as:



Components

7.1.1 Screening

The Elizabeth Fry Society will provide the Screening component. All clients will be screened in person in the nearest location or the location of their choice. Screening will be used to skillfully use empirically based procedures to identify individuals with alcohol-related problems or consequences or those at risk of such difficulties.

The Society takes the position that screening is part of the intervention. It begins the establishment of a relationship between the client and counselor, addresses motivation and engagement, and sets a tone for further intervention and maximizes the likelihood that the individual will follow through with the specified intervention. Thus, the Society uses Motivational Counselling – in keeping with the change model - to support the goals of screening. Further, it effectively identifies the offenders'¹ individual needs and determines the appropriate remedial measure based his needs, the risk he poses for continued drinking and driving and the severity of his drinking problem.

a) Referral

The Society proposes that the clients will be referred to the proposed program via a referral form sent to a centralized intake fax number or email (pending meeting Ministry security requirements). The Society proposes that in keeping with the intent of the proposed program – that drinking drivers take responsibility for their actions, clients call and register themselves for screening. However, pending discussion with the Ministry, the Society could contact clients or after a period of time once a referral is received.

b) Intake Screening

Upon arrival for the screening, clients will have already paid their “registration fee” of \$880.00 dollars and been advised not to use alcohol or drugs that day. The screening process will take approximately one hour and include three standardized tests to determine the client’s reasons for drinking and driving and the level of risk he or she² poses to continue to drink and drive. Clients will complete and sign all necessary informed consent forms at this point – inclusive of legal disclosure requirements. In keeping with the Ministry’s preference and research of effectiveness and sensitivity, the screening process determinants will be based upon the 52 item RIASI (Research Institute on Addictions Self-Inventory) to determine which of the three possible rehabilitative interventions is most appropriate. And, the Drug Abuse Screening Test (DAST) and the Alcohol Dependence Scale (ADS) as a pre and post measure of effective intervention in either the counseling component or treatment component that the client selections when referred for that option. Clients involved in the educational component will complete a evaluative test at the end of the educational component in keeping with identified best practices through the Health Canada, *Best Practices - Treatment And Rehabilitation For Driving While Impaired Offenders website*³.

¹ Offenders are here after referred to as clients or participants.

² For the purpose of the proposal and keeping with demographic data, the male pronoun will be used forthcoming.

³ http://www.hc-sc.gc.ca/hecs-sesc/cds/publications/treatment_rehab_driving_impaired_practices/toc.htm.

The Tool:

It is likely the screening process will be perceived as intrusive and may raise discomfort for the client – and if done inappropriately negatively impact the client. The screening therefore, would be closely tied to the development rapport with the client and provide the client the knowledge and experience that it is used as part of the intervention versus solely for the purpose of information gathering.

Further, Thus the process will be client centred and by the end of the screening the counselor, supported the Commitment to Change Algorithm (CCA) available in the public domain will identify the clients' readiness for change.

The proposed three step screening process will consist of: There are five general principles underlying Motivational Counseling; the following explanations are adapted from Miller and Rollnick (1991).

1. Express Empathy

A style of "accurate empathy" has been shown to be predictive of success in treating problem drinkers (Luborsky et al, 1985; Miller et al, 1980, Valle, 1981). The attitude underlying this principle is that of "acceptance" or understanding the client's feelings and perspectives without judging, blaming or criticizing (not the same as agreement or approval – ie. one can accept the client's position, but not agree with it).

2. Develop Discrepancy

A second general principle of Motivational Counseling is to create and amplify, in the client's mind, a discrepancy between present behaviour (where one is) and broader goals (where one wants to be). This is one way to increase motivation to change. The general approach is one that results in the client presenting reasons for change, rather than the counselor doing so.

3. Avoid Argumentation

The third principle is that counselors avoid arguments and head-to-head confrontations. These approaches tend to increase client reactivity and resistance. One of the most common areas where arguments are likely to happen is in the "labeling" of a client's behaviour. In Motivational Counseling, rather than arguing about a label, more effective means are used to promote change.

4. Roll with Resistance

Rather than argue head-on, Motivational Counseling uses resistance to create momentum to change through a variety of techniques. Reluctance and ambivalence are not opposed but are acknowledged to be natural and understandable. New views and perspectives can be invited, but are not imposed. It is assumed clients are capable individuals with important ideas and insights for the solutions to their own problems.

5. Support Self-Efficacy

Self-efficacy is a person's belief in his or her ability to carry out and succeed with a specific task. It is a key element in motivation for change, and good predictor of treatment outcome. Motivational Counseling stresses to clients that they are the

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only ones who can change themselves – the therapist can help, but cannot do it for them.

Strategies to Enhance the Interview Process:

In addition the Society uses the following strategies:

1. **Listen with Empathy** – The primary skill used here is reflective listening. This involves the counsellor listening carefully to what the client says and restating it back (simple reflecting) to him or her in a way that captures the meaning of what the client is saying. It can also be used to reframe statements so that the client's sense of self-efficacy is enhanced. In addition, a simple reflection is a useful response to resistance.
2. **Avoid Yes/No Answers** – The intent of an interview is to build a relationship with a client, and this can best be achieved by keeping conversation open. Yes and no questions tend to close conversation, and it is more useful to ask open-ended questions that invite elaboration and provide more information. Questions that begin with openings such as “tell me more about...”, or “can you describe to me what is going on when ...” are helpful in eliciting information and reducing feelings of resistance.
3. **Being Supportive** – The counselor must remain non-judgmental and provide frequent acknowledgement of the client's best intentions.
4. **Working from the Client's Presenting Concern** – Being patient and allowing the client to start from where he is such as “I just want my license back”, or “I'm only here because I have to be”. Premature focus on substance abuse can create resistance in the client. Thus, the counselor will look for openings where the client's issues may be linked to substance misuse.
- 4.5. **Being Prepared to Respond** – When a client discloses substance misuse and their associated history, the counselor must know how to respond with statements that convey understanding and concern. It is often difficult for individuals involved in substance misuse to discuss their use and its consequences. It is important that the counselor not express alarm or disapproval. Ascertain what your next step will be if substance misuse is raised and communicate this to the client.

Proposed Three Step Screening Process:

1. advising the client of the program and collecting biographical and demographic data

Using questionnaires for “tombstone” or other routine data (demographics, address – type of accommodation) can provide a familiar and structured way of gathering information from people, especially from non-verbal clients. Questionnaires are sometimes seen as less threatening ways of getting information. It may be more comfortable for an individual to complete a questionnaire himself with the codicil that it is necessary to discretely check out

the client's reading and writing ability before asking the client to do a questionnaire on their own (ie. language or literacy issues).

The “Elephant in the Room”

Once the interview commences either from the point of receiving the completed tombstone/routine information (ie. address etc) the counselor will begin the interview with asking: “What are the key issues for this client? Immediate needs? How has the current issued affected their future life?” This question aims to assist the client to identify personal issues for seeking assistance other than being mandated to participate. Thus, the process of motivating and personally investing the client in the process and program can begin. Identifying presenting issues can establish the client’s expectations of the program and personal outcomes in the future.

The counselor will be responsive to the issues to facilitate the establishment of rapport with the client. While additional issues that impact on an individual may be identified, the counselor will work to demonstrate a genuine understanding of what the client is saying and respond appropriately to the needs he identifies. This responsiveness serves as a key factor for engaging clients. The goal of this phase is to build or ensure motivation to change. In summary the counselor will use open ended questions, listen reflectively, affirm, summarize and elicit self-motivational statements through evocative questions, decisional balance (balancing changing or not)balance, elaboration, using extremes, asking the client to look back, and exploring goals.

To support the client in moving through the process of the interview and in keeping with the principles of, and strategies used in, motivational counselling the counselor will use Miller’s (1995) FRAMES (i.e. feedback, responsibility, advice, menu, empathy, self-efficacy) model for brief interventions. “Feedback” involves giving personal feedback with regard to ways in which the behavior is harming ~~what has been called the client. A-H approach noted in point form~~ be “Responsibility” is related to the research that consistently shows that people are most likely to take action when they perceive that they personally have chosen to do so. Asking clients questions such as: “Are there any things about your substance use that concern you, that you would like to change?” can help them resolve their ambivalence. ~~Giving~~ A ~~dvice~~ Different from ordering or requiring, “advice” involves giving the client clear and direct counsel as to the need for change and how it might be accomplished. The key element is a clear recommendation for change, based on accurate personal information, given in an empathic manner. In order for a person to truly believe that he has personal responsibility in decision-making, there must first be real alternatives from among which the individual can choose. “Menu” involves clients actively involved in choosing their own treatment approach from alternatives – as previous discussed – which is supported by research. One of the strongest predictors of counsellor’s success in motivating and counselling individuals is “empathy.” Thus, the counsellor would be client-centered, listen to, and reflect, the client’s statements and feelings by using strategies such as those on the page 8 and 9 and speaking directly, simply, and honestly, and exploring the ways that the purpose and goals of participation and ways in which the program goals (on page 6 under point 7.0) can best be accomplished with him.

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Finally, “self-efficacy” involves helping individuals come to believe that meaningful change can be achieved. This is accomplished not only by helping to give clients

the tools they need to make meaningful changes, but it also involves the counselor/educational facilitator truly believing in what they are doing, communicating both that they care about the person and that they believe the person can make meaningful changes

To deal with resistance and assist clients to move through the process counsellors will use techniques such as:

- Simple reflection (reflects exactly what was heard)
- Amplified reflection (amplifies or heightens the resistance that is heard).
For example, Client: “I could not quit. What would my friends think?”
Counsellor: “It sounds like there would be a lot of pressure from your friends if you tried to stop.”
- Double-sided reflection (presents both sides of what the client is saying, useful with pointing out ambivalence.) For example, Client: “There is no question that my children come first. I only drink away from them and they don't see me drunk, I'm very careful about that.” Counsellor: “So, on the one hand you're saying your children are very important to you and they come first. However, you also seem to be saying that you don't see anything wrong with drinking and appear to discount how risks your taking could affect your children.”
- Elaboration (When a client offer something bad about his behavior, ask him to talk more about it. Ask for an example, and then ask for another example.)
- Developing Discrepancy (creates a gap between where the client has been or currently is and where he wants to be; goal is to resolve discrepancy by changing behavior. For example: “What was your life like before you started having problems with drinking?” Tell me about what a typical day is like now?”
- Shifting Focus (ignoring resistant or counter-motivational statements or changing the discussion. Client: I can't quit taking my car when I drink – there's no bus service near my friend's house! Counselor: You're getting way ahead of things here. I'm not talking about you quitting drinking. I don't think you should get stuck on that concern right now. Let's just stay talking through the issues - and later on we can worry about what, if anything, you want to do about it.
- Emphasize personal choice & control (if you tell someone what to do this is confrontational and fosters resistance. Allowing personal choice and control over their problems can help minimize resistance)

- Agreement with a twist: a subtle strategy of agreeing with the client followed by with a slight twist or change (reframe) so as to move the discussion forward.
- Looking Forward. For example: "If you keep going the way you are, where will you be five years from now? Where would you like to be? What goals/things do you want for yourself?"
- Reframing (~~Reframe~~ Places a different meaning on what the person says so that the person doesn't seem so resistant). For example, Client: "My boss has really gone crazy over my being caught drinking and driving, and want me to seek counseling. Sure I know that I almost lost my job but my boss wrote a letter and said I needed it." Counsellor: "It sounds like you feel your boss is being over reactive, but his actions also seem to have been the one thing that kept it from being suspended. What do you think about that?"
- Columbo Technique (used when clients are presenting conflicting information or behaviors). For example, Counsellor: "On the one hand you say you are terrified of going to prison, one the other you still plan to take your car when you go out for a night of drinking. I'm confused. Help me understand this."
- ~~or "story"~~ Therapeutic Use Paradox (the counselor sides with client's side of the ambivalence and presents the client with a challenge). Example (counsellor) "This is the second time you haven't been able to complete your pre-group assignments. Maybe it's too difficult for you to complete group."

