

RFP Response Form

Family Residential Substance Use Disorder Treatment Program

PROPOSER INFORMATION

Proposer Name: Auberle

Authorized Representative Name & Title: Lauren Brown, Director of Special Projects and Development

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

Date Incorporated: 1952

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	John Patrick Lydon	412 673 5856 x1310	johnly@aublerle.org
Contract Processing Contact	Anthony Giancola	412 673 5856 x1247	anthonyg@aublerle.org
Chief Information Officer	Click here to enter text.	Enter number.	Click here to enter text.
Chief Financial Officer	Click here to enter text.	Enter number.	Click here to enter text.
Administrative Contact	Suzanne Taleff	412 673 5856 x1252	suzannet@aublerle.org

BOARD INFORMATION

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

Attached

Mr. Steven Massaro
SVP, Massaro CMS, LLC
Massaro Corporation

[REDACTED]

[REDACTED]

[REDACTED]

Board Chairperson Telephone: [REDACTED]

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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.

Dr. Liz Miller, MD, PhD, FSAHM, Director Division of Adolescent and Young Adult Medicine Medical Director. [REDACTED]

Dr. Deanna Wilson, MD, MPH, Assistant Professor of General Internal Medicine at UPMC and Adolescent and Young Adult Medicine at Children's Hospital of Pittsburgh, [REDACTED]

Wendy McSparren, Sanctuary Consultant, [REDACTED]
[REDACTED]

PROPOSAL INFORMATION

Date Submitted 9/15/2017

Amount Requested: \$1,256,875

Proposal Abstract:

Please limit your response to 750 characters

Auberle and UPMC's Center for Opioid Recovery and the Division of Adolescent Medicine are thrilled to have the opportunity to create a response for this RFP. What you will read in our proposal is an integrated treatment model that is poised to make inroads in the opioid epidemic and the negative effects that addiction creates across the family unit. Our UPMC partners are bringing expertise in addiction, internal medicine and treatment for families, adults, children and adolescents. Combined with Auberle's knowledge of the child welfare system and evidence-based therapeutic treatment, we feel confident that we can meet and exceed the goals of this visionary program. As always, we see this proposal as the beginning of the conversation with DHS and hope that together with our partners, we can create a national model for the treatment of addiction in individuals and its effects on the entire family.

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.

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

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
- Photos of the proposed facility site and renovation/design sketches, if any
- Cost estimates

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REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 100 points. Your response to this section should not exceed 25 pages.

A. Organizational Experience (25 points possible)

1. Describe your organization's experience implementing residential substance use disorder treatment and achieving desired outcomes.

Auberle has decades of experience delivering the kind of services that you are seeking in this opportunity. Many individuals in our residential programming are in our care because of substance abuse issues. Others may have other placement reasons, but substance abuse is still a concern. Last year, we provided drug and alcohol therapy for 40 residential individuals and 100% or 65 out of 65 of those clients were positively discharged. Auberle administers medication, including psychiatric meds, 365 days per year. We offer training on how to safely administer medication to clients and have policies in place to keep medication stored securely. We also have decades of experience responding to clients most emergent needs, helping them to stabilize and then coordinate a wide array of supportive services to meet their needs. Among those include life skills education such as cooking, budgeting, personal hygiene and exercise just to name a few.

To deliver the medical and psychiatric services associated with this program, we are enhancing our existing partnership with Dr. Elizabeth Miller and UPMC to also include UPMC's Center for Opiate Recovery. Dr. Deanna Wilson from the Center for Opiate Recovery brings the perfect blend of experience with her to this program. She is trained in addiction medicine and has experience working with families, children, adults and adolescents. Between their expertise working with addiction and families and our expertise providing residential programming and therapy, we are poised to create a national model in partnership with DHS.

2. Describe your organization's experience working with families with substance use disorders and achieving desired outcomes.

Auberle's Behavioral Health Department continuously exceeds set goals and remains committed to the principles of a recovery-oriented system of care. We maintain a skilled team of mental health professionals, including those licensed in Professional Counseling, Marriage & Family Therapy and Social Work. Auberle's Clinical and Behavioral Health Department has maintained its own Outpatient Drug and Alcohol License since 2004 and obtained an Outpatient Mental Health License in 2014.

Our Behavioral Health Department has a wealth of experience in working with individuals or families facing substance abuse issues. In Fiscal Year 2016, 96% of community outpatient mental health clients, 100% of our community outpatient drug and alcohol clients, 100% of residential drug and alcohol clients and 93% of residential mental health clients were all discharged positively. In the last year, Auberle's Behavioral Health team has expanded training across the clinical team to increase the service options to include additional evidence-based models of treatment, including Trauma Focused Cognitive Behavior Therapy (TF-CBT) provided within individual and family therapy sessions, as well as Aggression

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Replacement Training (ART) provided in a group setting for both male and female adolescents in Auberle's care. We also updated our therapy rooms to be more therapy-friendly and welcoming for behavioral health clients to create greater satisfaction and have better ease in scheduling because of this new dedicated space.

Auberle's clinical team continues to prioritize family engagement through therapy sessions and visits whenever possible. Our expertise and familiarity with mental health interventions and drug and alcohol services has been utilized by local school districts. For example, in 2016 our behavioral health leaders are participating in a Jewish Healthcare Foundation initiative to create a crisis response program for teens and offer a new Student Assistance Program. Our behavioral health leaders have also expanded our services to include becoming a School-Based Therapy provider.

