Substance Use Treatment & Support Services Integrated into the Child Welfare System

I. Executive Summary

POWER is the leading provider of women-centered, trauma-informed care in the region. Our specialty in providing quality drug and alcohol treatment and recovery support to women and their families is important because of the growing number of female headed households across the country, particularly in those families involved in the child welfare system; and the correlation between substance use problems in women and a history of trauma.

In Allegheny County, only 2,673 fathers were identified in a total of 4,020 Children Youth & Families (CYF) cases. It appears that women are the primary caregivers, which makes POWER the perfect partner for CYF. Services to men and children will be enhanced with the addition of our partners, Pittsburgh Mercy Health System (PMHS) and Holy Family Institute – SHORES (HFI).

Last fiscal year, 60% of our CYF clients reported experiencing trauma. Due to the complex nature of trauma and its relationship to addiction, POWER's trauma assessment includes the clinician's perception of the client's trauma experience. Our clinicians reported that 81% of clients served from CYF had experienced some form of trauma.

Our vision is to work collaboratively with caregivers and their families, CYF, treatment providers, the recovering community, community-based health and human service agencies, Courts and other systems, and our subcontracted partners to provide a seamless system of care to those suffering from substance use and co-occurring disorders and their families.

We offer comprehensive screening and assessment, linkage to treatment, peer recovery support, and consultation to CYF – all designed to engage individuals in a recovery process leading to healthy families and communities.

POWER has 25 years of experience, 13 in partnership with CYF on this program. We are committed to improving our collaboration with CYF and have enhanced our assessment process to better respond to the needs of families and CYF staff working on their behalf.

POWER has the organizational capacity to continue to administer the services described in the Request for Proposal RFP). Key staff include an intake coordinator, assessors, peer recovery support specialists, supervisors, a manager, and support staff. We will subcontract mentoring services for men to PMHS and both PMHS and HFI will assist with assessments. We will outsource fee-for-service billing to PMHS.

POWER's strategy for enhanced intervention and recovery support services are a streamlined intake process and collaboration with PMHS and HFI.

II. Organizational Philosophy

POWER is collaborating with Pittsburgh Mercy Health System (PMHS) and Holy Family Institute – SHORES (HFI) to deliver assertive outreach, screening, comprehensive assessment, linkage to treatment, and peer recovery support services to child welfare involved families; and education, training, and consultation to Children Youth and Families (CYF) staff.

POWER is a **gender-responsive, trauma-informed** organization whose mission is to help women reclaim their lives from the disease of addiction and to reduce the incidence of addiction in future generations. POWER opened its doors in 1991 based on emerging evidence that women struggling with a substance use disorder increase their chances of success when the care they receive reflects their lives. Research demonstrates that addiction treatment services for women and girls need to be based on a holistic and woman-centered approach that acknowledges their psychosocial needs (Grella, 1999; Grella, Joshi, & Hser, 2000; Orwin, Francisco, & Bernichon, 2001).

The stigma associated with substance use is significant; and for women, it often gets in the way of asking for help. In addition to stigma, women face other issues that are unique or are experienced differently by them as a group when compared to men. These issues include parenting/caregiving; health (in particular, gynecological health); relationships; mental health; eating disorders; un-/under-employment; and trauma. Up to 90% of addicted women have endured some form of major trauma—usually domestic violence or early childhood sexual assault. (Hien, Cohen & Campbell 2005) To address trauma, our entire system is trauma-informed, and we utilize a trauma-specific curriculum in our treatment programs that was developed by Dr. Stephanie Covington – a pioneer in gender-responsive care and an expert in the treatment of substance use and co-occurring disorders in women with histories of trauma. POWER staff have been trained by her personally.

Addiction is a **family disease.** Two out of three families are impacted with substance use problems. Treating addiction effectively requires engaging, educating, and supporting families. POWER makes every attempt to refer individuals with substance use disorders to providers who share this philosophy and offer treatment and/or support to families.

POWER's philosophy is also one of **empowerment that supports a recovery oriented system of care (ROSC)** within a woman-centered context. Our integrated team model is strengths-based with the client at the center. POWER and its partners approach treatment and support service delivery from a **holistic** perspective, recognizing that overall health and wellness are central to beginning, strengthening, and sustaining recovery. PMHS and HFI share POWER's philosophy and commitment to ROSC and understand that substance use disorders and mental illness present lifelong, complex challenges that require an integrated and collaborative response that engages clients, families, treatment providers, community-based support services, health care providers, individuals with lived experience and the recovering community, and other systems.

PMHS's Philosophy – PMHS bases all of its work on helping those in need. The hallmark of their service to others is *mercy*. It is the calling of PMHS to take care of those individuals in our community with mental health concerns or drug and alcohol issues that can best be treated in a caring and compassionate holistic environment. PMHS is able to ensure that the people they serve have a wide range of options in the continuum of care. A Sanctuary certified agency, HFI is also trauma informed.

HFI's Philosophy – Holy Family Institute is dedicated to serving all children and families in our community. They take a holistic approach in working with children and families, matching them with services to best meet their needs. This approach helps to ensure that interventions have long lasting impacts. HFI has created and sustained a myriad of support systems and programs that are ongoing and multi-faceted within their network. HFI strives to serve families to the best of their ability through ongoing Sanctuary and trainings as the needs and backgrounds of those needing to be served are continually changing.

More about Philosophy

ROSC –POWER, PMHS, and HFI treat addiction as a chronic illness that responds to treatment and support, especially when it is coordinated in ways that place the client at the center. Peer support specialists, also known as mentors or recovery/wellness coaches, help to identify and coordinate community resources to meet the needs of families and work with an integrated team to address barriers that arise as individuals work to achieve their goals.

Health & Wellness – POWER's Mentors have been trained as Wellness Coaches and the agency integrates behavioral and physical health care. Over the last four years, POWER has increased its emphasis on physical health and is in its second year of a Community Care pilot initiative called Behavioral Health Home Plus Expansion (BHHP-E). Through this program, POWER hired a community nurse who serves on the POWER Connection team and teaches Mentors how to engage their clients in actively addressing health issues and practicing preventative health care.

Culturally- and Linguistically-Competent – POWER strives to hire employees who reflect the population served. Half of the agency's 60-member staff are in recovery and represent a combined total of nearly 400 years of recovery. Among our 18-member intervention and recovery support team, 56% are African American and 44% are Caucasian. POWER provides cultural competency training for all employees on issues related to race and ethnicity, age, LGBTQ, and poverty. Staff are required to sign off on POWER's Mission Statement, Core Values, Philosophy, and Code of Ethics; and they are evaluated annually on their performance, including their ability to engage diverse individuals and support a philosophy of inclusiveness. POWER is able to provide outpatient services in Spanish. English is the second language of one of our Therapists, who is able to serve as an interpreter for any of our programs. Additionally, we are committed to obtaining interpretation/translation services for other languages, including for the hearing impaired, as needed, and within our budgetary limits.

Collaboration

Valuing collaboration, POWER has developed partnering criteria to guide decisions about collaborations, partnerships, affiliations, and mergers. For the past 13 years, POWER has collaborated with CYF to provide intervention and recovery support services to families. POWER is a partner on three teams within I Count, a pilot project to establish a safety net Accountable Care Organization for vulnerable populations that integrates behavioral and physical health care. For 10 years, POWER has shared an HR director with another non-profit organization through the Human Resources Collaborative (HR-C). And, as referenced above, POWER is one of three agencies participating in Community Care's Learning Collaborative – BHHP-E. POWER has collaborative relationships with several organizations to provide services to POWER's clients, including GlaxoSmithKline, BNY Mellon, and National Council of Jewish Women.

If awarded this contract, POWER will collaborate with PMHS and HFI to subcontract some assessment and mentoring services to these well-established and highly-regarded organizations. We have worked collaboratively to create a model that will be effectively coordinated and administered, leveraging the strengths and specialties of each.

III. Organizational Experience

For 25 years, POWER has been serving individuals with substance use and co-occurring disorders, with a focus on women's issues. From a single-program agency to an organization that today provides a continuum of treatment and recovery support services, POWER has served nearly 15,000 individuals since its inception.