2. a drug screen for lifetime, past year, and past 30-day substance dependence and abuse; and questions regarding prior experience with treatment or treatment or self help groups, substance use frequency, binge drinking and personal perception of a problem – Commitment to Change Algorithm (CCA) Drug Abuse Screening Test (DAST) and the Alcohol Dependence Scale (ADS).

The CCA "structured questions" which dependent upon the answer classify the client into one of the five stages of change would be used as a classification tool. Clients are classified into the highest stage for which they qualify using the stage definitions. The purpose of the DAST is to 1) provide a brief, simple, practice and value method for identifying individuals who are abusing psychoactive drugs, and 2) to yield a quantitative index score of the degree of problems related to drug use and misuse. The 20 item scale can be completed in 5 minutes as a paper and pencil measure and takes less than 2 minutes to score. The ADS provides a quantitative measure of the severity of alcohol dependence. It is widely used as a research and clinical tool, and studies have found the instrument to be reliable and valid. The 25-item scale can be

completed in 10 minutes scored in five.

3. the RIA self inventory – questions regarding family history, classic symptoms of alcohol abuse and dependence, interpersonal competence, alcohol expectancies, aggression/hostility, impulsivity/risk taking, psychological factors, and childhood risk factors.

Empirically derived the RIASI provides a problem-drinking score. Administered by pencil and paper, it can be hand scored and yield a single continuous score that can be interpreted at different cutoffs for different populations. If the Society is the successful proponent the Society will work with the Ministry to identify the thresholds for screening decisions.

Note: The Society uses research related to gender differences particularly - pathways to addiction, differences in the degree of social integration (family, work, spousal, and support), and efficacy of treatment. All of which are particularly important as they relate to implications for personal change plans for clients.

Transitioning

The counselor will then move to identify presenting strengths: (eg. articulate, stable accommodation, attending school, employed) (includes coping skills). Questions will identify positive qualities, skills and supports in the client's life that may be useful in future or could be incorporated into strategies. Identifying a client's strengths is critical to the formation of the screening in addition to the client's risk factors. A client's strengths function as important tools which should inform the planning and implementation of the plan. Strengths are defined as those attributes, behaviours or traits that are currently or potentially valuable, positive and/or functional in the client's life.

To support the client in moving through the process in this phase of the interview from reasons for change to strengthening commitment and negotiating a plan the counselor will use strategies/techniques such as:

- Recapitulation (summarizes how the client sees the problem and their ambivalence, reviewing the evidence about risks and problems, summarizing the client's wish to change)
- Key Questions (ask the client questions that help them explore wishes and how they see proceeding forward).
- Information & advice (often clients will ask specific questions. The counselor will provide specific accurate information as requested.
- Setting Goals
- Considering change options
- Negotiation – of intent and commitment to the program and component
- Solidifying Commitment

Consistently through the process will be the message that it is the client's choice to choose a course of action – the client has the control. The emphasis on soliciting a commitment to change is expressed through the client's willingness to

participate in the program versus developing an addiction intervention plan. However, counselors may need to move through these techniques more fully if the issue is to discuss treatment with the client and foster their willingness/commitment to find and seek treatment.

Lastly, based upon the screening the client will be provided personalized feedback:

- reasons for change alcohol/drug use;
- pros and cons of change;
- strengths and commitment to change;
- coping strengths; and the
- client's triggers to alcohol/drug use.

Thus exploring the risk implications of the findings and eliciting the client's reactions. Non-confrontation feedback of the findings will be used to nudge clients at the precontemplation stage towards change; for clients in the last three stages, feedback can serve to reinforce commitment to change, provide explicit ordering of thoughts (cognitive organizers); and validate steps taken in the direction of change.

c) Streaming

Once screening has taken place the client will be streamed to the appropriate measure. Clients will be given a program brochure listing locations, an overview of the components and a copy of the program's client expectations, an individual change plan and asked to sign an agreement to abide by the proposed program requirements:

- No use of alcohol or drugs on the day(s) of contact with the program;
- Attendance and on time;
- Participation;
- Accurate information;
- Completion of all exercises and work sheets
- Confidentiality of all information learned about other participants

The Individual Change Plan will be provided to clients in the form of booklet (that will later form part of a binder) which provides reflective, structured exercises to enable a client to make a personal plan and commit to change. Clients will be provided this tool to enable them to leave the interview with a personal tool that can be implemented from that point forward. In this way, the motivation and commitment of clients can be supported between the time they leave the Screening and that they enter the next component.

Clients will then be streamed to the appropriate remedial measure.

i) Education or Counseling Component

Once determination of the appropriateness of either the education (low risk to re-offend and not alcohol dependent) or counseling components (high risk taking behaviours and not necessarily alcohol dependent) has been

made, the client can either immediately book the date and location of the required program to suit their personal needs; or telephone and booked through a central booking number to register if they need to consult prior to scheduling. Upon registration, clients will be given or sent pre-reading materials, complete a pre-course Inventory of Drug-Taking Situations questionnaire and personal action plan to complete and bring. The questionnaire and personal action are constructed as part of a reflection and skills building booklet that will be reviewed and finalized in the components. Both will be constructed of high grade paper and with drawings and structured activities to encourage document retention as a resource document and reinforcement for the client.

For clients referred to the Counseling Component:

The Counsellor will assess the client's ability to participate in a group format – unless contraindicated clients will participate in the group. In instances where the Counsellor determines the individual unable to participate in a group, for reasons such as behavioural issues, the need for a translator, hearing or visual impairment that cannot otherwise be accommodated the counselor will schedule individual sessions. At this point, clients will be asked to sign a new informed consent form inclusive of the 10 Productive Behaviors used in the component and client expectations.

ii) Treatment Referral

For clients identified as appropriate for treatment (high risk to re-offend, and alcohol dependent), the program will provide the client with information on treatment options and provide the client with the necessary interagency liaison and referral to assist the client to enter treatment – assuming the client's willingness. The Society proposes that in keeping with *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction* this support may include a referral to residential programs or facilitated access to an Addictions Clinic, if requested by the client.

To manage the initial period of development of screening protocols the Society suggest that regular scheduled meeting take place during the period of time between proponent selection and the program commencement with the Ministry and that the Ministry be involved in the initial staff training when the screening tools portion is presented – so as to ensure clarity and consistent understanding between all parties. The Elizabeth Fry Society would assign it's Manager of Clinical Services, Dr. Mark Tunbridge to act as the designated Society representative.

Summary of tools used: Payment of the Registration Fee; Structured Motivational Interviewing and supportive processes and techniques; Decisional Balance Worksheet; Commitment to Change Algorithm (CCA); RIASI (Research Institute on Addictions Self-Inventory); DAST (Drug Abuse Screening Test); ADS (Alcohol Dependence Scale).

Basic Premises of the Education and Counselling Components:

- Participants are responsible for the choices they make. The components can help clients make informed decisions but ultimately each alone possesses the power to choose.
- Participants require tools to change – the components are designed to help participants identify the benefits and consequences of their high-risk behaviours and provide a model for positive change.
- A brief intervention can be an effective catalyst for lifestyle change.
- Knowledge does not equate to change. For clients to change they need to apply information to their own life situations and seek guidance and support for change.
- Accurate information, group processes, reflective journaling and self change and motivation strategies can assist participants in changing high risk attitudes and behaviours.
- Clients are diverse in terms of their relationships to alcohol/drugs, experiences, family, culture, education, and motivation to change existing attitudes and behaviours. Skilled, flexible facilitators/counsellors are imperative to support the fit of the remedial components and the program participants.

7.1.2. Education

The Educational program helps participants to learn about:

- The risks of drinking and driving – performance and safety;
- The legal consequences of drinking and driving;
- Strategies to deal with peer pressure;
- Early signs of impairment; and
- Ways to avoid drinking and driving.

Clients will attend at the location and date of their choice – within the specified RFP timelines, and will participate in a mixed media format of presentation including lectures, videos, and written materials and learning formats inclusive of small and individual work. In Lower Mainland communities the minimum number of participants scheduled to attend a session would be 6. In smaller communities, the minimum number would be 4 and could proceed on an individual basis initially in the first year as the program referrals grow. Given potential ‘no shows’ the group size that commenced as 6 registrants may on occasion actually proceed with 5 or so from time to time. When the session is booked, it would proceed subject to cancellation due only to weather or illness. The Educational component will occur as one 8 hour block of course time with a half hour lunch break provided for participants.

Education will occur in person and the component will use adult learning principles and be provided by two trained educators with knowledge and experience in adult education and addictions counseling. Clients will attend with their completed pre-course readings, questionnaire, and personal action plan.

Brief overview of Education Component portions identified for the course:

- 1) Introductions and participants' reason for attendance – developing relationship
- 2) Focus on the Motivations and Behaviours involved (lecture, small group format)
 - a) Review of the Attitudes and behaviours of drinking drivers, with some individual self-assessment – Thinking and Action Patterns Charting
 - b) Focus on the Motivational Issues which underlie these attitudes and behaviours and the need to change them
- 3) Information on the effects of alcohol on blood alcohol concentration, and how fast the body gets rid of alcohol (pre-reading materials and lecture)
- 4) Acute effects of alcohol, other drugs, and combining the two on driving skill (such as effects on perception, judgment, reaction time, motor skills, and the probability of accidents) and other drugs on driving skill (pre-course materials and group exercise using impairment goggles)
- 5) Focus on the legal and personal consequences of drinking and driving (lecture and video)
 - a) Human – to potential victim(s), family and the drinking driver
 - b) Social – to Society, - ICBC, the Courts, medical system
 - c) Personal criminal consequences – potential charges & consequences
 - d) Personal civil consequences – insurance limitations, liability of driver & owner
- 6) Physical, psychological and social effects of abusive drinking (use of pre-course materials – “The 5 rules of thinking” and small group discussions):
 - a) Psycho-social-physical model of addictions
 - b) Long term physical effects of drinking
 - c) Long term cognitive-behavioural effects of drinking - psychological and social
 - d) Effect of alcohol on family, work, and personal relationships
 - e) Special issues of multiple offenders – running the scenarios.
- 7) Identifying Risky Situations and Preventing Impaired Driving - developing a personal action plan (individual and group work)
 - a) High risk drinking and driving situations (mental-behavioural control cycle)
 - b) Recognizing Peer Pressure/Group Norms of Alcohol Use
 - c) Stories of change
 - d) Personal Action Planning. How to do it, addressing triggers, building personal supports
 - e) Community supports
 - f) Taking the first steps – starting with the course and making a commitment – signing a contractual agreement to address triggers and eliminate drinking driving.
- 8) Evaluation by participants
- 9) Presentation of certificates and closing.

The LCES has extensive experience in curriculum design for adult education programs. LCES was involved in the design of the mandatory “Parenting after Separation” program and developed the Chinese, Punjabi and Aboriginal community versions of PAS. Thus the LCE Society has the demonstrated ability to work with a Provincial Government Ministry to design, develop and deliver an educational program.

LCES has also completed an extensive review of “Literature on remediation Program for At Risk Drivers”. This review examined evaluations of programs of this nature throughout the world and examined “best practices” and the program elements that are been demonstrated to be most effective in changing the attitudes and behaviours of high-risk drivers.

Coupled with the Health Canada materials previously cited and footnoted, the LCES would dedicate one employee to the design and finalization of the Educational Component Curriculum. This employee would work closely with the delegated Ministry employee to solicit approval of the proposed curriculum, direction or feedback regarding changes or development of portions, and the review of the curriculum delivery tools, techniques and materials. Given the short timelines for program implementation, the LCES recommends bi-weekly meetings to enable an efficient decision making and the meeting of project timelines.