Auberle has been Sanctuary Certified in Trauma-Informed Care since 2015. With this certification, Auberle's programs and services are committed to youth, families and staff well-being and safety in offering the best quality care in achieving our mission in helping children and families to heal themselves. Our programs and services are rooted in asking "what happened to you?" instead of "what is wrong with you?" This approach recognizes the trauma that has occurred to both children and families and helps these individuals overcome stress and trauma to become healthy and happy and offer a true feeling of security.

3. Describe your organization's experience using data to measure and improve program and client outcomes.

At Auberle, we collect data on all of our programs and services. This data is collected through individual client notes and computer data collection systems. Recently, we began implementing CareLogic Qualifacts as our new Electronic Health Records system to improve and streamline our data collection process for all programs, but particularly for our behavioral health program. We take pride in our precision in collecting and analyzing data. We are constantly learning about how we deliver our programs and services to our clients in the most efficient and effective way possible. For example, data collected on client satisfaction led to our behavioral health team asking for more training because they felt they were not fully-equipped in their ability to handle specific behavioral health issues clients were facing. To improve the client experience and better prepare our clinical staff, we provided additional training in areas they deemed necessary and also added new certifications for therapists. At Auberle, we are constantly striving to better serve our children and families in the most effective means possible by observing and analyzing data so that we can change what is not working into something that works better for everyone involved. Another example is that data collected identified the primary diagnosis of residents placed at Auberle. With this primary diagnosis identified, our clinical staff underwent psychoeducational training specifically developed based on this diagnosis to provide both a general

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overview of the diagnosis, as well as case-specific examples based on Auberle placed residents. This training provided staff with the best practical strategies to respond to residents demonstrating this diagnosis and helped to connect and link it back to our trauma focus.

4. Describe your organization's experience providing culturally-competent, linguistically-competent, trauma-informed and gender-responsive services. Include a description of how your organization trains and supervises staff in these subjects.

Auberle's onboarding process requires extensive training to prepare staff for the variety of needs children and families require during their time with us. This training encompasses a variety of areas, with particular emphasis on cultural-competency, linguistic-competency and gender-responsive services. Our Sanctuary Certification means we spend multiple days offering training and refresher training to all staff on our trauma informed model of care, and we highlight staff that exemplify the seven commitments of the Sanctuary Model in our Employee of the Month program. We partner with Allegheny County Department of Human Services to offer a full day of training in gender, sexuality and linguistic competency titled Sexual Orientation, Gender Identity and Expression (SOGIE). Our mental health team is comprised of therapists and clinicians that are aware of and understand how to identify unique cultural differences and offer therapy and services that are based around an individual's culture and life. All staff are taught in orientation to be aware of differences between cultures and how these differences inform an individual's understanding of life and identity. Auberle staff in all programs and services are taught to be aware of the subtleties of different cultures and upbringings and how linguistically these can be different to hear, but are necessary to help children and families we serve overcome trauma and other issues to become independent, safe and happy individuals.

B. Core Services (20 points possible)

5. Describe your vision for the overall design of your proposed Program. Include a description of what intake, assessment, treatment and services, exit planning, and exiting the Program would look like from a family's perspective.

Our intake and assessment process will begin by being welcoming and compassionate. The space itself will be warm and inviting. The welcome and intake process essentially set the tone that will strongly influence if they choose to complete the admission process. This program's staff, just like our current staff at Auberle, will be culturally diverse, compassionate and authentic. The assessment process will address the entire family and will include medical, drug and alcohol, family and trauma. Our Certified Addictions Counselor (CAC) will play a key role in welcoming families to help them feel comfortable. They are living proof that recovery is possible and will help to establish the credibility of the program from the onset.

It will be important that the admission process strikes a balance between being empathic with the need to collect information about the client that can affect our treatment response. Our assessment tools, described below, are quite comprehensive and detailed, but the top priority in the process will be to engage the individual in treatment, address immediate crises and remove barriers to treatment. In

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collaboration with our UPMC partners, we will provide training to our professionals around appropriate interviewing styles. Paying attention to cues and giving attention to the timing and sequence of assessments conducted will be key to our approach.

Medical Assessment: We will conduct a medical interview that will include medical history and any current medications and medical health concerns. Part of that assessment will include a urine lab screen. We will use that information to determine if there are any medications that might interfere with MAT.

Drug and Alcohol Assessment: The assessment tool that we use at Auberle that we will implement for this program is CRAFFT which is comprehensive. We will gather any history of drug and alcohol use as it relates to the client and their family.

Mental Health Assessment: Auberle conducts a very comprehensive mental health assessment with our clients and we will do the same with this program. The Mental Health assessment covers client strengths and supports, mental health safety and concerns, trauma history, domestic violence screening, past and present medications and treatments, medical history, education, sexual orientation and education.

Through the assessment process, clinicians and therapists will be able to determine if there are any potential medication contradictions that would prohibit them from starting MAT. If there are none, it is recommended that they begin MAT immediately.

