



Allegheny County Department of Human Services

RFP Response Form

Operator of the Low-Barrier Shelter and Drop-in Center at Second Avenue Commons

PROPOSER INFORMATION

Proposer Name: Mercy Life Center Corporation

Authorized Representative Name & Title: Antonio Beltran, President and CEO

Address: 1200 Reedsdale Street, Pittsburgh, PA 15233

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Email: abeltran@pittsburghmercy.org

Website: www.pittsburghmercy.org

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

Date Incorporated: 1983

Partners and/or Subcontractors included in this Proposal: Bethlehem Haven

How did you hear about this RFP? *Please be specific.* partner

Does your organization have a telecommunications device to accommodate individuals who are deaf or hard of hearing? Yes No

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Antonio Beltran	(412) 697-4716	abeltran@pittsburghmercy.org
Contract Processing Contact	Jerry Crockett	(412) 323-4574	jcrockett@pittsburghmercy.org
Chief Information Officer	Eric Barley	(412) 323-4573	ebarley@pittsburghmercy.org
Chief Financial Officer	Eric Barley	(412) 323-4573	ebarley@pittsburghmercy.org
MPER Contact*	Jerry Crockett	(412) 323-4574	jcrockett@pittsburghmercy.org

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

BOARD INFORMATION

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

Board Chairperson Name & Title: Click here to enter text.

Board Chairperson Address: Click here to enter text.

Board Chairperson Telephone: Click here to enter text.

Board Chairperson Email: Click here to enter text.

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.*

John Lovelace, President, Government Programs and Individual Advantage, UPMC Health Plan, Chief Program Officer, Community Care Behavioral Health Organization

[Redacted contact information for John Lovelace]

Anna Kudrav
Assistant Chief, City of Pittsburgh, Bureau of Police Operations Branch

[Redacted contact information for Anna Kudrav]

Irene F. McFadden, Chair of the Street Medicine Institute

[Redacted contact information for Irene F. McFadden]

PROPOSAL INFORMATION

Date Submitted 6/25/2021

Amount Requested: 2,000,000

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.

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>.

- Required Attachments:
 - MWDBE and VOSB documents
 - Allegheny County Vendor Creation Form
 - 3 years of audited financial reports
 - W-9
- Attachments as needed:
 - Contract fiscal monitoring findings
 - Policies related to question 3

- Staffing plan attachments
- Budget attachments

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 110 points. Your response to this section should not exceed 30 pages.

Government Contracts (unscored, not included in page count)

Please complete the following chart with any significant contracts your organization has with government entities, including DHS (i.e., contracts that represent a substantial percentage of your organization’s total operating budget). You may add additional lines to the chart, as needed.

For the contracts listed below, please attach any fiscal monitoring findings to the Response Form (also not included in page count).

Service Name	Service Description	Contracting Entity	Contract Amount	Start Date of Contract
Drug and Alcohol Services	Intervention, Partial Hospitalization Treatment, Outpatient Treatment, Intensive Outpatient Treatment, Case/Care Management	Allegheny County Dept. of Human Services	\$244,000.00	7/1/2020
Mental Health Services	Administrative Management, Administrative Management - ACHA, Community Employment & Employment Related Services, Community Residential Services, Consumer Driven Services, Family Support Services, Housing Support Services, Social Rehabilitation Services - PATH Wellspring, Social Rehabilitation Services, Transitional and Community Integration Services, Mental Health Crisis Intervention Services, Service Coordination, Treatment and Service Coordination, Children's Psychosocial Rehabilitation Services, Outpatient Services, Partial Hospitalization Services, Peer Support Services, Psychiatric Rehabilitation Services, Targeted Case Management	Allegheny County Dept. of Human Services	\$22,944,442.00	7/1/2020
Homeless and Housing Services	Case Management, Emergency Shelter, Service Coordination	Allegheny County Dept. of Human Services	\$282,730.00	7/1/2020
Outreach and Prevention Services	Family Support Services, CBT Intervention Services, CBTM Intervention Services, Incarcerated Parent Support Services	Allegheny County Dept. of Human Services	\$749,608.00	7/1/2020
DUI Education Services	Alcohol Highway Safety Program	Allegheny County Fifth Judicial District of Pa	\$1,200,000.00	1/1/2013
Certified Community Behavioral Health Clinic Expansion Services	Increase access and capacity & enhance and expand services to SUD, SMI through complex care coordination, partnerships	US Depart of Human Service Substance Abuse and Mental Health Services Admin	\$3,996,593.00	5/1/2020

Approach and Philosophy (25 points)

1. Explain your organization's service delivery philosophy and how the Shelter and Drop-In Center services fit within your mission.

This proposal details the combined experience of Pittsburgh Mercy (PM)'s Operation Safety Net (OSN) and Bethlehem Haven (BH) to successfully operate the Low-Barrier Shelter and Drop-in Center at Second Avenue Commons. As the only current operators of low-to-no barrier street outreach, street medicine, emergency shelter and medical respite in the region, we are uniquely qualified to provide a path to stable housing for individuals enduring homelessness. We possess a depth of knowledge regarding the barriers to safe, stable, housing; have a broad base of community support; and are able to navigate complicated systems to ensure individuals who are most marginalized to the corners of our community have agency and access to housing of their choice.

History and Mission

Caring for the most vulnerable is a proud legacy at Pittsburgh Mercy granted to us by the Sisters of Mercy who arrived in Pittsburgh in 1843. Today this work includes comprehensive services and programs to support those with behavioral health needs, intellectual disabilities, and/or who are experiencing homelessness. Last year, over 33,000 individuals received community-based services at Pittsburgh Mercy. These services work to improve health outcomes throughout Allegheny County and address health disparities by providing both comprehensive physical and behavioral health care services that support the whole person and enable clients to live more engaged and independent lives.

Bethlehem Haven shares a similar history of serving those most in need. On Christmas Eve in 1981, Rev. Peter Weaver of Smithfield United Church of Christ in Downtown Pittsburgh made a decision that changed the lives of thousands of women. Instead of locking the church doors on a bitter cold Christmas Eve, he opened them to shelter a group of women huddled together against the brutal weather. In that moment, Bethlehem Haven was born and—with the enduring support of the community—the doors have never closed. Over the past 40 years, BH has steadily grown to offer a full continuum of care for individuals and families experiencing homelessness, including prevention, shelter, medical respite, and permanent supportive housing. In 2016, Bethlehem Haven became part of the Pittsburgh Mercy Family of Care, ensuring its sustainability as a provider of shelter, housing, and supportive services. Today, BH is better equipped than ever to meet the comprehensive needs of people experiencing homelessness by providing long-term solutions that recognize housing stability is essential for individual and family well-being.

PM, OSN and BH share a common mission and values that form the foundation of our work. Our teams take the time to see people as people rather than as problems, and we strive to create a flexible, collaborative, and inclusive work environment that embraces diversity and empowers both clients and staff to be innovative and creative when facing complex challenges.

Key to our success is our service delivery philosophy which embraces the following best practices:

Everyone is welcome. It can be devastating to a person's well-being when they are denied access to a bed in a shelter. If selected as the operator, we will commit our extensive knowledge and experience to create a shelter and drop-in center where everyone is welcome and most issues around safety will be addressed by the creative use of the flexible spaces within The Commons and the trained staff who are experienced in de-escalating and harm reduction approaches.

We recognize that everyone is housing ready. Emergency Shelter is a safety net, not a solution to

homelessness. “Housing First” is an approach that centers on the immediate and primary focus of supporting individuals to quickly access and sustain permanent housing. Our staff will encourage and support individuals—as long as it takes—to locate housing of their choice, and navigate the systemic barriers before them to acquire and maintain housing. We will coordinate with DHS and others to ensure the individual is supported throughout the transition.

Harm reduction approaches are effective in building long term sustainable behavioral change. Knowing that trauma is often the cause of unhealthy behaviors and/or substance use, our work is grounded in a harm-reduction philosophy that aims to truly meet people where they are. This approach to substance use treatment involves a set of practical techniques that are openly negotiated with clients around what is most likely to be achieved. The focus is on reducing the negative consequences and risky behaviors; it neither condones nor condemns any behavior. By incorporating strategies on a continuum, our harm-reduction practice helps clients make step-by-step positive changes in their lives and move as far as possible along a pathway to long-term sustainable change.

Cultural diversity and embracing differences are sources of strength. To successfully operate a low-barrier shelter that meets the needs of everyone, we must practice cultural humility to promote meaningful and ethical engagement with the people we serve. To us, cultural humility is a lifelong commitment to self-reflection and self-critique whereby the individual not only learns about another’s culture but starts with an examination of one’s own beliefs, cultural identities, assumptions, biases, and values. This practice promotes meaningful and ethical engagement with the people we serve and between staff throughout the organization. We employ and value the benefits that come from working with a diverse staff and hire individuals who have lived experiences, recognizing the unique skill set they bring to this work.

Partnerships strengthen and enhance our reach. We recognize that one size never fits all. We are eager collaborators and engage partner agencies to support the work to end homelessness. Throughout our history, we have proactively engaged physical and behavioral health care teams, legal teams, family support systems, educators, and others to support the complex work we do.

In our 40+ years of direct-care experience, our work has evolved to include critical partners, including Allegheny County’s Department of Human Services, UPMC, and Allegheny Health Network. These organizations have helped us meet, and often define, best-practice standards for serving individuals experiencing homelessness. Several of our programs include:

- Street Medicine and Outreach Program through OSN. This award-winning program, headed by Dr. James Withers, has been providing direct health care and outreach services to those who are experiencing homelessness since 1992.
- BH’s Medical Respite Program. Opened in 2018 offering an innovative model that addresses the acute recuperative needs of those who are experiencing homelessness.
- Severe Winter Shelter. Since its inception over 25 years ago, PM has partnered with Allegheny County’s Department of Human Services to operate a low-barrier shelter that provides warm meals, showers, and shelter on average 1,800 men and women each winter season.
- Wellspring Drop-in Center. This drop-in center provides those who are experiencing homelessness with a centralized hub where they can find access to a variety of services including stable housing.

- Community Treatment Teams (CTT) - This team-based service plays a critical role supporting individuals as they transition into permanent housing and to assist in maintain housing.

2. Describe specifically how your organization will apply each of the following principles in the management of the Low-Barrier Shelter and Drop-In Center and what impact these principles will have on the services: 1) Low-Barrier Philosophy, 2) Harm Reduction, 3) Trauma-Informed Care and 4) Housing First.

BH and OSN operate low-barrier shelters that are open to all. “Low-barrier” means that anyone over the age of 18 can receive immediate access to shelter and housing assistance that is not contingent on sobriety, income requirements, ID, criminal records, or program demands.

We want people to be comfortable in this setting, feel valued, be seen and heard. Our goal is to create a space in which individuals can easily access support and services on their own terms. We recognize that individuals with complex mental health issues often experience the greatest barriers when attempting to access services, and we have extensive experience in engaging this population.

Because we operate from a harm-reduction low-barrier model, we have implemented amnesty lockers to allow guests and residents to store possessions that would otherwise not be allowed in the building such as weapons, paraphernalia, alcohol, or drugs. We also recognize that mental health issues and substance use can be disruptive, so we work with individuals to find solutions. This might mean allowing individuals to walk the dining room during the night when their stress is highest or allowing them a separate space to recover from an escalation.

To create a truly low-barrier space, we will ensure the following practices as identified in the RFP:

- Clients and other visitors will be asked to leave only if they pose a threat to the safety of themselves or others.
- Amnesty lockers will be provided, and we will encourage clients to use these for their safety and the safety of others.
- Expectations will be few, and consequences will be clear and logical. Staff will understand the intent behind guidelines and will use them to promote program safety, not simple compliance.
- Unless all beds are full, a bed will be accessible 24 hours a day, seven days a week, 365 days a year.
- Couples stay together.
- There is no curfew. People can come and go as they please.
- Clients determine which sleeping room is best for them.
- Pets can stay with their owners.
- All staff shall be trained in Trauma-Informed Care (TIC), Harm Reduction principles and de-escalation strategies.
- Behavioral issues shall be met with clinical interventions, saving any law enforcement-related response as a very last resort to ensure safety of the Client or others.