The LCES envisions these meetings to include:

- discussing the characteristics and needs of the types of drivers referred and the fit of the proposed content, tools and techniques.
- developing a broader draft course outline for Ministry review; detailed scope and sequences, proposed participant group and individual self-assessment; learning activities and proposed educational videos and overheads.
- reviewing detailed course teaching resources including overheads, powerpoint presentations, group and personal activity sheets, (self-assessment activity and action planning). All of these resources would be approved by the Ministry.
- discussion of whether the Ministry would like to attend the pilot course, LCES will run this prior to determine any modifications required.

During this time the following would also occur at LCES:

- review of curriculum used in other jurisdictions with a similar approach to that proposed for BC; related evaluations and confirmed against best practices.
- development of detailed course teaching resources already mentioned
- development of the pilot course already mentioned
- production of sufficient resources for all locations.

During this time the following would also occur:

- a) Re-confirming locations for the courses. Given the nature, seriousness of the offense and to give enhanced formality to the learning environment LCES proposes, where possible, to organize courses in court locations. Alternatively, the current specified locations would be used.
- b) processing all facilitator employee requirements (such as references, proof of qualifications, criminal record search, etc) preparations for facilitator training
- c) finalization of booking and reporting procedures
- d) purchase or arrange permission for the use of program copyrighted resources.
- e) addressing technology needs (VCR,TV, powerpoint, etc) at site locations

Summary of tools used: Personal Action Plan; Daily Monitoring Form; Contract for participation in Education Group; and Identifying Problem Substance Abuse Situations.

7.1.3 Counselling

The Counselling component helps participants to:

- learn about, and take responsibility for their alcohol and drug use and its consequences;
- develop insight into their behaviour and their triggers;
- separate their drinking and driving behaviours – change their driving behaviour;
- reduce the risk of re-offending.

Up to this point in the proposed program, the client will have been through a screening inclusive of the client being provided with personalized feedback within the context of the motivational interview experience. There has been discrimination in locating each client within the different stages of change and the counselor has engaged in different sets of counseling procedures depending on the readiness for change of the client. Clients who were not alcohol dependent and indicated that they were ready to seriously consider change, and the necessary steps required to change engaged in the development of an individually tailored Personal Activity Plan were referred to the Educational Component.

Clients identified in the Screening as having more serious problems than their use of alcohol will complete the counseling component (excluding the discussion of clients referred for treatment). Thus the focus of the counseling component will address coping with emotion problems inclusive of not resorting to alcohol to manage them, relapse prevention (inclusive of developing a personal action plan), and establishing a healthier lifestyle. As a part of the component clients will be provided with information, and referral as appropriate, to community resources for further help with their substance abuse problems.

The modules of the counseling angle and the activities involved (reading from the top of the chart down – the blue area) can be visually represented as such:

Program Component	Stage of Change				
	Pre-contemplation	Contemplation	Preparation	Action	Maintenance
Screening					
Motivational Interviewing					
Individual Treatment Plan					
SRP: Initiating Counselling					
SRP: Maintenance Counselling					

Where necessary for clients unable to participate in group counseling, or in small population areas service will be available individually. In keeping with the current work of the Elizabeth Fry Society and the requirements of the RFP provision will be made for clients with cognitive deficits, behavioural difficulties, other similar issues, and each client's different needs and treatment goals the counselling component is designed to be accommodatingly flexible.

Experience in Service Modality

The Society uses motivation interviewing techniques (see Appendix C) and cognitive-behavioural therapy for its work in addictions and with offenders. We have used the model of change and motivational interviewing since the early 1990's (our records of modality go back to 1992). The Society provides the *Provincial Addictions Core Program for Offenders – Substance Abuse Management (SAM)*; and the *Helping Women Recover: A Program for Treating Addiction* (including the special edition for the criminal justice system for female federal offenders) Stephanie Covington's curriculum. In addition the Fryworks Program is a 360 hour cognitive-behavioural therapeutic program (since 1998); and Liz's House (since 1999) has provided Structured Relapse Prevention for poly-substance abusing women on methadone.

In addition, the Society has provided programming for clients with socio-cognitive deficits which we recognize as deep-seated maladaptive thought processes. The curriculum and techniques of the program support the Counselling Component. The program teaches participants to think before they act, to anticipate problems and plan their reactions, to focus more on problems and solutions, to consider other people's points of view, to be more flexible, open, rational and reflective in their way of thinking in general. More precisely the areas targeted are:

- **interpersonal problem solving**, e.g. problem awareness, problem definition, information gathering, distinguishing facts from opinion, alternative thinking, means end testing, consequential thinking, decision-making, perspective taking,
- **self-control and self-management (impulsivity)** e.g. poor anger control, impulse control, addictions, moods swings, low motivation,
- **assertiveness and social interaction**, e.g. social isolation, lack of social skills, dominance or submissiveness,
- **social perspective taking**, e.g., lack of understanding of other's point of view, low empathy for others,
- **critical reasoning**, being easily influenced and easily led, failure to question or analyse,
- **cognitive style and values reasoning** , e.g. basic values orientation, interpersonal hostility, cognitive distortions, rigid beliefs,

Where necessary the Society would integrate these activities into the individual counseling sessions for clients with cognitive deficits or behavioural difficulties. In short, the Society has provided addictions services since 1979, and worked with the proposed program paradigm for over 20 years.

In keeping with the Ministry's preference and Health Canada research regarding effectiveness and integration of strategies and skills, the Counselling component will occur over a three month period for a total of 16 hours. The Society proposes that service occur either in 4 hour blocks roughly every 4 weeks; or weekly one hour blocks for 16 weeks for individualized counseling. The post-intervention assessment would occur within 4 weeks of the component completion and a further 6 months later.

The Society believes that interpersonal problems outside the group will show up in group interactions and can be dealt with within the group setting. Thus client would be given guidelines on 10 productive behaviors, and would be expected to practice them regularly in the group. Worded as if for participants, the competencies are:

1. Giving feedback about how a group member's behavior affects you.
2. Seeing yourself as causing your own feelings and having a choice in the way you behave.
3. Demonstrating to others that you can understand their feelings.
4. Self-disclosing - being able to communicate your thoughts and feelings to others
5. Making connections and seeing similarities between your thoughts, feelings, and behavior in the group and those outside of the group.
6. Having words and non-verbal behavior communicate the same thing.
7. Experimenting with new behaviors.
8. Finding ways of helping group members who do not meet the competencies.
9. Demonstrating basic assertiveness skills.
10. Identifying the process you go through and the thoughts you have about yourself when you want to drink, and demonstrating behaviors in the group which show you can change that process and thoughts.

The Society parallels these productive behaviours to the techniques of motivational interviewing and their applicability to facilitating change and building self esteem – thus clients will see their 10 productive behaviours portionally within the techniques of the counsellor.

- | | |
|--------------|----------------------|
| • Giving | A dvice |
| • Removing | B arriers |
| • Providing | C hoice |
| • Decreasing | D esirability |
| • Practicing | E mpathy |
| • Providing | F eedback |
| • Clarifying | G oals |
| • Active | H elping |

More importantly, clients have an opportunity to develop or refine and demonstrate behaviours that assist them to manage interpersonal problems and stress, as well as provide opportunity for “social learning” of prosocial behaviour and responsibility to others. Further, behavioural expectations of participants are worded in affirmative behaviours as opposed to a list of banned behaviours – such as no verbal or non-verbal threats. When problems arise expectations can be discussed in a manner which supports change and personal growth. The techniques previously discussed such as therapeutic paradox which facilitate cognition and behavioural change by the client and recognize the problem as a poor coping strategy enabling therapeutic intervention.

The proposed counselling component would focus on engaging clients to:

- Assess their goals and commitment to change;
- Design and individually tailor their personal action plan;
- Identify their strengths and resources;
- Anticipate their triggers for alcohol or drug use, develop alternative ways of coping;
- Develop their confidence by practicing coping skills in real life risk situations
- Make connects between their alcohol and drug use and other life situations; and
- Ultimately, develop the competency to anticipate risk situations and pre-plan coping strategies.

In the proposed program the client would now begin the process of reconfirming their commitment to their personal action plan and reconfirming commitment consisting of:

- Signing a group contract to demonstrating and practicing the 10 productive behaviours in counselling;
- A personal hierarchy of alcohol/drug triggers to be worked on in counselling through homework assignments;
- Client goal setting and self monitoring;
- Counselling sessions (may be individual or group)
- “Initiation to Change” homework assignments
- “Maintenance of Change” homework assignments

Overview of Component Modules

Pre-reading and assignment for Session One:

Monitoring drinking behaviour – commencing two weeks prior;
Inventory of Drug Taking Situations;
The expectations and requirements for class including the group member contract
The concept of change;
Dispelling common myths about drug absorption and other drugs;
Alcohol absorption and variables that will affect how individuals respond;
Identifying temptations and developing strategies to address them.

Session One **Change versus Consequences & Alcohol, Drinking, Driving & You** **Goal: Avoidance of risk triggers**

1. A self assessment, building group norms, and shared experiences
2. Taking stock of current drinking habits (review of self monitoring of drinking – part of one month exercise);
3. Assessing the personal impact of alcohol - personal consequences experienced as a result of the client driving while impaired – this exercise provides the counselor opportunity to deconstruct examples in stories as learning opportunities of recognizing and avoiding risk situations and provides an opportunity for the client to receive support from other group members;
4. Clients will prepare an identification list of likely triggers to arise over the coming week and describe several coping strategies that they would be prepared to use;
5. The legal, financial and societal costs of drinking and driving inclusive of victim impact statements and sharing national and local statistics related to alcohol and other drugs and driving (a video and discussion)
6. Assessing personal patterns of substance use and examining individual motivation to change - setting personal goals and developing strategies to reach them;
7. Re-introducing participants to the Stages of Change model and reviewing its application with a non-substance related example – a Personal Action Plan will be explored and completed for the scenario with group discussion and analysis following.
8. Homework: COPE Alert Card (a wallet sized card on which the client can record a variety of coping strategies that can be put into action – anywhere, anytime. Clients will be directed to carry the card – the rationale being that as much as one can plan for unexpected events when a trigger situation occurs for risk the client will have preplanned strategies to assist him in managing his behaviours).
9. Homework: Monitoring drinking behaviour – for two weeks after component.

In instances where this module is provided, the components will be provided as outlined on a weekly basis with two points occurring each week with the following codicils:

- For clients provided individualized counseling for behavioural reasons each session will include emphasis on distress tolerance and self soothing strategies and role plays;
- week one will involve the negotiation of an individual counseling contract;
- self monitoring of drinking will be reviewed on an ongoing basis for four weeks commencing in week one, and thus #9 does not apply;
- clients will be provided more direction in terms of building personal and community supports,
- week three will involve a community resource homework assignment, and
- week four will include completion of the COPE Alert Card and Completion of a functional analysis of a recent alcohol or drug episode.

Pre-reading and Activities for Session Two:

Monitoring drinking behaviour – commencing two weeks prior;

Individual evaluation of their own relationship with alcohol or other drugs – (Identifying Problem Use Situations through reading, charting and mapping exercise); Peer Inventory

Readings: The link between feelings and substance abuse; Recognizing anger; Defense mechanisms

Session Two Use, Misuse, Abuse and Addiction & Maintenance of Change Goal: Anticipating Risk and Planned Coping Alternatives

1. Taking stock of current drinking habits (review of self monitoring of drinking – completion of previous module exercise;
2. Completion of a functional analysis of a recent alcohol or drug se episode for each participant;
3. –Exploring with participants the differences between use, misuse, abuse, and addiction;
4. Identifying defense mechanisms – personal application to how they keep the individual from making good decisions;
5. Examining the way alcohol abuse affects the family/those around clients – based upon pre-reading and assignment for completion – identifying opportunities to use group behaviours in a home/communal setting (self regulation and highlighting paying more attention to dealing with emotions)
6. A functional analysis will be completed by each participant of events during their week to identify their high risk triggers/situations.
7. Preparation of a Weekly Plan – initiation for the week ahead.
Assignment of Week Plan as homework for participants in the group session during the interval before the next session.

Pre-reading and Activities for Session Three:

Clients will be provided personalized homework assignments to address their selected 5 coping skills drawn from the Coping Skills Checklist.