POWER is the leading provider of women-centered, trauma-informed care in the region. Our specialty in women's care is important as it relates to CYF households, as more women than men are often reported as primary caregivers. Most of the women POWER serves have one or more children. Last fiscal year, 85% of the women who came to POWER for help had at least one child under the age of 18. 70% of the women we served reported involvement with CYF, representing 925 children. In addition, in the CYF population POWER served, 60% of our clients reported a history of trauma, often describing the loss of a child as the most significant trauma experienced. While POWER has been providing assessment and referral to men and adolescents, through the addition of PMHS and HFI as partners our partners, we have enhanced services to men and children and are leveraging each other's expertise in ways that maximize the opportunities to engage individuals and their families in need of treatment.

Services, Geographic Coverage & Operating Budget: POWER's operating budget is $3.6 million dollars annually. Treatment services may be provided to women from across and beyond the state if a contract or a self-pay arrangement is in place. Typically, however, clients who seek and enroll in POWER's outpatient programs are from Allegheny County. Intervention and recovery support services to the CYF population described in the RFP are provided in Allegheny County. POWER's licensed treatment and support services include:

POWER House–This 25-bed licensed treatment facility provides halfway house services including bio-psychosocial evaluation; treatment planning; individual, group, and family therapy; psychiatric assessment; life skills education; peer group support; health assessment; medication management; complementary health and wellness activities; support for 12-Step participation; case management; discharge planning; and follow up. POWER accepts women receiving medication assisted therapies (MAT) and collaborates with prescribers and MAT agency providers.

POWER New Day Outpatient–Our licensed outpatient program consists of three levels of care, offering the same services as provided at POWER House, but on an outpatient basis. Expressive Arts Therapy is also offered. Specific levels of care include:

- Outpatient – between 1 and 5 hours of treatment per week
- Intensive outpatient – more than 5, and up to 9-1/2, hours of treatment per week
- Partial hospitalization – at least 10, and up to 25, hours of treatment per week

POWER Connection–This unique intervention and recovery support program includes comprehensive screening and assessment, referral/linkage to treatment, peer recovery support, health assessment, wellness coaching, recovery/service planning, support for 12-Step

participation, collaboration with MAT providers, case management, and follow-up. The POWER Connection team consists of Addiction Counselors, Mentors/peer support staff, a Wellness Nurse/Lead Health Navigator, and the team Supervisors. An assessment can be conducted in a family's home, at a community site, CYF regional office, or at POWER's home office. (Effective January 1, 2016, we will coordinate delivery of peer-based recovery support services by PMHS.)

POWER's approach to care includes evidenced-based practices, including trauma-informed care, Cognitive Behavioral Therapy (CBT), Motivational Enhancement Therapy and Motivational Interviewing (MI), Motivational Incentives, and Peer-Based Recovery Support (PBRS). Additionally, some Dialectical Behavioral Therapy (DBT) skills groups are offered and one Therapist has been trained in EMDR (Eye Movement Desensitization and Reprocessing). POWER contracts Wesley Sowers to serve as the Medical Director. Dr. Sowers, a psychiatrist with an addictions treatment specialty, is the Director of the Center for Public Service Psychiatry and has extensive experience serving vulnerable individuals with behavioral health problems. Dr. Sowers provides psychiatric assessment as needed and medication management, and he serves as a valuable resource on all of POWER's Treatment Teams.

Every female client is offered a Mentor, an employee with a minimum of five years of personal recovery. All of POWER's Mentors are credentialed as Certified Recovery Specialists and have been trained as wellness coaches. POWER has expanded its peer recovery support to include other high-risk women including those who are homeless, pregnant or parenting; have histories of multiple detoxification admissions but little or no follow through with treatment; are involved in the criminal justice system; or who have histories of trauma.

POWER's Licenses & Major Contracts: POWER's treatment programs are licensed by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) and are monitored by DDAP, Allegheny County Drug and Alcohol Program at DHS, and funding entities/third-party payors with whom POWER has contracts, including Community Care Behavioral Health Organization, Value Behavioral Health, Highmark, and UPMC. POWER House is licensed as a Non-hospital In-Patient (Halfway House) and POWER New Day is licensed to provide regular Outpatient and Intensive Outpatient treatment and Partial Hospitalization. The agency is PROMISe enrolled and has a contract with HealthChoices to provide services to Medical Assistance recipients.

Partner Licenses & Major Contracts: Our partners in this proposal are also licensed drug and alcohol treatment providers. Additionally, **HFI** has a contract with CYF for Allegheny In-Home Services including Family Preservation, parent education/parent skill building, counseling, family intervention services, financial counseling, home management skills, reunification services, parent/child conflict resolution, child development education and skill building, advocacy, concrete services, referrals to community resources, housing search and information, and substance abuse education/prevention and referral. They also have a contract with DHS for our In-Community Stabilization Program. PMHS has a drug and alcohol license for outpatient, Intensive Outpatient Programming, and regular outpatient. **PMHS** currently has a contract with CYF to provide services to children who are suspected to be victims of child abuse and trauma.

Although there are no other formal contracts for services, PMHS and CYF have a long history of collaboration for individuals that receive services with both agencies.

Experience with Scope of Services Requested: As the current provider of services described in the RFP's "Scope of Services," POWER has been a resource to CYF for 13 years. Our experience in the assessment and treatment of substance use disorders (SUD) and peer-based recovery support position us well to be able to continue to provide education, training, and consultation to CYF to help increase CYF's staff knowledge base about addiction and recovery and to increase families' success in achieving a safe, healthy, and good quality of life.

In 2002, POWER was awarded the contract by DHS to provide intervention and recovery support services to women involved in Allegheny County's child welfare system. This program is known as ***POWER Connection***. For 13 years, POWER and CYF have worked collaboratively to ensure that caregivers with known or suspected substance use problems are identified and matched with appropriate resources. POWER has been conducting screenings and in-home comprehensive drug and alcohol assessments for women, men, and adolescents that include the PCPC (Pennsylvania Client Placement Criteria) level of care assessment in an effort to identify the appropriate treatment option and, when warranted, make a referral to treatment with a "warm hand-off" to the treatment provider as a way to coordinate care and link clients to a specific program that can best meet their treatment needs. Over the past three years:

- POWER Connection completed 1,519 assessments.
- POWER has received an average of 721 referrals from CYF for assessments.
- An average of 68% of clients referred for an assessment received an assessment.
- An average of 47% of clients recommended for treatment were admitted.

POWER is well positioned to continue this work without disruption of care to the CYF-involved families already receiving intervention and recovery support services from POWER. The agency welcomes an opportunity to work even more collaboratively with CYF, Community Care, Court of Common Pleas, our project partners, and other community resources to better integrate behavioral health, physical health, and child protective services; and to jointly develop solutions to the challenges that arise as we work together to enhance service delivery systems.

During our partnership, CYF and POWER have already collaborated to successfully support clients and their families through treatment and recovery. For example: Sarah, a 25 year old woman with 2 children, was referred to mentoring in April 2013 after her father reported her to CYF for marijuana and heroin intoxication. In the initial encounter she was not receptive to mentoring, saying she felt like POWER was another agency coming in to make her life miserable. The Mentor met with her bi-weekly, introduced her to NA, and accompanied her to the methadone clinic. Each week the Mentor reported the client's progress to her CYF caseworker, and they met for Conferencing and Teaming. They had conference calls with one child's father while he was incarcerated and continued to move forward on a goal of reunification with her children. Slowly, Sarah's methadone dose was decreased, her weekly drug screens were negative, and she began to attend treatment weekly. With the help of her Mentor, Sarah secured housing and helped care for her children who were then in their father's

custody. Encouraged by the Mentor's reports, the caseworker became increased her support, helping Sarah find a variety of resources. When the case was transferred to another worker, the Mentor updated the new caseworker on Sarah's progress. In 2014, Sarah and her children were reunited. She remained clean and sober and her CYF case was closed.

Our Partners' Experience: For more than 115 years, **HFI** has been a leader in the development of innovative programs to identify, care for, and support children and families experiencing the impact of abuse, neglect, and poverty. In 2014 alone, more than 24,000 children and families were served by HFI across 18 different programs. HFI was one of the first providers to establish in-home services with the Allegheny County Department of Human Services in 1987. They work closely with Juvenile Probation through the implementation of the SNAP® program in schools, homes, and communities. Additionally HFI partners with Allegheny County school districts to provide drug and alcohol counseling and mental health services to students.