Harm Reduction

We employ a harm reduction approach for substance use treatment that involves a set of practical techniques that are openly negotiated with clients around what is most likely to be achieved. The focus is on reducing the negative consequences and risky behaviors of substance use; it neither condones nor condemns any behavior. By incorporating strategies on a continuum - for example from safer drug

use, to managed substance use, to abstinence - this approach helps clients affect positive changes in their lives. The harm reduction philosophy embraces respect, trust, and a nonjudgmental stance as the essential components of an effective therapeutic relationship. A basic assumption is that clients want to make positive changes and the skilled clinician uses motivational strategies to help clients move along the change continuum as far as possible.

Motivational interviewing

We employ motivational Interviewing which is an evidenced-based guiding style of conversation that elicits and strengthens motivation for change. Staff guide clients so they can explore and resolve ambivalence. The method differs from more coercive or externally driven methods for motivating change as it does not impose change (that may be inconsistent with the person's own values, beliefs or wishes); yet supports change in a manner congruent with the person's own values and concerns.

Trauma-Informed Care

Trauma informed care (TIC) is a way to structure our organization and our work to understand, recognize the signs of, and respond to the effects of all types of traumas. We create a framework that seeks to improve safety, quality, resident satisfaction, and staff satisfaction by improving every relationship within the organization. Staff connect with the purpose and meaning of their work, teamwork is based on deep commitment rather than surface-level compliance, and residents feel safe and cared for—as everyone in the organization is committed to making authentic human connections. We have provided TIC training onsite in the past and recently added capacity to our electronic training for TIC training.

TIC principles guide the very first interactions with all our clients. We know that sheltering in a congregate space can be traumatizing, so we begin every intake with diversion. Often, with a little mediation, we can help an individual find a friend or relative to stay with. We offer a safe locked space for individuals to store valuable possessions and we have made accommodations for couples and pets to help alleviate the trauma of homelessness.

Housing First

Housing First centers on providing people experiencing homelessness with housing quickly and then providing services as needed. We know that emergency shelter can be traumatic and should be the very last option. Thus, engagement begins at intake with a conversation to determine if alternative housing is available. Staff often mediate with family and friends to find a safe alternative. Sometimes, we find that people seeking shelter have given up trying to pay the rent or to remedy an issue with roommates or property owners. In this case, we work to find the immediate financial assistance to reduce the length of stay in shelter. If a person needs recuperative care that would not be feasible on the streets or in a congregate shelter, we can facilitate referrals to Medical Respite. We also work with Resolve and WPIC to determine if a higher level of behavioral health care coupled with temporary housing is necessary.

To us, Housing First has the following critical elements:

- There is a focus on helping individuals and families avoid shelters or access and sustain rental housing as quickly as possible and the housing is not time limited.
- A variety of services are delivered primarily following housing placement to promote housing stability and individual well-being.
- Such services are time-limited or long-term depending upon individual need.

- Housing is not contingent on compliance with services – instead, participants must comply with standard lease agreement obligations and are provided with services and support that are necessary to help them successfully remain in housing.

3. Describe your organization’s commitment to reducing racial inequities, maintaining cultural humility, and promoting inclusivity. Attach policies for service provision and/or internal operations that reflect these values (policies not included in page count).

[Click or tap here to enter text.](#)

Throughout our organizations, we strive to create a flexible, collaborative, and inclusive work environment that embraces diversity and empowers staff and those with lived experience to contribute to this effort. Please see attached policies and an overview of our Diversity and Inclusion commitment.

Reducing Racial Inequities

We recognize racism as a public health crisis. Within our three-year strategic plan, PM has identified key initiatives to help eliminate racism and identified the executive and other staff members who are accountable for completing these programs. (See the Strategic Plan attached).

We have made deliberate changes to our board and leadership composition after conducting a *Diversity in Governance Training* to ensure that our leaders represent the demographic of the communities we serve. We redesigned *Diversity and Inclusion Education* for current and future board members and made Unconscious Bias Training mandatory for all PM and BH Board Members and enhanced board candidate pools through national and local relationship building. This work has helped us transition from a board composition of 80% white in 2019 to 47% white. Our ELT (Executive Leadership Team) prior to 2019 was only 10% persons of color but in 2021 made up of 27% persons of color. The deliberate efforts to make our board and leadership teams more representative of the community we serve will also facilitate more diverse thoughts, innovation, and performance.

Allegheny County					
	(July 1, 2019)	ELT 2021	SLT 2021	Board 2021	Board 2019
Total Population	1,216,045	11	18	13	10
Gender					
Female	51.6%	36.4%	72.2%	30%	20%
Male	48.4%	63.6%	27.8%	70%	80%
Race/Ethnicity					
American Indian and Alaska Native alone	0.2%	0%	0%	0%	0%
Asian alone	4.2%	0%	0%	0%	0%
Black or African American alone	13.4%	0%	28%	31%	0%
Hispanic or Latino	2.3%	9%	0%	7%	10%
Native Hawaiian & Other Pacific Islander alone	Less than a half unit	0%	0%	0%	0%
Two or More Races	2.3%	18%	0%	15%	10%

White alone, not Hispanic or Latino	78.1%	73%	72%	47%	80%
White alone	79.9%	n/a	n/a	n/a	n/a

PM employs more than 1,200 colleagues at over 90 locations throughout the County. Our colleagues are trained to recognize the cultural beliefs, values, traditions, language preferences, and health practices of the communities that we serve and to apply that knowledge to produce positive health outcomes. We are committed to the development of our human capital and to creating workplaces that nurture the human spirit and respect diversity, equity, and inclusion.

We educate all management staff on the fundamentals of diversity and inclusion, providing them with tools and resources to mentor colleagues, and integrating diversity and inclusion into the daily operations of behavioral health care. *Unconscious Bias Training*, that includes, web-based pre work and in-person training, along with *Racism – A Public Health Crisis* is mandatory for executive and senior leaders.

All colleagues at PM must complete the Cultural Competence training and education programs including, *Trinity Health Diversity & Inclusion: Improving Your I-Sight*, through our online portal called HealthStream. Shelter and drop-in staff receive a core curriculum of training. A full list of training for shelter and drop-in center may be found in the response to Question 8.

Promoting Inclusivity

In the Severe Weather Emergency Shelter, we provide services in designated areas within the Smithfield Church, primarily in the gymnasium. While this space provides limited flexibility with two sleeping areas – one designated for females and one for males, we do not define male and female by the sex. Instead, those who identify as male sleep in the former gymnasium shelter space and those who identify as female sleep in the space above the gymnasium. This approach, along with our trained staff, has provided a welcoming place for those who identify as LGBTQIA+. Along the way, these options have been guided by listening to our clients and providing them with accommodations that work to ensure that they will feel safe and welcome. It is with their input that BH amended its policies to offer shelter to anyone who self-identifies for our women’s shelter since 2001. We appreciate the intentional design of the new shelter and drop-in center, which will expand our ability to support diverse populations by maximizing the flexibility of the space, not limiting it to two genders. We plan to expand our partnership with community leaders and organizations like PERSAD that support the LGBTQIA+ population and look to them for their input on how to best use the space to create a space that is truly welcoming to all. Over the past few years, updates were made to both our paper forms and electronic health records to allow for expanded inclusivity of client record fields. Specifically, we expanded fields to include gender identity, sexual orientation, alias, preferred name, and pronouns.

Staff at BH and OSN receive training from Persad (*LGBTQ+ 101 and Sexual Orientation and Gender Identity and Expression (SOGIE)*) training with the next one provided in July.

PM has established policies for persons with limited English proficiency called *Meaningful & Equal Access to Services* and utilize phone translation services through Language Line at all our facilities including those programs and facilities that support those who are experiencing homelessness. We make attempts to hire staff who are proficient in the language of persons we served when possible.

Cultural Humility

To us, cultural humility is a lifelong commitment to self-reflection and self-critique whereby the individual not only learns about another's culture but starts with an examination of her/his own beliefs, cultural identities, assumptions, biases, and values. Cultural humility helps us recognize that we cannot know everything about every culture, and that we all have complex stories as we intersect in a variety of cultures, such as race, gender, class, age, work status, and disability status. Those who practice cultural humility increase their self-awareness of their own biases and perceptions and engage in a life-long reflective practice that involves the continual challenging of oneself and an openness to learning from others. This practice promotes meaningful and ethical engagement with the people we serve and between staff throughout the organization.

We firmly believe that cultural diversity and embracing differences are sources of strength. To successfully operate a low-barrier shelter that meets the needs of everyone, we must practice cultural humility to promote meaningful and ethical engagement with the people we serve. To us, cultural humility is a lifelong commitment to self-reflection and self-critique whereby the individual not only learns about another's culture but starts with an examination of her/his own beliefs, cultural identities, assumptions, biases, and values. Both PM and BH employ staff whose diversity reflects that of the clients served. We have many staff and volunteers that have relevant lived experience at all levels of the organization.

4. Describe your organization's commitment to and plan for attracting and retaining high quality staff and prioritizing the hiring of those with lived experiences relevant to housing services and supports.

[Click or tap here to enter text.](#)

Recruitment and Retention: We believe that the high quality of the services we provide is a direct result of our skilled and dedicated staff. To be successful in our business, our workforce must not only reflect the diverse consumer base we serve but must also be proficient in working within a broad construct of diversity, equity, and inclusion. Our commitment to a diverse and inclusive work environment allows us to attract and retain the best people.

We have been able to recruit quality staff as a result of relationships we have built with current staff and external partners. In addition, we utilize traditional recruiting tools including our website, print ads, social media, and job fairs with special efforts to recruit those with lived-experiences and military veterans. PM's wage and salary plan is based on market research of wages at similar organizations and is applied consistently according to specific qualifications. We also offer an excellent benefit package including 403B matching, medical/dental/vision insurance, life insurance, and paid time off.

Specific recruiting sources include the following:

- [Phenom People](#) – Phenom People is a global HR technology company which we utilize to seek candidates for all levels of positions. Phenom can send a direct link to potential candidates to apply directly online.
- [Indeed](#) - An American worldwide employment website for job listings.
- [LinkedIn](#) – PM uses our Linked In account – any open position is posted on this page as well as a link for candidates to directly apply. Linked in is a valuable tool for clinical and upper-level positions.
- [Facebook](#) – Open positions are posted to the PM and BH Facebook page.
- [Internal Referrals](#) – PM has a long history of receiving word of mouth referrals from existing staff. Internal staff are offered a referral bonus (\$200.00) for each candidate that is hired into a position within PM.
- [Pittsburgh Mercy Career Page](#) - All open positions are posted to the PM Career Page.

Peer Specialist Program: PM recognizes the value of building teams that include colleagues who have lived experiences. For over 20 years, PM has offered a Peer Support Training Program to individuals who are looking for job opportunities as a Peer Support Specialist and have lived experiences with mental or behavioral health issues with a Peer Support Training Program. This free program is an 80 hour, 10-week program that teaches interested individuals about wellness coaching, stages of change, motivational listening, and other skills needed in the role of Peer Support Specialist. After completing this program, individuals are carefully linked to paid internship opportunities at PM. In many cases, internships lead to full-time employment.

PM can enroll up to 20 individuals for each of the 10-week programs and we get referrals for participants from organizations throughout the Pittsburgh area. This program complements the Certified Peer Specialist Program that is provided through Allegheny County.

Housing and Priority Population Experience (10 points)

5. Describe and include examples of your past success achieving positive outcomes for individuals experiencing homelessness, including finding the best possible permanent housing.