The Society proposes to draw these activities from the Centre for Addiction and Mental Health *Structured Relapse Prevention: An Outpatient Counselling Approach* (1996); Centre for Addictions Research and Evaluation, Denver, Colorado, *The Providers Guide: Driving with Care: Education and Treatment of the Impaired Driving Offender: Strategies for Responsible Living and Change* (2005); The Change Companies, *Facilitator Guide for DUI/DWI Flex Modules* (2004); and The Change Companies, *Facilitator Guide to Choice and Change* (2004). The Centre for Addiction and Mental Health provides drinking driving program in Ontario, Saskatchewan, and Manitoba. The Change Companies provides programming, training and curriculum for 18 states related to Drunk Driving, Motivational Counselling and Structured Relapse Prevention Counselling.

Clients will be asked to find 4 community resources (bringing the contact information to session 3) that could provide them support and report them to the group and explain why (inclusive of public transport or other transport options).

Ongoing completion of Weekly Plan – Maintenance Phase

Completion of “If I were to Drink and Drive...” exercise

Session Three

Feelings and Self Esteem

Goal: Competence for Entering pre-planned risk situations.

1. Review of previous homework activities and discussion of the assignment inclusive of group discussion to assist clients to complete left hand column.
2. Clients will continue to explore the link between feelings and substance abuse;
3. Guided exercise – examining how feelings influence personal decisions to drink and drive and planning ahead;
4. Examining how anger influences clients' behaviour and identifying healthy ways to deal with it;
5. Experiential learning: clients will learn and practice distress tolerance and self soothing strategies (to deal with personal high-risk situations such as those involving emotional upset) – inclusive of role playing and self monitoring;
6. Goal setting exercise
7. Presentation of individual “If I were to drink and drive...” exercise and group discussion
8. Generation of community support map – the communal web of support.
9. Homework: 10 Productive Behaviours – using them outside the component. Clients will integrate them into their Weekly Plan and report on the effect of these behaviours; coping skills assignment.

Pre-reading and Activities for Session Four:

Ongoing Weekly Plan – Maintenance
Preparation of Individual Presentations for Group – Finalized Personal Action Plan
Coping Skills Assignment Completion
Invitation to the last hour and a half of group of a friend, partner, or family member

Session Four**Personal Change Plan****Goal: Long term maintenance of coping behaviours**

1. Drug-Taking Confidence Questionnaire (DTCQ).
The questionnaire will be administered and scored during the session. Through the use of the questionnaire the Society proposes that the counsellor would provide clients with direction on regarding seeking further help regarding substance abuse. As requested, the counsellor will assist clients with referral services for transition.
2. Review of homework assignments and discussion of the activities.
3. Looking Forward Activity
4. Client Satisfaction Survey
5. Presentation of Personal Action Plans to the group and invitees – graduation.

Summary of tools used: Monitoring drinking behaviour (previously provided in the Education Component Section); Inventory of Drug Taking Situations; Contract for group or individual counseling; COPE Alert Card; Coping Skills Checklist; SRP Functional Analysis; Weekly Plan – Initiation; Weekly Plan – Maintenance; Drug-Taking Confidence Questionnaire (DTCQ); Client Satisfaction Survey.

Ministry Approval and Liaison

In keeping with the proposed process for the screening and educational components the Society proposes to manage the initial period of development of the counselling content, tools and protocols through regular scheduled meetings to take place during the period of time between proponent selection and the program commencement with the Ministry. The Society recognizes the Ministry's responsibility for the program development, design and delivery and therefore proposals to work closely with the Ministry to enable an effective working relationship and efficient process.

Further, at the Ministry's discretion, that it be involved in the initial staff training when the counselling portion is presented and role played – so as to ensure clarity and consistent understanding between all parties. The Elizabeth Fry Society would assign it's Manager of Clinical Services, Dr. Mark Tunbridge to act as the designated Society representative under the direction of the Executive Director, Shawn Bayes.

7.1.4. Post Intervention Assessment

The post intervention assessment will be done via an in-depth 2 hour personal interview with the client and will include:

- Re-administration of the RIASI; DAST; and ADS;
- A review of the client's driving record; and
- A review of the client's Personal Action Plan focusing on eliminating drinking driving behaviour.

The assessment will also include information from other sources as necessary, or required such as:

- For those clients referred for treatment a review of the participation in a treatment program and completion outcome; and
- Post-intervention assessments or driver fitness information as appropriate.

In keeping with the proposed program philosophy of a consistent paradigm of service, the assessment will be standardized throughout the Province in format, design, duration, and tools inclusive of the reporting template and recommendation on driver fitness and risk of re-offending. To facilitate standardization the Society proposes a Post-Intervention Checklist be developed similar to the Counsellor Checklist provided in the counselling component.

The Society currently operates programs throughout the Lower Mainland and Fraser Valley. To facilitate consistent service delivery and reporting the Society uses standardized reporting particularly as our reports are frequently used by child welfare or parole or probation authorities, provincial and federal parole boards, and courts. Thus, the organization has a culture of standardization fostered by our work and history and policy and procedures which require it.

To facilitate consistent standardized delivery the Society: we keep all forms and manuals online through a staff website: standardized forms and reporting formats are locked with fields for data entry; staff are extensively trained – 12 days in their first year of service; and Quarterly File Audits are completed (on no less than 10% of program files in each program and site) with results reported to the Board.

The Society will work with the Ministry in the same manner as proposed for the other components - regular scheduled meetings to take place during the period of time between proponent selection and the program commencement with the Ministry. The Society recognizes the Ministry's responsibility for the program development, design and delivery and therefore proposals to work closely with the Ministry to enable an effective working relationship and efficient process. At the Ministry's discretion, that it be involved in the initial staff training. The Society would assign it's Manager of Clinical Services, Dr. Mark Tunbridge to act as the designated Society representative under the direction of the Executive Director, Shawn Bayes. It should be mentioned that the Society has the capacity to work, and would as needed or required by the Ministry – electronically via internet in Word, Excel or Adobe file at their discretion for any components of the proposed program.

7.2 Service Delivery Time Frames

Screening	• Completed within 1 month after driver requests service
Education	• Completed within 2 months after the client registers for a course
Counselling	• Completed within 5 months after the client registers for counselling
Post-Intervention Assessment	• Completed within 1 month after completion of counselling or treatment (and minimum of 6 months after screening and within 6 months of licensing)

To enable the Society to meet the time line standards, clients will be able to download a registration package from a program website and then fax the forms to a central provincial intake point via a 1-800 fax number for long distance calls and a location number for calls within the Greater Vancouver calling district. Registration packages will also be available at program sites, court house locations, and via mail or fax. Upon receipt of the registration package, a central Intake Coordinator will contact clients via telephone and schedule them in their nearest location, or location of choice to receive a screening. The Society will maintain a regular interview schedule in communities of at least one day every two weeks. Part-time employees will be asked to maintain availability for these “blocked times” and be paid a stip-end to maintain capacity.

The Elizabeth Fry Society successfully used this strategy for the Community Work Service Program which operated in the Greater Vancouver Correctional District inclusive of the Sunshine Coast and Garibaldi region as far north as Pemberton, Mount Currie and district provided service to over 6500 clients annually through 14 offices. The Drinking Driving Program will utilize these protocols which have proven efficient in the past at providing clients screening with that contractual obligation of 2 weeks maximum.

Upon completion of the screening, clients will then be streamed to the appropriate option. Clients will contact either the same 1-800 again to book for the counselling component and simultaneously their post-intervention assessment; or call the LCE Society 1-800 number to reach their central booking coordinator (who currently manages a similar procedure for clients in the Parenting After Separation Program) to be booked into the Education Component.

Education Component

It is anticipated that that the greater majority of clients will be streamed to the Education component and thus provide for greater volume upon which to draw “class sizes.” The LCE Society would develop a plan that includes a phasing in of service initially and an overall vision of service delivery at full operation. LCES anticipates no difficulty reaching minimum numbers within the 2 month timeline after registering in the large cities and towns. It may be that initially, we would need to either negotiate some flexibility on this timeline in the smallest locations or provide service to individuals. This point however is a discussion for between the Ministry, Elizabeth Fry Society, and the Law Courts Education Society.

In the Lower Mainland, there would be substantial flexibility, courses would be scheduled for all location areas and registrants could opt to attend in any one of the locations, depending upon what is most convenient for them geographically and time wise. The scheduling of number of courses provided in a location could also be adjusted depending upon demand. The philosophy that would guide this process would be to provide access as quickly as possible to registrants. Days of programming would also vary within regions and between regions to provide the highest degree of flexibility for registrants given the close proximity of locations and the anticipated volumes.

The same possibility would exist for registrants in smaller locations. They could opt to attend in any one of the locations where the course is offered. The LCE Society experience with the *Parenting After Separation* program is that sometimes registrants would prefer to travel to a close location rather than wait for the course to be offered in their location.

The LCE Society would monitor closely booking patterns throughout the year and adjust courses to maximize demand. Periodically, the LCE Society would also examine bookings to determine if the locations for the courses are in the areas of highest demand. The possibility exists to change locations in a region, if that is more convenient for the more registrants.

7.3 Geographic Availability

The Elizabeth Fry Society of Greater Vancouver is proposing to use its existing employees and hire employees rather than contractors for the various locations. We currently have employees in North Vancouver, Vancouver (able to serve Richmond), Port Coquitlam, Coquitlam, Abbotsford, New Westminster, Surrey (able to serve Langley) and thus have the ability to service over half of the proposed program currently. As the founding Elizabeth Fry Society we founded the other sister organizations in the Province and have negotiated hiring their existing qualified staff and use of their offices thus providing a further four locations. Through Elizabeth Fry offices we are able to provide service for roughly 67% of referrals.

The LCE Society provides service across the Province for the Parenting After Separation Program. In communities where space and need overlapped they negotiated on our behalves access to those sites for this program –Nanaimo, Richmond, Surrey, Vernon, Victoria, and Williams Lake. Thus, it was only necessary to negotiate or purchase (on a as used basis) space in Castlegar, Cranbrook, Langley, Campbell River, Prince Rupert, and Fort St. John which the RFP advises is anticipated to account for approximately 15% of referrals. Thus, hard costs related to risk for the initial low service volumes of 500 or less will be managed. These service locations can continue to be used until the point where client volumes, sustainability, and service demand require dedicated service locations for counselors (ie. screenings, etc).