Our treatment will include:

- a) Individual therapy using Motivational Interviewing. Clients will receive two, one hour individualized sessions per week.
- b) Individual therapy session will include Individualized Treatment Plans that will be reviewed once every 30 days.
- c) Three 90 minute psychoeducation groups per week.
- d) Four Peer Groups lead by the Certified Addictions Counselor that are 45 minutes each.
- e) Educational Instruction Groups that will include all of the ancillary services described in this proposal.
- f) Weekly medication management visits from the prescribing physician plus additional psychiatric time on a case by case basis. Our physician is being provided through a partnership with UPMC Division of Adolescent and Young Adult Medicine and UPMC's Center for Opioid Recovery. They will serve as the Medical Director for this program.
- g) Using our Sanctuary Model of Trauma-Informed Care toolkit to work with families.

More details on each of the treatment components are described in question 6.

Our philosophy of care at Auberle is to start with exit planning from the very first session. Our After Care Planning includes the following elements:

1. Our therapists and clients work together to create both short and long term goals around:
 - a. Sobriety
 - b. Mental health
 - c. Finances
 - d. Education
 - e. Social

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- f. Legal – some clients have a goal of getting off of probation, for example.
- g. Employment

What makes Auberle the perfect candidate for this opportunity is that we have experience helping individuals and families overcome barriers and achieve goals in each and every one of these areas. This work is truly what we do every day.

From a family's perspective, exit planning and exit will be a collaborative process. As stated previously, we have experience working on every single one of the core services in this RFP with individuals and families. The exit plan will be a fluid document that will be revisited and edited frequently. By the time a family leaves our program, they will have a clear vision of their family and individual goals and a plan to achieve them. They will also have a defined community support network including family and friends (when appropriate), spiritual connections and community resources. Our therapists at Auberle also help clients think through potential triggers for them that exist back in their communities (if that is where they are returning). They develop specific and detailed plans with the client to handle those triggers.

In terms of the MAT aspect of the program, all clients will be transitioned to community care through our UPMC partners at the Center for Opioid Recovery who will then help the family connect with a provider that is most appropriate for their needs. The Masters Level Social Worker that we will have on staff will continue to work with the families for 30 days as they make the transition back in to the community.

6. Describe your plan for your Program's evidence-based substance use disorder interventions.
We will implement the following evidenced-based substance use disorder interventions – all of which we already implement:

Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI): CBT and MI will be used in individual sessions that will happen twice per week for one hour each. CBT is used at Auberle for mental health and substance abuse clients because it helps to address maladaptive thinking and replaces it with more positive/helpful thoughts. For instance, "my life is terrible and I'm hopeless" is replaced with "things are hard right now but I can take some steps today to make things better."

MI is the gold standard in drug and alcohol counseling and it blends well with our commitment to trauma-informed care and harm reduction. We work to discover what the client's intrinsic values and motivators are and then use those to bring about change. We realize that recovery exists on a continuum and that tapping in to the person's strengths and beliefs is effective in helping clients to return to a more positive place. They are not seeking recovery because we tell them they should, they are seeking recovery because they see the value of it in their lives.

Psychoeducation group: At Auberle we use a Stages of Change Model for our Psychoeducation groups. These five stages are precontemplation, contemplation, preparation, action and maintenance. Because we know that recovery exists on a continuum and that relapse is a part of recovery, the curriculum that we have developed and use does not approach these steps linearly. Each stage can be explored with the group based on where they are in their recovery and then can be revisited as necessary.

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Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): We will use CBT and MI as the framework for our substance abuse treatment and will pair it with TF-CBT to address trauma and mental health. TF-CBT is an effective treatment to use with children and adolescents affected by trauma and their caregivers. Families dealing with substance use have experienced trauma as a whole and individually. Through our work, we have found that TF-CBT is the most effective treatment to help children, youth and their families work through and heal from trauma.

Auberle uses CBT, MI, Psychoeducation groups and TF-CBT on a daily basis in a residential setting with drug and alcohol and mental health clients.

MAT: As stated previously, we will be partnering with UPMC's Center for Opioid Recovery and The Division for Adolescent and Young Adult medicine to deliver the medication and psychiatric services for this program. They will also serve as the medical director for this program. The medical professionals that we are bringing in for this program are trained in addiction medicine and specifically work with families, adults, children and adolescents. Under their guidance, we will provide medication onsite. The prescribing doctor will provide once weekly medication management visits with the clients and additional psychiatric time as needed. From our perspective the only way to do this program correctly, was to secure a partnership with these exact blend of credentials.

7. Describe your plan for your Program's additional core services (RFP sections 2.2, B through F):
- a. Psychoeducation groups, life skills classes and parenting programs

Providing life skills both in community and residential setting is something that we do every day at Auberle. While there are other primary issues at play like drug and alcohol abuse, assisting with life skills and parenting classes are essential to the success of the individual or the family.

Financial Literacy

We often partner with local banks who offer financial literacy and budgeting classes for free to the people we serve. We plan to offer a number of different financial literacy classes once per week on topics like:

- i. Budgeting for their household needs
- ii. Personal credit
- iii. Checking accounts
- iv. Homebuyer education

We will also make financial literacy classes available to older youth at the facility as well. Within Auberle's Employment Institute, we offer reoccurring courses in a number of financial literacy topics. We have found that poor money management can be a major stumbling block for young people that stand in their way to succeeding as adults.