[Click or tap here to enter text.](#)

OSN and BH's programs and services provide multiple points-of-entry for those in need. These programs form a continuum of care that start on the streets, through our Street Medicine program, and continue, as needed, to housing support programs through our critical Community Treatment Teams (CTT). By having multiple touch points along the journey, we can build trust to help clients acquire and maintain permanent housing. These key programs include:

Street Medicine and Street Outreach Programs:

Operation Safety Net began in 1992 when Dr. Withers recognized that to truly meet the needs of those who are experiencing homelessness you must go to them. To do so, he partnered with street-savvy, formerly homeless individuals, packed a backpack with medical supplies, and began to make nighttime street rounds in alleys, along the riverbanks, and under bridges. There he found a population of people who desperately needed medical care, many of whom, had long since given up and went without medical services for years. Through this street outreach, Dr. Withers was able to rebuild trust and dramatically improved the lives of those who experience homelessness. This model of Street Medicine continued and over the years it has revolutionized how we care for those who are experiencing homelessness.

Today, Dr. Withers' Street Medicine program is recognized as one of the nation's first, targeted, full-time Street Medicine programs. This work sets the standard for this unique form of healthcare and has contributed to the implementation of low-barrier, compassionate, engagement-strategies designed to address the complex needs of those who are chronically street homeless.

In 2005, Dr. Withers coined the name Street Medicine when Operation Safety Net hosted the first Street Medicine Symposium in Pittsburgh. And in 2009, Dr. Withers founded the International Street Medicine Program to help spread a model of care for homeless person across the world. Dr. Withers participated in the creation of the CDC's "Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019".

Seeing the needs for continued education around the unique problems that those who are experiencing homelessness suffer with, Dr. Withers also started the only Street Medicine Fellowship in the world. This fellowship, through UPMC Mercy, provides a one-year training opportunity for a new physician to work alongside Dr. Withers and Operation Safety Net staff caring for those who are experiencing homelessness both on the streets and in the shelters. This partnership has contributed to the over 7,000 medical visits that Operation Safety Net provides each year. As a result of this work, over 2,500 individuals who were once homeless were able to find homes of their own.

In 2015, Dr. Withers was honored as a CNN Hero for this work.

Most recently, Dr. Withers accepted the role as co-director of the UPMC Health Clinic under Dr. Anita Leon-Jong at the new Second Avenue Commons, helping to integrate the work of outreach, primary care, behavioral health care, and patient navigation.

Wellsprings Drop-in Center: Wellsprings Drop-in Center provides a critical link for those who are experiencing homelessness to housing assistance and other social services. In addition, the center offers a warm meal, a place to receive mail, and the ability to work with a case worker to find housing.

We know that for some, walking into any door is hard. To help encourage participation, we offer programs like movie night, bingo, literacy programs, and art therapy that encourage individuals to attend. During these activities we have witnessed folks who are socially disengaged and non-verbal, begin to connect with both staff and clients in profound, life-changing ways. The sense of connection that has been developed at Wellsprings, cannot be understated. These interactions lead to conversations, and we have witnessed those who were the most resistant to housing, are now stably housed as a result.

During the COVID-19 pandemic this critical service hub pivoted to offer COVID testing and adapted to meet the social distancing guidelines by providing bagged lunches and outdoor meeting spaces so that we could continue to connect those in need with case workers and direct services. When the vaccine was available, our street medicine teams provided the hard-to-reach homeless population with Johnson and Johnson vaccinations.

Severe Weather Emergency Shelter: A collaboration between Allegheny County Department of Human Services, Community Human Services Corporation, and Pittsburgh Mercy helped to open a severe weather shelter in 1994. This partnership has continued for over 25 years helping to save the lives of those who are living in unsheltered spaces by providing a much-needed alternative during the winter months. Since its inception, we provide temporary overnight accommodations, professional social services, basic medical care and basic medications, protection from frigid temperatures, showers, and meals for all people over the age of 18.

All staff are trauma informed and are trained in Motivational Interviewing, Engagement Strategies, and De-escalation. Our goal is not only to provide shelter service but to establish ongoing engagement as a critical link for housing and mental and physical health services. PM's approach to care includes case managers, peer supports, physicians, psychiatrists, and community partners to provide enhanced services to individuals served by the winter weather shelter. This shelter is a low-barrier model with no sobriety requirements, no program requirement, and no curfew.

During the COVID-19 pandemic, caring for persons served and keeping colleagues safe has been a challenge. Emergency Shelter staff, in coordination with DHS, and the Allegheny County Department of

Health (ACHD) set up social distancing protocols and rapid testing as recommended by the CDC for homeless services providers. Our staff coordinated with the county Safe Haven Hotel to transport vulnerable, symptomatic, or positive individuals to the shelter and coordinate after care. Over the past six months, in addition to testing and mitigation strategies, PM has provided hundreds of vaccinations for COVID 19 to colleagues and persons served in areas homeless shelters.

While the services we offer are varied- assisting with job placement, accessing mail, warm food, or showers - each is recognized as a contributing service that leads to permanent housing. This year, the Severe Weather Shelter season was extended to June 30, 2021. As of June 22, 2021, we were able to provide shelter service to 829 individuals while serving at a lower capacity each night under COVID-19 space restrictions.

Bethlehem Haven's Low-Barrier Women's Shelter: BH provides 28 beds of year-round low-barrier shelter and supportive services for women experiencing homelessness. We know that emergency shelter can be traumatic and should be the very last option. Thus, engagement begins at intake with a conversation to determine if alternative housing is available. Staff often mediate with family and friends to find a safe alternative. Sometimes, we find that people seeking shelter have given up trying to pay the rent or to remedy an issue with roommates or property owners. In this case, we work to find the immediate financial assistance to reduce the length of time in shelter that a person experience. If we recognize that someone needs recuperative care that would not be feasible in a shelter, we can facilitate referrals to Medical Respite. We also work with PM, Resolve and WPIC to determine if a higher level of behavioral health care coupled with temporary housing is necessary.

When diversion is not possible, we offer safe shelter with an immediate focus on discharge to permanent housing. Once a person can find a safe space—a key to their own door—they can begin to recover from the trauma of homelessness and work toward a higher level of well-being. Housing Specialists help individuals navigate the variety of supportive housing and rental assistance programs and assist with their housing search. Our years of experience working with housing providers has helped individuals with multiple barriers, including felony records and eviction histories, find safe and appropriate housing. **In fact, more than 70% of those discharged from the emergency shelter in FY20/21 have moved to permanent housing.** This speaks to our extensive experience with diverse property owners and supportive housing options throughout Allegheny County and our ability to assist individuals in identifying housing that meets *their* needs and desires.

BH believes that a secure home is an essential foundation to achieve stable mental and physical health and personal empowerment. Once housed, clients are engaged in supportive services so they can maintain their housing and end their cycle of homelessness.

Bethlehem Haven's Medical Respite: This program provides acute and post-acute medical care for persons experiencing homelessness and those too ill or frail for a shelter. Although medical respite is low-barrier and harm-reduction focused, in the past 3 years, **86% of individuals completed medical treatment and more than 50% of individuals who were experiencing homelessness upon intake to Medical Respite were discharged to permanent housing.**

Permanent Supportive Housing and Rapid-Re-Housing: PM and BH offer permanent supportive housing. Together we support 212 individuals who have successfully transitioned into housing. These programs operate within Allegheny County's Continuum of Care network to facilitate a path to permanent housing through supported housing, private apartments, and scattered site rental units.

Pittsburgh Mercy Family Health Center: PM’s Family Health Center (PMFHC) is a patient-centered health care home that offers comprehensive physical and behavioral health care for adults, children, and families. PMFHC provides medical care to those who are experiencing homelessness and is the largest provider of behavioral health care to this population in our region. Our health care staff are experienced with the unique set of both behavioral and health care needs of those who are experiencing homelessness and work to build the trust needed to successfully engage in treating complex health conditions and illness.

Over the past 10 years, working with PM’s OSN and BH staff, PMFHC has become a low-barrier primary care home to those most medically vulnerable who are suffering through homelessness, on the streets through the Street Medicine Program, in the shelters, at BH’s Medical Respite and the Wellsprings Drop-in Center. This allows our clients to develop strong and trusted relationships with our care providers leading to better health outcomes and a warm handoff to housing and other social services that directly impact the lives of those most in need.

PMFHC is located less than a mile from the newly designed Second Avenue Commons. The proximity to the UPMC clinic along with shared medical staff will work to ensure a seamless handoff for those who need additional care when they leave the shelter and move to permanent housing.

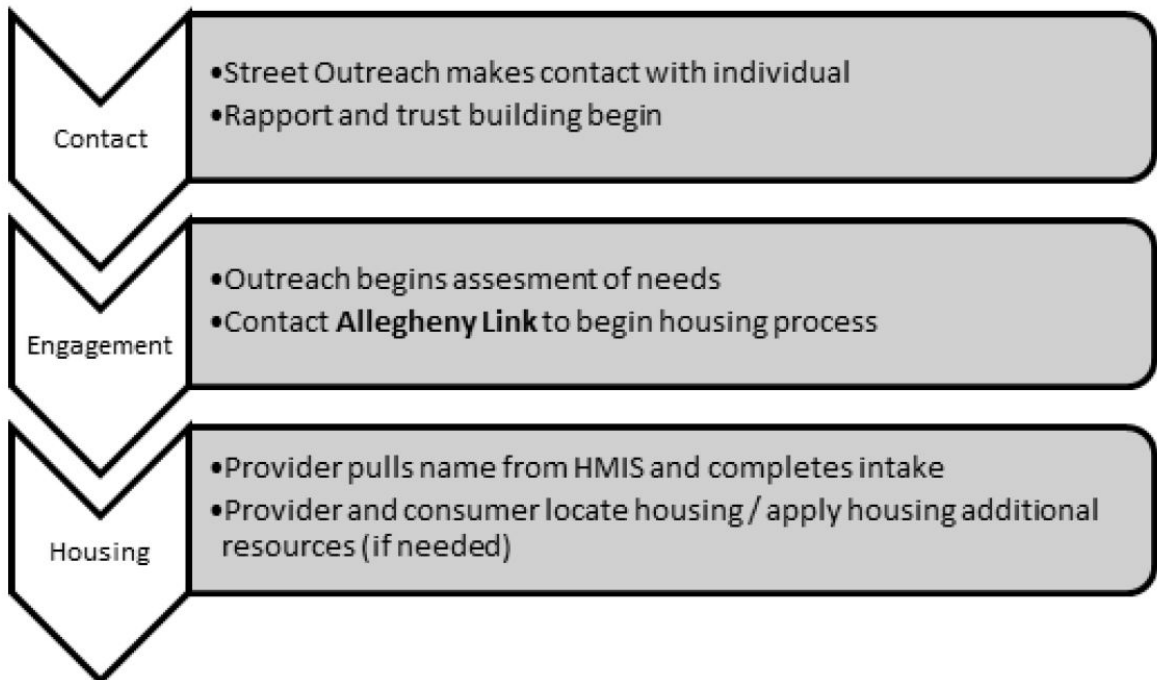
Supportive Housing Services: PM and BH offer housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter. These services include financial assistance: rental application fees, security and utility deposits, utility payments, last month’s rent, moving costs; housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, credit repair.

Continuum of Care

The partnership between BH and OSN creates a continuum that extends from diversion, to street outreach, to shelter to sustainable and supportive housing. All along the way, we are laser-focused on supporting people as they identify and secure housing that meets their needs. Along this continuum, we meet people “where they are” and work to provide the support that allows them to choose housing that meets their needs.



Ideal Navigation of Homeless Services



6. Describe your experience implementing de-escalation practices as tools for security and safety and for clients who are experiencing crisis.