REGIONS	%		Client Volume Estimates						
East Kootenay	2.8	10	34	101	135	169	169	787	
Kootenay Boundary	2.2	8	26	79	106	132	132	615	
Okanogan	9.0	32	108	325	434	542	542	2,525	
Thompson Cariboo	9.7	34	116	350	468	584	584	2,720	
Fraser East	6.8	24	82	245	328	409	409	1,906	
Fraser North	9.2	32	110	332	443	554	554	2,579	
Fraser South	12.6	42	151	456	606	758	758	3,529	
Richmond	1.6	6	19	58	77	96	96	448	
Vancouver	6.3	22	76	227	304	379	379	1,766	
North Shore/Coast									
Garibaldi	5.5	19	66	199	265	331	331	1,542	
South Vancouver									
Island	7.9	28	95	285	381	476	476	2,217	
Central Vancouver									
Island	8.9	31	107	321	429	536	536	2,496	
North Vancouver									
Island	3.6	13	43	130	174	217	217	1,011	
Northwest	3.6	13	43	130	174	217	217	1,011	
Northern Interior	6.0	21	72	217	289	361	361	1,682	
Northeast	4.3	15	52	155	207	259	259	1,206	
Total Annual Volume	100%	350	1,200	3,610	4,820	6,020	6,020	28,040	

REGIONS:

EAST KOOTENAY:

College of the Rocky Mountains
2700 College Way
Cranbrook, BC V1C 5L7

KOOTENAY BOUNDARY:

Educational Component
Castlegar & District Library
1005 – 3rd Street
Castlegar, BC V1N 2A2

Kootenay Society for Community Living
2224 – 6 Avenue,
Castlegar, BC V1N2V9

OKANAGAN:

Kindal Development Association
3304 – 33rd Street
Vernon, BC

Elizabeth Fry Society of Central Okanagan
104-347 Leon Avenue
Kelowna, BC V1Y 8C7

THOMPSON/CARIBOO:

Elizabeth Fry Society of Kamloops District
261B Victoria Street
Kamloop, BC V2C 1A1

Thompson Rivers University
383 Oliver Street
Williams Lake, BC V2G 1M4

FRASER EAST:

Elizabeth Fry Society of Greater Vancouver
2469 Pauline Street
Abbotsford, BC V2S 3S1

FRASER NORTH:

Elizabeth Fry Society of Greater Vancouver
402 East Columbia Street
New Westminster BC V3L 3X1

The Elizabeth Fry Society of Greater Vancouver
#3 – 2559 Shaughnessy Street
Port Coquitlam, BC V3C 3L8

FRASER SOUTH:

Law Courts Education Society
14340-57 Avenue
Surrey BC V3X 1B2

Langley School District
4875 – 222 Street
Langley, BC V3A 3Z7

RICHMOND:

Richmond Youth Centre
#4 – 11220 Voyageur Way
Richmond, BC V6X 3E1

VANCOUVER:

Law Courts Education Society
260-800 Hornby Street
Vancouver, BC V6 2C5

NORTH SHORE/COAST GARIBALDI:

Elizabeth Fry Society of Greater Vancouver
819 Chesterfield Avenue
North Vancouver BC V7M 2M8

SOUTH VANCOUVER ISLAND:

Law Courts Education Society
#225-850 Burdett Avenue
Victoria, BC V8W 1B4

CENTRAL VANCOUVER ISLAND:

Malaspina University College
900 Fifth Street
Nanaimo, BC V9R 5S5

NORTH VANCOUVER ISLAND:

Campbell River Baptist Church
760 South Dogwood
Campbell River, BC V9W 6Y7

NORTHWEST:

Service BC Government Agency
201-Third Avenue W
Prince Rupert, BC V8J 1L2

NORTHER INTERIOR:

Elizabeth Fry Society of Prince George
1575 – 5th Avenue
Prince George, BC V2L 3L9

NORTHEAST:

Fort St. John Public Library
10015-100th Avenue
Fort St. John, BC V1J 1Y7

Service Delivery – Staffing

As previously discussed the Elizabeth Fry Society has employees with the required experience and qualifications able to provide service for 67% of the clients referred. Based upon the chart on the previous page which provides annual client numbers based upon proportion of the aggregate control the Society can sustain the delivery of service to a volume of just over 800 clients annually screened with the likely distribution of clients into the three components – education, counselling, and treatment (the Society bases this upon analysis of distribution from the Ontario drinking and driving program); and subsequent post-intervention assessments. In this way, seasoned experienced employees will work with the Societies to further develop a program operations manual and refine the program design. New employees hired would be mentored by these current ongoing employees to facilitate consistent program delivery in a time of evolving internal policy and procedure. Both organizations have well defined policies related to staff training and orientation, inclusive of on-going individual supervision, co-facilitated service provision as a means of employee performance observation and contributing to employee performance evaluations.

As previously discussed the Elizabeth Fry and Law Courts Education Societies propose an initial group employee training. Given the mandate of the components and their design, if successful we would pursue a half day training together as a joint group coupled with one day training for the educator staff and 2 days for the counselling staff. It is anticipated that component groups will undertake group training annually to maintain internal consistency and staff commitment to the program structure and design. Both organizations propose the provision of a pilot program comprised of employees (an ministry staff at their discretion) as a means of training and orientation.

Employee reporting is a component of ensuring program consistency and the Counsellor Checklist speaks to this not only in terms of the content but the tools and activities used. As an accredited service provider with the Council on Accreditation the Society has high standards and ongoing review and reporting requirements related to monitoring service provision and program delivery. As an accredited service provider the Society is required to ensure that any subcontractors meet the COA standards. The Elizabeth Fry Society and its programs are audited on adherence to COA standards every three years.

The final configuration of service delivery would depend upon service volumes and particular demographics of service modality distribution – which would be monitored and responded to on an ongoing basis.

Remote Communities

For the Law Courts Education Society service in more remote locations would either be provided by employees as part of their regional program work or by combining this with the assistance of contracted facilitators. The LCE Society has access to the network of PAS facilitators provincially and also has strong educational contacts in most parts of the province. Depending upon numbers, timing and location, the decision would be made as the local model used.

7.4 Client Volumes

Page 32 discusses client volumes and the manner in which the Society intends to mitigate risk for hard costs. Soft costs such as employee salaries will be mitigated through the use of part time employees – balanced again the necessity to ensure capacity, employee competency, and commitment and thus the Society has provided for a monthly stipend for part-time employees. The Society has a number of part-time employees with regular practices such as Dr. Conrad Bowden and Rosemary Fromson regularly provide the Society up to 20 hours a week.

In addition the Society has the capacity within regular employees through the assignment of an addition 5 hours a week (moving from 35 to 40 hours a week, not addressing the issue that they are exempt from hours of work and over time under the BC Employment Standards Act and can choose to vary their work schedules upwards) to add a further 45 hours of counselling capacity a week.

Thus, service schedules can be developed months in advance within a consistent service delivery schedule regarding screenings, the counseling component, and the post-intervention assessment.

The E Fry branch affiliates provide a further similar ability to address service requirements – albeit on a smaller basis.

Through adapting a mitigating risk strategy and our ability to add organization capacity without risk the Society has:

- Structured operational requirements to enable for a flexible ability to scale operation up or down as required in the first year of operation;
- Provided for fluctuations of client volumes while providing the Ministry with a stable infrastructure and consistent service delivery model by trained qualified staff;
- Minimized the amortization of debt over time (reduced debt servicing costs) to enable us to meet service delivery time lines with minimized financial burden due to lack of economies of scale.

In this way the Ministry is provided with an approach which is flexible, manages risk of fluctuating client numbers as it may impact the lack of trained qualified staff, location and timeframe availability; and the impoverishment of the necessary infrastructure investment for registration, reporting, and documentation requirements.

The program manager for the educational component would monitor demand in every location on a monthly basis and adjust the scheduling of courses accordingly. Initial schedules of three months would be established for each location. These schedules might be adjusted and they would be used to project scheduling for the coming three month period. Participating society staff would be able to adjust their work loads as needed, given that they have other educational services to deliver. Contracted staff would only be paid for sessions delivered, thereby lessening the financial risk to the Society.

7.5 Data Collection and Reporting

The Society currently has the ability to collect and report data to enable reporting, audit requirement, evaluation, and future purposes that the Ministry might determine such as research.

- Unique client identifier
- Driver's licence number;
- Program location;
- Service performed;
- Fee status (we have existing client pay programs, and thus payment collect, that operates in 9 locations);
- Payment receipt number;
- Dates of service provision (screening, education, counselling, post-intervention assessments)
- Gender
- Client address; and
- Screening and post-intervention assessment results.

In addition, this information can be aggregated to enable a variety of report to the OSMV on a regular basis, as determine by the Ministry to enable reports such as:

- Number of client screenings scheduled;
- Numbers of education course and counseling sessions conducted;
- Numbers of post-intervention assessments conducted;
- Numbers of clients needing individual or specific programs;
- Number and nature of client complaints;
- Revenue reporting;
- Issues and topics of concern; and
- Changes in subcontracting arrangements.

Through the use of a web-based case management system the Elizabeth Fry Society maintains and manages client data and its correlated billing requirements. Counselors/education facilitators enter data online after each session/group. It provides an immediate up-to-date view of the client's status through an organized view of the record, inclusive of standardized tests, and reports. Critical business processes that work with security-sensitive data such as driver's license numbers can be confined to a secure central server rather than multiple workstation PCs that are less secure. Thus, from its centralized location the Program Administrator can generate reports without requiring the coordination of numerous paper records from numerous locations across the Province; review and audit case files for service delivery compliance and for data collation requirements for external evaluation and OSMV monitoring.

The Society proposes the following additional reports:

- percentage of clients that complete the counseling component;
- average and median improvement in post-intervention assessment measures - outcomes;
- yearly aggregation of client satisfaction data.

7.6 Program Communications

In keeping with the specifications of the RFP document the Society proposes that the following types of communication materials are appropriate for this program:

- ~~The program be branded to the service – thus a licensing decision – rather than the prime contractor to enable long term public recognition of the name and profile the program as a provincial initiative;~~
- The program would be branded to the service – a licensed program – therefore communication would be managed within the framework of the Provincial strategy. In support of a branded service model therefore, the Society suggests an annual review of communication materials with Ministry approval required for such changes (exempting text versus contextual changes which the Society proposes to handle via an ad-hoc email advisement/approval basis, ie. such as when legislation has changed name, for routine printing updates) to discuss any proposed communication material;
- Web site (in the name of the program) with basic public information, contact information inclusive of email address (ie. info@....), procedural information and processes related to appointment scheduling and confirmations inclusive of a downloadable registration package and basic program brochure; and
- Website include a portion dedicated to public confidence and awareness – publication of the program outcomes; public safety improvements (data link to government website or data provided by the Ministry) and placement of the program within the broader provincial strategy (ie. roadside checks - CounterAttack, school education programs, the proposed ignition interlock program, etc)
- ~~Informational program brochures would be available in Courthouses across the Province.~~

To enable effective communication and the development of a unified standardized program the Society proposes the following:

- Email addresses and distribution lists (all E Fry employees have an email address and are computer literate as our payroll system is web based); LCE Society has a similar capacity;
- Finalized forms, procedures and policies be placed upon the EFry staff website (efry.bc.ca) for up-to-date information (E Fry has a full time Manager of Information Technology and a part-time employee to support our inter-and-intra-net). We maintain all forms online to facilitate consistency and change management. LCE Society forms for the education component would be similarly managed.
- A gateway entry point – a 1-800 number/local Vancouver district telephone number to reach the intake coordinator who will schedule clients for screening and then stream them to registration in the education component (a different 1-800 number) or the same 1-800 the client has already for the counseling and/or post-intervention assessment.
- Both 1-800 numbers are staffed during government business hours. In addition the Society proposes that the central intake number will be expanded to provide call in service ~~until~~ 8:00 am to 6:00 pm;

- —
- Program staff conference calls – virtual staff meetings;
- Annual provincial training meetings of all personnel;
- Quarterly and annual reporting from regions in keeping with the Society's CQI policy and procedure which would be distributed to all program personnel and Ministry designated personnel.

7.7 Conflict Resolution

The Society currently provides written reports for court regarding supervised access of children in the custody of the Ministry regarding parental contact. The Society is sensitive to the issues involved for clients without control of assessment or outcome and therefore has a well established policy and culture of client support and strategies to manage issues as they arise. The Society has established policy and procedures for managing conflict resolution which it proposes will be used for the program and disclosure of information. Clients have the right to know of decisions and recommendations affecting their lives.

All clients are to be advised of the Program's grievance policy at the time of intake and an advisement is placed on program brochures. Clients are encouraged to speak directly regarding their concerns. An electronic journal log will be maintained by the centralized 1-800 number (similarly so for LCES) of any complaints and the resolution or direction provided to individual.

In the event that a client is not satisfied with the resolution (such as the right to submit and have attached a statement of their position regarding an incident or report the client will be advised that he has the right to speak to the Program Administrator, to discuss their concerns or submit then in writing and the necessary information for either step. All program staff are responsible to advise clients of their rights and the steps and mechanisms in place including that a staff member will assist them to complete a form, or write a letter and file the grievance.

Upon receipt of the written grievance, or phone call the client will discuss the matter fully with the Program Administrator of the program, who will take any corrective action which is seen as necessary within the boundaries of his/her authority – this does not include changing therapeutic decisions. The Program Administrator will notify the Executive Director of the client's concerns and the action taken.

