



Allegheny County Department of Human Services

# RFP Response Form

## Providers of Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Released Services

### PROPOSER INFORMATION

Proposer Name: Prevention Point Pittsburgh

Authorized Representative Name & Title: Aaron Arnold, Executive Director

Address: 460 Melwood Avenue Suite 205 Pittsburgh, PA 15213

Telephone: [REDACTED]

Email: [REDACTED]

Website: www.pppgh.org

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

Date Incorporated: 01/23/01

Partners and/or Subcontractors included in this Proposal: No subcontractors, see below for partners.

How did you hear about this RFP? *Please be specific.* Current intervention services provider via contract with DHS.

### REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Aaron Arnold	[REDACTED]	[REDACTED]
Contract Processing Contact	Aaron Arnold	[REDACTED]	[REDACTED]
Chief Information Officer	Aaron Arnold	[REDACTED]	[REDACTED]
Chief Financial Officer	Aaron Arnold	[REDACTED]	[REDACTED]
MPER Contact*	Katherine Houston	[REDACTED]	[REDACTED]

\* [MPER](#) is DHS's provider and contract management system. Please list an administrative contract to update and manage this system for your agency.

### BOARD INFORMATION

See attachment for Board member information.

### REFERENCES

## **Providers of Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Related Services**

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.*

1. Dr. Jane Liebschutz MD MPH FACP  
Chief, Division of General Internal Medicine  
Tenured Professor of Medicine  
UPMC Endowed Chair of Translational Medicine and Research  
University of Pittsburgh School of Medicine, UPMC Health System  
Current Member of PPP Board of Directors

██████████  
██████████

2. Stuart Fisk CRNP MSN  
Director, Center for Inclusion Health  
Principal Investigator, Ryan White Grant/Positive Health Clinic  
Department of Medicine at Allegheny Health Network  
Past President of PPP Board of Directors

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██████████

3. Jean FitzGibbons CRNP  
Nurse Practitioner, Perinatal Hope Program  
Department of Women's Health at Allegheny Health Network  
Current President of PPP Board of Directors

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### **PROPOSAL INFORMATION**

Date Submitted 5/5/2020

Amount Requested: \$211,767.99

### **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, HIPAA and Pennsylvania's Right-to-Know Law.

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.

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Choose one:

My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

My Proposal does not contain information that is either a trade secret or confidential proprietary information.

### **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
- Budget
- Sample pre-/post-tests
- Board list

## **Providers of Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Related Services**

### **REQUIREMENTS**

Please respond to the following and submit only one Response Form, even when proposing more than one Intervention Service (.5 Intervention Services, Group, Outreach and Other Treatment Related Services).

All Proposers should complete Sections 1, 3, 4 and 5. Complete these sections only once, even if you are proposing more than one Intervention Service. Complete only the portions of Section 2 for the Services that you are proposing to deliver.

Each Intervention Service will be scored separately. To score each proposed Service, your scores from Section 1, 3, 4 and 5 will be added to each of your responses in the Section 2 (50 total points for each Section 2 response). The total combined score for each Service proposed is 105 points.

### **SECTION 1 – ORGANIZATIONAL EXPERIENCE (15 points) – to be completed by all Proposers, 3-page limit.**

1. Describe your organization's experience in providing drug and alcohol, tobacco and/or gambling Intervention Services to a variety of audiences; include details of your knowledge of related issues.

Founded in 1995, Prevention Point Pittsburgh (PPP) is the only provider of substance use services in Allegheny County that focuses on harm reduction in both philosophy and practice. For 25 years PPP has been the sole legal syringe services program (SSP) in Western Pennsylvania and the largest community-based distributor of naloxone in the State outside of Philadelphia. Additional services include: Health promotion and risk reduction counseling, provision of safer sex materials and other sterile injection works (e.g. filters, cookers, etc.), distribution of safer smoking and snorting kits, fentanyl test strip access, service navigation including assistance getting into treatment and active referrals to others services, safer sex and substance use educational materials, medical waste disposal, basic wound consultation and first aid supplies, and HIV/Hepatitis C/STD testing. All services are provided free of charge, and the syringe services program is anonymous. PPP staff also provide technical assistance and training on a variety of topics including: harm reduction basics, logistics of operating syringe services and naloxone distribution, overdose prevention, naloxone access/standing orders, safer use strategies, HIV/Hepatitis/other common disease transmission prevention and testing, medications for substance use disorder, and specifics on the risks of use for various classes of substances.

PPP operates five service locations in the City of Pittsburgh on Sundays (East Liberty), Tuesdays (Perry Hilltop), Wednesdays (Hill District), Thursdays (Overbrook), and Fridays (Homewood) and provides overdose prevention services in numerous community and institutional settings across Western PA. Planning also recently began to initiate the process of establishing support for a site in McKeesport, which would be PPP's first approved site outside of the City of Pittsburgh. Syringe services, overdose prevention/naloxone, service

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navigation/referral services, and testing are offered from a large truck that has been outfitted for outreach service delivery on weekdays, and on Sundays the site is at the clinical space within partner organization Allies for Health + Wellbeing and all services are available simultaneously. PPP maintains a small staff office in North Oakland, which also serves as a meeting place for small group meetings and activities.

PPP staff keeps current on best practices in the field by attending conferences and trainings specific to harm and risk reduction, substance use, treatment modalities, and relevant occupational skills. Staff attends all mandated trainings, plus numerous optional professional development opportunities; staff are also regularly sought out to present trainings for other entities and national professional gatherings in public health, social services, substance use treatment, and harm reduction. Several staff have published articles in peer-reviewed publications based on analyses of program data.

Alice Bell, the Overdose Prevention Project Coordinator, has been with PPP for over 15 years. She is a Licensed Clinical Social Worker with extensive experience working with individuals that are struggling with substance use and is nationally recognized as an expert in overdose prevention. In addition, Alice's professional experience means she is extremely knowledgeable regarding HIV/AIDS, Hepatitis C, and risk reduction techniques.

PPP's Service Navigator, Helen Matusick, is responsible for assisting program participants with receiving services not offered by PPP such as HIV or Hep C care, substance use treatment, housing, public benefits, ongoing risk reduction counseling, etc. Helen is an individual in long term recovery who began her position two years ago after working as a union organizer and halfway house manager and has proven extremely adept at engaging with individuals who are actively using substances and establishing supportive relationships.

Ron Ready is also an individual in long term recovery who serves as PPP's Harm Reduction Specialist. As such, Ron is at the PPP sites 3 days a week and is adept at coordinating the operating logistics of PPP service locations such as volunteers, supply stock, and maintaining the outreach vehicles. Ron previously lived and worked in the San Francisco Bay Area and volunteered at a harm reduction program in Berkeley, CA that is very similar to PPP. Ron has been working with PPP for almost three years and moved to Pittsburgh specifically for this position because he had a desire to give back to the community of harm reduction that helped him in his times of need.

Other key staff include Administrative Coordinator, Katie Houston, who has 7 years of experience working in HIV prevention services and 5 years as an administrator in nonprofits and will assist in meeting reporting requirements, tracking service utilization, verifying documentation, and submission of billing among other responsibilities. Katie is an MPH candidate at Pitt Public Health. Aaron Arnold, the Executive Director, holds a Master's degree in Public Health, and has a decade of experience in management of HIV prevention and care services, provision of various public health services, and advocacy. He will be responsible for the overall oversight and management of the programs, various compliance activities, and supervision of quality control initiatives.