PM's colleagues are trained upon hire and annually thereafter in crisis intervention and de-escalation strategies. De-escalation training helps staff to gain an understanding of non-violent crisis intervention strategies. We utilize the Crisis Prevention Institutes (CPI) Crisis techniques associated with the Defensive Stage of the Crisis Developmental Model to verbally de-escalate clients. By intervening effectively, a colleague reduces the chance a client will move further along the verbal escalation continuum, lose rationality, and act out in a potentially dangerous manner. The key to de-escalation is to recognize that persons in crisis and those intervening in crisis share an integrated experience. Our behavior as responding staff may illicit a behavioral response in a client and vice versa. Awareness of our own behavior during a crisis helps us to avoid troublesome staff responses and problematic behaviors that may further escalate a client.

Additionally, all colleagues are trained on "Dr. Quick" (the overhead page alerting colleagues to a potential dangerous or threatening situation) and their responsibilities as first responders in intervening in client crisis situations. Our colleagues recognize that not all people who threaten aggression accomplish it. A "potentially aggressive" person is defined as an individual who makes verbal threats to harm, acts in an angry manner, speaks loudly in an accusatory or threatening manner, or who, by their demeanor and actions, causes staff and others to fear loss of control. Most threatening people do not become aggressive. However, if such behavior is displayed by a person within the shelter, it must be managed in a manner to minimize the chance of aggressive behavior.

PM's policy and procedures outline a plan of how to address crisis situations pertaining to client aggression in the Management of Potential Crisis Situation Policy. The policy outlines, assessment and prediction of aggression, prevention of aggression, clinical management of aggression, documentation, and client education. The clinical management for aggression section states how to effectively intervene with a person who is about to be aggressive or has an aggressive outburst, staff follow the tenants as part of their training.

Additionally, staff operating within the shelter and drop-in center will use seven steps to guide their interactions during client de-escalation. The 7 Steps are Prepare: Understand; Listen; Communicate; Collaborate; Document and Debrief.

- Prepare: Follow the crisis management plan in place. Know when to call for backup from on-site security personnel, when security personnel will use physical force (as a last resort), and how to communicate before, during and after crisis. All staff employed on-site are expected to be trained well on the plan.
- Understand: Staff will look past a person's action and view them as people first. Even in tense situations this will afford the opportunity for the person to feel heard and that someone wants to help them. This will avoid unnecessary struggles of will which are con-counter-intuitive to de-escalation.
- Listen: Involves active listening, reflective listening, and refraining from interrupting the client to show them that they have the attention of intervening staff.
- Communicate: Effective communication is not limited to verbal communication. It also relies on body language and paraverbal communication. Refraining from judgmental expressions like eye-rolling and maintaining a normal speaking volume, voice tone, and cadence will reduce the chance for further escalation.

- Collaborate: Staff will be expected to partner with the person in crisis by giving them an opportunity to offer choices for a reasonable resolution. Phrases like, “Tell me how we can resolve this issue together.” If they do not know a way to resolve the issue, staff will offer a couple simple choices.
- Document: After the crisis is resolved, staff will document the situation in detail in a communication log. This is important in times when incident reporting must be completed, where law enforcement is involved; there was a breakdown of policy and when a safety issues is discovered as a possible casual factor in the crisis.
- Debrief: Talking about tense situations as a team is important to improving the safety and security for everyone in the shelter. Getting immediate feedback from staff and clients can help update and improve staff de-escalation preparedness in the future.

Safety preparedness and prevention strategies lead to the preservation of everyone’s safety. Staff will be duly vigilant to confiscate items that may be used as a weapon upon entry into the shelter. Additionally, to prevent fatal overdose due to consumptions of narcotics, Naloxone will be present in accessible locations in the building with both staff and clients trained on how to administer Naloxone.

In the context of client drug use, we support harm reduction efforts that establish an understanding of existing inequalities of poverty, racism, and homophobia that may lead to substance abuse. This gained understanding informs our strategies to help clients learn safer techniques to manage their use and abstinence. Our philosophy is to meet the client where they are yet not leave them there. We recognize that people are more than their drug use and are always people first. We refrain from derogatory terms like “drug addict.” Failure to see the person as a person first often leads to stigma. Stigma makes clients uncomfortable with accessing our services or requesting much-needed help. In providing shelter and homeless services, we embrace the National Harm Reduction Coalition's six principles of harm reduction:

- Health and Dignity: The quality of an individual, community life and wellbeing is the criteria for successful interventions.
- Client-Centered Services: Provide non-judgmental services and resources, to reduce attendant harm, for people who use drugs and the communities they live in.
- Client Involvement: Clients and the community they reside need to have a real voice in the creations of programs and policies designed to help them.
- Client Autonomy: Recognize clients as the main agent of change. Efforts should empower them to share information and support each other’s strategies meet their harm reduction needs.
- Socio-economic Factors: Social inequalities impact client’s vulnerability to and their capacity for effectively dealing with harm.
- Pragmatism and Realism: Refrain from minimization of the real and tragic potential dangers associated with drugs or high-risk behavior.

We understand that working with clients under a harm reduction spectrum of strategies may lead to vicarious trauma, the emotional residue that staff often experience while working with clients who use or engage in high-risk behaviors. Vicarious trauma may lead staff to disconnect while at work, become reluctant to engage with difficult clients, become ineffectual in offering assistance, experience worsening of behavioral health issues, or jeopardize their own recovery efforts. It is important for staff to manage vicarious trauma so they can have a safe and effective working relationship with shelter clients. We support staff in following these strategies:

- Boundaries: Maintain and protect boundaries around personal time and self-care.
- Advocate: Request organizational support when in need.

- End of Workday Ritual: Establish habits that signify that your workday is at an end and free time has begun.
- Keep a To Do List: If you have ideas outside of work write them down to prevent you from worrying that you will forget them.
- Give permission to yourself to fully experience an emotional reaction: Let the emotions out.

Implementation Plan (50 points)

7. Describe some key barriers that can prevent people experiencing homelessness from accessing or engaging with services, especially those who are experiencing Chronic Homelessness or have avoided shelters in the past. Provide a specific plan to eliminate those barriers for the Shelter and Drop-In Center.

Our combined experience with providing direct care to those who are experiencing homelessness and managing sites that support the unique needs of this population, has provided us with a unique perspective on the of importance of reducing barriers for those who are seeking shelter. Our Street Outreach programs have been there for those who have been banned from shelters and we know how much work it takes to begin to rebuild the trust needed for this person to try again. If chosen as the partner to operate both the low-barrier shelter and drop-in center, we will bring comprehensive experience along with an enthusiastic approach to operating a true low-barrier shelter that is welcoming to all.

Below are the barriers that we recognize as potential concerns for someone considering whether to utilize a shelter or drop-in center and our thoughts on how to best address these. While we provide this plan for your review, we remain open to new approaches and are prepared to adhere to all regulations and adjust plans as we receive feed-back from the Client Leadership Committee, Allegheny County Department of Human Services (DHS), the Housing Advisory Board (HAB), the Downtown Partnership and other stakeholders.

Possessions: We know first-hand the importance that items can have for those who are experiencing homelessness. Often these items hold memories and personnel connections - photos, gifts, and found objects are often treasured and accompany individuals as they move from place to place. As well, safety is a primary concern for those who are living on the streets and knives and other weapons can be seen as necessary for their survival. As such, we recognize the importance of offering a safe place to store items while staying at the shelter or visiting the drop-in center. To accommodate this need, both BH and OSN offer clients access to Amnesty Lockers. These are lockers that each client is provided so that items can be placed in these lockers in private, without questions, or searches. These lockers are located before the metal detectors to ensure that weapons are not brought into the shelter. In addition, we allow people to bring in other items that they want to have with them in the areas where they sleep. As is mentioned in the staffing plan, we will have trained staff available 24/7 and dedicated to maintaining a safe space that restricts opportunities where items can be stolen. Staff will utilize the hot room provided on the first floor to reduce the presence of bed bugs.

Pets: We recognize the critical role that pets can play in the lives of those who are experiencing homelessness. From security to friendship, pets offer a therapeutic and practical benefit to their owners. We also know that the bond between those who are experiencing homelessness and their pets is incredibly strong – we have seen people who are

hungry feed their pet before they eat- or when getting food at a shelter save portions of their food for their pets. We are excited about the opportunity to welcome pets in the shelter and drop-in center and are committed to developing innovative approaches to best do so. As with anything new, we will rely on feedback from the groups identified above to inform our policy and the work we do. Our plan is to welcome all pets and we offer several ideas on how to ensure that all guests, those with pets and those without, feel safe and comfortable during their stay. We will utilize the resources from the National Alliance to End Homelessness training series and request technical assistance if necessary. Some options, may include:

- Provide leashes to all individuals with pets. These will allow pet owners to keep the pet near them and be able to react appropriately if other pets or people are intimidated or uncomfortable by them.
- Provide pet food.
- Offer crates for those pets who may roam at night or be distracted by other pets. Offer an area where clients can wash and brush their pet. Identify an outdoor area that pets can use to relieve themselves.
- Continue our relationship with veterinarians in the Strip District who have provided free veterinarian services to our clients' dogs. We would seek out potential partnerships with additional veterinarians and animal shelters and will seek guidance to help us work with our clients to teach them how to crate train and then go outside to eliminate. This routine will be important as we work to rehouse both the person and their pet.
- We will develop policies and partnerships for situations that require the client to leave the pet behind, including when they need medical care by applying for services outside of the shelter through boarding facilities for the pets, veterinarian care providers.

Partners: We are committed to allowing clients to remain with their partners while they are at the shelter and drop-in center. Using the built-in flexibility of the space along with feedback from the stakeholders listed above, we are confident that we can allow partners to remain together while they are in the shelter.

Hours of Operation: Operating a shelter that allows for 24/7 access will reduce barriers for many individuals seeking shelter. Having to wait in line before the opening of a shelter or having to leave by a certain time impacts whether a client decides to go to a shelter. We have developed a staffing plan that will allow for each guest to be welcomed, have all questions answered, and have access to shelter amenities regardless of whether they come in at 3 P.M. or 3 A.M. Likewise, the Drop-in Center will be open 7 days a week from 8 AM- 5 PM to provide access to a safe place from the streets, light refreshments and access to the hygiene center and laundry.

Requirements for Sobriety or Program Compliance: We understand and support the primary need for housing and, as such, a person will not be turned away because they are under the influence of drugs. We understand firsthand that this can pose a safety challenge as overdoses, violence, and hallucinations are potential side effects of drug and alcohol use. To help manage these challenges, we will make Narcan easily accessible for all staff and guests. As provided in detail under the safety plan, all staff are trained in administering Narcan and recognizing the signs of a potential overdose. We also train clients on how to administer Naloxone- knowing that a quick response can be lifesaving. Staff is trained in de-escalation techniques and is trauma informed- providing the best option to manage an individual who is behaving irrationally. In addition to these options, our staff will maximize the flexibility of the space – minimizing the interruptions that other clients may

experience while at the shelter. And while individuals will not have program or compliance requirements to stay at the shelter or drop-in center, services will be assertively offered to progressively engage individuals to improve their well-being.

Lack of Trust: It has been our experience that one of the greatest barriers for those who experience chronic homelessness is trust. Often taking that first step through any doorway is the hardest. Our nationally recognized Street Medicine and Outreach Programs have worked to develop relationships with the hardest to reach individuals. By addressing health concerns with respect and dignity, our staff develop powerful relationships among those who are experiencing homelessness. At OSN and BH our model of rotating our care givers from street outreach to drop-in center and shelter, is an innovative structure that builds trusted relationships. When a person allows an employee to talk with them about their health or other concerns, and then they receive the help they want, they are significantly more likely to show up at a shelter or drop-in center looking for that employee. It is often, when a new person walks in these doors, there is someone from PM's staff they ask to see.