If agreement is not reached between the client and the Administrator and the client is still unsatisfied, the client may submit his/her concern to the Executive Director within ten working days of the date of the concern first being raised to the Administrator. Failure to abide by the time limit may terminate further pursuit of the grievance however the time line will not be used for technical disqualification. Clients are encouraged to use the formal Grievance Form to enable effective tracking of grievances.

The Executive Director will acknowledge receipt of the grievance, in writing, to the client, and will notify the Program Administrator of receiving it within 48 hours of its receipt. The Executive Director will take any corrective action which is seen as necessary within the bounds of his/her authority within ten days, and notify the client. Quarterly Program Reports note grievances, attach copies of them, and are

provided to the Executive Director and Continuous Quality Improvement Committee for review.

All responses to the client are provided in writing, and copies of grievance forms will be placed in the client's file and recorded in the case management online system.

The Society proposes that in instances where clients are dissatisfied with screening and post-intervention assessments that the staff person speak to the client about the nature of standardized tools, internal validity, actuarial predictability, and the risk of false negatives and positives – in other words to let the client know that tools can only make predications and because he has already placed the community at risk through his driving if there is an error made it has to be on the side of protecting the community. Therefore, the counsellor isn't saying that he will drink and drive only that the testing places more likelihood on that he will than he won't. Counsellors will acknowledge the client's frustration, the client's intention not to drink and drive and place the community at risk.

If the Province determines that clients may re-register after a period of time and treatment, ongoing abstinence, or harm reduction the counsellor would advise the client of this policy.

The Society trains its staff in Therapeutic Crisis Intervention, a three day behaviour management and crisis intervention course (we have two certified trainers from Cornell University) with an annual one day refresher and staff would use these skills with the client.

7.8 Qualifications

Completed Qualification forms are located on pages 2-4 of this proposal.

In addition to the qualifications discussed on page 22 regarding our work in addictions, the Society has extensive experience in identifying and reducing risks associated with alcohol and other drugs through its addiction treatment programs in the prisons – inclusive of reports to the parole board; addictions screening and referral to residential treatment resources, management of third party clients (the majority of whom have chronic addiction and mental health issues) who have been banned from receiving service in government offices due to their behaviour; the Society's half-way house which by law is a minimum security prison and we of whom over 70% of our clients are long term chronic drug users; as well as Sheena's Place – shelter for homeless women of whom over 60% self identify as chronically drug or alcohol dependent – where we provide an addictions counsellor to screen and case manage women

The Society provides medical-legal reports in its addictions work for the prisons and residential addiction facilities, as well as legal reports for the visitation programs, community justice programs etc. Due to security reasons we do not

maintain searchable records for our work with prisoners. We estimate we provide over 4000 annual reports currently.

Project References - Elizabeth Fry Society of Greater Vancouver
Linda Doig
Community Services Manager, Tri-Cities Ministry of Children & Family Development
Contract Manager, Simon Fraser Visitation Program
(604) 527-1220 or by email at Linda.Doig@gems6.gov.bc.ca

Sherry Mumford, Ph.D (ABD)
Fraser Health Authority Addictions Leader
Contract Manager, Liz's House and Liz's Too
604-587-4408 or email at: Sherry.Mumford@fraserhealth.ca

Law Courts Education Society
Ringo Dosanjh
New Westminster Family Justice Manager
Parenting After Separation Contract Manager
604-660-8636 or by email at Ringo.Dosanjh@gems6.gov.bc.ca

LCES is well qualified to undertake educational courses of this nature. The Society currently is involved in delivering Parenting After Separation Courses for the Lower Mainland (excluding Surrey). These are mandatory courses for parents with children who are separating and going to court to resolve custody and access issues. Currently the Society organizes 120 courses yearly involving approximately 2,500 parents. The Society was involved in the development of the mandatory course in English as well as courses for the Chinese and Punjabi communities. The Society has access to trained adult education facilitators who could deliver the drinking and driving course in these languages, if numbers permit. The Society has also created an aboriginal community version of the program.

LCES is an educational Society that delivers educational programs to youth and adults throughout British Columbia. Currently, the Society works with over 1,400 groups annually involving close to 50,000 youth and adults. The society has many educational courses designed for adults and all Society regional staff are trained to deliver these courses. In addition, for some of its programming the Society relies on contracted facilitators, all of who deliver adult educational services.

The Society has extensive experience educating on the legal and social consequences of at-risk behaviours and works closely with justice system personnel to deliver many of its programs. The Society has won numerous international awards for the quality and innovation of its programming.

7.9 Financial Information

7.9.1. Fees & Pricing

The Society proposes that fees be paid prior to the client attending the screening component. Therefore the Society proposes the following. Clients complete a registration package – either downloaded from the internet, faxed to them upon request, mailed to them, or picked up from their nearest courthouse.

The client would then complete the registration form and read and sign the informed consent form for participation in the program. Clients would then return the forms back to the centralized intake portal either via email, fax, or mail. Clients

could pay by cheque/money order or credit card. The Society can process credit card authorizations by telephone upon receipt of a signed authorization form. Clients can also make a direct deposit through their local branch of the Royal Bank through the provision of their driver's license number for reference although this option is discouraged.

Upon receipt of the registration information the client data will be entered into the web based client management system. Record of payment would either be entered at that point when it is submitted conjointly or upon advisement of payment in those rare instances direct payment through the Royal Bank was used. A receipt of payment would be issued to the client upon entry into the client management system.

The Society would use a monthly report of payment from the client management system to cross verify its general ledger entry. Client's would be referenced by name and driver's license number. The Society proposes a monthly statement would then be issued of revenues received and revenues apportioned to the Ministry, with a monthly cheque issued for payment. If the Ministry wishes the Society can make the payment via electronic transfer.

The Society proposes to retain \$465.00 per client. Thus, E Fry is able to provide for a fixed term of payment for the duration of the seven year contract, provide for expected service of debt costs incurred - design, development, implementation and evaluation; additional expense of employee versus contract employees, capital cost investments amortized over the 7 year period, and a balance of risk versus benefit with a 2% margin for contingency/ potential retained earnings. The Society proposes no additional fees to reschedule or for non-completion – barring two cancellations with no notice for individualized service - screening, individualized counselling, or post-intervention assessment. In those instances, a \$50.00 surcharge is proposed prior to rescheduling.

7.9.2. Financial Accountability and Responsibility

The Society acknowledges the financial accountability and responsibility for all costs associated with program design, development, implementation, on-going operations, and evaluation and the components listed in, but not limited to page 22 of 37 of the RFP document.

7.10 Subcontracting

As previously noted the Elizabeth Fry Society and Law Courts Education Society have technical interface capability via the internet as well as facsimile to be able to communicate with the Ministry and each other. Additionally, Law Courts Education Society has demonstrated ability and expertise in curriculum development. As the provider for the screening, counselling, and post-intervention components through the use of employees the Elizabeth Fry Society will not be subcontracting this work.

Law Courts Education Society will be subcontracted to provide the education curriculum. LCES would manage the delivery of all of the educational courses in all of the 20 locations. LCES staff would deliver courses in some locations and work with contracted facilitators in other locations. Contracted facilitators will be retained on the same basis as the Society currently retains PAS facilitators. They will be paid for the delivery of each course. Their schedules will be organized by the program manager who will also collect all evaluations and attendance statistics. There will be conference calls periodically to discuss program issues. All staff and contracted facilitators will be trained at the same time to deliver the courses. The Society will organize a multi-day training course in a convenient location for all staff involved. The training will include some role-playing, possibly involving all staff in a simulated course. Regional staff will work with the project manager to monitor the delivery of all courses in order to ensure that the quality of service is consistent. The Society will also include monitoring of the courses as part of the performance evaluation plans for all Society regional staff involved with the program and will develop an annual program monitoring plan for quality control.

The LEC Society has existing employees or subcontractors in all communities except for Castlegar, Cranbrook, Campbell River, Prince Rupert, and Fort St. John and has agreed to send its regional employees to these sites to provide services pending developing those relationships. The Elizabeth Fry Society has employees, or will have employee capacity in these communities and therefore can provide the second facilitator for the education components as necessary.

Given the anticipated small number of clients 75 in the first year in the 5 communities, it may prove prudent to not hire or train facilitators in these communities until the volume increases to a level where training and monitoring employees provide a cost scale benefit. Upon that time, the Law Courts Society will utilize the existing protocols it has in place for the other facilitators which are inclusive of regular regional employee visits and supervision in the regions.

When employees are hired, it seems advantageous to time the yearly staff training event in conjunction with the new hires to provide for the development of informal peer support networks, and assign mentors to provide additional training and co-facilitation as all locations are within 5 hours of another location with trained staff and therefore the overlapping of staff costs is not prohibitive. Both organizations have a policy of the assignment of "shadowing" proficient employees with new hires as a part of the training process.

7.11. Privacy and Security

The Society is aware of the Freedom of Information and Privacy Act and has established policies and procedures in place to provide for the safe retention and security of personal information and severance of information for the privacy of others (barring their consent) when releasing information. It should be said however as a licensed service provider for the Society and in recognition of the Province's policy regarding Intellectual Property the Society takes the position that all information is maintained on government forms and therefore government

property. In the event of a request for release of information the Society would seek direction from the Ministry and provide the files to the Ministry.

The Society, recognizes the impact of the USA Patriot Act and has received training on both pieces of legislation and compliance from the Fraser Health Authority. The Society does not maintain personal information on servers outside of Canada.

A copy of the Society's policy is included for reference.

For the LCES all information on participants in the program for educational courses will be managed by the program manager. Staff at course locations will receive attendance lists by fax and will be expected to return these lists by mail, completed, to the program manager. They will not retain copies and not keep electronic files of participants. The program manager will provide the information required by the primary contractor and will be responsible to ensure that all personal information is secure and protected . The LCES Society backs up it files daily and has a staff-person responsible for computer system maintenance.

Additionally, the Society employees ROWE Business Solutions to advise it on electronic and websecurity. Jose Gavina, has worked as a system architect and system analyst for Telus for over 15 years. André Coetzee is a business analyst and certified Project Manager Professional (PMP) with over 10 years of experience. Their clients include but are not limited to clients such as Intrawest, Bell Mobility, Bell Distribution Sales, Rogers AT &T Wireless, Rogers Cablesystems, Aaron & Gusman Creative Advertising, Provence Consulting, Manulife Engineering

7.12. Audit and Control

The Elizabeth Fry Society agrees to open its accounting ledgers and other business operations as they relate to this RFP on an annual basis, or as requested by the Ministry for auditing purposes. Similarly, so Law Courts Education Society agree to provide access for the verification of services invoiced for under the terms of this RFP as advised in section 7.12 of the RFP on page 24 of 37.

Annually the Elizabeth Fry Society has an independent audit through KMPG LLB under the direction of Mr. Archie Johnson, Senior Partner. A copy of the Society's

most recent audit is included. The Society has consistently been recognized for its exemplary control procedures. The Society will work closely with the Ministry to demonstrate its existing audit and control procedures, which are fully codified and passed by the board. In addition there is a Board Audit and Finance Committee which works closely with the Senior Management. The Society's Treasurer and head of the Audit and Finance Committee is Ms. Carol Baert, C.A., Director of Finance and Bursar of the Justice Institute of BC.