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All PPP staff, and the majority of Board members, have direct lived experience with substance use. Program participants of PPP are included at all levels of decision-making from annual feedback surveys to being members of the staff and board.

2. Describe your organization's experience working with adults and adolescents in need of Intervention Services. Include a description of challenges you may encounter while working with this population and what can be done to mitigate them.

PPP provides interventions and services that reflect the cultural beliefs, behaviors and needs of the population served in order to align with the tenets of harm reduction. Likewise, PPP staff and volunteers are directly and intentionally representative of our participants.

PPP's approach to service delivery is based on traditional public health principles as well as the core principles of harm reduction philosophy: non-judgment, the belief in every individual's right to health and wellness, and their fundamental competency to make decisions that protect and help themselves, their loved ones, and their communities. This is similar to a strengths-based or resiliency-based behavioral health model. Every aspect of PPP's programming has been shaped with direct input from people who use drugs regarding their expectations, desires, and needs. In turn, individuals who use PPP's services develop a sense of trust and are willing to provide critical information about the specific factors and behaviors that place them at risk for HIV and other harms, which is crucial to effective intervention and prevention. Many providers struggle to have honest, straightforward conversations with their participants regarding the realities and details of their substance use or sexual behavior, but the approach taken at PPP makes it much more likely that a participants will disclose their risks and engage in planning to reduce those risks.

PPP's take-home naloxone program was one of the first in the United States, pioneering the model for the rest of the country. PPP was also instrumental in the efforts to expand naloxone access via Act 139 and other regulatory measures. For these reasons, PPP has established a reputation as one of the leading overdose prevention service providers in the United States and provides technical assistance to local and national entities. Due to the longstanding presence on the national harm reduction scene, PPP is also universally trusted and recommended by formal and informal networks of people who use substances – when asked how they heard about PPP the majority respond they were referred to the services by a friend who is already a participant which illustrates the level of mutual esteem and confidence with which PPP is viewed by those who receive services.

On an individual level, Alice and Aaron are certified in Motivational Interviewing and Helen has taken several one day trainings. Through the application of MI principles and practices, PPP staff are able to not only have honest conversations with people, but also to assist in setting priorities and making plans for the individual to achieve their goals.

3. Describe the partnerships you have with other community providers or organizations. Highlight one or more example in which your organization has successfully collaborated with others when planning and implementing a project or when delivering a program or service.

PPP considers all active funders to be collaborative partners in serving the mission of the organization

PPP recognizes that collaborative efforts result in better coordination and care for the people we serve and is always seeking to work with entities to make access to harm reduction and substance use treatment services more available. Examples of current partnerships include: Allegheny

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County Health Department donates a couple hundred naloxone kits to PPP for distribution at service locations and by Community Health Advocates who do naloxone outreach to their peers; Allies for Health + Wellbeing to host the Sunday service location, provide HIV, Hepatitis C, and STD testing services and treatment if needed, primary care, and PrEP; The Open Door, Inc. – a housing-first program for homeless HIV+ individuals who are experiencing challenges related substance use and/or mental health to provide services to their residents and to utilize their parking lot for the Tuesday service site; Fairhaven United Methodist Church provides the parking space in their lot for the Thursday site; House of Manna Faith Community provides parking space and complimentary services for the Friday site. PPP provides on-site naloxone distribution services to nearly 100 outside groups per year, and does so on a reoccurring basis at ACJ, several MAT clinics, shelters and transitional housing programs, local businesses, and congregate meal venues in Allegheny County.

PPP has ongoing partnerships with numerous physical/behavioral health and social service providers to facilitate referrals to care, offer technical assistance, and share educational materials. Three local homeless outreach organizations partner with PPP to make and distribute pre-made “street kits” that contain items for safer substance use and are handed out in community settings such as outdoor camps as needed. PPP has partnered with Johns Hopkins University, University of Pittsburgh, Duquesne University, University of California San Diego, and others for the purposes of program evaluation and academic publishing to disseminate results and contribute to the development of the evidence base that leads to the identification of best practices.

One example of a successful partnership occurred last year when McKeesport was identified as a community that continued to have a high rate of overdoses but few options for accessing free naloxone. PPP staff had previously assisted faculty member Dr. Kate McLean with two studies on opioid overdose that were published in peer-reviewed journals, and decided to tackle the problem together. After identifying possible funding sources and submitting successful proposals, a pilot project was launched in conjunction with the “Launch Box” program on the Penn State McKeesport campus to offer free naloxone to patients at a weekly no-cost medical clinic and to the general public. PPP provided all of the naloxone, policies and procedures, paperwork templates, standing orders, and trained volunteers and staff at the clinic on naloxone distribution and other overdose prevention topics. Penn State and Dr. McLean provided the physical space for the program, funding, staffing, and evaluation components. By sharing resources and expertise, a successful program was developed and implemented that has resulted in lives saved in a previously underserved community. As a result of this effort, Mon Yough Community Services, Dr. McLean, PPP, and other community stakeholders have initiated the process of gaining approval for a weekly PPP site in McKeesport.

## **SECTION 2 – INTERVENTION SERVICE DELIVERY PLANS (50 points each) – complete only the Intervention Services that you propose to deliver, 5-page limit per Service.**

### **.5 Intervention Services**

Provide your plan for .5 Intervention Services that:

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- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate .5 Intervention Services.
- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen.
- c. targets community(ies) where high needs exist and explains why they were chosen.
- d. addresses one or more of the three target population categories and explains why they were chosen.
- e. addresses one or both Pre-Treatment Linking and Pre-Treatment Mentoring Programs.
- f. describes how Motivational Interviewing and any other evidence-based and/or evidence-informed practices will be used.
- g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured.
- h. describes how to meet the required 60% billable rate.
- i. describes how to meet the needs of a culturally diverse population and those with special needs.
- j. describes how the proposed .5 Intervention Services enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure

N/A

### **Group**

Provide your plan for group that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate Groups.
- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen.
- c. targets community(ies) where high needs exist and explains why they were chosen.
- d. addresses one or more of the three target population categories and explains why they were chosen.
- e. describes the frequency of meetings and topics that will be covered.
- f. describes how at least two evidence-based and/or evidence-informed practices will be used.
- g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured.
- h. describes how to meet the required 60% billable rate.
- i. describes how to meet the needs of a culturally diverse population and those with special needs.
- j. describes how the proposed Groups enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure.

N/A

### **Outreach**

Provide your plan for Outreach that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate Outreach.