Congregate Setting: To assist individuals who may not be comfortable in a congregate setting, we hope to make the best use of the building design to provide quiet spaces for those who uncomfortable in crowds. This may mean designating rooms in the shelter or low-light spaces in the drop-in center where people can sit in peace and quiet.

8. Identify the implementation challenges you anticipate and provide your plan to overcome them.

One of the biggest priorities for success is having adequate well-trained staff. PM's Human Resources Department will recruit quality shelter and drop-in center staff through the organization's website, print ads, social media, and job fairs with special efforts to recruit military veterans. PM's wage and salary plan is based on market research of wages at similar organizations and is applied consistently according to specific qualifications. PM offers an excellent benefit package including 403B matching, medical/dental/vision/ insurance, life insurance, and paid time off. The high quality of the services we provide is the direct result of our caring, compassionate, and dedicated staff. We foster an environment that promotes diversity, inclusion, equity, and creativity, and inspires innovations that advance care for the persons and communities we serve. PM has an extensive Training & Development Department that is available to all staff to participate in. We have been and are currently involved in a trauma informed care community of practice with SAMHSA (Substance Abuse and Mental Health Services Administration) and other providers across the country. All employees are trained in crisis intervention, de-escalation strategies, motivational interviewing, and trauma informed approaches. PM will leverage the expertise of our Training & Development Department to implement and initiate a core competency curriculum for shelter and drop-in center staff by requiring the completion of training in the following areas by the end of their probationary period and annually thereafter.

- Cultural Diversity
- Racism: A Public Health Crisis
- LGBTQ+ (LGBTQ+ 101 and SOGIE)
- CPI - Non-Violent Crisis Intervention
- Dr. Quick
- Crisis Management Policies and Procedures
- Allegheny Link Referral Process
- Rapid-Rehousing
- Motivational Interviewing
- Harm Reduction
- Trauma Informed Care
- OSHA
- Compliance and Integrity

- Adult Protective Services
- Housing First
- Allegheny Link Referral Process
- Security Awareness
- Shelter Standard Operating Procedures

Trainings will be documented and maintained on file for each employee.

Another challenge is balancing the low-barrier shelter with keeping individuals focused on housing and not allowing clients to get institutionalized in shelter. Naturally, many clients get ingrained in the shelter system before they can build a housing plan, making housing much more difficult to secure. Clients often present unique challenges to building trust and collaborating with staff who seek to provide them housing assistance. This is often a product of their life experiences. These barriers can be found in the following categories.

- Individual Barriers: Client presents with economic resource issues (e.g., lack of income, or employment), health factors (physical and/or mental health issues), substance abuse, and criminal justice system involvement which perpetuate chronic homelessness.
- Interpersonal Barriers: Client has a lack of social support, significant past trauma, and mistrust/lack of faith of others offering help.
- Community Barriers: Client has experienced problems in the community such as gentrification, issues related to their race and segregation, and limits placed on their housing options based on their life histories.
- Systems-Level: Client who believes they are victims of institutional policies (e.g., unnecessary navigation of systems), asked to play the “waiting game” of trying to obtain public or subsidized housing, lack of transparency of the system, lack of affordable housing, and systems preventing providers from helping.

PM believes the focus of the shelter must first provide a safe space and collaborative work environment to develop client-driven plans to overcome the above recognized challenges that may impede a client’s ability to gain permanent housing. Upon entry into the shelter, staff will explain that we are a housing-focused shelter. All shelter staff will be housing and solution-focused offering housing solutions to clients. Currently, all case managers employed in our permanent and rapid-rehousing programs use a person-centered, low demand/low-barrier approach to engage and offer housing solutions to clients. Case management provided by shelter staff will operate in the same manner pairing the client’s knowledge of what may work best for them with case management expertise in presenting suitable housing options and opportunities.

Lastly, our use of the program space will be utilized by external providers like SOAR (Social Security Administration) for benefit enrollment, Allegheny Link, the Office of Vocational Rehabilitation (OVR), and educational assistance programs. Space will also be used by peer supports who play a critical role in sharing ways to overcome housing challenges by sharing their lived-in experience. We have learned from our clients that faith provides an important role in their efforts to recover from trauma and unhealthy behaviors. We have long partnered with more than 250 faith-based groups (churches, mosques and synagogues) that provide fellowship, meals, study groups and opportunities for individuals to find healing in their faith. We will make space available in the building for such activities and connections.

9. Describe your plan to ensure seamless collaborations with the co-existing services and providers at The Commons.

We believe that PM and BH are uniquely qualified to lead the collaboration between all co-existing providers at The Commons because:

1. We have a long-time relationship with the organizations identified in the RFP as well as a proud history of partnering with organizations, businesses, and individuals throughout the region to help support those in need; and
2. We have created a new position within our staffing model called the Client Experience and Community Coordinator, which will be designated to maintain and grow these relationships. This staff person will be responsible for communications between co-existing services and providers and will help organize routine meetings with co-existing services and all providers.

We recognize the incredible value that these partnerships bring to this work. Specifically, we have a long history of collaboration with Allegheny County Department of Human Services. Their efforts are deeply woven into the programs we offer.

UPMC is a well-established community partner that both PM and BH have had the privilege to work with for decades. Our most recent partnership with UPMC occurred last week with Dr. Withers accepted the role as Co-Director with Dr. Anita Leon-Jong as the Medical Director at the newly designed Second Avenue Commons health clinic. Both Dr. Withers and Dr. Leon-Jong have worked together for years and are both teaching faculty at UPMC Mercy. We are incredibly excited about this new partnership between Operation Safety Net and UPMC and recognize the opportunity to improve the health outcomes for those who are experiencing homelessness when the Street Medicine and in-shelter health clinic can seamlessly coordinate care.

UPMC Mercy has continued to provide OSN with a medical fellow, to staff the country's only Street Medicine fellowship. This fellow works alongside Dr. Withers, the staff at Operation Safety Net, and additional medical students through UPMC, to complete rotations and provide medical care to those most hard to reach. UPMC, UPMC Health Plan and AHN are key partners in Bethlehem Haven's medical respite program providing care to individuals who are unstably housed and being discharged from the hospital.

Both PM and BH have also partnered with Action Housing during the COVID-19 pandemic. Throughout last year, we were able to work with Action Housing and CHS in support of testing and vaccinations for those individuals who reside in Wood Street Commons and testing at McKeesport Downtown Housing. Supporting the effort by having our medical staff help as needed with testing, sharing best practices, and when available, helping to ensure that vaccines were administered to the residents at several locations within the healthcare continuum.

In addition to the organizations listed in the RFP, PM and BH have a long tradition of partnership and collaboration. Prior to the pandemic, OSN hosted Providers Meetings that helped coordinate homeless services. These meetings are now held virtually every Tuesday to coordinate care for those who are experiencing homelessness between PM, Allegheny Health Network, and Central Outreach. Most recently this work included the herculean task of responding to the varied medical needs because of the COVID-19 pandemic. Over the past 15 months, we were able to pivot our work to meet the unprecedented community need for COVID-19 testing, prevention strategies, medical advice, and when available, the COVID-19 vaccines. We were the first in the county to provide telehealth at Light of Life and BH shelters.

Our commitment to this partnership is reinforced by the addition of a Client Experience and Community Partnership Coordinator staff position. This full-time position will work with the co-existing partners

along with internal and external stakeholders to ensure that all activities and concerns within The Commons is communicated appropriately throughout. This position will also be responsible for organizing internal and external meetings in collaboration with the co-existing partners.

10. Provide your staffing plan for all positions in the Shelter and Drop-In Center that meets the objectives described in Section 2.4 of the RFP. Include an organizational chart, brief job descriptions and qualifications for all positions, and whether existing staff are slated for the positions or staff will need to be hired. For existing staff, briefly describe how their experiences match the skills required for the job. You may provide the requested information as attachments that will not count toward the page limit.

PM will utilize a staffing model for the shelter and drop-in center that ensures there are always available staff on hand that may confidently and appropriately respond to a variety of client related situations and needs. The overall team makeup will be cross trained to support the shelter and drop-in center. This will allow staff to quickly assess and respond to medical emergencies, mental health issues, conflict resolution and intervention, as well a host of other client needs like benefit enrollment and access to beneficial social services. Details related to organizational structure are found in the Organizational Chart in Attachment A. PM will be united in its approach to engage and return clients to permanent housing as quickly as possible. Positions, number of staff, work hours and education/qualifications may be found in Attachment B with Job Descriptions found in Attachment C.

11. Describe your plan to cultivate and maintain relationships with the greater Downtown Pittsburgh community.

Both PM and BH have a long history of partnering with our downtown community. In the winter of 2020, BH formed a working group to address the community health and well-being of the downtown and Uptown neighborhoods. This group includes law enforcement (Assistant Chief of Police, Anna Kudrav; Zone 2 Acting Commander, Mathew Lackner; Zone 2 and Zone 4 Community Safety Teams;) Uptown Partners, Duquesne University, local developers, homeless providers, and Laura Drogowski of the Mayor's Office.

The goal of this working group is to engage the community to develop sustainable plans to support our most vulnerable neighbors while also supporting the goals of local businesses and developers. Since then, the group has developed plans for further community engagement, being mindful of the vulnerability of many of our community residents. We will continue to build on this work, engaging more community voices over time.

Before COVID-19, PM worked closely with the Pittsburgh Downtown Partnership to help coordinate the care to those who are experiencing homelessness and connecting them with shelter, food, and stable housing. The staff from the Pittsburgh Downtown Partnership would assist with helping to make this connection and our shelter and drop-in center staff would work collaboratively with this effort.

If awarded this opportunity, BH and PM would expand these partnerships and through the newly created staff position, the Client Experience and Community Partnership Coordinator, we would actively seek out opportunities to engage with additional community partners and build on the existing relationships we have already established.

12. Describe your plan to establish, support and compensate members of the consumer leadership group and your plan to include the group in decision making at the Shelter and Drop-In Center.

We recognize that to successfully operate a low-barrier shelter and drop-in center, we must have a system in place that allows for the opinions, feedback, and suggestions of those who utilize these spaces to help inform this work. We believe that establishing a Consumer Leadership Group (CLG) provides this opportunity. If selected, OSN and BH will work with the stakeholders listed above, to identify a minimum of five consumer members to participate in pre-opening meetings.

Within our staffing model, we have created a Client Experience and Community Partner Coordinator position. This full-time staff person will be working with external and internal partners to schedule meetings to allow for advocacy for positive change within the Common site and services. The Client Experience and Community Partnership Coordinator is critical to the success of establishing and sustaining CLG membership by continually extending an invitation to clients and partners to engage, listen, be real, meet people where they are, be heard, and act. The CLG will start small – consisting of staff with lived-in experience then grow outward through invitations for individuals served at the Commons to participate. The critical success factor will be the ability of the Program Assistant peers on staff to build relationships which leads to trust, which results in engagement, in a meaningful way. The CLG must also feel empowered that their voice is heard and respected.

As engagement is sustained, the CLG will identify other key internal and external partners to invite to the conversation. It is anticipated that the CLG will meet monthly. Key insights will be communicated at all staff meetings. The opportunity for bi-directional feedback is critical to both the support and sustainability of the CLG. We have budgeted to pay those who participate in the CLG (See Budget Narrative) and value their contributions and work to advocate for individuals served in the shelter and drop-in center. Also, as acknowledgement that it is not for staff to state “This is what these individuals served need” – it is for the staff to ask, “What is important to the individuals served,” and structure value-based recognition for their time, talent, and energy. The Client Experience and Community Partner Coordinator will be tasked with feasibility and implementation of recommendations from the CLG.