The Society has the utmost confidence in its control and audit procedures and Mr. Jan Pajak, C.G.A. would work closely with any identified Ministry delegate to

review and discuss the Society's practices respond as required. The Society shares its audited statements with all funder and contracting bodies. The Society produces monthly operating statements reviewed by the Society's Audit and Finance Committee and presented to the Board of Directors for acceptance and approval. All Society contracts and service units are stated separately in the following categories:

- | | |
|---|--|
| • <u>Salaries and Wages</u> | • <u>Repairs and maintenance</u> |
| • <u>On Call Stipend</u> | • <u>Equipment furnishings and tools</u> |
| • <u>Auxillary staff</u> | • <u>Legal</u> |
| • <u>Professional Services/Subcontractors</u> | • <u>Mileage and travel</u> |
| • <u>Benefits</u> | • <u>Office supplies</u> |
| • <u>Rent</u> | • <u>Telephone/fax/cell/pager</u> |
| • <u>Audit and accounting</u> | • <u>Postage and courier</u> |
| • <u>Dues and fees</u> | • <u>Program supplies</u> |
| • <u>Insurance</u> | • <u>Recreation</u> |
| • <u>Staff training</u> | • <u>Contingency</u> |
| • <u>Client development</u> | • <u>Misc</u> |
| • <u>Recruitment</u> | • <u>Administration</u> |
| • <u>Publications and prints</u> | |
| • <u>Utilities</u> | |

Most programs have separate bank accounts which the Society proposes for this program against which would be expensed payment of apportioned fees to the Province, and program costs as classified.

Both Societies have agreed to open access of their books to each other in the spirit of cooperation and the exchange of annual audited statements.

Similar to E Fry, LCES will manage all program expenditures as part of a designated project. This means that all expenditures will be tracked separately and will be easy to audit. The Society will produce a monthly statement of expenditures for the primary contractor. This project will be audited as part of the annual society audit.

7.13 Quality Assurance

The Elizabeth Fry Society will be responsible for quality assurance, ensuring Program consistency, delivery performance standards, and availability. The

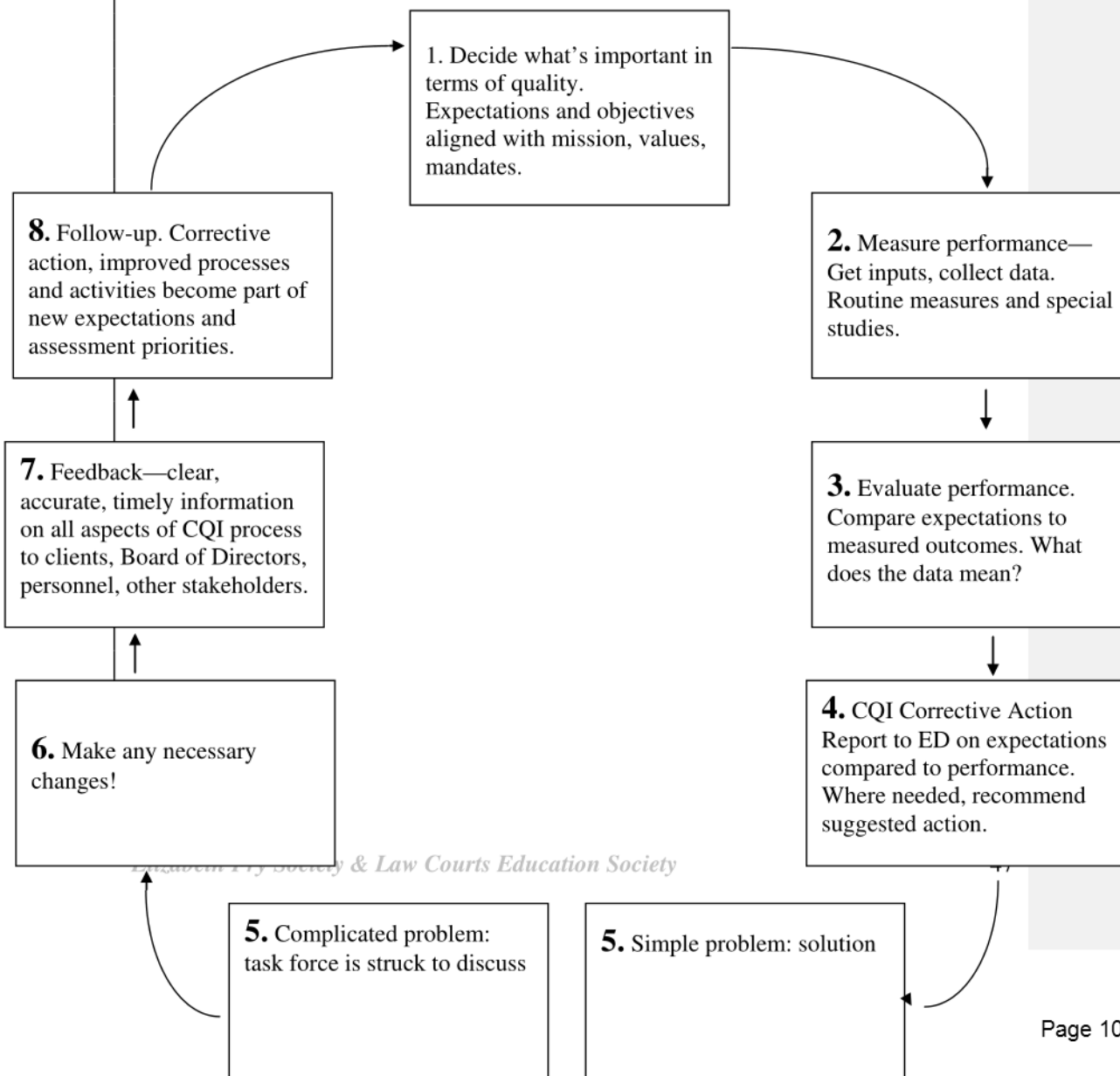
Society will liaise with the Ministry regarding quality assurance and provide copies of the quarterly and annual CQI reports for information and discussion as necessary to facilitate a high standard of delivery.

As previously discussed in the RFP and this proposal the Province will initially approval all Program curricula and conduct annual reviews in conjunction with the Service Provider for potential improvements and the Elizabeth Fry Society will develop a policy and procedures guide in collaboration with the Ministry for reference by all service providers to ensure consistent functionality across the province – an issue of joint commitment and interest to E Fry, LCES, and the

province. The consistency will include but not be limited the identified factors on page 24 of 37 of the RFP document.

The Society proposes to use its current quality assurance program which covers the 23 programs provided in the Society's 10,000 square mile radius – it is included for reference – inclusive of continuous improvement.

Overview of Continuous Quality Improvement



Process and Procedures

<u>Stakeholder group</u>	<u>Involvement in CQI processes</u>
<u>Persons, families served</u>	<u>Define mission and goals</u>
	<u>Complete the annual stakeholder survey</u>
	<u>Complete a client satisfaction survey prior to discharge</u>
	<u>Complete Outcomes Measures forms</u>
	<u>Focus groups by issue, as needed</u>
	<u>Client grievance process</u>
	<u>Participate in Town Hall meetings</u>
<u>Staff, personnel</u>	<u>Actualize mission and goals</u>
	<u>Employee issues (such as feedback on policies & concerns identified in grievances & Stakeholder Satisfaction Surveys)</u>
	<u>Program evaluation and short-term planning (awareness of socio-economic environment)</u>
	<u>Client Outcomes (specification process & measures)</u>
	<u>Case file review, internal monitoring & risk reviews</u>
	<u>Participate in CQI committee, Society committees, ad hoc task forces</u>
<u>Volunteers</u>	<u>Participate in CQI Committee</u>
	<u>Complete annual Stakeholder Satisfaction Survey</u>
	<u>Participate in Town Hall meetings</u>
<u>Board</u>	<u>Participate in short- and long-term planning</u>
	<u>Participate in CQI & Board Cttees, review CQI plan, CQI Annual Report</u>
	<u>Oversee risk management reviews (annual risk management report), internal quality reviews</u>
	<u>Review outcomes</u>
<u>Funding sources</u>	<u>Set contract obligations & objectives</u>
	<u>Complete annual Stakeholder Satisfaction Survey</u>
	<u>Participate in Town Hall Meetings</u>
<u>Other Agencies</u>	<u>Participate in Stakeholder Satisfaction Survey</u>
	<u>Participate in Town Hall meetings</u>

Process for managing changes in policies, procedures, and regulations as required by the Province to be communicated to all service providers:

The Elizabeth Fry Society ties its change management practices to payroll – through inserts into employee payroll advice and more importantly – by using a web based payroll system – employees must have a company email address and use their Microsoft outlook to enter daily payroll advice. Thus all employees receive and use their email accounts. Secondly, the Society

maintains all forms and manuals on line. Sites/employees are strongly discouraged from printing multiples of forms and piled in file folders. We do not have file folders or cabinets for this purpose so that when changes are made employees receive the changes when they print the form. Secondly, alerts can be attached to forms which significant procedural or other changes occur. Lastly, where volumes occur to enable staff to congregate for meetings like the Lower Mainland, changes are reviewed at staff meetings and can be similarly done through conference call.

Proposed process for developing and refining a policy and procedures manual over the course of the Contracts.

The Elizabeth Fry Society has clear policy that set out the requirement for the development of program manuals to ensure the codification of information. Program supervisors in conjunction with their team develop the manual. Program manuals are annually reviewed and revised accordingly. Program manual are required to contain information specific to that program and include, but are not limited to, the following information:

- Statement of philosophy and purpose of the program
- Descriptive information about the program
- Written statement of admission criteria
- Referral and intake procedures
- Information about program rules and a philosophy about consequences for breaching them
- Information regarding treatment methods used in the program if applicable
- Emergency or incident procedures
- Daily program routines or format including intake checklists and copies of forms or screens used
- Information regarding the contract requirements
- Program evaluation procedures
- Job descriptions

The Society proposes that the training module initially begin with the materials created for the initial staff training and the program supervisor's quarterly and annual work-plan for completion of a first draft by the end of the third quarter.

The Society proposes to utilize much of the Visitation Program's centralized scheduling system and procedures and its staff scheduling process. The policies and procedures related to these areas will be modified and adopted. Further, the Society proposes to modify its current counselling checklists to facilitate the development of structure interviews and routines.

Proposed quality assurance plan to ensure the highest standards

The CQI policy and procedures insert which follows this section includes reporting requirements and formats. The Counsellor's Checklist includes similar statements of verification and direction for service. In addition however the Society has a policy of 12 days of staff training in the first year of hire with regular ongoing review and renewal. The Society has a change management plan that utilizes the organizational infrastructure and provides structured opportunity for employees and supervisors to manage their own commitment to change and growth.

Within the framework of E Fry's Quality Assurance Plan as the primary contractor, LCES plan includes:

- Education course evaluations will be provided to all participants. These will be collected at every session and tabulated for every location in the province. LCES will monitor for differences in responses in order to determine participant satisfaction rates.
- The program manager will monitor periodically course in order to assess the effectiveness of course delivery. A standard performance evaluation sheet will be used and all facilitators will be introduced to the performance evaluation process as part of their training.
- LCES will be monitor participants evaluation sheets to determine participants reactions to different course components. Components will be modified over time in order to strengthen areas that are not deemed to be of sufficient quality.
- Subject to Ministry permission and participants permission, the option exists to conduct a follow-up evaluation of a selected number of participants at a determined time after they have taken the course. The intent of this follow-up evaluation would be to assess course impact on participants attitudes and behaviours, thereby obtaining an assessment of the outcomes of participant action plans.
- The educational course program manager would oversee the development of the policy and procedures manual. A manual work be developed for the start of programming and all facilitators would be educated on the manual content and course procedures. Facilitators would be requested to identify issues as they arise or through discussion during periodic conference calls and these issues would be addressed by manual revisions.

- Changes in policies, procedures or regulations that affect the content of the course would be addressed in a timely way and corresponding course and manual changes would be made. Facilitators education on the changes would then take place. Part of this communication would take place through a special list serve for course facilitators. The list-serve would be dedicated to facilitators and course program staff and it would provide ongoing updates on an emerging issues and changes. It would also allow all facilitators to communicate with each other on their experiences. The option exists to develop this communication in the form of a bulletin board on the Society's website.
- LCES used performance evaluation plans to address issues of quality control. All course facilitators would sign performance evaluations that indicate that they understand expected levels of performance and that their performance would be monitored, using evaluations and observation in order to highlight areas of success and areas requiring some improvement. Measurement tools for this process would be clear and understood before courses begin. The Society would work with facilitators to address areas in need of improvement.

