

# RFP Response Form

## Recovery Housing

### PROPOSER INFORMATION

Proposer Name: Familylinks, Inc.

Authorized Representative Name & Title: Paul Tedesco, Senior Director, Behavioral Health

Address: 401 N. Highland Avenue, Pittsburgh PA 15206

Telephone: (412) 942-0447

Email: [ptedesco@familylinks.org](mailto:ptedesco@familylinks.org), [acharles@familylinks.org](mailto:acharles@familylinks.org)

Website: [www.familylinks.org](http://www.familylinks.org)

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

Date Incorporated: 06/01/1971

### REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Frederick A. Massey, Jr.	(412) 942-0411	fmassey@familylinks.org
Contract Processing Contact	Jerry Parfitt	(412) 942-0451	jparfitt@familylinks.org
Chief Information Officer	Dave Bosko	(412) 924-0383	dbosko@familylinks.org
Chief Financial Officer	Jerry Parfitt	(412) 942-04511	jparfitt@familylinks.org
Administrative Contact	Aria Charles	(412) 942-0442	acharles@familylinks.org

### BOARD INFORMATION

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

Please see attached.

Board Chairperson Name & Title: Arita Gilliam Rue, Adolescent & Prevention Education Coordinator, UPMC Shadyside

Board Chairperson Address:

Board Chairperson Telephone:

Board Chairperson Email:

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### REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

*Please do not use employees of the Allegheny County Department of Human Services as references.*

Connie Clark  
Administrator of Alternative Housing & Diversion  
Allegheny County Jail

Lynn Cooper  
Senior Policy Analyst  
Rehabilitation & Community Providers Association

Dan Garrighan  
Program Director – Suboxone  
Jade Wellness

### PROPOSAL INFORMATION

Date Submitted 4/24/2017

Amount Requested: \$108,471

#### Proposal Abstract:

Familylinks proposes to operate a Recovery House, informed by the agency's extensive experience working with individuals in recovery. Within Familylinks' Alcohol and Other Drugs subdivision, we operate a Prevention Program, the Recovery Support Center (Outpatient & Intensive Outpatient Program), and 2 Family Treatment Centers (3C Non-Hospital Rehabilitation residential treatment). The Recovery House will house up to 16 people at any one time, providing a holistic environment designed to provide the space to allow Residents to focus on maintaining a sober, drug-free lifestyle. With decades-long experience and acquired expertise in working with females in recovery, Familylinks is uniquely positioned to provide a Recovery House for women.

### CERTIFICATION

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

- I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination and HIPAA.
- By submitting this proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other

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thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

### **ATTACHMENTS**

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

- MWDBE documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9
- Draft set of house rules and requirements
- Rental permission letters as needed
- Budget

### **REQUIREMENTS**

Please respond to the following. The maximum score a Proposal can receive is 110 points. Your response to this section should not exceed 18 pages.

#### **A. Organizational Experience (10 points total)**

1. Describe your organization's experience providing housing and support services to individuals with a history of unhealthy substance use.

Familylinks has extensive experience working with the Recovery Housing target population. Within our Alcohol and Other Drugs subdivision, this includes the Prevention Program, Recovery Support Center (Outpatient and Intensive Outpatient Program, and our Family Treatment Centers (3C Non-Hospital Rehabilitation residential treatment programs). The Recovery Support Center, established in 1974, serves an average of 60 clients at any one time (and approximately 500 each year) through co-occurring Outpatient and Intensive Outpatient services for chemically dependent male and female adults and adolescents and their families. Familylinks will be re-introducing a medication-assisted therapy Buprenorphine prescription and treatment clinic as a component of the Recovery Support Center no later than June 1, 2017.

The purpose of Familylinks' Recovery Support Center is to assist chemically dependent/addicted clients in achieving or maintaining a sober, drug-free lifestyle. There are four program objectives: 1) to develop individual service plans to address the unique needs of each client; 2) to improve clients' vocational and social functioning; 3) to reduce high-risk behavior by delivering HIV/AIDS education to all clients; and, 4) to provide direct interventions and/or links with appropriate internal or external resources and supports to help the client maintain recovery.

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Our Family Treatment Centers (FTCs), established in 1990, are long-term residential services for substance-dependent women who may or may not be pregnant and/or parenting, age 18 and older and their children. The program term is up six months and focuses on achieving and maintaining abstinence; developing recovery tools; increasing life skills; improving parental effectiveness; and preserving family relationships. The program has a capacity of 40 clients at any one time, and serves an average of 180 clients each year. There are three program objectives for the FTCs: 1) for clients to accept the need for treatment in order to stop the addictive disease process; 2) for clients to establish a foundation for recovery in order to live a drug-free lifestyle and begin to address the impact that their addiction is having on their family; and, 3) for clients to demonstrate increased self-awareness, personal accountability, and leadership.