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- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving, etc.) and explains why they were chosen.
- c. targets community(ies) where high needs exist and explains why they were chosen.
- d. addresses one or more of the three target population categories and explains why they were chosen.
- e. addresses all of the acceptable Outreach activities (e.g., Material Distribution, Intervention Education, Safe Practice).
- f. describes how Motivational Interviewing and any other evidence-based and/or evidence-informed practices will be used.
- g. describes how fidelity in the delivery of evidence-based and/or evidence-informed practices will be ensured.
- h. describes how to meet the required 60% billable rate.
- i. describes how to meet the needs of a culturally diverse population and those with special needs.
- j. describes how the proposed Outreach enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer's organizational structure.

a. PPP works collaboratively with a number of community-led organizations in the neighborhoods where approved locations already operate. When considering additional sites data from DHS, ACHD, the Office of Public Safety, and various other sources are analyzed to determine areas with the potential for a high level of unmet substance use related needs. Then PPP staff begin reaching out to various non-profit, business, government, and civic organizations to attend existing meetings or set up one on ones while simultaneously visiting the community and making contacts with people who use drugs in the community to understand the nuances and networks that may be encountered and are important to know ahead of time for planning purposes. Since Act 139 passed in 2014, PPP has fulfilled requests for hundreds of educational and technical assistance sessions at various external entities every year. The purpose of PPP also regularly receives requests for outreach services at particular locations or events directly from DHS staff, especially regarding overdose prevention and naloxone distribution. PPP is grateful to enjoy the existing working relationship with DHS staff who understand the critical role that harm reduction plays in the larger continuum of services for people who use substances.

b. PPP's outreach efforts directly address the intersecting crises of opioid use, overdose from all and any combination of substances, a lack of access to sterile substance use equipment, the transmission of blood-borne and other infectious diseases, and stigma and discrimination against people who use drugs. More indirectly, but similarly as important, PPP indirectly impacts the larger socioeconomic factors that impact entire communities in the form of disparities when considering issues such as poverty, racism, and access when choosing how to allocate the organization's resources.

By now it is clear that Southwestern Pennsylvania has been one of the regions of the United States that was most disproportionately and devastatingly impacted by the substance use trends that developed in the country over the last decade. The Commonwealth of Pennsylvania has, for several years now, ranked among the top 5 in the highest rates of overdose fatalities in the United States. A statewide 20% decrease in overdose fatalities between 2017 and 2018 can largely be attributed to the impact of naloxone distribution in Allegheny County, which accounted for much

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of the decrease documented at the State level. Despite the decrease from the high of 737 overdose deaths in 2017 overdose deaths in Allegheny County remained above 400 in 2018 and 2019, levels that were last documented in 2014 and at the time were the record high. It is possible to further reduce overdose deaths by scaling up naloxone distribution and access to medications for opioid use disorder which are both core activities under PPP's outreach services proposal. These evidence-based interventions are two of ten that were named by CDC as effective strategies to reduce overdose incidents and overdose fatalities in 2019.

Additionally, there are numerous comorbidities that can result from substance use other than overdose. These can include infectious diseases like Hepatitis and HIV, bacterial infections like endocarditis, and soft tissue injuries such as abscesses. As with all of the possible negative outcomes of substance use, these markers of unsafe use are increasing though the data is not as prominently reported as that of overdose. A recent MMWR (<https://www.cdc.gov/mmwr/volumes/66/wr/mm6622a1.htm>) provided the results of a study in North Carolina which found a 10-fold increase in hospitalizations for endocarditis in a ten year period ending in 2017; other regions have seen as much as 14-fold increases in similar timelines (<https://www.ahajournals.org/doi/10.1161/JAHA.119.012969>). These common comorbidities are not tracked in a systematic way in Allegheny County, though providers in both UPMC and AHN systems confirmed they have also observed this trend and data may be forthcoming from ACHD surveillance efforts under the current CDC Overdose to Action funding. Similarly, Hepatitis C infections quadrupled in the Appalachian region between 2006 and 2012; Allegheny County does not mandate reporting of Hepatitis C meaning any data is likely an undercount at an average of 3000 cases reported per year in the last 3 years (<https://www.alleghenycounty.us/Health-Department/Resources/Data-and-Reporting/Infectious-Disease-Epidemiology/Hepatitis-C.aspx>). PPP addresses all of these topics, and more, in the direct provision of services, printed materials and educational presentations. With a focus on harm reduction, it is essential to make sure that people who use drugs understand the potential dangers and have access to ways to reduce or prevent any such harm.

c. PPP currently operates 5 weekly service locations in East Liberty (Sunday), Perry Hilltop (Tuesday), Hill District (Wednesday), Overbrook (Thursday), and Homewood (Friday) and a staff office in North Oakland that functions as a drop-in space. Outreach services are provided at all of these sites by PPP staff. These sites were chosen based on a combination of available data that indicates an unmet public health need, the demographic makeup of neighborhoods, Public Safety input, feedback from current program participants and other service providers, accessibility, taking stock of community assets that are lacking with residents, and accounting for the disproportionate burden of the devastating effects of the War on Drugs on communities of color. This same matrix is being used to prioritize future communities in which PPP will attempt to gain permission to establish a service location. McKeesport is the next targeted community for expansion. To date, PPP's pursuit of site locations based on these core values has resulted in an intentional overrepresentation of Black (22%) individuals in the population of program recipients than would be expected based on County demographics. A recent income survey revealed that 98% of PPP participants reported household incomes that correspond with current federal definitions of "Low," "Very Low," and "Extremely Low" categories. These successes in reaching underserved communities and disproportionately impacted groups are a testament to PPP's harm reduction approach, which builds trust and is rooted in a social justice framework. PPP sites are located in County districts 10, 11, 12, and 13 which are among the highest for heroin use

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A recent Vulnerability Assessment

(<https://www.health.pa.gov/topics/Documents/Opioids/Vulnerability%20Assessment%20Report.pdf>) by the Pennsylvania Department of Health Bureau of Epidemiology provides additional information down to the census tract level regarding risks for overdoses, HCV, and other injection-related infections. The assessment also demonstrates that PPP is already working in several communities at greatest risk for these issues.

PPP also prioritizes more general outreach activities (such as tabling at public events or street-level outreach) in communities that lack alternate sources for the services and materials PPP gives out at approved service locations.

d. PPP's outreach activities are primarily targeted to a "Selective" audience of individuals and subgroups who are at higher risk of developing substance use disorders or experiencing other negative outcomes because they are already actively using substances. Approximately 95% of the program participants who go to an established PPP service location are injecting drugs, and the rest report alternate means of use such as snorting or smoking. Opioids (fentanyl, other synthetics, and heroin) are the most frequently reported substance used by program participants, though there has been a rapid rise in those reporting using stimulants such as cocaine or methamphetamine. Polysubstance use also appears to be increasing in the past two years specifically based on reports of substances taken in the last 30 days by participants when receiving naloxone. A small portion of PPP's outreach activities at public events and venues may include a more "Universal" audience.

e. PPP will address all 3 of the outreach activities in the following ways:

**Material Distribution** – PPP has four core pieces of printed material available at all service locations and community events which focus on the services available and site locations, overdose prevention, safer injection techniques, and Hepatitis C. PPP maintains a library of 30 additional pieces of original literature on topics such as HIV, abscesses prevention and care and other soft tissue injuries, safer use of stimulants and multiple other classes of substances, how to get help, fentanyl facts, County resources, etc. At PPP service locations, a minimum of one piece of educational material is placed in the bag of supplies received by every participant. Examples of the educational literature distributed by PPP have been provided during monitoring visits of previous contracts with DHS, and can be provided upon request.

**Intervention Education** – PPP hosts one major outreach event per year called 'Survivors & Revivers' which is one part of the observance of International Overdose Awareness Day, August 31, that focuses on people who have administered naloxone to someone who overdosed and/or survived an overdose. This event is held on the portico of the City/County Building and is attended by hundreds of individuals who are impacted by overdose, 20 service providers, and numerous media outlets.