7.14 Intellectual Property

The Society accepts the Ministry's intellectual property requirements and will adhere to the obligations specified.

7.15 WorkPlan

A proposed work plan is presented on the page following

7.16 Company Financial Information

The Society's Annual Audit Statement is provided which details the retained earnings and assets of the Elizabeth Fry Society to attest to its financial solvency. The Elizabeth Fry Society of Greater Vancouver is not in a receivership or insolvent.

7.15 Proposed Work Plan (key tasks)

<u>E FRY SOCIETY</u>	<u>LCES</u>	<u>JOINT (E. Fry, LCES, Ministry)</u>	<u>Critical dates</u>
<u>Establish: working relationship, communication, meeting schedules, and work relationship expectations with Ministry</u>	<u>Program Curricula reviews for education; analysis of research regarding high level of success/best practice</u>	<u>Review with Ministry & ICBC their information regarding client demographics and characteristics</u>	<u>completion by April 9</u>
<u>Licensing program name and implementation of tech requirement – register website, etc</u>	<u>Confirmation of education location sites</u>	<u>Finalized selection of standardized test, P.A.C. , and data collection requirements</u>	<u>April 15</u>
<u>First draft of the registration package, brochure content, website information etc</u>	<u>Confirmation of qualification, willingness of existing facilitators for DDRPE Prog Posting for additional facilitators</u>	<u>Develop scope, sequence, and standardized service protocols for components. Ministry decisions on standardized tests; PAC</u>	<u>April 22</u>
<u>First draft of SRP to Ministry</u> <u>First draft of client satisfaction, informed consent forms, etc to Min.</u>	<u>First draft to Ministry of proposed education curriculum</u>	<u>Ministry decision/edits regarding April 22 content</u>	<u>April 29</u>
<u>First draft of screening requirements, format, and reporting guidelines to Ministry</u>		<u>Ministry review of April 29th activities signed off on/edits; move to document creation</u>	<u>May 6</u>
<u>Second draft of SRP to Ministry</u> <u>final approval on forms</u>	<u>2nd draft to Ministry of proposed education curriculum</u>	<u>Discussion with the ministry "messaging" communication plan for the program.</u>	<u>May 13</u>
	<u>Pilot program delivery/Preparation of facilitator training</u>	<u>Ministry sign off on SRP → document production</u>	<u>May 20</u>
	<u>Production of Instruction materials (overheads, etc)</u>	<u>Review of staff training curriculum,</u>	<u>May 27</u>
<u>Training</u>			<u>June 8 - 10</u>
<u>Program Commences</u>			<u>June 15th</u>

7.7.

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Proposal to Provide a

Drinking Driver Rehabilitation Program

Ministry of Public Safety and Solicitor General
(RFP # SATP-111)

Submitted by:

Stroh Health Care Consulting Corp.
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Contact Person: Dr. Carl Stroh
s.22

March 14, 2005

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1. Program Components

Screening

The proposed process for screening would be:

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With regard to plans to work with the Ministry to establish appropriate policies and thresholds, s.21

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Education

The minimum number of participants required in order to run an educational program s.21
s.21

With regard to the time format of the education course s.21
s.21

Proposed educational process, tools and techniques. s.21
s.21

The course content will consist of:

- a) Legal issues around drinking and driving;
- b) Alcohol consumption effects on blood alcohol concentration (BAC), and the time it takes for the body to get rid of alcohol;
- c) Acute effects of alcohol and other drugs on driving skill (such as effects on perception, judgment, reaction time, motor skills and the probability of accidents);
- d) Consequences of drinking and driving (such as accidents, lives lost, legal consequences and financial costs);
- e) Physical, psychological and social effects of abusive drinking;
- f) Effects of other drugs and combining drugs and alcohol on the body and driving skill;
- g) Special issues of multiple offenders, e.g. causes of premature death in second offenders; and
- h) Alternative transportation strategies before judgment is impaired.

s.21

With regard to plans to work with the Ministry to obtain the appropriate approvals during design, development and delivery, the
s.21

Proposed Personal Action Plans including goals, strategies and contractual agreements to address triggers and eliminate drinking driving behaviour. s.21
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Counselling

Proposed counselling process, tools, Personal Action Plan, and counselling checklist, including plans to work with the Ministry to obtain appropriate approvals during design, development and delivery.

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With regard to plans to work with the Ministry to obtain the appropriate approvals during design, development and delivery, the

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Scheduling options for counselling. The Ministry has stated that the preferred model will be to offer four sessions of four hours each over a three month period. s.21

s.21 :

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Methods of providing counselling to clients who are not able to participate or benefit from a group arrangement (cognitive deficits, behavioural difficulties, etc.). s.21

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Stroh Health Care understanding and experience with motivational interviewing techniques and cognitive behavioural therapy.

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How will Stroh Health Care assist clients with advice on where to look for further help in dealing with substance abuse problems.

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s.21

Post-Intervention Assessment

Details of the proposed post-intervention assessment process and tools, including plans to work with the Ministry to obtain the appropriate approvals during design, development and delivery.

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With regard to plans to work with the Ministry to obtain the appropriate approvals during design, development and delivery, the
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Methods to standardize the post-intervention assessment process throughout the province and tools and reporting templates that will be used.

s.21

Details as to how Service Providers will conduct a post-intervention assessment and suggestions as to additional or different testing techniques that might be used.

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2. Service Delivery Timeframes

Method of ensuring that Service Providers meet the standard for timely provision of service.

s.21

Proposed approach and time-lines for staging delivery of the services.

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s.21

3. Geographic Availability

Names and Locations of Proposed Service Providers

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Plan to train and monitor Service Providers to ensure consistent program delivery.

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Plan to deal with initial volumes of 500 or less when the program is first implemented.

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Plan to ensure accessibility in remote communities.

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4. Client Volumes

Approach to managing the risk of fluctuating client volumes both during the initial year and later.

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s.21

5. Data Collection and Reporting

Method of reporting program results to OSMV in a timely manner.

s.21

Method of managing questions and requests for clarification to or from OSMV staff.

s.21

s.21

Method of ensuring that data is collected and collated for external evaluation and OSMV monitoring.

s.21

Suggested additional reports.

s.21

6. Program Communications

Types of communication material deemed appropriate for this program.

s.21

s.21

Approach that will be used to deal efficiently with communications between the Ministry, the Province, the clients, Service Providers and other Subcontractors both during design and development of the program and subsequent ongoing program operations.

s.21

s.21

7. Conflict Resolution

Proposed method for dealing with “day-to-day” program related issues.

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Proposed conflict management and issue resolution plans and methods.

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Proposed approach for developing guidelines for Service Providers to support them in dealing with client complaints (i.e. complaints and challenges resulting from client dissatisfaction with screening and post-intervention assessment results).

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8. Qualifications

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Relevant experience in identifying and reducing risks associated with alcohol and other substance abuse, matching individuals to appropriate rehabilitation services, delivering alcohol related education and counselling services, and preparing medical-legal reports.

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9. Financial Information

How and when fees will be collected from the client.

s.21

s.21

Proposed process for monitoring province-wide fee collection.

s.21

Proposed process for keeping records of client fee payments and also remitting the required portion of the revenue to the Ministry.

s.21

Proposed amount of fee to be retained per client and explanation and rationale for this amount.

s.21

s.21

Proposed options and rationale for additional client fees for re-scheduling and non-completion.

s.21

s.21

10. Subcontracting

Which program components or geographical areas of B.C. will be subcontracted?

s.21

Type of subcontracting arrangement that Stroh Health Care will with subcontractors. s.21

s.21

s.21

Plans to train and monitor Sub-contractors to deliver consistent services throughout the province. s.21
s.21

11. Privacy and Security

Proposed approach to the protection of personal information.

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12. Audit and Control

Proposed approach to working with the Ministry on establishing audit and control procedures.

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s.21

Proposed approach that will be used for separating the program related expenditures and revenues from other non-program business.

s.21

Proposed process that will be used to audit the subcontractors.

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13. Quality Assurance

s.21

s.21

Proposed province-wide quality assurance program.

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Proposed process for continuous improvement of all program components.

s.21

Proposed process for developing and refining a policy and procedures manual over the course of the contract.

s.21

Proposed process for managing changes in policies, procedures or regulations, required by the Province to be communicated to all Service Providers.

s.21

Proposed quality assurance plans to ensure high standards are achieved.

s.21

14. Intellectual Property

Potential concerns or issues regarding intellectual property rights of program material.

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15. Proposed Workplan and Time-Frames

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16. Company Financial Information

Statement concerning receivership or insolvency.

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <ol style="list-style-type: none"> 1. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants. 2. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor. 	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>3. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>4. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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s.22;s.21

REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>s.21</p> <p>5. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>6. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>		
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<i>REQUIREMENTS</i>	<i>Y OR N</i>	<i>COMMENTS</i>
<p><u>Agency</u></p> <p>7. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>8. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>9. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>10. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>11. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>12. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<i>REQUIREMENTS</i>	<i>Y OR N</i>	<i>COMMENTS</i>
<p><u>Agency</u></p> <p>13. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>14. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>15. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>16. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<i>REQUIREMENTS</i>	<i>Y OR N</i>	<i>COMMENTS</i>
<p><u>Agency</u></p> <p>17. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>18. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>19. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>20. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>21. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>22. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p> <hr/> <p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 	s.21	

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<i>REQUIREMENTS</i>	<i>Y OR N</i>	<i>COMMENTS</i>
<p><u>Agency</u></p> <p>23. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>24. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>25. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>26. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>27. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>28. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>29. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>30. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p> <hr/> <p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 	s.21	

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>31. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>32. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>33. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>34. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>35. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>36. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>37. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>38. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<i>REQUIREMENTS</i>	<i>Y OR N</i>	<i>COMMENTS</i>
<p><u>Agency</u></p> <p>39. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>40. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>41. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>42. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<i>REQUIREMENTS</i>	<i>Y OR N</i>	<i>COMMENTS</i>
<p><u>Agency</u></p> <p>43. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>44. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<i>REQUIREMENTS</i>	<i>Y OR N</i>	<i>COMMENTS</i>
<p><u>Agency</u></p> <p>45. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>46. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<i>REQUIREMENTS</i>	<i>Y OR N</i>	<i>COMMENTS</i>
<p><u>Agency</u></p> <p>47. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>48. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<p><u>Agency</u></p> <p>49. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>50. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>51. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>52. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>53. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>54. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<p><u>Agency</u></p> <p>55. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>56. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>57. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>58. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>59. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>60. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<i>REQUIREMENTS</i>	<i>Y OR N</i>	<i>COMMENTS</i>
<p><u>Agency</u></p> <p>61. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>62. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<p><u>Agency</u></p> <p>63. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>64. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>65. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>66. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>67. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>68. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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<p><u>Agency</u></p> <p>69. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>70. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
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REQUIREMENTS	Y OR N	COMMENTS
<p><u>Agency</u></p> <p>75. Access to space, or be willing to secure appropriate space for group education and counseling programs for a maximum number of twenty (20) participants.</p> <p>76. Willing to purchase at own expense, electronic capability for internet access (to be able to connect with OSMV and Prime Contractor). At critical stages, client data (successful completion of assessment, education, treatment, follow-up referral to medical review), will be sent electronically to OSMV and Prime Contractor.</p>	s.21	
<p><u>Staff</u></p> <p><u>Education</u> Have completed a recognized degree or diploma program in counseling, human services, psychology, or adult education from an accredited organization.</p> <p><u>Experience</u> Have a minimum of two years experience in:</p> <ul style="list-style-type: none"> ▪ Counseling addicted individuals; ▪ Conducting drug and alcohol assessments; ▪ Motivating angry or hostile clients; ▪ Presenting in adult education style; ▪ Dealing with drinking drivers. <p><u>Skills</u> Have the following skills:</p> <ul style="list-style-type: none"> ▪ Familiarity with brief intervention strategies; ▪ Familiarity with stages of change and theory practice; ▪ Group facilitation skills. 		

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