To ensure high quality programming, we use evidence-based practices and provide for staff to complete the following trainings:

Motivational Enhancement Therapy  
Confidentiality  
Parenting  
Dual Diagnosis  
Ethical practices  
CPR/First Aid  
Fire Safety

LGBTQ Cultural Competency Training  
Therapeutic Crisis Intervention  
Medications  
PCPC  
Infectious Diseases/HIV  
Risking Connection (trauma informed care)

Familylinks has an agency structure in place that is focused on quality service, with several key management personnel bringing extensive experience in effective programming and quality assessment which are focused on achieving and maintaining positive program and client outcomes. The above programs have consistently been in good standing with the Pennsylvania Department of Drug & Alcohol, the Allegheny County Department of Human Services Single County Authority, and the Community Care Behavioral Health network since its inception in 1999. The organization has participated in a CCBH-inspired Community of Learning performance improvement initiative in 3C non-hospital rehabilitation programs, as well as a voluntary peer-provider 3C evaluation initiative.

Familylinks' Alcohol and Other Drugs programs staff regularly collaborate with a wide variety of local collateral providers on behalf of clients in addiction, including but not limited to: the Allegheny County Jail; Allegheny County Drug Court; Allegheny County Adult Probation; Children, Youth & Families; Discovery House; WPIC Kelly Street House; Onala; Catholic Charities (re: immigrant referrals); Gateway Rehabilitation; Justice-Related Services; Magee Women's Hospital; POWER Mentoring; Re: Solve Crisis Center; Greenbriar Treatment Center; and Jade Wellness. Housing support is provided via collateral agreements with multiple providers including, but not limited to: the Debra House; Sojourner Moms; Delaware House; Naomi's Place Transitional Living; Power House; Bethlehem Haven; Hosanna House; and Hearth House.

With a decades-long experience and acquired expertise in working with females in recovery, Familylinks is uniquely positioned to provide a Recovery House for women.

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2. Describe your organization's experience helping individuals transitioning out of inpatient treatment facilities and/or the jail on their path to recovery.

Familylinks Alcohol and Other Drugs staff regularly collaborate with a variety of local collateral provider regarding transitioning out of inpatient care, including but not limited to Allegheny Link; Allegheny County Jail (including regular collaboration with the Bureau of Corrections' Treatment Services Coordinator, Administrator of Alternative Housing and Diversion, and Correctional Administrator; multiple Western PA county jails; Allegheny County Drug Court; JRS-Justice-Related Services (including regular collaboration with the Program Unit Manager for Drug and Alcohol Court) ; WPIC; UPMC Magee Hospital; McKeesport Hospital; Forbes Regional Hospital; Shadyside Hospital; Mercy Hospital; Sisters Place; and the Re:Resolve Crisis Center. Staff transport clients as necessary from above inpatient institutions to Familylinks' 3-C facilities, and Familylinks 3-C clients are referred as appropriate to the Familylinks Recovery Center, or other preferred providers, for stepdown treatment.

At all phases of treatment, Familylinks respects the reality of relapse in the addiction – recovery continuum. In the Recovery House setting, goals need to be more about maintenance, and less about arrival. There is the journey and the desired destination, but absent the ability to maintain stability once this destination is reached, one may easily find themselves travelling up the same mountain they just recently conquered. The goal should not simply be actualization, but the assured ability to maintain what has been actualized. Familylinks believes a life of recovery is a permanently challenging one. It is not just the act of abstaining from a substance, but it is also the ability to see the “big picture” of recovery itself. This big picture contains four components that are imperative to support someone in recovery: (1) Home – having a home that one feels is adequate, safe, and stable; (2) Health – continued abstinence, scheduling and attending doctor (mental and physical health) appointments, medication compliance, overall healthy decision making; (3) Purpose – i.e., giving back to the community, participating in volunteer activities, helping to organize a 12-step meeting or chair it (home group), employment, or any positive activity that will provide a person with a feeling of self-worth; (4) Community – creating relationships and networks in the community.

Nonetheless, despite the Resident's best efforts, relapse is a common occurrence in a Recovery community. When this occurs with a program Resident, the staff, with the support of program peers, will reach out to 'wrap around' the Participant, and assist in linking the Resident to the appropriate and desired internal or external treatment program. Our approach will be to 'start fresh,' not blaming the Resident, but utilizing Motivational Enhancement to assist them in recognizing that though they did fall, they did not fail, and that they need to get up and start over, learning from whatever individualized missteps may have precipitated the relapse. Program staff will emphasize that they will not be 'punished,' and will remain a valued Resident in the program as they continue to recover. As they do begin recovery once again, a number of factors will be important to their maintenance. Overall awareness of resources in the community has been proven to decrease rates of relapse in recovery. Not knowing where to go when in distress or crisis can lead to a relapse. Remaining aware of and providing activities, groups, education, or any type of programming that focuses on the above-mentioned four components will remain necessary to encourage a supportive recovery community. Further, from the onset of programming, Familylinks Drug & Alcohol Prevention team will be integrated into the Recovery House by providing education on life skills and prevention, psycho-education as appropriate, including impulsivity control, procrastination, coping skills, and how to identify signs of relapse before using. Al

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Anon and Nar Anon meetings will be encouraged for friends and family who are struggling with a loved one's addiction/recovery. Hosting meetings (NA, AA, MA, Grief and Loss, Nar Anon, Al Anon, spiritual, etc.) will be encouraged as well.