In addition to the annual awareness event, PPP presents at public meetings, conferences, private gatherings, and professional development workshops on a weekly basis. Between July 1, 2019 and March 31, 2020 PPP conducted activities that fall under Intervention Education at the following venues/groups/events: CONNECT Community Paramedics, ONALA Club, Allegheny County Overdose Prevention Coalition Conference, Willie T's Barber Shop, House of Manna Faith Community, Penn State McKeesport, Tarentum Community Center, State Senator Town Halls in Brackenridge and Bridgeville, Stand Down Veteran's Services Day, Greater Pittsburgh Bartender's Association meeting, the Pennsylvania Harm Reduction Coalition Conference, Polish Hill Skull Fest events, Cold Weather shelter operated by OSN, University of Pittsburgh SSDP Chapter, Duquesne University School of Nursing, the Hospital and Health System

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Association of PA, Allegheny Health Network World AIDS Day Conference, Ellwood City Forge Plant, the Roboto Project, Gateway Rehab, Pyramid Inpatient, Tadiso, Alliance Medical Services, the Medical Marijuana Education Center, Allies for Health and Wellbeing, the Olive Institute, Shuman Detention Center, Sarah Heinz House, Shadyside Family Health Center, the Mid Atlantic AIDS Education and Training Center, Chatham University Cognitive Behavioral Therapist group, the PA Opioid Command Center, Bethel Park/Upper St Clair Rotary Breakfast Club, nearly all licensed sober living facilities, most County senior high rises, numerous public housing projects, high-traffic drug corners, camps of unsheltered individuals, and more.

Safe Practice – at all 5 PPP service locations and at outreach sites as permitted, a large selection of items that can facilitate risk reduction are distributed. In the last year PPP has distributed: sterile syringes and other injection works, safer smoking equipment, naloxone, fentanyl test strips, internal and external condoms, tampons and other menstrual products, disinfectants and sanitizers, first aid supplies, and a variety of personal care items such as soap, shampoo, body wipes, toothpaste, deodorant, toothbrushes, socks, winter hats, gloves, hand warmers, shelf stable food, etc. All items come with appropriate instructions and precautions that emphasize the potential harms of substance use. In 2019 alone, PPP distributed 5,158 doses of naloxone and received reports of 453 successful overdose reversals using that supply of naloxone.

f. Motivational Interviewing (MI) is a widely used tool for guiding conversations with participants in harm reduction programs such as the services offered by PPP. Many of the core ideas that contribute to the practice of MI are shared tenants when considering the application of harm reduction to the provision of direct services in a variety of human and social service fields. MI is considered a best practice by the national Harm Reduction Coalition, which provides a training (<https://harmreduction.org/our-work/training-capacity-build/training-descriptions/negotiating-change/>) that several staff have completed.

In general, the studies done to date have demonstrated positive outcomes when MI is applied in traditional drug and alcohol treatment and community harm reduction settings – even if such interventions are singular events and brief ([https://findings.org.uk/PHP/dl.php?file=Bertrand\\_K\\_3.cab&s=eb](https://findings.org.uk/PHP/dl.php?file=Bertrand_K_3.cab&s=eb)). Another established benefit of using MI is that it works equally well with adolescents and young adults as it does with middle aged and older individuals so it is a broadly applicable approach to providing direct services when participant experiences and demographics vary widely from one site to another based on the makeup of the community and surrounding areas. PPP developed procedures and loose scripts for staff and volunteers who interact with participants at program sites that are based on the 5 principles of MI: empathy via reflective listening, elicit discrepancy between goals or values and current situation or behaviors, avoid arguing, roll with resistance, build self-efficacy toward empowerment. This is accomplished by ensuring that questions are open-ended, affirming the experiences that are reported to us, repeating back the same language used by participants to describe their situations, and summarizing the encounter when it concludes. The encounter sheets (see Section 4, attachments) that are used to record first time and return visits to PPP service locations were built to support this method of conversing, and staff and volunteer training/manuals for working at the sites emphasizes these principles and strategies for applying MI.

Syringe services and naloxone distribution are recognized by the CDC and numerous other professional scientific entities as evidence-based strategies that reduce morbidity and mortality related to substance use including overdose, infectious disease, and more

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(<https://www.cdc.gov/ssp/index.html>, <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>).

g. PPP has been a respected harm reduction provider for over 25 years, and has never faced any serious compliance issues in contracting with DHS over the last decade nor any other funders. PPP relies on strong policies, procedures, and values to result in successful recruitment, hiring, training, professional development, and supervision of staff. In addition, a robust system of checks and balances in administrative functions and the use of supportive supervision means that irregularities are noticed in a timely manner and often are self-identified and internally corrected. Iterative evaluation of program metrics, employee performance, and stakeholder feedback means that improvement is an ongoing, no-fault effort that all staff work toward together rather than treating it as evidence of an individual failing. PPP staff have a long reputation of providing high-quality, reliable, and friendly services to the public.

h. The direct service staff positions funded by this contract are proposed at 100% effort. PPP site locations operate every day that one is scheduled unless there are orders from authorities to stay off roads or indoors due to dangerous conditions, which has only happened once in a quarter century of providing services. PPP maintains this baseline level of service as a matter of necessity to protect the public health, and this responsibility is taken very seriously by staff who prioritize operating the service locations above all other functions they may serve in a given week. Moreover, the SSP services (funded separately, operated by volunteers) that form the basis of PPP's outreach were deemed essential healthcare services by the PA DOH during the COVID-19 crisis. Since the Allegheny County ordinance that permits the operation of SSPs does not allow for any type of service delivery other than in-person, at approved locations the sites will continue operating as normal. Thus, it is expected that PPP will operate all 5 current sites and continue prospecting additional ones in the future, which will result in the steadfast delivery of the proposed quantity of services.

i. As an organization that chooses our service locations with social, racial, and economic justice issues taken into account, PPP is also very deliberate in making sure that the services offered are accessible and safe for a variety of people from various backgrounds. Printed materials take into consideration the diversity of appearances of participants, and are written and illustrated in ways that make it easier to understand the message even if literacy may be an issue for the recipient. Where possible visuals, videos, and demonstrations are provided to ensure comprehension. When available, PPP provides educational and promotional materials in languages other than English. All PPP locations are ADA accessible and within a block of major bus and T lines. PPP also allows individuals to send a proxy such as a loved one or caregiver that can visit the site and bring back harm reduction supplies and information for the participant. The organization has never banned anyone or denied them services for any reason and staff are encouraged to be creative and flexible in finding ways to reach people. PPP also recognizes that not all people coming to the sites may be coming due to illicit substance use – many regular participants are diabetics who need more insulin injections than the number of syringes their insurance covers in a month, or transgender individuals who may be injecting hormones who need supplies and information on doing intramuscular injections. All PPP services are provided free of any charges or fees.

j. The unique advantage of PPP's outreach efforts is the ability to be in regular contact with so many people who are in active substance use every week. The syringe services, naloxone distribution, and other services provided by PPP are all venues at which outreach activities are meaningful and appropriate. Originally founded as a syringe services program, PPP has grown

## **Providers of Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Related Services**

into a provider of an unduplicated set of evidence-based harm reduction and public health services that fill a gap in the continuum of services for people who are actively using substances but want to reduce the associated risks. As the only provider of syringe services in the County it is ideal for PPP to have the capacity to deliver outreach services as well because no one else is reaching this “hard-to-reach” population of people who may not have any other contact with human services providers if they are not actively seeking treatment or recovery services.