PMHS is the region's largest social service provider, and among the region's largest health care organizations, serving thousands of people daily. PMHS' geographically extensive sites include community-based and mobile outreach programs. Behavioral Health services include outpatient behavioral, crisis, and residential services to children, adolescents, adults, families, and senior citizens in nearly 60 neighborhoods throughout Allegheny County and recovery-oriented mental health and alcohol and other drug services. Community Health serves the needs of persons with mental health and substance use disorders, and other vulnerable populations, integrating person-centered health and wellness initiatives across PMHS' broad network of care to improve the health of the populations served. PMHS has worked closely with CYF involved individuals on the both the child and adult units while helping to meet their mental health needs at home, at school, or in the community and outpatient offices.

Use of Data: POWER routinely uses internal program data, outcomes data, and national trends information to continually improve services and ensure we remain on the cutting edge. We have incorporated overdose prevention strategies and wellness coaching based on national trends on the overdose epidemic and premature death for people with behavioral health issues. Internally, we've collected data to establish a baseline for client engagement and retention, and then established goals for improvement. For POWER Connection, we use data to monitor effectiveness of our interventions, specifically, our success in engaging clients for assessment, linkage to treatment, treatment retention, etc. We then troubleshoot to impact both individual and program productivity challenges to ensure clients are being seen and assessed in a timely manner. Specific examples include:

- Staff were assessing about 65% of clients referred; a goal of increasing the conversion rate to 70% was established; discussion about barriers to reaching goal occurred; and strategies were implemented to mitigate barriers.
- Assessors are expected to get at least 40% of their clients into treatment. POWER Connection reviews this information quarterly to measure success and develop solutions. For example, one Addiction Counselor had a lower conversion rate than her peers and than the overall team average, so she was required to obtain additional training in Motivational Interviewing.

Approach (15 pages)

1. **Screening & Assessment.** Effective implementation date for the referral process to POWER and for screening and assessment as detailed in this plan is January 1, 2016.

The RFP states that a process for referring individuals in need of screening and assessment "will be developed." For the purposes of responding in detail as requested, however, POWER will assume for now that referrals will continue to come through KIDS (Key Information and Demographics System). POWER will remain available to CYF staff to discuss any referral and the possibility of needing a comprehensive assessment. We are also happy to participate in collaborative discussions that CYF believes may be helpful to developing a new or enhanced referral process.

We understand that CYF will be implementing a practice of conducting a brief substance use screen during the intake assessment in which caseworks will use UNCOPE – a screening tool for substance use in child welfare settings. Based on the results of this screen, caseworkers will identify caregivers who they believe will benefit from a more thorough screening and level of care assessment.

A POWER staff in the POWER Connection program, specifically, an **Intake Coordinator**, will **coordinate referrals, screening and assessment, and communicating the status and outcome of the process** for all CYF-involved families. The following details the referral, screening, and assessment process and the Intake Coordinator's and the Assessor's job responsibilities:

- Checking the KIDS regularly, the Intake Coordinate will review referrals from CYF and contact the casework as necessary for clarification and/or additional information.
- The Intake Coordinator will make attempts to contact any client referred, for whom contact information is available, within two (2) business days to conduct a telephone **screening**, using MI as a primary evidence-based practice (EBP). A screening is designed to identify urgent or emergent needs that require immediate attention and to determine if a full assessment is warranted. Gender-responsive language and strategies are used when screening women.
- The Intake Coordinator registers all clients screened in POWER's electronic medical record (EMR), including insurance information.
- If the screening indicates a need for immediate emergency medical or mental health care, the Intake Coordinator will make a referral, attempt to link the client to the appropriate resource, and follow up with the client to ascertain if the service was accessed and/or helpful. The results will be communicated to CYF via KIDS as soon as possible and no later than five (5) business days from the date of the screening.
- Based on the outcome of the screening interview, the client will be scheduled for a comprehensive drug and alcohol/level of care assessment with a POWER Addiction Counselor or other assessor from one of our partner agencies/subcontractors. Clients will be offered a choice about the location of the assessment, as assessments can be

conducted in the client's home, at a CYF regional office, at a POWER/PMHS/HFI office, or at a community-based location as agreed upon by the client and the Intake Coordinator. The Intake Coordinator will make assignments to an assessor based on several factors, including, for example:

- The most timely assessment appointment available – Every effort will be made to schedule the client as quickly as possible, but within seven (7) days (within 48 hours for priority population as defined by DDAP). This assumes that the client was reached and is agreeable to a screening and assessment. POWER will provide most assessments, but our subcontractors may be assigned to facilitate the most convenient and/or timely appointment.
- Gender-responsiveness – When men are the caregiver or family member referred for assessment, they will be asked their preference about the gender of their assessor. Assignments may be made according to preference whenever possible.
- Children & adolescents – HFI's and PMHS's expertise includes assessment, diagnosis, referral, and treatment of children and adolescents; therefore, assignments of children will generally be made to assessors from our partner/subcontracted agencies whenever possible.
- Insurance coverage – Among POWER and its subcontractors, several commercial insurance contracts are in place, therefore, an assessor may be assigned based on third party coverage.
- Other matching considerations – Additionally, if details in the referral indicate an assessor with a particular interest or expertise might be helpful in evaluating and motivating the individual, the Intake Coordinator will take the information into account when scheduling the client for assessment.

- The Intake Coordinator will look in POWER's EMR to determine whether the client has been referred by CYF in the past and what the outcome of the referral was. This information will be shared with the assessor at the time of assignment.
- The Intake Coordinator and/or the biller will determine eligibility/insurance coverage.
- The Intake Coordinator will offer all adults referred for screening and assessment peer recovery support services. When the client is a woman, a POWER Mentor will be offered. When the client is a man, peer support staff from PMHS will be offered. Using Motivational Interviewing, the Intake Coordinator will encourage the client to accept peer recovery support services, explaining the benefits of recovery coaching and peer-based recovery support. If the client accepts peer support services, the Intake Coordinator will complete a referral form and forward to the supervisor for assignment and linkage to a Mentor/peer recovery support staff.
- Once the assessment appointment is scheduled, the Intake Coordinator will: 1) enter the appointment in the POWER/PMHS/HFI shared calendar/assessment schedule and notify the assigned assessor, forwarding all referral information from CYF; 2) enter the disposition of the referral, within the limits permitted by law, in KIDS, including whether or not the client accepted peer recovery support services; and 3) make reminder call(s) and/or send text message reminders to the client.

- The Intake Coordinator will complete all required documentation of the screening and outcome/disposition of the screening, including data to be collected and reported specifically to DHS. The information will be documented in our EMR, as well as any other required locations.

Once the assessor receives a referral with a first appointment scheduled, the assessor will contact the client to introduce her/himself to the client and confirm the date, time, and location; as well as inquire about any special needs or circumstances the client may have. The purpose of the first appointment is to conduct an **assessment**. When the client is a woman, a POWER Connection Addiction Counselor will conduct the assessment utilizing our comprehensive, gender-responsive and trauma-informed drug and alcohol assessment tool, which includes a level of care determination. When the assessment is conducted by PMHS or HFI, their assessor will utilize their respective agency's assessment tool.

POWER, PMHS, and HFI have agreed to accept each other's LOC assessments, which means that when any assessor refers a client to one of our three agencies for treatment, we will accept the LOC assessment that has been completed. This facilitates a more seamless intake/admission process for the client, avoids putting clients through a long assessment interview for a second time, eliminates duplication of effort, and saves money in the system.