Job Skills

You will not find an agency that is better at providing the kind of job training and workforce skills than Auberle. Auberle's Employment Institute provides individuals with training to earn a national certification and then we pair them with an employment partner. Through nontraditional work

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readiness training and a digital work ethics badge, we are able to prepare people for a real job with a career path. We realize that the primary focus of an individual's time in the substance use treatment program is overcoming their addiction and trauma, so we will make our Employment Institute services available at a level and a time that the individuals are ready. At a minimum, we will provide weekly one-on-one sessions with an Employment Institute case manager and once weekly group job readiness sessions. Each person will work with the case manager to develop an individualized services plan including short and long term goals for their employment. We can also continue to work with the clients after their discharge from the facility. With more than 50 employer partners, we will be well-equipped to assist people with job placement before or after they re-enter the community.

We have had tremendous success working with individuals in the Employment Institute that are struggling with staying clean. Often the inability to pass a drug screen can be the top factor in finding a job. We have found that by continuing to work on job skills, never giving up on the client and working collaboratively with the drug and alcohol counselor can yield great results. Often having a career goal in mind can be a terrific catalyst to fully invest in treatment and recovery.

The Employment Institute services will also be available to the older children in the treatment facility both before, during and after their time in the program.

b. Childcare and other supportive services including transportation support for children and case management

With our Foster Care program and Residential programs, Auberle has extensive experience in childcare services, particularly transportation support and case management. Each child within our Foster Care program and Residential program has a case manager that helps to create an individual plan with life goals such as education, career and family. These case managers would work similarly within the Treatment Program to provide support to children and youth during their parent(s) time in treatment.

While living at the treatment facility, it is best to keep normal routines for the children. For example, transportation to school-related functions like sports games, plays or other theatrical programs, music activities like marching band, orchestra or other after-school activities would continue to provide creative and active outlets and encourage continued development. Auberle has many facilities that offer recreational activities and opportunities to experience fun learning activities for youth of all ages including a gymnasium, baseball field and challenge course. All of a youth's activities are encouraged to be continued while living at the facility as to not encourage more disruption in a youth's lifestyle. New developmental activities and experiences will be offered to supplement various therapies the youth may be going through during their time at the facility.

The Residential Facility will offer a variety of activities for youth to participate in while parent(s) are in treatment time. These include various workshops, learning activities, sports, games, art, music, entertainment and educational assistance. We have many partnerships with other organizations and institutions in the region that work with us in our other programs like the 412 Youth Zone and would seek to continue these partnerships in this new program. The Allegheny County Library Association

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helps our youth obtain library cards and activities for both teens and parents to participate in. We have partnered with many Cultural District institutions including the Pittsburgh Symphony Orchestra and the Pittsburgh Ballet Theater. We have worked with Arcade Comedy Theater to teach our youth improv and comedy techniques, which help youth to overcome public speaking issues and think creatively. Venture Outdoors partners with Auberle to take children outdoors and teach them things such as kayaking, hiking and rock climbing. Bike Pittsburgh works with our youth to teach both how to ride a bicycle and bike safety. The Carnegie Science Center has brought their Mobile Fab Lab to our other locations allowing youth to experience and learn about science in a creative way. Other partners include Film Pittsburgh, Toonseum, Snapology, and Therapets. All of these activities would be offered during the day, evenings and on weekends along with supplementary field trips for parents and children. When a partner cannot be present, youth will be offered a unique space for them to study, receive tutoring, relax, play and read, which will be maintained based on input from the Child Development Specialist(s) and Youth Specialist.

One of our programs, SNAP (Stop Now and Plan), is a good program for the children and youth that will have parents participating in the Treatment Program. SNAP is an evidenced-based program that Auberle has been implementing with fidelity for a number of years. This program has staff that work with the entire family to develop healthy conflict resolution and de-escalation techniques through weekly sessions. During their time in the program, youth learn anger-management and to stop immediately reacting to events and conversations and plan thoughtfully. This program will work great in tandem with other therapy for the whole family.

Auberle has extensive experience in utilizing Cognitive Behavioral Therapy for our youth. With our Sanctuary Certification, we also offer Trauma-Informed CBT therapy to youth, which will aide in the overcoming of trauma these children have endured while living with a parent or parents with substance use disorder. All of our counseling services we currently offer will be available in concert with family counseling to youth. These other evidence-based practices include Aggression Replacement Training (ART), Art Therapy, Adventure Based Counseling on our Therapeutic Challenge and Ropes Course, Co-Occuring PTSD and Substance Abuse and Arson Prevention for Children (TAPP-C) among others. During their time in the program, children and youth will explore childhood trauma, Post Traumatic Stress Disorder, Depression, Anxiety, ADHD, Self-Esteem and Self-Worth, Self-Care, Adjustment Disorder, Anger Management, Parent-Child Conflict and Healthy Relationships.

c. Holistic health and wellness programs

We will work with insurance companies to get treatment clients the medical care they need during their time at the program. Clients can and are encouraged to visit their own physician when needed and transportation there can be arranged. Auberle offers a variety of healthy cooking and eating classes at our own facilities and with partners like Community Kitchen. Auberle's main campus has a greenhouse where youth learn about growing and harvesting their own food, and this could possibly be built and

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added at the residential facility as an activity to encourage meditation and interaction with the whole family. A food pantry will be offered in the communal kitchen, something that we will work with our partner the Greater Allegheny Community Food Bank to set up. Lifestyle classes such as cooking, grocery shopping, budgeting, housekeeping and parenting are offered in tandem with the opportunity to begin utilizing these skills immediately. This could be learning about nutrition and healthy eating and returning to the family apartment in residence to cook a healthy meal for their families. During their time in the treatment program, families will have the opportunity to participate in different classes and workshops focused on physical activity such as weightlifting, yoga, dancing and boxing. More classes can be added based on input from families and what they would like to see offered. A meditative breathing class will be offered which works in tandem with recovery and is often recommended by therapists in part with CBT and TF-CBT. A required smoking cessation program will assist parent(s) in becoming healthier and less dependent on stimulants. Additionally, physicals will be conducted either by the nurse on sight or a client's doctor or physician to determine weight, blood pressure and other health needs to help with nutrition and healthy living.