### **Other Treatment Related Services**

Provide your plan for Other Treatment Related Services that:

- a. includes a strategy to work with community-based organizations or DHS to identify and provide appropriate Other Treatment Related Services.
- b. addresses one or more priority issues (e.g., the opioid crisis, drunk driving) and explains why they were chosen.
- c. targets community(ies) where high needs exist and explains why they were chosen.
- d. addresses one or more of the three target population categories and explains why they were chosen.
- e. describes the proposed service(s) that assist clients and families to recover from substance use and/or problem gambling disorders and that are not included under another Intervention Service.
- f. describes the outcomes the proposed service(s) aims to achieve.
- g. describes how the desired outcomes will be measured.
- h. describes how to meet the required 60% billable rate.
- i. describes how to meet the needs of a culturally diverse population and those with special needs.
- j. describes how the proposed Other Treatment Related Services enhances and integrates within the overall behavioral health service continuum in Allegheny County and within the Proposer’s organizational structure.

a. As a matter of organizational policy, PPP does not enter into exclusive agreements of any kind for incoming or outgoing referrals. Therefore, PPP’s Service Navigator and Harm Reduction Specialist are able to embrace Motivational Interviewing practice by allowing the participant to describe their needs and request assistance accessing services at any provider that is a good fit for their needs.

PPP works collaboratively with a number of community-led organizations in the neighborhoods where approved locations already operate for outreach services. For Other Treatment Related Services (OTRS), the focus is for the Service Navigator and Harm Reduction Specialist to facilitate connections to services not offered by PPP, receive referrals from outside sources, and to bring ancillary services to existing PPP sites. For example, PPP recently collaborated with the Greater Pittsburgh Community Food Bank to have on-site SNAP eligibility checks and application assistance. When Food Bank representative are not present, these staff are trained to provide such assistance as needed.

The Service Navigator and the Harm Reduction Specialist will also work collaboratively with housing and homelessness services providers, substance use treatment and recovery support providers, physical and behavioral health entities, and other safety net providers to ensure that people who use drugs are having their basic health and safety needs met. By implementing a

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regular presence at other relevant providers (e.g. congregate meals, shelters) these staff members will also serve to make connections that create a more seamless continuity of care.

b. PPP's OTRS efforts directly address the intersecting crises of opioid use, overdose from all and any combination of substances, a lack of access to sterile substance use equipment, the transmission of blood-borne and other infectious diseases, and stigma and discrimination against people who use drugs. More indirectly, these service also specifically target the issues of access to services for people who use drugs and are additionally marginalized in ways that discourage the ability to receive services. For example, there are virtually no housing programs in the County that allow individuals who are actively using substances to reside there permanently so the Service Navigator works to help people access treatment services so they can eventually obtain housing.

Due to the variance in the experiences of individuals who receive services at PPP, it is important for the Service Navigator and Harm Reduction Specialist to be flexible, adaptable, and current in their knowledge of drug use trends. Since most overdoses are polysubstance poisoning cases, PPP has provided continuing education to these staff to help them address the evolving issues within the scope of substance use. In the last year PPP's program data has shown intermittent waves of fentanyl related substances, industrial benzodiazepines, and novel stimulants such as Alpha-PHP contaminating drug supplies and resulting in unintentional poisonings.

c. See response under outreach services section for an explanation of the SSP sites at which some OTRS activities will take place.

Additionally, the role of the Service Navigator is intended to be truly mobile and responsive. One of the common refrains in harm reduction circles is to "meet them where they're at" which PPP takes quite literally when working with people who use drugs. Examples of places where OTRS activities would occur include community-based agencies and drop-in programs, probation offices and courts, private individual homes, housing services locations including shelters and group homes, outdoor locations including camps of unhoused individuals and places where substance use or sales occur openly, transportation centers, venues where LGBTQIA+ individuals gather, and more. In January of 2020, the following neighborhoods were visited by the Service Navigator while carrying out services: Brentwood, Carrick, Beechview, Mt. Oliver, Mt. Washington, South Side Flats, Downtown, Central Northside, Perry South, Spring Garden, Hazelwood, Larimer, Penn Hills, Monroeville, McKeesport, Clairton, New Kensington, Stowe Township, Jefferson Hills, Elizabeth, and Etna. This is just one month's of the Service Navigator's average reach into various communities in Allegheny County.

d. The OTRS activities carried out by the Service Navigator and Harm Reduction Specialist tend to be with individuals who are experiencing a crisis-level event or in need of immediate treatment or harm reduction services and therefore are also under "Selective". Most of the participants who work with the Service Navigator are the result of contacts at the sites, but there is also a substantial number who come from referrals by partner entities, word-of-mouth, material dissemination and advertising, or street outreach. The Harm Reduction Specialist is primarily triaging emergent needs that are disclosed or documented at the sites on the days when they are present.

As previously described, the majority of the program participants who visit the site are using opioids or stimulants and most are injecting. However, the Service Navigator does also receive a large number of requests for assistance regarding Alcohol Use Disorder, and misuse of prescription drugs.

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e. Individuals who participate in SSPs are 5 times more likely to enter treatment services (<https://www.cdc.gov/ssp/syringe-services-programs-summary.html>), therefore it is crucial to have a dedicated Service Navigator and Harm Reduction Specialist roles at the only SSP sites in Allegheny County. There they are able to meet and immediately begin working with a person to determine and achieve their goals. This arrangement allows for an efficient linkage to care, and often a warm hand off directly to other service providers for higher levels of care in a short period of time.

PPP also looks to innovate wherever possible. Following the DHS study regarding the use of ride-hailing services, PPP sought to receive donated ride credits from a company with a local corporate presence. In the two years since, PPP has secured funding from a private family foundation that is dedicated to funding transportation services for people who use drugs to access important appointments or to get to safer locations where they can meet with PPP staff. The majority of transports to date have been to assessments and intakes for treatment services, which enables PPP staff to offer after-hours and rapid access to services. For example, the Service Navigator may receive a call from an individual needing detox management services at 11pm who is otherwise medically stable and they can arrange a ride for the person to get from their current location to the appropriate venue for services rather than travel an unreasonable distance at night themselves with someone they may not know very well.

f. The main outcomes of interest for the proposed OTRS are linkage of individual participants to higher levels of care, and provision of ongoing risk reduction counseling for those who are actively using substances and in contact with the Service Navigator and/or Harm Reduction Specialist.

g. Since a majority of the contacts are initiated at PPP sites, the previously described encounter form is the first place where the need and desire for additional services is documented for any program participant.

However, since PPP staff may also be in a variety of community settings or receive referrals from partner entities for individuals who are not current participants the Service Navigator maintains a spreadsheet which tracks the types of services provided or linked to on a daily basis. This spreadsheet is based on the monthly reporting that is currently submitted to DHS, which provides details such as whether a person received in-depth risk reduction information on a specific topic, or what exact kind of treatment service they were referred to.