As a 'flesh and blood' example of Familylinks programming to facilitate client transition/ treatment, one individual came to one of our 3C sites and appeared to be doing well, though when a consequence was enforced she chose to leave treatment – against clinical advice. Approximately two months later she called Familylinks, reporting she had not been successful and asked if she could return, and she was happily accepted. Within the first couple days of admission she requested to meet with the Program Manager, where she took responsibility and apologized for her past behaviors. During her stay she discovered her ex-husband had passed away, and with staff support worked through this trauma. She struggled with others' behaviors and attitudes (recovery commitment), confiding with her therapist, staff, and others in her support system regarding her struggles. She began making significant progress and creating a positive support group within the community. She focused on herself and her recovery through all of this, and she became a natural leader within the community. She phased and was successful going into the community for appointments and meetings alone. She successfully completed the Family Treatment Center program, and moved on to outpatient treatment and a ¾ recovery house. During her stay she struggled at times with events in and outside of treatment, but she found the strength in herself and her support system to continue with her journey to recovery.

#### **B. Housing (40 points total)**

3. Describe how many Recovery Houses you would like to provide, how many bedrooms the House(s) will have and how many Residents you intend to serve per House at any given time.

Familylinks proposes to provide one (1) Recovery House. The Recovery House has eight (8) bedrooms and can house a maximum of sixteen (16) Residents at any given time.

4. Describe the intake materials that you would complete and share with incoming Residents.

Upon arrival at the Recovery House, Residents who seek a safe, stable and recovery-oriented living environment, will complete an intake process which includes House Rules and Regulations, a Recovery House Handbook, and other required documents.

Prospective Residents must be 18 years of age or older. A screening tool will be used during the initial interview to gather pertinent information and potential Resident's history. This information will include, but not limited to their demographics, medical history issues and concerns, substance abuse history, and treatment episodes.

Residents will review the House Rules and sign that they not only agree to follow the rules but that they also received a copy of these House Rules. A Resident Right's policy will be explained to and given to each Resident explaining that they will have alternative options of services if needed. The grievance

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procedure will also be reviewed with and given to each Resident at this time to ensure that these rights will be exercised.

A case manager will be assigned to the Resident who will then work with them to develop a personal Recovery Plan within 24 hours of their arrival.

As part of the Handbook, confidentiality regulations will be reviewed with each Resident. Each Resident will sign releases according to their funding source, all identified resources on their personal Recovery Plan, and any additional entity involved with the Resident. A review of the medication policy will be completed and signed off on. This policy will include all medications: Over the counter, prescription, and medication assisted therapy medication. A copy of the weekly house meetings will be provided to each Resident and also posted in several living spaces within the Recovery House.

Emergency contact information and numbers will be provided and posted in several areas of the house. Evacuation plans will also be posted in each room of the Recovery House. A tour/walk through of the house will be completed during intake where each new Resident will be oriented to where the fire extinguishers are.

Incoming Residents will review and receive a copy of the Recovery House overdose policy. Educational information on overdose will be given to each Resident and they will be required to watch a training video on the administration of Naloxone. Residents will be required to acknowledge that they were given the education and watched the video. The Recovery House will have Naloxone available in case of relapse and overdose by opioid users, and Naloxone will be provided at discharge.

5. Attach a draft set of your proposed rules and requirements for the Recovery House. In the space below, describe your plan for addressing Residents should they fail to comply with the rules and requirements.

House Rules for Recovery House: Attached

Often people struggling with or with a history of chemical dependency have patterns of negative or impulsive behaviors, without the thought of consequences. These behaviors can result in lost jobs; lost relationships; loss of respect; and in this situation, recovery housing. Any group of people living together requires organization, team work, and a clear set of rules in order for a house to function smoothly. Often, these rules are similar to ones dealt with at work, with family, and in life in general. Rules can be viewed as restrictive and punishing, but they are necessary for stability. Failure to follow the House Rules could result in termination from the program.

A Resident who is not complying with the "Zero Tolerance" House Rules will undergo the termination process. This process would include a meeting with the Resident, where the Resident would be provided with a termination letter and a reminder of their rights to the grievance process. This letter would be from and signed by the House Manager, or the Case Manager if the House Manager is not available. If the Resident has literacy issues, the staff will assist the resident in filling out the grievance.

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Staff would then review the grievance document, meet with the Resident, and then respond to their grievance in writing. If the decision is to terminate the Resident then they would also be provided with a referral list and linkages to other services depending on their need.

Residents that violate other House Rules will meet with staff regarding the rules that were violated, review the rule that was violated, and contract the behavior as well.

6. Describe your plan for supporting a Resident in the event of relapse and for preserving the stability of other Residents of the House in the event of a Resident's relapse.

Familylinks has existing policies in place as part of the Family Treatment Center's approach to responding to relapse. The environment and response to relapse at the Recovery House will be (similar, different). In the event of a relapse, Program staff will assess the situation, and depending on the details of the relapse event, will choose how to respond.