The assessment process is as follows:

- The Assessor receives and reviews the referral material and confirms the date, time, and location of assessment with the client.
- If necessary, the assessor will contact the caseworker for additional information or clarification.
- When a client accepts peer recovery support services, the assessor may offer to call the Mentor with the client to make an introduction.
- While an effort is made to conduct an assessment during the first face-to-face visit with the client, the assessors – trained therapists and addiction counselors – will use their clinical judgment to determine if one or more brief sessions to engage a reluctant client would be helpful before embarking on a full-blown assessment. Using MI, the assessors will work with clients to help them see the benefits of exploring if and how substance use has impacted their lives. During this period of engagement, the assessors and peer support staff may work together with the client to encourage participation in an assessment process that ultimately may assist the client in accessing much-needed care. Because the safety of children is paramount and keeping families together is a goal, it is critical that every attempt be made to engage the client in participating in the assessment process, ultimately leading to a plan for and action toward recovery. By placing the client at the center and remaining true to a ROSC, POWER will minimize barriers to recovery.

- Once the assessment is completed and a level of care determination has been made, the assessor will make a referral to treatment. (See next section, "Service Referral & Coordination.")
- The assessor communicates the outcome of the assessment to CYF via KIDS and by also contacting the caseworker directly whenever possible. (If the client is referred to POWER for one of our levels of care, the Intake Coordinator also enters the information in POWER's EMR.)
- The assessor documents all required information in the EMR and any other locations as determined necessary for reporting and evaluation.

Throughout our attempts to screen and assess clients, POWER and our subcontractors will use EBP to assertively reach out to and engage individuals and their families. Some of these practices include, but are not limited to, the use of gender-responsive and trauma-informed strategies and tools, MI, and peer-based recovery support provided by individuals with lived experience. These practices are particularly helpful in engaging hard-to-reach clients who may be in the pre-contemplation or contemplation stage of change. As a way to establish rapport and elicit a discussion about change, for example, skilled clinicians use questions as opposed to lecturing or talking at clients to engage them in exploring how alcohol or other drugs have negatively affected their lives. Asking questions communicates respect for the client and typically results in a more successful outcome.

Emergency Assessments – POWER understands that CYF staff are working under incredibly difficult circumstances and, occasionally, they determine a need for an emergency drug and alcohol assessment. In order to assist as much as possible, an Addiction Counselor/Assessor will be available during business hours to provide emergent and urgent assessments. The Intake Coordinator will be able to receive emergent referrals via KIDS or a phone call from the CYF staff, with the understanding that the referral information will be entered into KIDS as soon as possible. The Intake Coordinator will coordinate emergent and urgent referrals and ensure assignment to an assessor.

Staffing Plan

Staff, Roles & Qualifications – Below is a list of the staff who will be responsible for screening and assessment, as well as a brief description of their roles. For detailed responsibilities and qualifications, please refer to attached job descriptions.

Intake Coordinator: Responsible for receiving and coordinating referrals from CYF, motivating clients to remain involved in the screening and assessment process, conducting telephone screenings, scheduling assessments, obtaining insurance information and working with billing coordinator and assessors to obtain authorizations, documenting in EMR and KIDS, and communicating dispositions to CYF. This position will be filled upon notice of contract award.

Addiction Counselors/Assessors: Responsible for conducting comprehensive drug and alcohol assessments and level of care assessments using PCPC, making referrals to treatment, linking

clients to appropriate treatment provider, encouraging and motivating clients to accept recommended level of care, transporting clients to in-patient treatment whenever possible, recommending peer-based recovery support and linking clients to Mentors or other peer recovery support staff, documenting in EMR and KIDS, and communicating outcomes to CYF.

POWER Assessors include:
Kaitlyn Donnelly, MS – Addiction Counselor/Assessor
Tamara Fleat, MEd – Addiction Counselor/Assessor
Whitney Wall, MBA – Addiction Counselor/Assessor
Katie Whelan, MA, NCC – Addiction Counselor/Assessor

HFI's Assessors include:
Nick Christy, LPC- Licensed Assessment Specialist
Steve Jones, MSCP- Assessment Specialist
The HFI supervisors and point people on this project are:
Kara Hall, NCC, LPC- Facility Director
Rachel Wagner, LPC, CAADC- Clinical Supervisor

PMHS's Assessors include:
James Brown MSW – Therapist/Assessor
The PMHS supervisors and point people on this project are:
Theresa Michalak, LPC – Unit Manager
Jeff Panos, MA – Unit Manager

Recruitment & Retention of Staff – Attracting and retaining great talent is extremely important to POWER. Thanks to a unique human resources collaboration, POWER has an in-house human resources professional who has established a solid recruitment, hiring, and orientation process, and retention strategies that include competitive salaries and benefits, generous professional development opportunities, health and wellness incentives, flexibility and family-friendly policies and practices, recognition and acknowledgement for special accomplishments, and opportunities to provide feedback and input to agency-wide decisions.

POWER staff are asked to participate in an Employee Survey every two years to evaluate employee engagement and obtain important feedback and input about creating and maintaining a positive workplace environment. During the opposite years, employees are asked to complete a Leadership Feedback Survey that helps guide the leadership and management staff in establishing and accomplishing important goals as they relate to enhancing the work experience for POWER employees, ultimately ensuring the best care for our clients.

Professional Development & Staff Training Program – POWER invests heavily in training and professional development. The organization has a Succession Plan that includes a Leadership Development Component. For a sample of trainings offered throughout the year, please refer to the attached Annual Training Plan for this fiscal year.

Performance Management – Employees are considered to be in the Initial Employment Period for the first six months of their employment and receive their first performance evaluation at their six-month anniversary. Thereafter, performance reviews are conducted annually.

2. Service Referral & Coordination. Effective implementation date is January 1, 2016.

POWER, with assistance as needed from our collaborative partners, will receive and manage referrals as described above, with an overall goal of creating the most seamless experience for clients, while maintaining communication with CYF. It is the responsibility of the assessors to make recommendations for treatment based on the outcome of the LOC assessment and to link clients to the appropriate agency/program for care that will best address their needs.

POWER, PMHS, and HFI have an excellent relationship and have worked together successfully with clients in need of treatment for substance used disorders, mental illness, or both. In fact, our records indicate that a significant number of our referrals for drug and alcohol or COD treatment are made to Mercy Behavioral Health – a program of PMHS and to HFI-SHORES. We three agencies have completed QSOAs (Quality Service Organization Agreements) so that we can effectively collaborate and communicate within the limits of the law on behalf of our shared clients.

POWER, PMHS, and HFI are knowledgeable about the various drug and alcohol treatment programs throughout and beyond Allegheny County and support a philosophy that embraces an individualized approach to care based on the client's history of substance use, past experience with treatment, and overall most pressing needs. POWER enjoys a positive reputation in the addictions treatment and recovery communities and has established collaborative relationships with both.

Assessors are experienced in working with providers on behalf of clients to link them to treatment with a warm handoff, often eliminating some of the barriers to recovery. Specifically, the referral and linkage to treatment will be managed in the following way:

- Once an assessment has been completed, the assessor will discuss the results and a recommendation with the client. In an effort to continue to eliminate barriers to recovery, the assessor, using MI, will attempt to engage the client in planning the course of their treatment and recovery journey. Treatment options will be explained, with an emphasis on educating the client about the importance of accepting the level of care that is recommended for greater opportunities for success.
- The assessor will explain the levels of care, encourage acceptance of a referral to the recommended level of care, discuss programs available to address the client's needs, and work to get agreement to referral to treatment.
- If the client agrees to treatment, the assessor will complete the required paperwork necessary for referral and admission and work with the provider to schedule an admission date.

- In the case of inpatient treatment, if a bed is available and secured on the same day as the assessment, the assessor will offer to transport the client to the treatment facility. If that is not possible, the assessor may still be able to take the client to treatment or arrange for a Mentor to transport the client. Bus tickets and/or cab fare may also be available as an additional way to reduce barriers to accessing treatment.
- The assessor will offer to speak to any family members present at the time of the assessment and attempt to provide resources that may be helpful. The assessor will leave packets prepared for family members that include information about addiction, recovery, and community resources.
- The assessor will keep the client open for 60 days from the date of the assessment as a way to periodically offer support and ascertain if the client was admitted to, remained in, and completed treatment.

Staffing Plan

POWER, PMHS, and HFI Assessors are listed above. *Recruitment & Retention of Staff, Professional Development & Staff Training Program, and Performance Management* are the same as above.