The following table is copied from the monthly program report provided to DHS for February of 2020, and shows the typical spread of the Service Navigator's activities. The spreadsheet used by the Service Navigator is used to document the interactions and referrals that will be reported using the recommended templates:

<b>REFERRALS</b>		<input type="checkbox"/> N/A
<b>**Attach referral sheet or other applicable documentation to this report for the month**</b>		
<b>Services referred to this month:</b> (e.g., Outpatient, Certified Recovery Specialist, Case Management, Inpatient, Detox)	<b>Total unduplicated # individuals referred to each service listed:</b>	
Detox	6	
Methadone	1	
Buprenorphine	2	



## Providers of Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Related Services

Inpatient	5
Outpatient	1
Housing	3
Healthcare	2
Mental Health	1
Medical Assistance	3
HIV/HCV Testing	1
Clothing Assistance	2
Food Assistance	2
Risk Reduction	35

h. The direct service staff positions funded by this contract are proposed at 100% effort. PPP site locations operate every day that one is scheduled unless there are orders from authorities to stay off roads or indoors due to dangerous conditions, which has only happened once in a quarter century of providing services. PPP maintains this baseline level of service as a matter of necessity to protect the public health, and this responsibility is taken very seriously by staff who prioritize operating the service locations above all other functions they may serve in a given week. Moreover, the SSP services (funded separately, operated by volunteers) that form the basis of PPP’s outreach were deemed essential healthcare services by the PA DOH during the COVID-19 crisis. Since the Allegheny County ordinance that permits the operation of SSPs does not allow for any type of service delivery other than in-person, at approved locations the sites will continue operating as normal. Thus, it is expected that PPP will operate all 5 current sites and continue prospecting additional ones in the future, which will result in the steadfast delivery of the proposed quantity of services.

i. As an organization that chooses our service locations with social, racial, and economic justice issues taken into account, PPP is also very deliberate in making sure that the services offered are accessible and safe for a variety of people from various backgrounds. Printed materials take into consideration the diversity of appearances of participants, and are written and illustrated in ways that make it easier to understand the message even if literacy may be an issue for the recipient. Where possible visuals, videos, and demonstrations are provided to ensure comprehension. When available, PPP provides educational and promotional materials in languages other than English. All PPP locations are ADA accessible and within a block of major bus and T lines. PPP also allows individuals to send a proxy such as a loved one or caregiver that can visit the site and bring back harm reduction supplies and information for the participant. The organization has never banned anyone or denied them services for any reason and staff are encouraged to be creative and flexible in finding ways to reach people. PPP also recognizes that not all people coming to the sites may be coming due to illicit substance use – many regular participants are diabetics who need more insulin injections than the number of syringes their insurance covers in a month, or transgender individuals who may be injecting hormones who need supplies and information on doing intramuscular injections. All PPP services are provided free of any charges or fees.

j. The unique advantage of PPP’s OTRS efforts is the ability to be in regular contact with so many people who are in active substance use every week, a longstanding presence in various community venues and groups in Allegheny County, and established relationships with partners. The syringe services, naloxone distribution, and other services provided by PPP are all venues at

## **Providers of Drug & Alcohol, Tobacco and Gambling Intervention Services and Other Treatment Related Services**

which OTRS activities are meaningful and appropriate. Originally founded as a syringe services program, PPP has grown into a provider of an unduplicated set of evidence-based harm reduction and public health services that fill a gap in the continuum of services for people who are actively using substances but want to reduce the associated risks. As the only provider of syringe services in the County it is ideal for PPP to have the capacity to deliver OTRS as well because no one else is reaching this “hard-to-reach” population of people who may not have any other contact with human services providers if they are not actively seeking treatment or recovery services.

### **SECTION 3 – STAFFING (10 points) – to be completed by all Proposers, 2-page limit.**

4. Provide your plan for recruiting and retaining qualified, committed and knowledgeable staff, including at least one staff member with lived experience. Include staff-to-client ratios where appropriate.

The staff currently in the positions funded by DHS for Outreach services are recognized as regional and national experts in harm reduction. Employees of PPP enjoy a positive, supportive work environment, generous benefits and perks, and rewarding responsibilities which has resulted in the successful retention of skilled staff members for many years. As the only provider that is grounded in harm reduction philosophy and practice in the area, the response for open positions is often overwhelmingly good and attract highly qualified, diverse candidates. Positions posted in the last two years resulted in applications from across the country and even some international applicants who are aware of the strong reputation that PPP has in the harm reduction, public health, and substance use sectors.

Many positions at PPP require a degree, advanced degree, and/or previous experience in similar positions which means there is a high baseline for the quality of work expected from employees. The credentials and relevant professional experiences of current PPP employees are described in Section 1, item 1. All PPP staff have lived experience with substance use, and when recruiting for open positions this is emphasized in the job posting and discussed during the interview process. Staff are able to take part in numerous professional development and skill building trainings each year as a result of a dedicated budget for these items.

In addition to strong recruitment of experienced individuals for professional roles at PPP, supportive supervision is a key element for retention of skilled staff. Recognizing that the pool of harm reduction-oriented professionals is relatively small PPP wants to be sure to develop individuals by cross-training them with other positions in order to grow their professional skillset and facilitate better cooperation by building relationships between the various roles. All staff participate in a bi-weekly meeting to discuss current and upcoming tasks, troubleshoot issues, and communicate new information or resources. All staff receive performance reviews annually, with clear metrics for success that correspond to quantitative scoring and a ranked system for providing merit raises and cost of living adjustments. As a community-based peer worker, the Service Navigator receives additional supportive “clinical-style” supervision from a contracted independent LCSW with an extensive

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background in therapeutic approaches to substance use, trauma, and harm reduction principles

Staff to client ratios do not apply to the services PPP is proposing to provide.

### 5. Describe your staff training plan.

The training plan for all new PPP staff is a three part process.

Part one is the administrative orientation which includes the following: employment eligibility verification and background checks, employee added to agency insurance policies, emergency contact paperwork completed, enrollment in payroll and benefits program, an introduction to technology used in that role, an assessment of immediate professional development needs, and general policies and procedures of the organization. This piece generally takes 3 – 4 days to complete.

Part two is the program orientation which includes the following: introduction to entire staff, assignment of month long schedule for shadowing various roles and visiting different sites, signing up for available mandatory trainings, in-depth program policies and safer work procedures instruction, completion of three part online Harm Reduction Coalition training, submitting draft paperwork for tracking hours worked and reimbursements to check for accuracy, establishing supervision schedule, attending relevant task forces/meetings/professional gatherings, and reviewing any specific compliance or regulatory matters specific to their role or program. This part is about a month long, on average.

Part three is an ongoing process throughout the first year of employment that includes: completion of required and optional trainings, attendance at selected professional development opportunities, going to conferences and other professional gatherings such as industry or regional collaborative efforts, cross-training for various responsibilities, direct supervision, and annual reviews.

## **SECTION 4 – DATA COLLECTION AND DELIVERY (15 points) – to be completed by all Proposers, 2-page limit.**

### 6. Describe your plan for tracking, entering and reporting data in a timely way.

The documentation and evaluation of outreach and other services will be integrated into the ongoing agency-wide quality management plan and procedures.

All program data related to participant information and services provided is entered into an electronic spreadsheet by staff within a week of the time when the activities were conducted. PPP recently moved several forms for data collection in ancillary services such as wound care and Hepatitis C screening and linkage to care to a digital format and are working toward an electronic system which would allow for more efficient and timely entering of the encounter data. PPP is also working with Peter Davidson, faculty from University of

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California San Diego: <https://profiles.ucsd.edu/peter.davidson> and Dr. Mary Hawk and Jamie Egan from Pitt Public Health's Evaluation Institute, to transition PPP's overdose prevention and naloxone distribution data to a secure online database that is being used by many other large community-based naloxone distributors to create a pool of data that can be used for research purposes.