13. Describe your plan to establish and maintain safety within the Shelter and Drop-In Center. Establishing and maintaining safety in the Shelter and Drop-in Center will begin during the hiring and on-boarding process. In our experience, well-trained staff are much better at ensuring safety in our facilities than uniformed security guards. We seek to hire individuals who have relevant experience in de-escalation and crisis planning. Staff will also be required to take De-escalation, TIC and Harm Reduction training. It is equally important that staff are creative thinkers with a basic understanding of homelessness and subscribe to a philosophy of cooperation, consideration, and respect for clients.

Shelter and Drop-In Center staff will ensure proper supervision of all areas through rounding—completing safety checks every half hour of all facility areas during their assigned shift. This will enhance staff availability to address client issues as they arise and improve response time in the event of a crisis. Early and consistent engagement with clients will allow us to build relationships, predict escalations and intervene to *prevent* safety concerns and inform de-escalation. We know that often, outbursts of anger or aggression as manifestations of struggles with mental health, substance use or fear. Staff will proactively assess ongoing needs and/or opportunities to engage clients and build rapport through

regular rounding of the building. Staff will discourage and report predatory and/or illicit behavior and will develop and implement crisis plans to support clients so they can remain sheltered. Staff will participate in care plans in collaboration with other on-site partners, when needed and coordinate with and direct emergency first responders to developments that require immediate attention. Thus, saving police interventions as a last resort.

We appreciate that the building incorporates safety features and technology. The use and monitoring of such features will be built into our safety plan and training. We are hopeful to contribute to the design of a dignified entry system for shelter guests and SRO tenants that provides safety for all. For example, a swipe card entry system for SRO tenants and elevator controls at the Welcome Center desk to restrict access to certain floors. Shelter guests will sign in and out of the building at the desk which allow staff to assess whether they are intoxicated, agitated, or could otherwise pose a safety issue if they returned to the shelter floor. This allows for staff to provide real-time safety interventions. All guests and visitors will be greeted by the Welcome Center staff who will explain the amnesty locker system and encourage individuals to utilize these lockers for items that would jeopardize their visit or stay. Staff at the Welcome Desk will also operate the metal detector for visitors to the intake offices, the drop-in day center and the medical clinic.

Client voice will be an important contribution to building safety. As mentioned, guidelines for safety will be few and intended to address the safety of everyone in the building. We will engage clients and the Consumer Leadership Group to consistently review and amend guidelines to improve safety and cleanliness of the building and grounds.

Warm hand-offs will be coordinated and assessed with responders for safety issues so we can find an appropriate quiet space for the individual to rest until an intake is possible. Likewise, if there is an escalation in the Shelter, coordination with clinical staff will be essential to ensure safety for the client and others.

In short, within the drop-in center and low-barrier shelter, the emphasis will be on positively encouraging clients to engage with the help they need. Staff will emphasize that support, treatment, and advice are always available and that positive changes to health, well-being, social integration, and overall quality of life are possible.

Organizational Capacity (15 points)

14. Describe your experience partnering with other organizations to implement programs, including across sectors.

Both PM and BH have a history of partnering with other organizations. Over the past 15 months, PM is proud to have responded quickly and in innovative ways to the COVID-19 pandemic by leveraging our existing, strong community partnerships as well as by reaching out and forging new opportunities for collaboration.

In March 2020, we opened our Incident Command Center and created a multidisciplinary COVID-19 Task Force. The Incident Command structure allowed us to plan, mitigate risk, contain the spread of the virus, and respond to rapidly changing events and needs. As a member of Trinity Health, we liaise at a regular cadence with Trinity Health's Incident Command team as well as with other health organizations

across the 22 states served by the enterprise. This allowed us to benefit from and share best practices with communities across the U.S. in areas we excel, particularly in the care of vulnerable populations who have complex needs across integrated behavioral health and primary care, intellectual disabilities, and homeless services continuum.

We partnered with the Allegheny County Health Department (ACHD), Allegheny County Department of Human Services, local Federally Qualified Health Centers (FQHCs), and MHS Labs. We became an official COVID-19 test site. To date, we have performed thousands of coronavirus tests in vulnerable populations, including in congregate care settings where we know colleagues and residents are at much higher risk for poor outcomes, such as in our Mental Health Personal Care Homes (MHPCHs), Community Living Arrangements (CLAs), and in homeless encampments, shelters, and housing providers across Allegheny County, including our Winter Shelter as well as Light of Life Ministries, the McKeesport Shelter, Safe Haven Hotel, and several other homeless services agencies often at the request of ACHD. We continue to perform COVID-19 testing and established a quarantine home to allow us to separate suspected persons for COVID-19 from healthy populations to help mitigate spread.

As soon as the vaccine became available in December 2020, in less than a week's time, our COVID-19 Vaccine Task Force stood up a COVID-19 Vaccination Clinic at PM's Family Health Center.

As a Pennsylvania Department of Health approved and designated COVID-19 vaccination provider, we partnered with over 70 community organizations by providing our doctors, pharmacists, and other medical staff to administer vaccines, often at their locations, assisting with COVID-19 testing and answering questions and sharing best practices around reducing spread of COVID-19. PM worked with Carlow School of Nursing and the Midwife Center for Birth & Women's Health to expand nursing capacity.

PM and McAuley Ministries partnered with the ACHD, the University of Pittsburgh Hill Community Engagement Center (Hill CEC), and the University of Pittsburgh School of Pharmacy and supported a mass vaccination clinic for residents of the Hill District.

We again partnered with the Allegheny County Department of Human Services to get a list of Intellectual Services Providers who need vaccinations for staff and participants. ACHD and Allegheny County Department of Human Services also provided connections to other mental health, homeless services, providers, faith-based organizations, and communities to vaccinate thousands of high-risk, eligible individuals who might otherwise have fallen through the cracks to ensure access to the COVID-19 vaccine. As a result, Pittsburgh Mercy was able to administer over 13,000 doses of the COVID-19 vaccine.

In addition, through a partnership with the Pittsburgh Food Bank we were able to respond to the data we received from our client's survey that informed us that food insecurity was on the rise. With the help of the Food Bank, who provided food boxes, we were able to utilize staff from our Service Coordination and Community Care Teams to deliver food boxes to clients who were unable to safely access grocery stores or other food options during the pandemic.

BH has joined an Allegheny County cohort in a recent collaboration initiative by the National Center for Complex Health and Social Needs, that will help strengthen the "ecosystem" approaches to addressing the root causes of individuals and populations with complex health and social needs. Allegheny County was selected, along with four other communities, to receive 15 months of

individualized technical assistance from National Center staff and will participate in a learning collaborative consisting of all teams. BH is a member of the Allegheny County group—which includes DHS, FQHCs and homeless service providers—and will join with others to share their respective experiences and mutually support each other’s efforts to work collectively and intentionally to better address the gaps in our systems that keep people with complex needs from achieving health and well-being.

15. Provide evidence of client satisfaction in your current programs and describe the methods you use to collect and use client feedback to improve program design, service delivery and evaluation efforts.

Pittsburgh Mercy recognizes the value of collecting and using client feedback to:

- enhance the programs we offer,
- improve and reduce risks in our facilities,
- develop new operational policies, and
- assist in our internal and external communications.

We receive client feedback through a variety of sources including survey data provided to us through Allegheny County’s Consumer Action Response Team (CART), client satisfaction surveys developed for both individual programs or organizational-wide, and complaints made through our Director Action Line (DAL), the phone number provided to all clients and their families.

To assist us with appropriately reviewing and addressing all client feedback, we organize an Advisory Council to assist us with making recommendations based on the feedback we receive from our clients. The Council has been providing this service to PM for over ten years. Over the years, this council has grown and now consists of five staff members and at least one client, or a member of their family, from each of our 14 service areas. The Council is open to all interested clients and their families and the invitation to all meetings is posted in public spaces throughout our facilities. To encourage client participation, we serve lunch during the meetings and client members receive a gift card in appreciation of their time.

The Advisory Committee meets the third Wednesday of each month. The agenda for these meetings includes a review of recent survey data along with complaints made through our DAL. The agenda also includes information about recent programs and/or policies so that the Council members can identify areas for improvements or address any concerns.

During the pandemic, this group was reorganized as part of our Experience of Care Program and is now co-supported by our Senior Manager, Barnett Harris and Brian Milligan, the Supervisor of our Service Coordination Team. We recently added an Executive Leadership staff member, David Grabowski, PM’s Chief Operational Officer, to the Council to act as the executive sponsor to help implement recommendations made by the Council.

There are several examples of how our Council has been able to positively inform our work. First, changes in our employee interview questions. The Council suggested changes to these questions based on their lived-experiences and provided our departments with feedback and additional questions which were added to our interview process. Second, the Council revised our 2019 client surveys which are currently the survey tool we are using in 2021. Third, before the Allegheny County launched their Strength and Needs survey, we invited them to come to our Council meeting to receive feedback about the survey questions from our consumers.

Other examples of how the Council has helped to inform our work include suggestions for facility improvements including safety and lighting upgrades, and recommendations to better streamlined services for current clients.

Recent client survey results:

2019: We used both CART and our client satisfactory survey with questions developed by the Council. This survey provided seven questions to clients with key indicators as follows:

92% responded ALWAYS to “My Service Coordinator treats me with dignity and respect?”

82% responded ALWAYS to “I feel that my Service Coordinator has helped me make a positive change or improvement in my life.”

2020: We used CART and we created a COVID-19 Survey to capture our clients’ current health and wellness during the pandemic. Specifically, we wanted to identify what resources they have or need to support them during this time and look for additional opportunities to assist them and serve them and their family. We asked them to identify resources they need, food, housing, childcare, and other needs. This survey allowed our service coordination staff to assist clients with these resources. This survey was completed by over 500 clients and informed our work during the pandemic.

The Cart Survey provided us with the following results:

97% responded SATISFIED to “Overall, are you satisfied with the respect show to you by the people who work with your family?”

96% responded SATISFIED to “Overall, how satisfied are you with the services you received?”

2021: Used CART and the survey designed in 2019. Results from the client survey will be available in July 2021.

In addition to providing PM with client-lead recommendations, the Council provides us with an opportunity to identify clients who may be willing to participate in either our Peer Specialist Program or other job opportunities. We recently had a Council member whose insight improved our communications and she volunteered to write for our PULSE newsletter. Another Council member participated in our Peer Specialist Training and he has been working in that role for PM for over 3 years. Each region for Trinity Health is required to submit a customer satisfaction surveys in monthly reviews. PM uses the CART survey to ensure alignment and focus on improvement.

16. Describe your experience collecting and using data to analyze outcomes and to make programmatic changes.

PM and BH have extensive experience in collecting and inputting data into the Homeless Management Information System (HMIS) database managed by DHS. These benchmarks are reviewed along with progress toward quality indicators in a simple dashboard at weekly leadership meetings. Each month, the leadership team reviews the accuracy and timeliness of data collection/file maintenance and responds to resolve any disruptions in our system.

At weekly operations meetings, the team reviews a dashboard of progress toward outcomes to continuously improve our continuum of homeless services. For example:

- Assessment of physical, behavioral, and quality of life measures
- Engagement with physical and behavioral health providers
- Connection to permanent housing
- Stabilization and exit to permanent housing.

- Individuals served, completion of care/treatment plan.

This consistent review of progress, including fiscal monitoring, has allowed us to address any areas of deficiencies and to amend, modify, and implement program changes to provide the best experience for the people we serve. For example, BH reviews UIRs weekly at the operations meetings to debrief and problem-solve around trauma-informed de-escalation practices. As a result, we have been able to offer just-in-time training for staff to reduce the need for emergency service interventions.

To improve services, we rely heavily on data to analyze program outcomes and to make continuous system improvements to benefit the people we serve. A recent example is the Medical Respite Program. This program brings together community partners to serve vulnerable populations, expanding prevention efforts and improving health outcomes by providing access to essential recovery spaces typically unavailable to populations who have unstable housing. As a new model, however, there are no national benchmarks to validate the successes seen on the ground. The positive outcomes clients experience needs to be evaluated with quantifiable information to strengthen and scale this innovative care-model. To that end, in 2019, we participated in a yearlong learning collaborative to develop best practices for data collection and outcomes in Medical Respite Programs. The resulting was a publication of “Outcome Measures & Data Collection: Recommendations for Medical Respite Programs” as well as a National Health Care for the Homeless Council webinar, “Using Data to tell the Story: Outcome and Data Recommendations for Medical Respite Programs.”