d. Identification of and referral to address any additional needs of family members

Any additional needs families and individual family members may need will be made on a case by case basis by the case manager or therapist. Auberle anticipates that many families and individual family members work at different paces in recovery, and that families may need additional assistance in case of relapse by the parent(s) in recovery. We are a part of the Allegheny County Continuum of Care and understand the various partners and organizations that work to make families and individuals better off during and after their time in a program. We would take the same level of care and dedication we offer in our other programs and services with this treatment program.

e. Any additional services

While in the substance use disorder treatment program at Auberle, clients and their families will have access to Auberle's 16 other programs and services. Whether that is youth-focused services at the 412 Youth Zone or job training with our Employment Institute, there is a service for a specific need. We pride ourselves on being able to provide the proper service or assistance needed to any individual in our programs, whether adult or child, and learn from these opportunities to expand our services. For example, our Employment Institute offers over 33 referring services, and while some of these services were utilized by only one person, we see that it as our job to help each individual along on their journey to safety, security and happiness in life. Our Employment Institute has over 57 referring partners and 56 community partners, where we learn the need for jobs and certifications from local businesses. The Employment Institute offers help in vocational training, GED completion, post-secondary training and planning and case management in tandem with these services. This is just one example of additional services Auberle can provide to residents in the treatment program during their time with us. If there is

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a service an individual needs that we do not provide, we have the means to connect them with an organization that does, and we look to build a new partnership because of it.

C. Program Management and Services Coordination (30 points possible)

8. Describe the challenges you anticipate in developing the Program. How will you plan to mitigate those challenges?

There are always challenges when starting a new program, especially one as complex as this. With so many moving parts, it seems that you are constantly doing course correction to keep everything moving in the right direction. Creating a multi-service facility, delivering services to people of many different ages and executing evidenced-based programming all at once is not a small undertaking, but we are up for the challenge because we have successfully faced all of these challenges. One way we mitigated both the anticipated and unforeseen challenges is by working with partners who are experts in their field.

Auberle anticipates that there will be challenges working with both children and families that are each suffering from trauma in unique ways. Children in this treatment program will be working to overcome trauma experienced from having a parent or parents with substance use disorder. The parent(s) in this treatment program will be working to overcome both their substance use disorder, but also the underlying causes of this disorder, including but not limited to childhood trauma. The challenge with these families will be working together to build trust within the family, as well as with therapists and other treatment professionals. Auberle feels prepared to take on these challenges because of our extensive experience in serving both children and families with considerable trauma that has affected the way they live their lives and understand one another. We know that substance use is just one issue that we will be working to address. With substance use disorder follows unstable housing, unemployment, possible irregular school attendance, and particularly a lack of a stable support network. There are many pieces that we must address with these individuals and their families to get them back into a healthy relationship with one another, as well as within the community, but Auberle does this every day and is well-equipped to help serve these families.

9. Describe how you will staff the Program. Include your desired qualifications for each position, your plan for recruiting and retaining staff, and your strategy for staff supervision and quality assurance. Also, please describe your plan for new-hire and ongoing trainings.

Our staffing structure includes:

Program Director: We will require an MSW with a preference for an individual with shared life experience and experience working in child welfare.

Clinical Supervisor: The Clinical will be charge with supervising the clinical staff and providing ongoing training. We will require an MSW or a Master's degree in a relevant field and experience with the child welfare system.

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Addiction Counselor: This position will require at least an MSW and will be responsible for all substance use disorder treatment and must have an education in mental health.

Consulting Psychiatrist: We will fulfill this requirement through our partnership with UPMC.

Master's Level Social Worker: Aside from a Master's degree in social work, we will look for someone with child welfare experience and experience running psychoeducation and life skills groups.

Certified Recovery Specialist: This person will be a person in recovery who will bring shared life experience to the program.

Child Development Specialist: We will require at least a Bachelor's Degree in child development, early childhood education or a related field. We will have a preference for candidates with child welfare experience.

Youth Specialist: The Youth Specialist will need a high school diploma, passion for working with older youth and experience with the child welfare system.

Our strategies for staff retention focus on two main things: Listening and Recognition.

Listening – We have been named a Top Place to work by the *Pittsburgh Post-Gazette* for five years in a row. Last year we were named the number one company in the region for providing the kind of training that employees want. That distinction is for all for-profit and nonprofit medium sized businesses. We measure our Employee Satisfaction biennially using Harris/Gallup poll national methods. They define the average satisfaction rate as 39% and world class as 67% and up. Our current employee satisfaction rate is 81.6%. We achieve a world class distinction on this survey because we invest in our people and we hire people that are dedicated to working with youth. These achievements, all based on anonymous feedback from staff, are a result of how we listen to the needs of our staff consistently. Below are a few examples of how we do that:

- A. Our strategic planning process STARTS with front line staff and ends with the Board of Directors. Agency "rising stars" are asked to sit on the Strategic Planning Committee and work directly with the Executive Team. We also convene ad-hoc committees made up of staff on all levels to dig deeper into issues that concern them.
- B. Self-care was a concern for our staff. As we all know, social service work is challenging. To help address that, we implemented the Sanctuary Model of Trauma Informed Care which places an emphasis on caring for each other as caretakers. Each staff receives at least 20 hours of training in trauma-informed care
- C. When we do the Harris/Gallup poll survey, agency leadership examines where staff rated us the lowest and then creates plans to address those deficiencies.