Option A: Relapse will not be treated as an immediate termination from the house. However, the resident will be terminated fairly quickly. A level of care evaluation will be scheduled or the resident will be referred to a higher level of care than they are currently participating, therapist notified, supports increased, sponsor contacted, and 90 meetings in 90 days will be encouraged. The resident will be offered assistance in linkage to the appropriate treatment resource. Termination protocol will be used.

Option B: Confront the relapsing member immediately. A House meeting will be held regarding the situation. The other residents of the Houses will then have the opportunity to vote on the outcome. If the resident was voted to remain in the House... Option 1 will occur.

In the event of a relapse within the house, increased supports will also be offered to the other residents of the House. Personal recovery plan, relapse prevention supports, and additional supports will be utilized. Residents will be encouraged to call sponsors and in house supports will also be provided in lieu of outside supports which could lead to temptation.

7. Describe your plan for involuntary termination of a Resident from the Recovery House, including the possible reasons for termination, the process to notify a Resident and the appeals process.

Recovery Houses offer a number of benefits to its residents, but these benefits come with needed structure as well.

A resident who does not comply with the "Zero Tolerance" House Rules will undergo the termination process. This process would include a meeting with the resident, where the resident would be provided with a termination letter and a reminded of their rights to the grievance process. This letter would be from and signed by the House Manager, or the Case Manager if the House Manager is not available. If the resident has literacy issues, the staff will assist the resident in filling out the grievance.

Staff would then review the grievance document, meet with the Resident, and then respond to their grievance in writing. If the decision is to terminate the Resident then they would also be provided with a referral list and linkages to other services depending on their need.



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8. Describe the site(s) and amenities of your Recovery House(s). In what neighborhood do you intend to locate the House(s) and why? Are public transit and groceries nearby? Do intend to purchase or rent the house(s)? If currently renting, attach a letter from the owner permitting your organization to operate a Recovery House at that site.

Owned by Familylinks, the proposed Recovery House site is in Penn Hills, with drug and alcohol treatment being offered for many years in the neighborhood. The site is on a major thoroughfare, one (1) block from a major intersection (Robinson Boulevard), and is on the bus line. There is a Giant Eagle two (2) blocks away, a Giant Eagle Pharmacy two (2) blocks away, a Rite Aid Pharmacy one (1) block away, a Fire Station nearby, and assorted other businesses in close proximity.

9. Describe your plan for being responsive to the needs/concerns of both Residents and neighbors.

The proposed site has served as a drug and alcohol inpatient residential treatment center since 2006, maintaining a consistently positive relationship with neighboring residents and businesses, having reached out to neighbors door-to-door and individually from the initial establishment of the treatment center. Nonetheless, given the common stigma, bias and bigotry against people in addiction, Familylinks remains cognizant that in any locale, the risk exists for nearby residents being or becoming uncomfortable or fearful of increased traffic in the neighborhood, additional crime, extra waste, multi-individual housing, or anything that can cause the property values to decline (actual or perceived).

It has been and will continue to be Familylinks' modus operandi to be proactive in causing little or no disruption of any kind, and making and continuing respectful positive relationships to avert the risk of *NIMBY* (Not in My Backyard). As necessary, this may include the need for reaching out in educational endeavors with neighbors to help them understand that the standard public anxiety about residential drug treatment programs attracting crime to a neighborhood is not borne out by research, as well as recognizing that those in addiction are 'like us' and 'are us,' in every social strata and neighborhood demographic. Such relationship-building education will also seek to inform neighbors that research shows that not only do treatment centers or recovery housing typically bring substance abusers or drug dealers to the community, but – to the contrary – actually improve neighborhoods.

Regarding responsiveness to Resident concerns, there will be a full-time House Manager, and full-time Case Manager, who's first and foremost ongoing responsibility will be whatever is in the best interests of the Residents. As indicated elsewhere, policies and procedures will not be 'on paper' only, but will govern the daily ups and downs of responsiveness to legitimate client needs and expectations.

10. Describe your plan to ensure that the proposed Recovery House(s) meet(s) the structural standards requirements, as described in section 2.2 E of the RFP.

Familylinks already provides treatment and services across a wide continuum of care throughout Allegheny County in twelve different sites, including multiple residential sites. As such, Familylinks employs a full-time and veteran Director of Facilities and Management who is a member of the agency's

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Leadership Team. This Director oversees all physical sites, grounds, maintenance, routine and emergency repairs, acquisitions, contracting, etc. for all sites, including a personal monthly walk-through of each site. The proposed site already holds a valid Certificate of Occupancy. A contract with Waste Management provides for trash removal on a semi-weekly basis, and with Sana Products exterminators for monthly checks, as well as being on retainer if needed at any time.

The building is in good repair, with an 'apartment feel' to the three-floor site (comprised of a basement floor with offices and a large group room, and two upper floors, each with two apartment areas. Each of the four areas has either two or three -bedrooms, a common kitchen-dining room, as well as bathroom/shower (with slip-resistant surfaces). There is a shared institutional washer-dryer to be shared by all Residents. These and all other required structural standards of the RFP are already being provided for in the proposed site.