Further building on this work, BH recently received a \$250,000 grant from the Richard King Mellon Foundation to implement a special project: Medical Respite Evidence-based Validation – Supporting Healthy People & Healthy Communities through System Change. With this funding, BH will collaborate with Pittsburgh Mercy Family Health Center, VISIMO (a local small business with expertise in technology and data-driven interventions) and the University of Pittsburgh’s Center for Analytical Approaches to Social Innovation. BH will work with partners-including AHN, UPMC, UPMC Health Plan, PM’s Family Medical Center, and DHS—to create a longitudinal program evaluation, and design and deploy a secure database and data tracking platform for Medical Respite staff, social service providers, and community healthcare agencies. Our goal is to expand the tool to be utilized by all our homeless service programs, including the Low Barrier Shelter and Drop-In Center (if selected as the operator), by 2023. Thus, allowing us to validate our model of care to demonstrate long-term outcomes supported by interventions driven by needs assessments.

We envision expansion of the above-mentioned data collection efforts that will be informed by client voice and system partners in Second Avenue Commons. This new project will require careful and frequent review of data to inform progress toward outcomes of those served in the Low-Barrier Shelter and Drop-in Center.

We anticipate that we will work closely with DHS and other partners to add to data collection and evaluation efforts over time—focusing on client outcomes and satisfaction, system improvements, and community building efforts. All data collection and outcomes will be assessed along equity lines. For example, we will collect and analyze the following data at a minimum to ensure just and equitable service delivery:

- Who is being diverted and the types and amounts (if financial) of diversion assistance received
- Who goes to which types of negative exits
- Who has unknown exits

- Who gets into and who is being turned away from shelter and for what reason
- Who is involuntarily exited
- Who goes to which types of positive exits
-
- Who returns to shelter and from what living situation

Through thoughtful data collection and evaluation, we will be able to identify gaps in service and to adapt to the ever-changing needs of those we serve.

Budget (10 points, not included in page count. You may provide the budget as an attachment [e.g., Excel file] or in the space below.)

17. Provide a detailed line-item budget that reflects a realistic estimate of the costs associated with implementing and sustaining the Contracted Services. Refer to Section 2.10 of the RFP for what to include in the budget.

[Click or tap here to enter text.](#)

18. Provide a budget narrative that clearly explains and justifies all line items in the proposed line-item budget. If your submitted budget exceeds \$2 million, be sure to justify these expenses within the budget narrative.

[Click or tap here to enter text.](#)

Low-Barrier Shelter & Drop-In Center at Second Avenue Commons

One-Year Operating Budget

	Anticipated Cost	%, Category Costs
Direct Personnel Expenses		
Regular Wages	\$ 971,901	66.24%
Premium Wages	24,957	1.70%
Overtime Wages	66,595	4.54%
On-Call Wages	5,265	0.36%
Subtotal, Salary & Wages	\$ 1,068,717	72.84%
Cost of Benefits @ 41% of Base Compensation	398,479	27.16%
Subtotal, Personnel Expenses	\$ 1,467,197	100.00%
Direct Nonpersonnel Expenses		
<u>Occupancy Expenses</u>		
Rent	\$ 250,000	57.77%
Repairs & Maintenance	24,000	5.55%
<u>Consumer Expenses</u>		
Commercial Laundering - Shelter Linens, Bedding	87,600	20.24%
Drop-In Center Light Refreshments	25,466	5.88%
Consumer Leadership Group Compensation	9,600	2.22%
Replacement of Shelter Bedding	7,436	1.72%
Transportation	5,500	1.27%
Personal Care & Hygiene Supplies	5,000	1.16%
Pet Supplies	2,500	0.58%
<u>Staff Expenses</u>		
Computers	6,656	1.54%
Copier/Printer	5,400	1.25%
Office Supplies	1,486	0.34%
Communication	1,700	0.39%
Travel Reimbursement @ 0.56/mile, 15 miles/week	437	0.10%
Subtotal, Direct Nonpersonnel Expenses	\$ 432,781	100.00%
Subtotal, Direct Expenses	\$ 1,899,978	95.00%
Administrative/Indirect Costs @ 5% of Total Direct Expenses	\$ 99,999	5.00%
TOTAL OF DIRECT & INDIRECT EXPENSES	\$ 1,999,977	100.00%
Cost-Sharing & In-kind Solicitations		
<u>Cost-Sharing</u>		
Linkage: Homeless Services Care Manager (SAMHSA-funded)	\$ 19,588	9.30%
Consultation Services: Physician, Nurse Practitioner	29,741	14.12%
Seasonal Overflow Coverage	14,087	6.69%
Indirect Cost Match @ 5%	99,999	47.48%
<u>In-Kind Solicitations</u>		
Monthly Community & Special Events	\$ 17,215	8.17%
Hygiene & Personal Care Supplies	22,500	10.68%
Pet Food & Supplies	7,500	3.56%
Subtotal, Cost-Sharing & In-kind Solicitations	\$ 210,630	100.00%
Total Expenses	2,210,607	110.53%
(Less Cost-Sharing & In-kind)	(210,630)	-10.53%
TOTAL REQUEST TO ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES	\$ 1,999,977	100.00%

24/7/365 Staffing Model

Position	Xmpt/ Nxmpt	Hourly Rate	Regular Hours Paid	Regular Pay	Cost of Benefits	Baseline Expense	Premium Hours Paid	Premium Pay	2% On Call Contingency	5% Overtime Contingency	Budgeted Direct Labor Expense
Supervisor*	Xmpt	\$ 25.33	1,950	\$ 49,393.50	\$ 20,251.34	\$ 69,644.84	30.00	\$ 1,139.85	\$ 987.87	\$ -	\$ 71,772.56
Supervisor*	Xmpt	25.33	1,365	34,575.45	14,175.93	48,751.38	30.00	1,139.85	691.51	-	50,582.74
Team Lead	Nxmpt	22.75	1,950	44,362.50	18,188.63	62,551.13	30.00	1,023.75	887.25	3,327.19	67,789.32
Team Lead	Nxmpt	22.75	1,950	44,362.50	18,188.63	62,551.13	30.00	1,023.75	887.25	3,327.19	67,789.32
Hsng, Diversion, & Recvry Spclist	Nxmpt	18.56	1,950	36,192.00	14,838.72	51,030.72	30.00	835.20	-	2,714.40	54,580.32
Hsng, Diversion, & Recvry Spclist	Nxmpt	18.56	1,950	36,192.00	14,838.72	51,030.72	30.00	835.20	-	2,714.40	54,580.32
Hsng, Diversion, & Recvry Spclist	Nxmpt	18.56	1,950	36,192.00	14,838.72	51,030.72	30.00	835.20	-	2,714.40	54,580.32
Hsng, Diversion, & Recvry Spclist	Nxmpt	18.56	1,950	36,192.00	14,838.72	51,030.72	30.00	835.20	-	2,714.40	54,580.32
Hsng, Diversion, & Recvry Spclist	Nxmpt	18.56	1,950	36,192.00	14,838.72	51,030.72	30.00	835.20	-	2,714.40	54,580.32
Hsng, Diversion, & Recvry Spclist	Nxmpt	18.56	1,950	36,192.00	14,838.72	51,030.72	30.00	835.20	-	2,714.40	54,580.32
Hsng, Diversion, & Recvry Spclist	Nxmpt	18.56	1,950	36,192.00	14,838.72	51,030.72	30.00	835.20	-	2,714.40	54,580.32
Hsng, Diversion, & Recvry Spclist	Nxmpt	18.56	1,950	36,192.00	14,838.72	51,030.72	30.00	835.20	-	2,714.40	54,580.32
Res. Prgm. Spec.	Nxmpt	16.55	1,950	32,272.50	13,231.73	45,504.23	40.00	993.00	-	2,420.44	48,917.67
Res. Prgm. Spec.	Nxmpt	16.55	1,950	32,272.50	13,231.73	45,504.23	40.00	993.00	-	2,420.44	48,917.67
Res. Prgm. Spec.	Nxmpt	16.55	1,950	32,272.50	13,231.73	45,504.23	40.00	993.00	-	2,420.44	48,917.67
Res. Prgm. Spec.	Nxmpt	16.55	1,950	32,272.50	13,231.73	45,504.23	40.00	993.00	-	2,420.44	48,917.67
Res. Prgm. Spec.	Nxmpt	16.55	1,950	32,272.50	13,231.73	45,504.23	40.00	993.00	-	2,420.44	48,917.67
Res. Prgm. Spec.	Nxmpt	16.55	1,950	32,272.50	13,231.73	45,504.23	40.00	993.00	-	2,420.44	48,917.67
Peer/Prog. Asst.	Nxmpt	15.48	1,950	30,186.00	12,376.26	42,562.26	40.00	928.80	-	2,263.95	45,755.01
Peer/Prog. Asst.	Nxmpt	15.48	1,950	30,186.00	12,376.26	42,562.26	40.00	928.80	-	2,263.95	45,755.01
Peer/Prog. Asst.	Nxmpt	15.48	1,950	30,186.00	12,376.26	42,562.26	40.00	928.80	-	2,263.95	45,755.01
Peer/Prog. Asst.	Nxmpt	15.48	1,950	30,186.00	12,376.26	42,562.26	40.00	928.80	-	2,263.95	45,755.01
Peer/Prog. Asst.	Nxmpt	15.48	1,950	30,186.00	12,376.26	42,562.26	40.00	928.80	-	2,263.95	45,755.01
Peer/Prog. Asst.	Nxmpt	15.48	1,950	30,186.00	12,376.26	42,562.26	40.00	928.80	-	2,263.95	45,755.01
Client Exp & Comm Ptnrsp. Coord.	Nxmpt	22.75	1,950	44,362.00	18,188.42	62,550.42	30.00	1,023.74	-	3,327.15	66,901.31
Facilities Laborer	Nxmpt	15.48	1,950	30,186.00	12,376.26	42,562.26	20.00	464.40	603.72	2,263.95	45,894.33
Facilities Laborer	Nxmpt	15.48	1,950	30,186.00	12,376.26	42,562.26	20.00	464.40	603.72	2,263.95	45,894.33
Facilities Laborer	Nxmpt	\$ 15.48	1,950	30,186.00	12,376.26	42,562.26	20.00	464.40	603.72	2,263.95	45,894.33
TOTAL			54,015	\$ 971,900.95	\$ 398,479.43	\$ 1,370,380.38	930.00	\$ 24,956.54	\$ 5,265.04	\$ 66,594.90	\$ 1,467,196.86
			<i>% over Regular Pay</i>	<i>100%</i>	<i>41%</i>	<i>141%</i>	<i>-</i>	<i>3%</i>	<i>1%</i>	<i>7%</i>	<i>151%</i>

Fringe Benefit Rate Table

Benefit	% of Comp	
	FT	PT
FICA (OASDI, Medicare)	7.65%	7.65%
Retirement	5.00%	5.00%
Workers Compensation, STD/LTD	3.35%	3.35%
Medical (Health, Dental, Vision)	25.00%	0.00%
Total	41.00%	16.00%

Premium pay calculated based on minimum of 5 individuals on-site per shift, excluding supervisor(s)/facilities laborer(s); assumes one indiv. = team lead: 8 paid holidays * 7.5 hrs * 4 individuals)/total individuals in position class

Premium pay calculated based on total paid holiday hours divided by total individuals in position class.
*Position is exempt; ROP for premium hours is equivalent to regular hourly ROP.