Recognition – Finding ways to frequently provide positive recognition is another strategy for retaining staff. For example, we offer annual bonuses based on the attainment of team and individual goals. We invest in our staff by sending them to national conferences. Recently, we sent six staff members from various departments to Florida for the Alliance for Strong Families and Communities National Leadership Conference. Auberle also offers staff rewards throughout the year to thank them for their dedication and to help them remain healthy. Some of those include exercise classes, stress management, employee of the month, workshops and free health assessments. We were named a Healthiest

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Employer by the *Pittsburgh Business Times* for five years in a row and were named the number one healthiest employer in 2016.

Supervision time for staff is very important to us. To start, we think that supervision is a part of day-to-day work. Constant and constructive feedback is how we train our managers to ensure that service delivery is effective every day. In addition, staff receive at least two one-on-one meetings with their supervisor per month. Team meetings play an important role in staff supervision because people are able to give peer to peer feedback and support on difficult cases. All supervision meetings follow the principles of trauma-informed care and use the Sanctuary Model toolkit. Every staff person received a six and 12 months performance appraisal and new employees receive a 90 day performance appraisal.

All new staff receive two weeks of orientation training and 20 hours of trauma-informed care training. All clinical staff receive training in TF-CBT and all of the required DDAP within the first year. They also receive CPR, CPS reporting law, Aggression Replacement Therapy and the DDAP screening and assessment training and case management overview. For every year after all clinical staff receive a minimum 20 hours of training each year but we typically far exceed that. Staff are also encourage to take trainings that are specific to their caseload like opioid addiction and training Play Therapy.

10. List any outside organizations you will work with to assist you with meeting Program goals and how you will build your relationship with them. Include a description of how you will work with CCBHO, the DHS Bureau of Drug and Alcohol Services, and the DHS child welfare office to ensure that the appropriate payer is invoiced for various components of the Program.

There are many organizations that Auberle already partners with who can help achieve Program goals and also help build the quality of life for those we will serve in this program. We already partner with over 100 organizations in our services. For example we have 74 current partners that we recruited in our 412 Youth Zone and 48 businesses in our Employment Institute along with 40 other agencies. We are affiliated with hundreds more in groups we are active in such as the Greater Pittsburgh Nonprofit Partnership (450+ agencies), PA Council of Children, Youth and Family Service agencies, DHS Continuum of Care groups, Mon Valley Providers Council, Allegheny County Children's Roundtable, etc. We have leadership roles in several of these groups.

Key in this endeavor, we are bringing a strong partnership with UPMC to provide the highest quality of medical and addiction services for the adults and children in the program. We are partnering with ACTION Housing on the facility as they have an excellent track record of providing high quality welcoming facilities where our clients will feel welcome and comfortable. We already partner with both groups in several different ways. We will extend our current partnerships with the Greater Pittsburgh Community Food Bank and Community Kitchen to provide food and food related services to our families such as nutrition, cooking and shopping lessons. We have relationships with all of the Allegheny County

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school districts as well as both Intermediate Units in the County so that access to education for our children in the program will be seamless. We will provide employment services to parents who need it when they are able to use them, accessing all of our current partners in that work. Our strong relationships and trust with our partners will enhance our services. There will be many individual needs in the families we will serve outside of the core program itself and true to our Mission, we will meet those needs.

We have strong and long standing relationships with CCBHO and both the County and state Departments of Human Services. These relationships are not just contractual but true partnerships built on trust, candor and mutual respect where we regularly explore better ways to serve people in need. We have easy and ready access to the leadership of all of these entities. We are very experienced at billing multiple sources to assist with our programs at county, state, federal, third party and other levels and places. We expect to develop billing protocols and unique arrangements especially to access funding for clients who do not fit directly within a third party source. We have already discussed this with our UPMC partners and expect to build upon a similar effort underway at the 412 Youth Zone to access funding for the medical services and clinic there. We are in the process of completing the installation of a new data and billing system after a national search that is designed in part to enhance billing of third party sources. We currently are also working with a consultant to increase the efficiency and reach of billing for our behavioral and drug and alcohol addiction serves.

Our answer to this section is not something that we hope to start after receiving this assignment but something that is already well established at Auberle and in use every day in multiple programs.

11. Describe your plan for the following Program logistics:

- a. Your strategy for greeting families upon arrival into the Program and for discussing and completing intake procedures and assessments with families

First, creating a physical space that is warm and welcoming is key. Auberle is very skilled in creating therapeutic spaces that are both safe and trauma-informed. In fact, our Director of Facilities presented a national webinar with the Alliance for Strong Families and Communities on the topic. The entry space will have comfortable furniture, books and toys for smaller children, a water cooler and will be painted in tones that add to the calming environment. We want it to have a home-like environment that conveys they deserve to be in a beautiful environment. We will have literature that is available in various languages and images of ethnically, culturally diverse families and that is sensitive to SOGIE. We will also have information that explains the kinds of services that the entire family can expect from the program. The welcome area can set the tone for the assessment interviews and can make or break a person's desire to stay for help.