PPP does not collect the names or require identification of any type to receive services for which it is legally permissible to do so – this additional ability to participate anonymously helps to ensure the confidentiality of participants which is one reason PPP is such a trusted resource among people who use drugs.

7. Describe the pre- and post-test evaluations you will use and your plan for incorporating feedback into programming. Please attach a sample pre- and post-test.

The primary tools for monitoring and evaluation of this intervention is the encounter form that is filled out by staff and volunteers as participants move through PPP service locations, which collects both client-level demographic information as well as the particular services provided to the individual in that encounter. The encounter form also contains a rotating questions or set of questions that serve the purpose of surveying PPP participants, capturing a sample of information for a discrete period of time, or asking for open feedback on an annual basis to set priorities. For example “What service does PPP not offer that you would like to receive when you visit us,” is a question asked at least once per year. Previous feedback has resulted in the opening of two additional sites in Overbrook and Homewood, the addition of Hep C testing and linkage to treatment, distributing additional harm reduction materials such as information on safer stimulant use and fentanyl test strips, and including personal care items like tampons, first aid kits, and toothbrushes in the items that are available at the sites. The latest survey indicated a demand for on-site wound care services (currently only offered on Sundays) and buprenorphine access and PPP was able to secure funding for both of these initiatives from the CDC and Vital Strategies which will be piloted this summer.

Ancillary services such as wound care, testing, naloxone dispensing, and referrals via the Service Navigator then have their own set of documentation based on the specific activities being conducted. For example, the Service Navigator tracking sheet is based on the information required to complete the monthly program reports and invoices such as whether a referral and linkage were provided for outpatient buprenorphine versus higher levels of care, specialty care like Hepatitis C treatment versus primary care, crisis mental health services versus non-urgent, etc.

The form used for a participants' first visit captures additional information such as Veteran status or whether the individual was tested for Hepatitis B, Hepatitis C, or HIV in the past year and what the results were. The initial encounter form also assess risk behavior related to injection drug use (e.g. Do you share needles? Do you reuse your own?) and sexual activity which helps to guide conversations around the full range of materials and services PPP offers to help mitigate such risks and offers insights that are valuable for the use of motivational interviewing techniques.

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See attached templates for encounter forms.

8. Provide your plan for quality assurance.

The spreadsheets generated from data entry are sent to the Executive Director and Administrative Coordinator on a monthly basis for the purposes of monitoring performance of staff, identifying trends in program participation, and preparation of billing. The Executive Director also compiles a summary of this data on a quarterly basis, which is used primarily to track progress toward overall goals and outcomes as well as compliance with contractual obligations. The quarterly summaries are also used to generate graphs that allow for a comparison to previous quarters and adjustments to program activities or work plans are made based on this analysis and other contextual information. This information is shared with PPP's Board of Directors in part on a monthly basis and in whole on a quarterly basis. PPP maintains open lines of communication with participants and numerous community stakeholders who are also regularly asked to give feedback on their experiences, to report any inconsistencies via the agency's complaint process (none in the last 4 years), and make suggestions for improvement.

### **SECTION 5 – FINANCIAL MANAGEMENT AND BUDGET (15 points) – to be completed by all Proposers, not included in page count.**

9. Provide a budget that reflects a realistic estimate of the costs associated with implementing the Intervention Service(s) and a reasonable balance between direct and indirect costs. Provide a budget narrative that clearly justifies costs outlined in the budget. You may use the space below or use an attachment. Please see attachment for budget detail.

PPP is requesting funding for 3 full-time direct services staff at 100% effort, as well as 33% effort of the Executive Director and Administrative Coordinator.

The three direct services staff are Alice Bell – Overdose Prevention Project Coordinator, Helen Matusick – Service Navigator, and Ron Ready – Harm Reduction Specialist. The qualifications, professional responsibilities, and proposed roles related to delivery of services under this contract are specified in previous sections of the response form.

The request includes a fringe rate of 23% for these staff in alignment with the employer obligations and current agency benefit package. A list of the specific benefits and obligations covered under this rate are listed directly in the budget attachment.

PPP is not requesting additional direct or indirect funds at this time, as other funding and revenue streams currently provide sufficient and stable funding for those parts of the provision of outreach and OTRS.

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The total request is for \$211,767.99, with \$92,043.05 in Outreach and \$119,724.94 in Other Treatment Related Services. Based on past year performance and FFS rates provided in the RFP document, PPP is proposing to provide approximately 6,000 units of Outreach Services and 7,560 units of Other Treatment Related Services.



B. Fringe Benefits

Salary	Rate	Amount		
21,450.00	23%	4,933.50	3,737.50	3,737.50
14,187.90	23%	3,263.22	4,602.21	4,602.21
57,012.80	23%	13,112.94	4,186.00	4,186.00
42,016.00	23%	9,663.68	3,622.09	3,622.09
37,502.40	23%	8,625.55	8,625.55	8,625.55
-		-		-
-		-		-
-		-		-
-		-		-
-		-		-
-		-		-
-		-		-
-		-		-
-		-		-
-		-		-
-		-		-
-		-		-

Specify the benefits included in this rate:

FICA, UC, Health, Dental, Vision, ST/LT Disability, and PTO

Sub-Total	-	24,773.35	-	24,773.35
<b>Total</b>	<b>74,831.75</b>	<b>122,110.70</b>	<b>-</b>	<b>196,942.45</b>

II. NON-PERSONNEL DIRECT PROGRAM EXPENSES

Rent	6,854.70	6,854.70
Office Supplies*	3,250.00	3,250.00
Program Supplies*	13,588.10	13,588.10
Cellphone	435.00	435.00
Printing & Reproduction	2,000.00	2,000.00
Outreach Vehicle	1,100.00	1,100.00
		-
		-
		-
		-
		-
		-
		-
		-
		-
		-
<b>Total</b>	<b>-</b>	<b>27,227.80</b>

III. STAFF TRAVEL

Mileage (.575/mile)	12,200.00	12,200.00
		-
		-
		-
		-
		-
		-
		-
		-
<b>Total</b>	<b>-</b>	<b>12,200.00</b>



**IV. AGENCY OPERATING COSTS ALLOCATED TO PROGRAM**

Payroll	850.00		850.00
Accounting (incl. Audit)	2,750.00		2,750.00
Office Phone	590.00		590.00
Insurance	6,675.00		6,675.00
Staff Education & Training	3,500.00		3,500.00
Volunteer Expenses	3,500.00		3,500.00
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>Total</b>	<b>-</b>	<b>17,865.00</b>	<b>-</b>
			<b>17,865.00</b>
<b>TOTAL</b>	<b>74,831.75</b>	<b>179,403.50</b>	<b>-</b>
			<b>254,235.25</b>

**NEW EXCHANGER FORM: IDI/Risk Reduction**

- East Liberty    Hill District    Northside    Overbrook  
 Homewood    Other \_\_\_\_\_

Date \_\_\_\_\_ Code \_\_\_\_\_

Returns \_\_\_\_\_

For how many others? \_\_\_\_\_


Gender: M F T

Race: W AfAm L A O

Neighborhood \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever served in the military? yes  no