The Director of Maintenance and Facilities maintains a variety of Facilities Policies and Procedures that are expected to be assiduously adhered to at all times and which are strictly overseen by the Director of Maintenance and Facilities. These include, but are not limited to:

*Facilities Management Plan and Procedures; Carbon Monoxide Alarm; HVAC, Indoor Temperature, and Alternative Heating Sources; Emergency Evacuation Requiring Relocation, Environment of Care, Facilities Lighting, Fire Detection, Fire Suppression, and Alarms; and Fire Extinguishers.* The proposed sites meets all codes in RFP Appendix B: Fire Safety.

### **C. Supporting Residents (20 points)**

11. Describe your approach to building and monitoring a Recovery Plan with Residents.

Each Resident will be required to develop an individualized Recovery Support Plan. Their case manager will review the purpose of the plan and support the individual personalization of these to the Resident while reminding them of their need to follow their own beliefs and path that they feel will work for them. The recovery plan will be developed within the first twenty-four hours of their arrival to the House and will identify specific supports and referrals. A review of their personal recovery plan will be reviewed on a monthly basis and will be updated every thirty days. This plan will and will include not only address specific drug and alcohol needs, but also other supports needed to address the "Big Picture" of their recovery. Examples of other needs within the realm of the "Big Picture" will include but not be limited to housing, employment, mental health/ dental/medical issues, education, family supports, legal, community service, etc.

12. Describe your plan for connecting Residents to treatment, employment, housing and other supports so that they successfully transition to independence.

Since recovery from substance use disorders is always and necessarily a highly individualized process, the importance of effective case management services to those in recovery cannot be overestimated. Moreover, for those Participants coming to us from inpatient treatment of one kind or another,

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effective case management takes on an even more significant role in the likelihood of the resident remaining clean and sober over the long-term.

Familylinks' Alcohol and Other Drugs Programs each employ case managers already, and the agency brings considerable experience to providing this service at best-practice standards. In each case a client-driven individualized Recovery Support Plan is developed and updated regularly to guide the interaction of the Resident and case manager and linkages on behalf of the client, encompassing domains such as Food-Clothing-Shelter-Healthcare, Financial, Psychological and Emotional, Vocational-Educational-Employment, Legal Involvement, and Family and Social Relationships.

Typical and challenging case management linkage needs include: Parenting Skills – lack of resources often leads to unexcused absences from treatment and/or relapse; Hands-on Advocacy – simply putting forms in the hands of a person in early recovery is often not enough, thereby necessitating the Case Manager empowering Residents with their presence when meeting with collateral providers or interceding on their behalf as necessary; Basic Adult Literacy – the stigma of illiteracy often presents a barrier as Residents may often refuse to acknowledge this and may need assistance with reading and understanding their mail and general correspondence, understanding the side effects of medications, etc.; Permanent Housing – lack of it can become an early and easy excuse for relapse; Transportation – e.g., linking the Resident to Traveler's Aid; Identification – registration processes for birth certificates, social security cards, state identification, etc. can be daunting; Post-Incarceration re-entry to society – after completing their sentences/treatment, clients typically find it extremely challenging to find employment. Multiple other linkages will often be important, including but not limited to: mental health, addictions, and trauma therapy; relapse prevention; spiritual support; job searching and coaching; relapse prevention; health care; children's and family counseling and services; grief support; 12-step meetings; nutrition; budgeting; and recreation.

Given the high-risk prevalent in recovery work, the Recovery House Case Manager (and the House Manager) will be provided with a cell phone for convenient access at any time by Residents, particularly in emergency.

13. Describe your plan for ensuring that Residents have peer supports.

Familylinks will expand its current provider agreement with POWER Recovery to match each Resident with a trained Certified Peer Recovery Specialist. In addition, program staff will at all times seek to inculcate a Recovery House culture emphasizing and maintaining a natural peer-support/mentoring internal household. Residents will be trained and mentored to be attendant to each peer's family involvement in his/her life, as well as recognizing each peer's current addiction status, family concerns, housing needs, and recovery success to date. Peers will be trained and mentored to recognize the urgency at times required to meet the needs of an assigned peer, including the many who will already have been impacted by the opioid epidemic. Each Resident, upon program entry, will be educated about Naloxone and receive a prescription for a kit to ensure that this individual life is preserved so a peer, if necessary, *can* help her recover.

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The Housing Manager and Case Manager will make every effort at all times to provide every opportunity for peer support and social networking among Residents. In addition, in the spirit of R.O.S.C. principles, staff will attempt to foster a supportive community among program Residents, much as has long been the case in our modified therapeutic community in Familylinks' 3C Family Treatment Center. Program staff will be trained and Residents mentored to recognize the unique history, strengths and needs of each Resident. Each will be trained/mentored to utilize 'Active Listening' to ensure each Resident is not just 'one of many' on the Recovery House roster, but that each peer feels understood as a unique, living, breathing, hurting, recovering individual.

14. Describe your plan for creating a supportive recovery community among Residents.

No one should feel alone in their recovery. The Recovery House staff will need to be approachable and nonjudgmental and their approach will need to be person centered. We will encourage Residents to support one another and be honest and respectful as well. We will develop a Recovery House committee, a "voice" for the community which will be consulted when making decisions within the Recovery House community.