3. Peer Recovery Support Services. Effective implementation date is January 1, 2016.

Because POWER has been providing intervention and recovery support services for child welfare involved families for the past 13 years, there will be no disruption to services to CYF clients currently active in our POWER Connection program if POWER is awarded this contract. We are partnering with PMHS to subcontract peer recovery support services to men so that these unique services can be expanded to better meet the needs of CYF families.

Peer-based recovery support services are one of the hallmarks of ROSC and have been shown to reduce barriers to recovery by offering individuals seeking or already in early recovery an opportunity to benefit from the lived experience of others who have established a strong foundation in their own recovery and sustained it over time. Whether they are called Mentors, Recovery Coaches, Wellness Coaches, Peer Recovery Support Specialists, or any other of the various names we have come to know, the position within any organization or system designed to help individuals begin their own recovery journeys is one that clients have come to appreciate and express gratitude for. In a recent Client Satisfaction Survey conducted at POWER, Mentoring services received an overall average rating of 4.6 on a 5-point scale. We are fortunate at POWER because the eight individuals employed as Mentors collectively represent 145 years of recovery. It is POWER's policy that employees with histories of addiction must have a minimum of five (5) years of sobriety/recovery. While most drug and alcohol agencies require a minimum of two years, we believe that individuals in early recovery themselves are faced with incredible challenges when carrying out this work, particularly when much of it occurs in the community, away from the safety of an office and immediate support of coworkers and supervisors. While our minimum requirement is five years, our current

composition of Mentors average slightly more than 18 years of sobriety/being drug free – ranging from 9 to 28 years!

All of POWER's Mentors are credentialed as Certified Recovery Specialists **and** have been trained as Wellness Coaches. Their primary responsibilities are to help their clients remain interested and engaged in treatment and recovery, help them navigate the treatment system, assist them in accessing community resources, and teach them how to identify and establish natural supports.

Mentors are helpful to clients struggling with substance use and co-occurring disorders before, during and after treatment. Often they are able to influence a reluctant client to consider or accept a treatment referral. If a client is in treatment, their role often includes helping the client to navigate treatment. A Mentor visits with the client offering encouragement and support, and works with the treatment staff and the client to help her/him develop an individualized treatment plan and discharge/aftercare plan. Mentors, many of whom have experience as past consumers of drug and alcohol treatment, assist clients with gaining an understanding of the practices and processes of diverse treatment providers and help to link the client to needed support systems in the community that can help them with the transition from treatment. It is POWER's practice that Mentors accompany clients to their first three outpatient appointments as a way to support treatment and reduce barriers to recovery.

One of the most important roles of peer support staff is to help clients access community resources. It is, in fact, how the name POWER *Connection* was selected. The program is about connecting individuals to treatment, recovery, their families, and communities. It is about connecting individuals to the 12-Step Program and/or other self-help groups and the recovering community. It is about the connection and collaboration with CYF and other treatment and health and human service providers on behalf of shared clients. Staff help clients identify and connect to their natural and community-based supports. Our Mentors are knowledgeable about community resources and help clients access needed services by providing information, modeling how to assertively access services, and teaching them how to navigate systems and services and successfully addressing barriers to access and/or recovery.

POWER's Billing Coordinator will be responsible for determining eligibility for medical assistance, private insurance, or county funding. The Intake Coordinator, Addiction Counselors/Assessors, and Mentors/Peer Recovery Support Staff may assist with this process by initially collecting information from clients at key points and forwarding the payor/coverage information to the Billing Coordinator. POWER checks the PROMISe Eligibility Verification System (EVS) daily to determine a Medical Assistance recipient's eligibility as well as their scope of coverage. EVS is checked when we do an assessment or upon admission to determine the appropriate insurance authorization that we need to secure. Because we know that a client's eligibility can change, EVS has to be checked for each client each time we provide and bill a service. We also know that even though we check daily, the EVS system is not always current. As of September 1, per our contract with Midnight Sun Computing, we are now participating in their batch eligibility system (Eligibility 5010), which provides us with daily comprehensive

reports of the eligibility status of all clients. This will save staff a considerable amount of time, provide us with regular client reports, and forewarn us of pending MA service terminations so we can insure there is no break in coverage.

Evidence-based practices are incorporated into POWER's service approach. Peer recovery support services are gender-responsive and trauma-informed. Staff delivering these services are trained in Wellness Coaching, Motivational Interviewing, and utilize Motivational Incentives. They are credentialed as either Certified Recovery Specialists (CRS) or Certified Peer Specialists (CPS). POWER's Mentors have the CRS credential (for substance use disorders) and PMHS's peer support staff have the CPS credential (for mental health disorders). This is an excellent combination, again allowing us to learn from each other and leverage each other's expertise. PMHS is willing and prepared to ensure that their peer recovery support staff also pursue the CRS certification.

Our staff is trained and experienced in working with difficult populations. They are patient, compassionate, well-informed, and persistent while respecting boundaries. Their biggest strengths lie in their lived experience with addiction and long-term recovery and their ability to "walk the walk" with clients as they begin their recovery journeys. Mentors and all of the POWER Connection team members work with clients to understand the role of CYF in their families' lives and to encourage developing collaborative relationships with CYF staff. Mentors model healthy recovery and, using MI strategies, meet clients where they are encouraging active participation in programs, formal and informal, designed to strengthen their commitment to recovery. In the words of a recent client, "I'm enjoying the positive mentoring from {Mentor's name}. So inspiring and much wisdom." And, another, "I got a lot from POWER, I got my life back."

In our most recent Client Satisfaction Survey dated August 31, 2015, 100% of clients survey said the services they received were "excellent" or "good" (82.1% excellent; 17.9% good). This is solid evidence that our clients, which include caregivers of child welfare involved families, believe POWER is an organization that effectively meets their needs.

Staffing Plan

Staff, Roles & Qualifications – Below is a list of the staff who will be responsible for providing peer recovery support services, as well as a brief description of their roles. For detailed responsibilities and qualifications, please refer to attached job descriptions.

Community Nurse/Lead Health Navigator: Responsible for coordinating and leading all health and wellness strategies and agency-wide activities. Specifically charged to work with peer recovery support staff to train and model for them how to work with their clients in ways that best integrate behavioral health and physical health. The Nurse also works directly with clients, primarily teaching them about the connection between behavioral health and physical health and encouraging them to practice preventative health care. The Nurse can also work with

clients on medication issues. The addition of the Nurse has helped to fully shift POWER's approach to care to a truly holistic model.

Anita DeChancie, RN, BSN – Community Nurse/Lead Health Navigator

Mentors/Peer Recovery Support Staff: Responsible for modeling healthy recovery; providing recovery coaching by helping clients identify needs and develop service/wellness/recovery plans that include SMART goals; accessing community resources; establishing sober supports; and serving as a liaison with treatment providers and other health and social service agencies.

POWER Peer Recovery Support Staff include:
Allyson Alexander, CRS - Mentor
Ramona Davis, CRS - Mentor
Ethel Lane, CRS - Mentor
Carol Ramsey, CRS - Mentor
Kristen Vehar, CRS - Mentor
Francine Wainwright, CRS - Mentor
Vivian Watkins, CRS - Mentor
Cynthia Wright-Jones, CRS – Mentor

PMHS's Peer Recovery Support Staff include:
Issac Glover, CPS – Peer Specialist

Recruitment & Retention of Staff, Professional Development & Staff Training Program, and Performance Management are the same as above. Additionally, POWER relies on the help of staff to recruit individuals with lived experience. In fact, POWER has an Employee Referral Program that incentivizes successful recruitment, hiring, and retention of quality employees who are referred by current staff members.

Supervision of the peer-based recovery support team is provided by three supervisors who also supervise the assessors. The supervision of employees with lived experience, particularly those charged with serving as recovery coaches, presents unique challenges. Because POWER has been providing peer-based recovery support services for 13 years, we have been asked by Community Care to participate in a Learning Collaborative to assist other providers in developing these services. POWER's Executive Director has delivered several trainings – locally and outside of Pennsylvania – over the past year on the topic of developing and operationalizing peer-based recovery support services in addictions treatment.

POWER Connection supervisors are experienced in and knowledgeable about the importance of self-care and help their staff identify triggers and challenges presented on the job. From the time of orientation, Mentors are immersed in trainings designed to continuously define and clarify their role and offer strategies that help them focus on carrying out their job responsibilities in ways that result in empowering clients and motivating them to actively engage in treatment and/or recovery.