All of Auberle's staff are trained to convey respect, kindness, compassion and authenticity with clients.

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They will be trained to convey privacy and confidentiality and interviews and assessments will always happen in a private meeting space. Our Certified Addictions Counselor and the Program Director will play an important role throughout the welcome, intake and assessment stage. He or she will speak to the clients about their shared lived experience and can begin to lay the building blocks of trust. The CAC and/or the Program Director will slowly and with a positive attitude explain the steps of the intake and interview process and help to establish expectations on both sides. It takes courage to come to a treatment program for help and it will be our job to create a supportive environment that reduces anxiety and fear by talking through each step of the process.

The intake and assessment process will first address a client's most acute needs such as indicators of acute mental health concerns like suicidality and psychosis or signs of withdrawal so that a referral to detox can happen. Since the assessment process can be quite lengthy, we will start with those acute needs and then over the next 24 to 48 hours complete a more comprehensive assessment that will inform treatment plans. During the interview process, we will have child development and youth development staff on hand to work with the children on therapeutic and fun activities. Entry into the facility might be very scary to a young person who has already dealt with instability and trauma. Our efforts will be to mitigate that as much as possible by communicating kindness, respect and compassion.

Lastly, while maintaining a calm and welcoming environment we will move families through the intake and assessment process rapidly. Languishing through a slow process that requires long waiting periods may discourage clients and they may leave. Keeping them engaged and focused on their desire for change, even if it is minimal, will be our goal.

b. Your plan for how Program staff will deliver coordinated care to families

The coordination of care will begin before the intake and admissions. As soon as we receive a referral, we will be in communication with the child welfare office and will consult Client View to gather as much information as possible on the family before they arrive. The treatment team will meet briefly to discuss potential issues and service needs. The coordination of services will become more detailed during intake and admissions.

The admissions process will include:

- a. Establishing eligibility and suitability which will include the client's readiness to change
- b. Initiating treatment that may include referral to detox, orientation to the program and addressing immediate barriers to treatment
- c. Conducting a biopsychosocial assessment
- d. Conducting medical, drug and alcohol and mental health assessments
- e. Summarizing assessment findings.
- f. Developing an initial individualized and family treatment plan.

During the next 48 hours after admission, program staff will gather more comprehensive information on the client and their family to design a specific treatment approach. From there goals will be collaboratively established with the client and their family.

We will have weekly treatment team meetings where there will be a review of the client and the family's plan to ensure that proper coordination of services is happening. We will also have a regular calendar of events like cooking classes, exercise classes, art activities, homework assistance and more to

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supplement treatment.

- c. Your plan for how Program staff would facilitate movement within the County's Continuum of Care

We facilitate services for individuals and families through the County's Continuum of Care every day. We work with virtually every County office in a collaborative nature to ensure that the people will help are getting every resource available. To make sure that this is happening effectively, we assign a person internally to be the go-to person for every service across the continuum. We also never just hand our clients a piece of paper with a number to call. We make the call with them and in many cases, provide transport and attend the initial meeting with them. It is extremely rare that we work with someone who only requires one service so we have tremendous experience helping people move through the continuum.

We participate in a number of the County's initiatives that strengthen our understanding of services and how to connect our clients to them. For example our CEO sits on the Block Grant Board and on Allegheny County's Children's Roundtable. Our Director of Behavioral Health Services serves on the work group of agencies that provide behavioral health services with child welfare clients. We are deeply connected and will use those connections to the benefit of the people we will serve through this program.

12. Describe your strategy for tracking and reporting Program outcomes and client outcomes, both quantitative and qualitative.

Auberle is used to utilizing numerous data systems at the same time through our 16 programs and services. We have advanced experience using data collection systems required by Allegheny County and the Federal Government including HMIS (Homeless Management Information Systems), NCFAS (North Carolina Family Assessment Scale), FAST (Family Support and Advocacy Tool), KIDS (Key Information and Demographic System) to name just a few of the many data collection and assessment tools we utilize for our programs and services. This December, our Mental Health team will begin utilizing CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) based on our Qualifacts Electronic Health Records, which is a short clinical assessment tool that screens for substance use risks and problems in youth.

We also use Continuous Quality Improvement (CQI) across all of our programs and services. CQI was established at Auberle in 1996 and has been continuously renewed. CQI ensures that overall service delivery to troubled children and families within our programs is provided through quality, effective and measurable means that are in conjunction with program outcomes, as well as Auberle's mission, values and goals. The CQI program supports the quantitative and qualitative collection of both clinical and organizational data that is then analyzed. With CQI and our other data collection means, Auberle works to achieve 100% positive outcomes based on the goals of the client that is agreed with their case manager or therapist. If we do not achieve these outcomes, we look to CQI to understand, analyze, learn and improve on our delivery and quality of services.

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All staff that utilize data collection programs receive training as part of their orientation to ensure accurate, secure and confidential collection of data for clients, no matter what program they are in or service they are receiving during their time at Auberle. All staff receive training on CQI and the importance of it within Auberle so that each staff member can be a part of the process and work to make our organization the best and most effective it can be to the children and families we serve.

D. Residential Treatment Facility (20 points possible)

13. Describe your overall plan for the residential treatment facility (or facilities). Include how it will accommodate eight families of varying sizes and will assure safety and privacy for families using a trauma-informed approach.