Recovery is not just abstinence, but it is the process of change that an individual undergoes and commits to. It is an overall improvement in their health, wellness, and quality of life. It is a long term process that is wellness centered and involves growth, self-discovery, self-change, and reclaiming one's self.

There will be extensive coordination of comprehensive services, information sessions (outside providers), recovery and relapse education, peer based recovery coaching/supports, and the overall encouragement of making connections. We will also encourage family involvement, spirituality, monitor the appropriateness of their treatment type and personal motivation. We will also encourage and monitor a personal connection to their therapist or peer supports as this is key to their continued supports. Recovery activities will also be held in the House as well as this will encouragement involvement of coordination.

#### **D. Staffing/Training Plan (10 points total)**

15. Describe your staffing plan and include details about the number of staff you will have per Recovery House, their functions and levels of experience.

Familylinks Recovery Housing program will employ one full-time House Manager, and one full-time Case Manager. Both staff will report to the Program Manager of the Familylinks' Alcohol and Other Drugs Prevention Program.

As a component of the Recovery Housing program staffing complement, a full-time Case Manager will be hired to assist Residents in making linkages The Housing Manager will have demonstrated experience in addiction and recovery, as well as a Bachelor's Degree in a human services or related field, designed to further their current recovery under the principles of service outlined above. Additional requirements for this position will include knowledge in the following areas: dynamics of chemically dependent persons and families; and recovery process and the 12 Step Philosophy. The House Manager

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is the agent for managing the daily operations of the recovery home. Job responsibilities will include the following:

- 1) Implements and maintains the service's philosophy, including Re-ED, 12 step principles, and procedures in all facets of performance.
- 2) To be in attendance and on time; to be available to work a flexible schedule, including evenings, nights, weekends and on-call.
- 3) Attend House meetings
- 4) Facilitate Recovery House intakes and Resident orientation.
- 5) Identify and establish working relationships with community resources for Residents.
- 6) Assist supervisor in developing program manuals, policies and procedures, organizing Recovery House schedules, and evaluation of program performance.
- 7) Direct supervision of Recovery House operations, including adherence of all staff and Residents to all established policies and procedures.
- 8) Available by cell phone to Residents/Case Manager 24/7/365.
- 9) Provide all program documentation and reports according to established expectations.
- 10) Conducts random and routine inspection of facility.
- 11) Conducts urinalysis of Residents as per program expectation.
- 12) Completes Incident Reports as required.
- 13) Responds to emergencies calmly and professionally.
- 14) Ensuring the safety of all Residents in the Recovery House.
- 15) Ensuring the security and safety of the house and surrounding property.
- 16) Conducting room checks on a regular basis.
- 17) Facilitation of self-administration of medication by Residents.
- 18) Conducting regular interviews with Residents to monitor the progress they are making towards their goals.
- 19) Maintaining client confidentiality of Residents information and records.

As a component of the Recovery Housing program staffing complement, a full-time Case Manager will be hired to assist Residents in making linkages designed to further their current recovery under the principles of service outlined above. The Case Manager will have demonstrated experience in addiction and recovery, as well as a Bachelor's Degree in a human services or related field. Additional requirements for this position will include knowledge in the following areas: child, adolescent, and family development; dynamics of chemically dependent persons and families; recovery process and the 12 Step Philosophy; and, community resources and other support services. Job responsibilities will include the following:

- 1) Implements and maintains the service's philosophy, including Re-ED, 12 step principles, and procedures in all facets of performance.
- 2) Prepares and implements service plans and goals as indicated by client for career/vocational education.
- 3) Completes timely and accurate documentation for case record.
- 4) Communicates, collaborates, and meets with staff, families, external agencies and/or others as necessary to support services to Residents and the agency's mission.
- 5) Safely operates agency van to transport Residents to and from treatment facility as needed.

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- 6) Safely operates a motor vehicle to transport Residents to appointments as appropriate.
- 7) Responsible for assisting Residents in scheduling all supportive services appointments and completing all paperwork for appointments.
- 8) Works collaboratively with therapist to design and support Resident's treatment plan.
- 9) Provides oral and written updates of concerns and observations to therapist.
- 10) Performs monitored urinalysis screens and provides documentation.
- 11) Provides timely follow-up contact with Residents.
- 12) Conducts urinalysis of Residents as per program expectation.
- 13) Completes Incident Reports as required.
- 14) Responds to emergencies calmly and professionally.
- 15) Participates in any scheduled clinical team meetings.
- 16) Takes responsibility for own learning and professional development.
- 17) Fosters productive professional relationships with collateral providers within the area.
- 18) Maintaining client confidentiality of Residents information and records.

16. Describe your plan to recruit, train and retain qualified staff. Describe how you will ensure that staff have lived experience and are reflective of the population that they serve.