Supervisors receive significant training as well and utilize their supervisor for assistance as needed.

POWER Connection Supervisors include:
Lori Abbott, MA, LPC – Program Manager
Roxanne Cole, MSW, LSW – Supervisor
Talitha Cox, BS – Supervisor
Lisa Penn, BS – Supervisor

4. Case Consultation & Education. Effective implementation date is January 1, 2016.

POWER is committed to providing case consultation as well as training and education to CYF staff. This will be accomplished by the POWER Connection team co-locating with CYF at their regional offices. The co-location lends itself well to easy access to consultation and collaboration on a number of fronts and serves to help strengthen rapport and continue to engage child welfare staff. A POWER Connection Supervisor will be scheduled and available at each of the five CYF Regional Offices at least once each week. The Supervisor will make herself/himself available to any CYF staff, including caseworkers, resource coordinators, supervisors, and regional directors, as needed. The purpose will be to provide opportunities to discuss substance use and co-occurring disorders and recovery issues in general, review and clarify service processes and practices, provide advice and direction, share relevant resources and information including articles/materials that may be helpful, attend and participate in meetings to serve as a consultant, and provide informal and formal training.

Additionally, because Addiction Counselors and Mentors utilize the CYF offices as their base, they, too, will be available at times to provide information and support. However, the role of the direct care staff is to make every effort to reach and engage clients, which means that the majority of their work and time is spent outside of the office in clients' homes and in the community. Those staff charged with screening, assessment, and peer recovery support will make themselves available for case-specific collaboration and coordination as described in a later section.

POWER is happy to assist CYF in increasing their knowledge and understanding of substance use disorders and learn more about supporting families who are struggling with alcohol and other drug problems. We will provide a number of professional development opportunities for CYF employees. For example:

- POWER would like to resume partnering with CYF to train new employees. Every other month or six times a year, POWER could provide training during the orientation period of new CYF staff. Training for orientation could include topics like addiction 101, gender-responsive and trauma-informed care, screening for and discussing substance use problems with clients, and a review of POWER's collaboration with CYF to provide intervention and recovery support services to child welfare involved families, including

the referral process. This will also provide an opportunity to begin to engage new CYF staff as soon as they are hired and educate them about the collaboration and services we provide.

- POWER will provide specific trainings to CYF on a quarterly basis and on a mutually agreed upon schedule, on such topics as treatment options and an explanation of the levels of care, current trends in drug usage, overdose prevention, the impact of substance use on health and the integration of behavioral health and physical health, the use of recovery/wellness coaching by individuals with lived experience, the impact of addiction on families, motivational interviewing techniques, medication-assisted therapies, co-occurring disorders, and ROSC. POWER may elicit support from its partners to provide some of these trainings.

- POWER and its subcontractors, PMHS and HFI, will offer to CYF staff two to four registrations to their regularly-scheduled internal trainings. Among our three agencies, we offer a wide variety of professional development opportunities through training topics that include but are not limited to gender-responsive treatment, trauma-informed care, motivational enhancement therapy and motivational interviewing, dialectical behavioral therapy, LGBTQ, cultural competency, overdose prevention, use of medications in the treatment of substance use problems, peer-based recovery support, customer service, co-occurring disorders, drug trends, and a number of other relevant topics. It should be noted that POWER, PMHS, and HFI already offer this professional courtesy to each other's staffs, which serves to increase understanding across agencies, foster professional relationships and networking opportunities, broaden access to training topics, and reduce training costs.

- POWER will add the training department at CYF to its group distribution email list for the purpose of disseminating relevant articles, resources, and alerts.

- At least once each year, POWER will host a "meet and greet" at POWER to provide opportunities to better get to know each other; increase our knowledge and understanding of each other's missions, roles, and responsibilities; and facilitate networking and teambuilding.

- POWER will ask CYF to provide at least one training session a year on a topic related to helping our staff better understand child welfare challenges and strategies.

Staffing Plan

Staff, Roles & Qualifications – while the supervisors will primarily be responsible for providing training and consultation in addition to supervising the assessors and peer recovery support staff, any POWER staff may offer this support. Direct care staff may also be available to provide

emergency screening and assessment at the CYF offices on days they are working from a regional office.

POWER Connection Supervisors who will be available to CYF for collaboration, consultation, and training include:
Lori Abbott, MA, LPC – Program Manager
Roxanne Cole, MSW, LSW – Supervisor
Talitha Cox, BS – Supervisor
Lisa Penn, BS – Supervisor

Recruitment & Retention of Staff, Professional Development & Staff Training Program, and Performance Management are the same as above.

5. **Administration & Management of Service Model.** Effective implementation date is January 1, 2016.

POWER, PMHS, HFI are committed to working collaboratively to ensure a seamless delivery system of care for the individuals and families we will jointly be serving through this contract. We are confident about our ability to coordinate the services described in this proposal because we share similar values, particularly as they relate to ROSC. We have established a plan that includes specific processes for assigning tasks and responsibilities and for coordinating services. We will be sharing training opportunities, networking, building our team collaboratively, and meeting regularly to plan, implement, deliver, and monitor our services. The assessors and peer recovery support staff from our partners will be included in POWER's team meetings. We will be involved together in case consultations, joint planning, and some treatment team meetings.

We have identified a single point of contact at each agency who will be responsible for coordinating efforts and communicating status, progress, challenges, problem resolutions, and outcomes. POWER, as the lead organization on this project, will schedule and lead weekly meetings with our partners. Once we all feel confident that the processes we have established are being complied with and are proving to be effective, meetings may be reduced to monthly.

Meetings will be used to discuss general challenges and to jointly develop solutions to barriers or problems as they arise, and to review referrals and client status. These meetings can be scheduled at the CYF offices so that CYF staff may attend.
Our three organizations have signed QSOAs and Referral Agreements. If POWER is the successful bidder, contracts will be established with PMHS and HFI for those specific services being subcontracted to them.
Together, our three agencies offer individuals and families a comprehensive continuum of care that can be leveraged to provide services. We also are knowledgeable about and have positive relationships with the vast majority of treatment providers in our county and will work collaboratively to link clients to the appropriate programs that can best meet their needs.

The following accountability matrix clarifies the assignment/accountability of specific services and tasks:

Responsibility	POWER	HFI	PMHS	Other
Receive/coordinate referrals	Intake Coordinator			
Screen/refer/schedule	Intake Coordinator			
Assess/refer/link	Addiction Counselors	Assessors (primarily for men & adolescents)	Assessors (primarily for men & adolescents)	
Communicate disposition/outcome	Intake Coordinator & Addiction Counselors	Assessors	Assessors	
Initiate peer recovery support referral	Intake Coordinator & Addiction Counselors	Assessors	Assessors	
Assign peer recovery support staff	Supervisors			
Provide peer recovery support	Mentors		Peer support staff (primarily for men)	
Communicate disposition/outcomes	All staff; accountability lies with Supervisors	Assessors	Assessors & peer support staff	
Case consultation & education	Supervisors			
Administration & Management	Program Manager & Associate & Clinical Director			
Collaboration & consultation	Addiction Counselors, Mentors, Supervisors	Assessors	Assessors & peer support staff	
Reporting	Executive Director			

6. Collaboration & Consultation with CYF. Effective implementation date is January 1, 2016.

POWER has established a relationship with CYF staff and will continue to nurture and enhance the collaboration by consulting and maintaining regular communication with all key professionals involved with the caregiver and his/or family. Maintaining on-going communication with caseworkers as well as leadership staff at CYF will be accomplished by co-locating staff, sharing/exchanging training events, participating on multi-disciplinary teams and Conferencing and Teaming, and by documenting results and status in KIDS. Bi-annual reports will be provided to CYF leadership that describes progress toward goals, barriers to achieving progress, and recommendations for collaboratively developing solutions.

Due to the nature of our respective missions, a natural tension often exists between our two systems – addictions treatment/ROSC and child welfare. This tension should be respected and not be cause for abandoning our respective and mutual goals. Both POWER and CYF should work to creatively address the challenges resulting from the tension and make every effort to work in concert on behalf of families in need of treatment and recovery support services.