Survey on back of form 

Syringes: \_\_\_\_\_ 31BEESTINGS  
                  \_\_\_\_\_ ULTRAFINES  
                  \_\_\_\_\_ HALFS  
                  \_\_\_\_\_ PQGOS  
                  \_\_\_\_\_ BLUES      \_\_\_\_\_ IMs

Referrals

- Testing  
 Case Mgmt.  
 OD Prevention  
 Wound Care

Drug TX referral:

Accepted/Declined

Containers: \_\_\_\_\_ 1QT (for 75)  
                  \_\_\_\_\_ 2QT (for 100)  
                  \_\_\_\_\_ 3GAL (for 700)      \_\_\_\_\_ Fitpack (for 10)

Works: \_\_\_\_\_ Alcohol Wipes      \_\_\_\_\_ Sterile Water      \_\_\_\_\_ Bleach  
          \_\_\_\_\_ Cookers                    \_\_\_\_\_ Saline                    \_\_\_\_\_ Condoms  
          \_\_\_\_\_ Cottons                    \_\_\_\_\_ Sterifilts                 int.  ext.  
          \_\_\_\_\_ Ties                         \_\_\_\_\_ Ascorbic Acid

Smoking: \_\_\_\_\_ Stems                    \_\_\_\_\_ Chore Boy                \_\_\_\_\_ Mouthpiece  
              \_\_\_\_\_ Bowls                    \_\_\_\_\_ Screens                    \_\_\_\_\_ Sticks

# pieces of lit \_\_\_\_\_

Initials \_\_\_\_\_

## Risk Reduction Questions

### Skin Prepping

Do you clean your skin before injecting?

Yes  No  N/A

### Cottons/Filters

Do you share cottons/filters with other people?

Yes  No  N/A

Do you reuse your personal cottons/filters?

Yes  No  N/A

### Cookers

Do you share cookers with other people?

Yes  No  N/A

If YES, do you bleach the cooker before using it?

Yes  No  N/A

If NO, do you reuse your personal cookers?

Yes  No  N/A

If DO REUSE a personal cooker, do you bleach it?

Yes  No  N/A

If YES, how often do you bleach it?

Each Time  Periodically  N/A

### Syringes

Do you share syringes with other people?

Yes  No  N/A

If YES, do you bleach the syringe before using it?

Yes  No  N/A

If NO, do you reuse your personal syringes?

Yes  No  N/A

If DO REUSE a personal syringe, do you bleach it?

Yes  No  N/A

If YES, how often do you bleach it?

Each Time  Periodically  N/A

**PARTICIPANT QUESTIONS**

**How long before coming to PPP did you start injecting?**

- less than 6 mo  6 mo to 1 yr  1 -2 yrs  
 More than 2 yrs \_\_\_\_\_ (fill in amt)

**Do you know of any good/bad pharmacies to buy syringes? (name, location, comments)**

### New Exchanger Health Survey

Since you are a new participant, I'd like to ask you a couple questions about your injection practices to get a sense of supplies you need, information we can give you, and any referrals we might be able to make. These questions are completely voluntary—you can answer whichever you are comfortable to answer, and you don't need to answer any of them to still receive all the services from us!

Date \_\_\_\_\_ Code: \_\_\_\_\_

Gender: M F T Race: W AfAm L A Other \_\_\_\_\_

Neighborhood: \_\_\_\_\_

#### Has participant been screened for:

HIV yes / no

Hepatitis B yes / no

Hepatitis C yes / no

#### If yes, what were the results?

HIV pos / neg

HBV pos / neg

HCV pos / neg

Declined disclosure \_\_\_\_\_

Relevant Notes: \_\_\_\_\_

\_\_\_\_\_

NEW EXCHANGER FORM: IDI/Risk Reduction

East Liberty    Hill District    Northside    Overbrook  
 Homewood    Other \_\_\_\_\_

Date \_\_\_\_\_ Code \_\_\_\_\_


Returns \_\_\_\_\_ For how many others? \_\_\_\_\_

Gender: M F T   Race: W AfAm L A O

Neighborhood \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever served in the military? yes  no

Survey on back of form 

Syringes:    \_\_\_\_\_ 31BEESTINGS  
                  \_\_\_\_\_ ULTRAFINES  
                  \_\_\_\_\_ HALFS  
                  \_\_\_\_\_ PQGOS  
                  \_\_\_\_\_ BLUES    \_\_\_\_\_ IMs

Referrals

Testing  
 Case Mgmt.  
 OD Prevention  
 Wound Care

Drug TX referral:

Accepted/Declined

Containers:    \_\_\_\_\_ 1QT (for 75)  
                      \_\_\_\_\_ 2QT (for 100)  
                      \_\_\_\_\_ 3GAL (for 700)    \_\_\_\_\_ Fitpack (for 10)

Works:    \_\_\_ Alcohol Wipes    \_\_\_ Sterile Water    \_\_\_ Bleach  
              \_\_\_ Cookers            \_\_\_ Saline            \_\_\_ Condoms  
              \_\_\_ Cottons           \_\_\_ Sterifilts         int.  ext.  
              \_\_\_ Ties                \_\_\_ Ascorbic Acid

Smoking:    \_\_\_ Stems            \_\_\_ Chore Boy        \_\_\_ Mouthpiece  
              \_\_\_ Bowls           \_\_\_ Screens           \_\_\_ Sticks

# pieces of lit \_\_\_\_\_

Initials \_\_\_\_\_

RETURNING EXCHANGER FORM

East Liberty    Hill District    Northside    Overbrook  
 Homewood    Other \_\_\_\_\_

Date \_\_\_\_\_ Code \_\_\_\_\_

Returns \_\_\_\_\_ For how many others? \_\_\_\_\_

Gender: M F T   Race: W AfAm L A O

Neighborhood \_\_\_\_\_

Syringes: \_\_\_\_\_ 31BEESTINGS  
              \_\_\_\_\_ ULTRAFINES  
              \_\_\_\_\_ HALFS  
              \_\_\_\_\_ POGOS  
              \_\_\_\_\_ BLUES    \_\_\_\_\_ IMs

Containers: \_\_\_\_\_ 1QT (for 75)  
                  \_\_\_\_\_ 2QT (for 100)  
                  \_\_\_\_\_ 3GAL (for 700)  
                  \_\_\_\_\_ Fitpack (for 10)

Works: \_\_\_\_\_ Alcohol Wipes    \_\_\_\_\_ Sterile Water    \_\_\_\_\_ Bleach  
          \_\_\_\_\_ Cookers                \_\_\_\_\_ Saline                \_\_\_\_\_ Condoms  
          \_\_\_\_\_ Cottons                \_\_\_\_\_ Sterifilts             int.  ext.  
          \_\_\_\_\_ Ties                        \_\_\_\_\_ Ascorbic Acid

Smoking: \_\_\_\_\_ Stems                \_\_\_\_\_ Chore Boy    \_\_\_\_\_ Mouthpiece  
              \_\_\_\_\_ Bowls                \_\_\_\_\_ Screens        \_\_\_\_\_ Sticks

# pieces of lit \_\_\_\_\_

Initials \_\_\_\_\_

Risk Reduction  
Education  
Referrals  
 Testing  
 Case Mgmt.  
 OD Prevention  
 Wound Care

Drug TX referral:  
Accepted/Declined

**PARTICIPANT QUESTIONS**

Are there any other supplies or services you wish we provided?

Yes    No If yes, what are they?

Do you know of any good/bad pharmacies to buy syringes? (name, location, comments)