We are partnering with ACTION Housing on this project who are experts in creating these kinds of facilities. Internally our Director of Facilities will be helping to oversee the development of the project. He has designed and overseen the construction and renovation of many projects including shelter programs, residential programs and the 412 Youth Zone. We have received input from our partners at UPMC, as well who will help us design a space that is ideally suited for their component of the program.

To accommodate eight families of varying sizes, we have budgeted 300 square feet per person and will build apartments that allow for flexibility in sizes. We have envisioned a commercial style communal kitchen and a dining area enough to accommodate 32 people eating at once. The space will have several private meeting areas and all doors, including apartment doors, will be set up with a swipe system. Replacing and resetting swipe cards is much easier and less costly than using keys and locks. All of our facilities are extremely safe and follow a trauma-informed care philosophy. The areas are safe and secure without being intimidating or sterile looking. We know that the physical environment is an important part of recovery.

14. Describe the location of your proposed facility. Provide details about your proposed facility's accessibility, location to public transportation, hours of operation and security. Include how you will ensure your facility will comply with appropriate standards, licensures, certificates and other habitability standards.

We have not decided on a location of the facility yet. We know that it will be on a transportation line so that it is easily accessible. We are hoping that in collaboration with ACTION Housing and DHS that we will decide on a neighborhood that makes the most sense for our potential clients. For instance, maybe DHS has data on where there is a large concentration of potential referrals. Additionally, the hours will be determined based on the clients' needs and when they typically come in for service. Staffing will be designed around the clients and their families.

We have mental health and drug and alcohol licenses currently and always have spotless audits. We are familiar with health department and DPW inspections and never have issues with complying.

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15. Describe how your proposed facility will provide the amenities described in RFP Section 2.4, C.

As you will see from our budget estimates for the facility, we have taken into account all of the required amenities.

We will have:

- a. Living space that is flexible to accommodate 32 people
- b. A welcome space and entry area
- c. Two private one-on-one meeting spaces
- d. A shared/cubicle office space that can accommodate seven staff
- e. Medical Exam room with attached bathroom
- f. Gender neutral bathroom on the first floor
- g. Kitchenette and break area for staff
- h. Two multi-Use rooms for group meetings, classes and child play areas
- i. Computer Lab
- j. Commercial-grade congregate kitchen
- k. Congregate dining area that can accommodate 32 people
- l. Lounge Area and Quiet Space
- m. Outdoor Play Space
- n. Laundry room with five washers and dryers

The total square footage needed including 10% for circulation space for hallways, stairs and lobbies will be approximately 17,633.

16. Describe how you will design and develop the facility's space and how you will collect input about the design from families. Provide your timeline and the approximate budget for any required renovations. Attach photos of the proposed site and renovation/design sketches, if any (attachments not counted towards page limits).

We will be working with ACTION Housing to find and develop the space. We will be using their construction and development people. We were excited to read this question about collecting input from families because we seek input from the people we serve on all of our facilities. At times, after a space is built, we receive critical feedback that we use to make our facilities better – at our cost. Our plan is to work with DHS to identify families affected by substance use to speak to them about what they think should go in to the design. Even after the facility is open, part of getting client feedback will be to find out what about the facility they would like to do differently. Our clients inform everything from the paint colors to the furniture choices to the layout of the rooms on our projects and we would do the same for this program.

Cost estimates are attached.

E. Financial Management and Budget (5 points possible, attachments not counted towards page limits)

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17. Please attach a copy of your organization's financial audits or certified financial statements for the past three years.
18. Please attach cost estimates for the following budget categories: 1) startup expenses, 2) staffing, 3) facility management and 4) ongoing (concrete) expenses (e.g., furnishings, linens, kitchen supplies).

Family Residential SUD Treatment Program
Auberle
September 15, 2017

Budget

1.) Startup Expenses

We anticipate start up costs to be approximately \$235,500. This includes but is not limited to furniture, medical equipment, washers and dryers, laptops and computers, playground equipment and security equipment including secure entrances, cameras and a swipe system.

2.) Staffing

Auberle staffing will include a Program Director, Clinical Supervisor, Addiction Counselor, an MLSW, a Certified Addictions Counselor, a Child Development Specialist, a Youth Specialist and part of an Employment Institute Case Manager. The total cost, including fringes is \$426,000.

We are also building \$88,000 into the budget for our partnership with UPMC who will provide all medical and psychiatric staffing. We anticipate these costs at least in the initial year but our UPMC partners plan to be able to bill most if not all of these costs to a third party in subsequent years.

3.) Facility Management

Our anticipated costs for facilities management is \$401,875. That includes the cost of rent, utilities, housekeeping and maintenance, IT allowance, cell phones and leases for copiers.

4.) Concrete Expenses

Our total cost for concert goods is \$106,000 which includes furnishings, linens, kitchen, supplies and food. We anticipate providing transportation to the clients and their children for various appointments including doctor visits and some school runs. We also expect to provide clients with bus passes when needed and appropriate. We plan to provide one meal to our residents per day and to always have a stocked food pantry so that clients can prepare meals with their families.

The total cost of these categories is: \$1,256,875

We did not include the cost of admin or overhead to this budget but expect that it will be a part of the final contract if we are awarded.

Renovation Costs: We're planning to develop this facility with ACTION Housing and who estimates a total development cost to be \$5,250,000 so we're not anticipating renovating a building at this time.