POWER will ask clients to invite our staff to their Conferencing and Teaming meetings, explaining the potential benefits. Addiction Counselors and Mentors may visit clients together with CYF caseworkers and can consult with them and their supervisors to strive toward compatibility between substance use treatment plan and child welfare plan goals.

POWER will solicit expert advice from CYF about issues related to the child welfare system and the expectations of the Court as necessary. POWER will ask CYF to provide our staff with relevant training designed to help increase our understanding of the role of CYF, the expectations of families involved, and child welfare laws.

IV. Performance Measures & Reporting

POWER will be responsible for monitoring outcomes to assure the quality and effectiveness of our intervention and recovery support services. We will track quantitative and qualitative data, as determined in partnership with DHS, and enter timely and accurate client-specific information, within the parameters of the law, in KIDS.

Because POWER has been administering these services, we are aware of the reporting requirements and recently met with leadership from the Drug and Alcohol Program and CYF to identify and clarify the data elements that are being requested.

POWER will track:

- the number of referrals received for assessment and mentoring
- the number of screenings completed
- the number of assessments completed
- the number of service linkages to treatment
- the number of linkages to peer recovery support services

We will also:

- work to increase the number of connections made to treatment based both on the assessment outcome and the ability to influence clients to accept referrals to care
- track the percentage of clients who successfully attend their first treatment appointment
- remain involved with clients referred to treatment for up to 60 days to monitor successful completion and document discharge status from treatment

After looking at baseline information, POWER will revisit target goals and metrics, and strive to improve outcomes for clients.

Additionally, POWER will make available to DHS its Outcomes Surveys and Client Satisfaction Surveys.

Please see "Use of Data" in section III of this proposal – "Organizational Experience" – for a description and examples of how POWER uses data to support continuous quality improvement.

V. Budget & Budget Description

The budget shows the total cost of the program for ½ of FY 16 (Jan– June) and full year budgets for FY17 and FY18. In addition to showing the total anticipated revenue and expenses by each of the five service categories, based on our past years' experience billing to CCBH, the budget also reflects the amount that we anticipate billing CCBH for Assessments and Recovery Support Services. The budget assumes a new Peer Recovery Support reimbursement rate that will be negotiated with CCBH and ALDA.

Personnel Services

Salary/Benefits: Includes full-time salary/benefits for a Project Manager, 3 Supervisors, an Intake Coordinator, 4 Addiction Counselors, 9 Peer Support staff, a Nurse/Lead Health Navigator, a data manager and 2.5 Administrative/Billing Coordination staff. FY16 benefits are approximately 26.3% of salary expenses and include all taxes (SS and PA UC), health insurance, dental, vision, life, long term disability, retirement and workers compensation. Staff development includes the continuing education and training of employees, as well as the professional licenses, certifications and credentialing of clinical staff. POWER invests heavily in training activities that reflect evidence-based practices.

Operating Expenses

Meeting & Conference Expense: In addition to registration for staff to participate in state and national conferences, this expense also includes all training materials, books, videos, facilitator guides, etc. as well as meeting room rentals and equipment.

Consultant/Misc. Personnel Expense: Oncludes expenses for POWER's electronic medical record system, licensing, professional services for computing/technical support and the employee assistance program. To accommodate additional fee for service billing, we will be outsourcing our billing to PMHS.

Occupancy/Insurance Expense: POWER provides office/meeting/conference space at its main office on Penn Avenue for POWER Connection staff. Occupancy-related expenses, including utilities, trash pick-up, fire and security system monitoring, and building repairs and maintenance. Insurance covers professional liability, directors' and officers', auto, etc.

Communications: Includes expenses for telephone service, cell phones, internet service, postage, copying and printing.

Office/Program Supplies: Includes day-to-day office supply expenses.

Minor Equipment and Furniture: Includes replacement computers, software upgrades, server expenses, copier lease and maintenance, and other equipment needed to support work in the Community .

Staff Travel: Includes actual staff travel related to providing support services in the community including travel to a client's home to do an assessment, transporting clients to appointments, meetings with community providers and attending conferences, trainings and other meetings.

Purchased Client Oriented Services: Includes drug screening, lab and urinalysis supplies.

Treatment/Supportive Expense: Includes welcome bags and family packets, address books and other organizers for clients and their families, motivational incentives and curriculum materials.

Indirect Cost: Includes administrative cost related to the administration of POWER including the Executive Director, the Director of Finance, Executive and Fiscal Assistants. In addition, as part of a collaborative shared service program, POWER consults with the Human Resources Collaborative (HRC) for its Human Resource Director.

PENNSYLVANIA ORGANIZATION FOR WOMEN IN EARLY RECOVERY
SUMMARY BUDGET (JAN 1, 2016 - JUNE 30, 2018)

	FY16 (Jan. 2016-June 30, 2016	FY17 (July 1, 2016 - June 30, 2017)	FY18 (July 1, 2017 - June 30, 2018)	TOTAL ALL YRS
REVENUE				
Program Funded	$81,223	$164,658	$169,203	$415,084
ALDA & CCBH Fee for Service	$717,479	$1,478,012	$1,522,349	$3,717,840
TOTAL REVENUE	**$798,702**	**$1,642,670**	**$1,691,552**	**$4,132,924**
Less CCBH Fee for Service	$352,360	$725,856	$747,690	$1,825,906
TOTAL ALDA COST	**$446,342**	**$916,814**	**$943,862**	**$2,307,018**
EXPENSES				
Personnel Services				
Salaries	$450,576	$928,186	$956,031	$2,334,792
Benefits	$118,668	$244,456	$251,790	$614,914
Staff Development	$6,600	$11,476	$11,760	$29,836
Sub-total: Personnel Services	$575,844	$1,184,118	$1,219,581	$2,979,542
Operating Expenses				
Meeting and Conference Expenses	$1,500	$3,090	$3,183	$7,773
Consultants/ Miscellaneous Personnel	$26,587	$54,769	$56,412	$137,768
Occupancy Expenses	$14,302	$29,462	$30,346	$74,111
Insurance	$4,304	$8,866	$9,132	$22,302
Communications	$14,000	$28,840	$29,705	$72,545
Office/Program Supplies	$2,500	$5,154	$5,305	$12,959
Minor Equipment and Furniture	$20,338	$41,895	$43,152	$105,385
Staff Travel	$25,338	$52,195	$53,761	$131,294
Purchased Client-Oriented Services	$14,750	$20,085	$30,688	$65,523
Treatment/Supportive Expense	$11,500	$33,690	$24,401	$69,591
Indirect Costs	$87,740	$180,505	$185,886	$454,131
Sub-total: Operating Expenses	**$222,858**	**$458,552**	**$471,971**	**$1,153,382**
TOTAL EXPENSE	**$798,702**	**$1,642,670**	**$1,691,552**	**$4,132,924**