Familylinks utilizes *JAZZ*, a state of the art electronic job posting to dozens of popular job boards and popular social media channels, in addition to rewarded staff referrals (to which specific outreach will be made to current Familylinks Alcohol & Other Drugs staff for referrals for the Recovery House staff positions), and hard-copy publications (e.g., *The New Pittsburgh Courier*) as appropriate, in efforts to attract qualified staff who mirror the cultural and racial diversity of the populations being served. Further, Familylinks hosts program/position-specific in-house Job Fairs throughout the year to augment its recruitment, as well as maintaining a long-time and positive relationship with local universities' internship programs. At all times, Familylinks seeks to fill staff positions with candidates who are trained, experienced and fluent in family systems work, and in child-adolescent work and addictions work if employed in programs designed for those populations. Filling staff vacancies is always top priority for both Human Resources and Program management staff, and includes ongoing two-way communication between program staff, Human Resources, and Division Directors. Vacancies are covered by both the individual Program Manager as necessary, as well as other programs' staffs in individualized, creative and time-limited backup coverage.

It has long been and remains a successful practice in Familylinks' Alcohol & Other Drugs programs department to regularly hire and employ a complement of staff, in various positions, who are themselves successfully in recovery, with a requirement that at time of employment they have a minimum five years of sobriety. The House Manager and Case Manager to be hired for this program, while possibly but not necessarily in recovery, will be minimally required to have experience in pertinent Alcohol and Other Drugs treatment or services.

Staff retention is bolstered by a variety of internal efforts, including regular *ABCD (Above and Beyond the Call of Duty)* recognition and awards; an annual Staff Appreciation Luncheon with multiple awards recognition; participation in a three-day training in trauma-informed organizational philosophy called *Risking Connections*, including a component designed to inculcate increased sensitivity to staff 'vicarious

## RFP Response Form

### *Recovery Housing*

trauma'; an internal Training Institute offering a wide variety of mandatory and elective trainings throughout the year, including a variety of trainings specific to drug and alcohol addiction of which the Recovery Housing staff will be expected to avail her/himself (e.g., *Marijuana, Cannabis & THC, Women in Addiction and Recovery, Motivational Enhancement Therapy, and Chemical Dependence & the Family*); a licensure program to aid staff seeking individual licensure; regular opportunities for 'Brown Bag lunches' between randomly chosen staff and the agency C.E.O.; annual Town Hall for all staff; weekly individual supervision; and monthly group supervision.

Training will include but not be limited to a three full-days training in trauma-informed model *Risking Connections* upon being hired; a full-day training in Motivational Enhancement Therapy offered quarterly by Familylinks' Training Institute, followed by a half-day "transfer of learning" review with staff to ensure their previous full-day training is informed by and relevant to their lived experience mentoring Residents. On a rotating Basis, the Familylinks Training Institute will offer a variety of relevant trainings to be required of staff including, but not limited to, the following: CPR/First Aid; Fire Safety, Infectious Diseases/HIV; Community-Based Staff Safety; Women in Addiction and Recovery; Boundaries; LGBTQ 101; Confidentiality; Medication-Assisted Treatment; Marijuana, Cannabis, THC; Impact of Addiction on Children; and Developing Cultural Competence.

#### **E. Records, Confidentiality and Reporting (5 points total)**

17. Describe your plan for maintaining accurate, secure client records and reporting data in a timely way.

##### **Accurate**

Familylinks uses a collaborative documentation process to collect information from clients and enter it into the Electronic Health Record. As staff are collecting information from a client, the staff directly enters the information directly into the Electronic Health Record. A computer monitor is positioned so that a client can see their responses getting entered. Collecting information this way ensures that the client feels that the record is transparent and accurately reflects the information they are providing.

##### **Secure Client Records**

Familylinks uses the Evolv electronic health record. Every staff user is assigned a unique login and password. Familylinks has policies and procedures related to the appropriate use of the electronic health record. This includes policies related to client data needing to be entered directly into the electronic health record and not stored on any local device. Familylinks uses a secure server to support the data stored on the electronic health record.

##### **Reporting data in a timely way**

Familylinks successfully participated in AHCI's TCOBI (Training Center for Outcomes Based Integration) project in 2016. The project familiarized Familylinks' in how to enter and use assessments in or Evolv electronic health record. We are now experienced in extracting data reports from our Evolv electronic health record and submitting them to outside sources successfully. Familylinks can easily provide outcome data submissions to DHS easily in an Excel file format or other format as required.

## RFP Response Form

### *Recovery Housing*

Familylinks has in place a highly effective and rigorous Performance and Quality Improvement (PQI) process for all programs and services. The client record will be reviewed by the appropriate staff member, the Program Manager and the PQI team quarterly. Data will be entered and tracked through our electronic health records system and results are provided to the PQI team and Department of Human Services. At the quarterly PQI meetings, record review results and outcome measure results are examined. If the record review criteria or outcome measure goals are not being met, a Performance Improvement Plan must be developed and implemented for each deficiency. Performance Improvement Plans identify why the deficiency occurred, the plan that is going to be put into place to correct or prevent the deficiency from occurring further, and a monitoring plan. Performance Improvement Plans are then reviewed at the subsequent PQI meeting to determine if the plan was effective, or to modify the plan if needed.