PENNSYLVANIA ORGANIZATION FOR WOMEN IN EARLY RECOVERY						
FY16 BUDGET JANUARY 1, 2016 - JUNE 30, 2016	Screening/ Assessment(A)	Peer Recovery Support (B)	Service Referral & Coord (C)	Case Consultation & Educ (D)	Collaboration & Consultation with CYF (E)	Total FY16 (F)
REVENUE						
Program Funded	$ -	$ -	$ -	$ 31,620	$ 49,603	$ 81,223
ALDA & CCBH Fee for Service	$ 82,188	$ 592,091	$ 43,200	$ -	$ -	$ 717,479
TOTAL REVENUE	**$ 82,188**	**$ 592,091**	**$ 43,200**	**$ 31,620**	**$ 49,603**	**$ 798,702**
Less CCBH Fee for Service	$ 19,360	$ 324,000	$ 9,000	$ -	$ -	$ 352,360
Total ALDA COST FY 16	**$ 62,828**	**$ 268,091**	**$ 34,200**	**$ 31,620**	**$ 49,603**	**$ 446,342**
EXPENSES						
Personnel Services						
Salaries	$ 96,710	$ 268,941	$ 32,237	$ 20,808	$ 31,882	$ 450,576
Benefits	$ 24,944	$ 71,261	$ 8,315	$ 5,687	$ 8,462	$ 118,668
Staff Development	$ 1,533	$ 3,067	$ -	$ 1,000	$ 1,000	$ 6,600
Sub-total: Personnel Services	$ 123,186	$ 343,268	$ 40,551	$ 27,495	$ 41,344	$ 575,844
Operating Expenses						
Meeting and Conference Expenses	$ 500	$ 1,000	$ -	$ -	$ -	$ 1,500
Consultants/ Miscellaneous Personnel	$ 8,863	$ 17,725	$ -	$ -	$ -	$ 26,587
Occupancy Expenses	$ 4,768	$ 9,535	$ -	$ -	$ -	$ 14,302
Insurance	$ 1,435	$ 2,870	$ -	$ -	$ -	$ 4,304
Communications	$ 3,500	$ 9,334	$ 1,167	$ -	$ -	$ 14,000
Office/Program Supplies	$ 834	$ 1,667	$ -	$ -	$ -	$ 2,500
Minor Equipment and Furniture	$ 6,779	$ 13,559	$ -	$ -	$ -	$ 20,338
Staff Travel	$ 6,335	$ 16,892	$ 2,112	$ -	$ -	$ 25,338
Purchased Client-Oriented Services	$ 3,250	$ 6,500	$ -	$ 1,250	$ 3,750	$ 14,750
Treatment/Supportive Expense	$ 3,834	$ 7,666	$ -	$ -	$ -	$ 11,500
Indirect Costs	$ 26,786	$ 53,243	$ 328	$ 2,875	$ 4,509	$ 87,741
Sub-total: Operating Expenses	**$ 66,881**	**$ 139,988**	**$ 3,606**	**$ 4,125**	**$ 8,259**	**$ 222,859**
TOTAL EXPENSE	**$ 190,068**	**$ 483,256**	**$ 44,157**	**$ 31,620**	**$ 49,603**	**$ 798,702**

PENNSYLVANIA ORGANIZATION FOR WOMEN IN EARLY RECOVERY						
FY17 BUDGET JULY 1, 2016 - JUNE 30, 2017	Screening/ Assessment(A)	Peer Recovery Support (B)	Service Referral & Coord (C)	Case Consultation & Educ (D)	Collaboration & Consultation with CYF (E)	Total FY17 (F)
REVENUE						
Program Funded	$ -	$ -	$ -	$ 63,339	$ 101,319	$ 164,658
ALDA & CCBH Fee for Service	$ 164,376	$ 1,224,644	$ 88,992	$ -	$ -	$ 1,478,012
TOTAL REVENUE	**$ 164,376**	**$ 1,224,644**	**$ 88,992**	**$ 63,339**	**$ 101,319**	**$ 1,642,670**
Less CCBH Fee for Service	$ 39,816	$ 667,500	$ 18,540	$ -	$ -	$ 725,856
Total ALDA COST	**$ 124,560**	**$ 557,144**	**$ 70,452**	**$ 63,339**	**$ 101,319**	**$ 916,814**
EXPENSES						
Personnel Services						
Salaries	$ 199,222	$ 554,017	$ 66,407	$ 42,863	$ 65,676	$ 928,186
Benefits	$ 51,384	$ 146,798	$ 17,128	$ 11,715	$ 17,432	$ 244,456
Staff Development	$ 3,159	$ 6,317	$ -	$ 500	$ 1,500	$ 11,476
Sub-total: Personnel Services	$ 253,764	$ 707,132	$ 83,535	$ 55,079	$ 84,608	$ 1,184,118
Operating Expenses						
Meeting and Conference Expenses	$ 1,030	$ 2,060	$ -	$ -	$ -	$ 3,090
Consultants/ Miscellaneous Personnel	$ 18,257	$ 36,512	$ -	$ -	$ -	$ 54,769
Occupancy Expenses	$ 9,821	$ 19,641	$ -	$ -	$ -	$ 29,462
Insurance	$ 2,955	$ 5,911	$ -	$ -	$ -	$ 8,866
Communications	$ 7,210	$ 19,227	$ 2,403	$ -	$ -	$ 28,840
Office/Program Supplies	$ 1,717	$ 3,437	$ -	$ -	$ -	$ 5,154
Minor Equipment and Furniture	$ 13,965	$ 27,931	$ -	$ -	$ -	$ 41,895
Staff Travel	$ 13,049	$ 34,796	$ 4,350	$ -	$ -	$ 52,195
Purchased Client-Oriented Services	$ 6,695	$ 13,390	$ -	$ -	$ -	$ 20,085
Treatment/Supportive Expense	$ 7,897	$ 15,793	$ -	$ 2,500	$ 7,500	$ 33,690
Indirect Costs	$ 55,178	$ 109,681	$ 675	$ 5,760	$ 9,211	$ 180,505
Sub-total: Operating Expenses	**$ 137,773**	**$ 288,380**	**$ 7,428**	**$ 8,260**	**$ 16,711**	**$ 458,553**
TOTAL EXPENSE	**$ 391,537**	**$ 995,512**	**$ 90,963**	**$ 63,339**	**$ 101,319**	**$ 1,642,670**

PENNSYLVANIA ORGANIZATION FOR WOMEN IN EARLY RECOVERY						
FY18 BUDGET JULY 1, 2017 -JUNE 30, 2018	Screening/ Assessment(A)	Peer Recovery Support (B)	Service Referral & Coord (C)	Case Consultation & Educ (D)	Collaboration & Consultation with CYF (E)	Total FY18 (F)
REVENUE						
Program Funded	$ -	$ -	$ -	$ 65,142	$ 104,061	$ 169,203
ALDA & CCBH Fee for Service	$ 164,376	$ 1,266,311	$ 91,662	$ -	$ -	$ 1,522,349
TOTAL REVENUE	**$ 164,376**	**$ 1,266,311**	**$ 91,662**	**$ 65,142**	**$ 104,061**	**$ 1,691,552**
Less CCBH Fee for Service	$ 41,094	$ 687,500	$ 19,096	$ -	$ -	$ 747,690
Total ALDA COST	**$ 123,282**	**$ 578,811**	**$ 72,566**	**$ 65,142**	**$ 104,061**	**$ 943,862**
EXPENSES						
Personnel Services						
Salaries	$ 205,198	$ 570,638	$ 68,399	$ 44,149	$ 67,646	$ 956,031
Benefits	$ 52,925	$ 151,202	$ 17,642	$ 12,067	$ 17,955	$ 251,790
Staff Development	$ 3,253	$ 6,507	$ -	$ 500	$ 1,500	$ 11,760
Sub-total: Personnel Services	$ 261,377	$ 728,346	$ 86,041	$ 56,716	$ 87,101	$ 1,219,581
Operating Expenses						
Meeting and Conference Expenses	$ 1,061	$ 2,122	$ -	$ -	$ -	$ 3,183
Consultants/ Miscellaneous Personnel	$ 18,805	$ 37,607	$ -	$ -	$ -	$ 56,412
Occupancy Expenses	$ 10,116	$ 20,231	$ -	$ -	$ -	$ 30,346
Insurance	$ 3,044	$ 6,089	$ -	$ -	$ -	$ 9,132
Communications	$ 7,426	$ 19,804	$ 2,475	$ -	$ -	$ 29,705
Office/Program Supplies	$ 1,769	$ 3,536	$ -	$ -	$ -	$ 5,305
Minor Equipment and Furniture	$ 14,384	$ 28,768	$ -	$ -	$ -	$ 43,152
Staff Travel	$ 13,441	$ 35,840	$ 4,480	$ -	$ -	$ 53,761
Purchased Client-Oriented Services	$ 6,896	$ 13,792	$ -	$ 2,500	$ 7,500	$ 30,688
Treatment/Supportive Expense	$ 8,134	$ 16,268	$ -	$ -	$ -	$ 24,401
Indirect Costs	$ 56,833	$ 112,971	$ 696	$ 5,926	$ 9,460	$ 185,886
Sub-total: Operating Expenses	**$ 141,906**	**$ 297,027**	**$ 7,651**	**$ 8,426**	**$ 16,960**	**$ 471,971**
TOTAL EXPENSE	**$ 403,283**	**$ 1,025,373**	**$ 93,692**	**$ 65,142**	**$ 104,061**	**$ 1,691,551**