A significant level of organizational oversight in the PQI process is the PQI Advisory Committee, which includes two board members, the CEO, COO, the Director of Program Quality, and three stakeholders from each Division. This group develops overarching PQI goals for the agency, examines division outcome measure progress and trends, identifies issues related to critical incident trends, such as medication errors, suicidal ideation, restrictive procedures, etc., provides feedback and recommendations to the Executive PQI Teams, and prepares an agency PQI report semi-annually that is presented to the agency Board of Directors.

#### **F. Performance Measures (5 points total)**

18. Describe how you will track and monitor performance measures for quality assurance and make appropriate changes based on those performance measures.

Familylinks has in place a highly effective and rigorous Performance and Quality Improvement (PQI) process for all programs and services. From the time of entry into a Familylinks program, each resident will be assessed and monitored by our staff. Familylinks staff will meet with all Recovery House Program residents on a monthly basis to review their progress. Staff will use progress notes from all in-person and phone conferences to complete a monthly progress report for each resident, and make adjustments as needed. Data specific to the program outcomes, such as adherence to recommended treatment and case management referrals, will be required to be collected monthly. All program outcome information will be reviewed by the appropriate staff member and the Program Manager, and reviewed by the PQI team quarterly. Data will be entered and tracked through our electronic health records system and results provided to the PQI team. At the quarterly PQI meetings, record review results and outcome measure results are examined. If the record review criteria or outcome measure goals are not being met, a Performance Improvement Plan must be developed and implemented for each deficiency.

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## RFP Response Form

### *Recovery Housing*

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Familylinks' Recovery House Program management will consult regularly throughout the initial program year with internal Performance and Quality Improvement (P.Q.I.) department staff, and externally with both pertinent Allegheny County Department of Human Services – Bureau of Drug & Alcohol staff, and C.C.B.H. Quality Department staff, to continually fine-tune the program outcomes and data measurement protocol based on 'lessons learned.'

#### **G. Financial Management and Budget (20 points total)**

19. Please attach a copy your organization's financial audits or certified financial statements for the past three years (not counted towards page limits).

Please see attached.

20. Provide a line-item budget and budget narrative that shows all planned expenses, reflects a realistic estimate of the costs associated with implementing the Recovery House and includes a clear plan for providing cash match via federal, state, local and private sector funds to support the Program. The budget may be an attachment that does not count towards page limits.

Please see attached.

## **Familylinks**

### **Recovery House Rules**

- Zero Tolerance: Use of alcohol or drugs on or off of premises of the Recovery House is prohibited.
- Zero Tolerance: Residents must provide a urine or alcohol test as requested. A refusal would be considered a positive result.
- Zero Tolerance: Residents will respect House property. Destruction of property will not be tolerated.
- Zero Tolerance: If employed, an individual must contribute 15% of their gross monthly to the Recovery House.
- Zero Tolerance: Residents no longer than 90 days per year (June 30-July 1).
- Zero Tolerance: Residents of the Recovery House are required to participate in all recovery support meetings offered by the house.
- Zero Tolerance: Residents must create and participate in a Recovery Plan which will be monitored by Case Manager.
- Zero Tolerance: Violence or threats against other residents and staff is prohibited.
- Zero Tolerance: Residents must follow all rules regarding visitation.
- Zero Tolerance: Residents must follow all medication policies which include OTC, medication administration, and storage.
- Residents will maintain a clean living space.
- Residents will obtain a sponsor within 2 weeks of admission.
- Residents will secure a home group within the first 30 days of admission.
- Residents will turn in signed meeting slips to case manager weekly.
- Residents must obtain employment within the first 30 days of admission.
- Residents must sleep at the house each night unless prior arrangements have been made with staff.

**Violation of House Rules will result in termination from the Recovery House.**

**(See termination procedure in your Resident Handbook)**

**Familylinks, Inc  
Recovery Housing  
FY 2017-2018**

**ANNUAL OPERATING BUDGET**

<b>Operating Expenses</b>	<b>Annual Amount</b>
<b>1) Staffing</b>	
BH Director	\$ 1,801
Program Supervisor	1,652
House Manager	34,000
Case Manager	31,096
Total Salaries & Wages	<u>\$ 68,550</u>
<b>2) Employee Benefits</b>	18,603
<b>3) Staff Development</b>	1,000
<b>4) Program Supplies</b>	2,400
<b>5) Office Supplies</b>	1,700
<b>6) Food</b>	15,600
<b>7) Communications</b>	3,100
<b>8) Rent</b>	36,088
<b>9) Utilities</b>	28,784
<b>10) Building Maintenance and Household Supplies</b>	5,500
<b>11) Staff Travel</b>	2,448
<b>12) Insurance</b>	2,262
<b>13) Indirect Program Allocations</b>	9,117
<b>14) Administration Allocation</b>	<u>12,473</u>
<b>Total Operating Expenses</b>	<u>\$ 186,035</u>
<b>Offsetting Revenues</b>	
<b>1) Client Rent</b>	\$ 13,052
<b>2) Case Management Billing</b>	<u>64,512</u>
<b>Total Offsetting Revenues</b>	<u>\$ 77,564</u>
<b>NET AMOUNT TO FUND</b>	<u><u>\$ 108,471</u></u>