17. Provide a detailed line-item budget that reflects a realistic estimate of the costs associated with implementing and sustaining the Contracted Services. Refer to Section 2.10 of the RFP for what to include in the budget.

Anticipated costs to implement and sustain contracted services are \$2,210,607. DHS funding subsidizes \$1,999,977 of these costs; remaining costs of \$210,630 are funded through cost-sharing with PM as well in-kind contribution and solicitation efforts. See Attachment D for cost by category and component.

18. Provide a budget narrative that clearly explains and justifies all line items in the proposed line-item budget. If your submitted budget exceeds \$2 million, be sure to justify these expenses within the budget narrative.

Costs associated with the submitted budget are detailed thusly:

Direct Personnel Expenses: Forecasted direct personnel expenses of \$1,467,197 fund 27.7 FTEs ensuring 24/7/365 staffing of the shelter and drop-in center. In addition to regular wages, this includes premium pay for holiday or overtime hours worked, on-call costs, and the employer cost of taxes and benefits. See Attachment D for more detail. PM calculates regular direct staffing needs for both the shelter and drop-in center to be 22 FTEs, which includes 0.5 FTE provided in-kind.

Staff Floor Assignment Plan

Drop-In Center Level	Floor 2		Shelter Level	Floor 3
	Entry	Open Area		
Day	2.0	1.5	Day	3.0
Evening	2.0	(0.5)	Evening	3.0
Overnight	2.0	0.0	Overnight	3.0
	6.0	1.0		9.0

Floor Assignment plan does not include supervisory staff and other staff that may provide supervision and assistance to clients.

Total staff needed for coverage plan:

Drop-In Center = 9.4 FTE

Shelter = 12.6 FTE

22.0 FTE

Staffing costs do not include those costs associated with the additional 1.4 FTE needed to provide overflow coverage the severe weather season. Pittsburgh Mercy will fund this expense at no cost to Allegheny County, with an estimated value of \$14,087. The Homeless Services care manager at 0.5 FTE is funded through SAMHSA CCBHC expansion grant at \$19,588. Pittsburgh Mercy assumes expenses for in-kind supportive services through the physician and nurse practitioner funded at 10% of their base wages for consultation with clients and UPMC Health Center. Total in-kind supportive services are valued at \$63,416.

Non-Personnel Expenses: Are divided between occupancy, consumer, and staff related costs.

Occupancy Expenses:

- Rent: Per Section 2.10 of the amended RFP, the submitted budget includes a contingency of \$250,000 to fund rent costs associated with the Second Avenue Commons facility.
- Repairs & Maintenance: Includes costs associated with janitorial supplies and pest prevention services:
 - Projected janitorial supplies costs of \$1,250/month or \$15,000 total, procured through a certified MWDBE vendor (Colker Janitorial Supply).
 - Projected pest prevention services costs of \$9,000 are based on an estimated \$500 per service/treatment performed by Ehrlich, with 18 treatments performed during the contract period.

Consumer Expenses:

- Food: Light Snacks and Refreshments: The annual cost of \$25,466 is based on available unitary pricing through a certified VOSB (TCR & Associates) and forecasted client traffic. Provisions include bottled water; caffeinated and decaffeinated coffee; creamer; a variety of tea options; snack bars; fruit; and all related drinkware, tableware, and utensils. In addition to this, Pittsburgh Mercy will work with community or corporate partners to host community and special events, as recommended by the Consumer Leadership Group. The projected value of contributed food, supplies, and related goods or services is \$17,215.
- Bedding Replacement: Pittsburgh Mercy anticipates the possibility that 20% of the initial bedding supplied by Allegheny County may require replacement during the contract period. The budgeted \$7,436 allows for the replacement of 26 mattresses, at a cost of \$286 per replacement: \$241 for the mattress and \$45 for delivery.
- Consumer Leadership Group Compensation: Arrived at by calculating 10 members X 4 hours (2 meeting + 2 preparation) per month X \$20/Hour. Total = \$9,600. This rate may fluctuate based on individual circumstance as to not intentionally affect pre-existing benefits or services.
- Transportation: Budgeted costs are based on the following projected need:
 - Bus Passes: $\$2.50 \times 1,000 = \$2,500$
 - Taxi/Ride Share: $\$25.00 \times 120 = \$3,000$
- Pet Supplies: Includes those costs associated with food, flea collars/parasite treatment, leashes, and ID tags. Costs of \$2,500 are for start-up and to subsidize a potential shortfall in donated items. Pittsburgh Mercy plans to solicit in-kind donations for these supplies, with an at-minimum value of goods and/or services \$7,500.
- Linen Service: Pittsburgh Mercy currently partners with CleanCare. Projected costs of \$87,600 are calculated based a quoted rate of \$1,684.62 per week over 52 weeks (about 12 months). This rate accounts for possible fluctuations related to seasonality, client volume, and varying overall need.
- Personal Care Supplies: Includes laundry detergent, clothing, emergency needs and hygiene products. Costs of \$5,000 are for start-up and to subsidize a potential shortfall in donated items. Pittsburgh Mercy will provide additional supplies to clients received from the community as in-kind donations, with an at-minimum value of \$22,500.

Staff Expenses:

- Office Supplies: Total supply costs are projected not-to-exceed \$1,486, based on available unitary pricing through a certified VOSB (TCR & Associates) and purchased on an as-needed basis. Examples include, but are not limited to writing supplies, paper products, pocket and filing folders, copy paper, office desk items. To the extent possible, Pittsburgh Mercy will use preexisting supplies at no cost to Allegheny County. Related anticipated costs are immaterial.
- Staff Computers: Total projected costs of \$6,656 are as follows:
 - \$3,900 - 5 Dell OptiPlex 5270 AIO Desktop Computers to be installed in fixed locations
 - \$2,756 - 4 Dell Latitude 3310 2-in-1 Laptops of which two will be used by supervisors and two will be available for personnel to use as-needed in office locations.
- Staff Copier/Printer: Total projected cost of \$5,400 to lease an additional multifunction device through US Bank Equipment Finance. The \$450 monthly rate includes the cost of related supplies (excluding paper).
- Staff Communication: Total projected costs of \$1,700 are as follows:
 - \$1,200 - monthly cellphone service plan costs for 2 supervisor cell phones at \$50/Month over 12 months
 - \$500 - One-time purchase of 16 short-range handheld two-way radios NTE total budgeted cost
- Travel Reimbursement: NTE total budgeted cost, as needed at the 2021 federal rate of \$0.56/Mile. Projected cost is based on 15 miles reimbursed per week, or \$437.

Administrative/Indirect Costs: \$199,998 of indirect cost is calculated at rate of 10% and aligns with actual yearly indirect costs incurred on average. Components include those related to providing central administration, finance, billing and accounts receivable, utilization management, medical records, information technology, and clerical services. Costs are allocated to programs, grants, projects, etc. using a base that results in an equitable distribution. PM requests funding for \$99,999, or 5%, of indirect costs and assumes the remaining 5% through cost-sharing.

Service Name	Service Description	Contracting Entity	Contract Amount	Start Date of Contract
Drug and Alcohol Services	Intervention, Partial Hospitalization Treatment, Outpatient Treatment, Intensive Outpatient Treatment, Case/Care Management	Allegheny County Dept. of Human Services	\$244,000.00	7/1/2020
Mental Health Services	Administrative Management, Administrative Management - ACHA, Community Employment & Employment Related Services, Community Residential Services, Consumer Driven Services, Family Support Services, Housing Support Services, Social Rehabilitation Services - PATH Wellspring, Social Rehabilitation Services, Transitional and Community Integration Services, Mental Health Crisis Intervention Services, Service Coordination, Treatment and Service Coordination, Children's Psychosocial Rehabilitation Services, Outpatient Services, Partial Hospitalization Services, Peer Support Services, Psychiatric Rehabilitation Services, Targeted Case Management	Allegheny County Dept. of Human Services	\$22,944,442.00	7/1/2020
Homeless and Housing Services	Case Management, Emergency Shelter, Service Coordination	Allegheny County Dept. of Human Services	\$282,730.00	7/1/2020
Outreach and Prevention Services	Family Support Services, CBT Intervention Services, CBTM Intervention Services, Incarcerated Parent Support Services	Allegheny County Dept. of Human Services	\$749,608.00	7/1/2020
DUI Education Services	Alcohol Highway Safety Program	Allegheny County Fifth Judicial District of Pennsylvania	\$1,200,000.00	1/1/2013
Certified Community Behavioral Health Clinic Expansion Services	Increase access and capacity & enhance and expand services to SUD, SMI through complex care coordination, partnerships, & enhanced clinical teams	United States Department of Human Services Substance Abuse and Mental Health Services Administration	\$3,996,593.00	5/1/2020

ATTACHMENT B

All 28 staff employed in the shelter and drop-in center will possess a passion for working with persons experiencing homelessness. The shelter and drop-in center will have a supervisor available on-site 7 days a week. Supervisors will split their time between the shelter and drop-in center and rotate on-call responsibilities every other month. Supervisors will work four days a week with an overlapping day on Wednesday, with alternating weekends off.

Wk 1-2	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
SUP1	O	X	O	X	O	X	X	X	O	X	X	X	O	O
SUP2	X	O	X	X	X	O	O	O	X	O	X	O	X	X
Wk 3-4	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
SUP1	O	X	O	X	O	X	X	X	O	X	X	X	O	O
SUP2	X	O	X	X	X	O	O	O	X	O	X	O	X	X

PM expects to staff the shelter with new and existing employees. One of the supervisor positions will be filled by Douglas Murry who oversees the severe weather emergency shelter and Wellsprings Engagement Center. Our Wellspring Drop-In Center Team Lead, Brian Matous was a former supervisor over both the shelter and drop-in center. We expect that Mr. Matous will move from Wellspring /Outreach Team Lead into one of the two Team Lead positions. Pittsburgh Mercy anticipates that casual and seasonal staff who have shelter experience will be re-hired into vacant staffing positions. Throughout PM and BH, applicants with lived experienced are highly encouraged to apply. PM operates a certified peer training program and have hired many of the participants upon completion.

Shelter & Drop-In Center Staffing Model			
Staff Position	Number of Staff	Work Hours	Education and Qualifications
Supervisor	2.0 FTE	37.5/Week Schedule: 9A – 7P. Hours may change as needed.	Master's in Human Services or related discipline and 3 years (1 as a supervisor) or Bachelor's in Human Services or related discipline and 5 years (1 as a supervisor) of relevant experience in area of clinical or related direct homeless services, residential and crisis services service expertise.
Team Lead	2.0 FTE	37.5/Week Schedule: Rotating shifts may work 7A – 3P; 3P – 11P or 11P – 7A with some weekends	Master's in Human Services and 2 years of related leadership experience or Bachelor's in Human Services and 4 years of homeless services, residential and crisis services delivery. An Associate degree in Mental Health and 5 years or High School Diploma and 10 years of

			mental health leadership experience is acceptable.
Client Experience and Community Partnership Coordinator	1.0FTE	37.5/ Week Schedule: 8A – 4P with some evening and/or weekends as need	Master's in Human Services and 1 year of homeless services, residential and crisis services delivery or Bachelor's in Human Services and 3 years of homeless services, residential and crisis services delivery. An Associate degree in Mental Health & 4 years or High School diploma & 8 years of job related clinical mental health experience is accepted.
Housing, Diversion and Recovery Support (HDRS) Specialist	8.0 FTE	37.5/Week Schedule: Rotating shifts may work 7A – 3P; 3P – 11P or 11P – 7A with some weekends	Master's in Human Services and 1 year of homeless services, residential and crisis services delivery or Bachelor's in Human Services and 3 years of homeless services, residential and crisis services delivery. An Associate degree in Mental Health & 4 years or High School diploma & 8 years of job related clinical mental health experience is accepted. Completes data entry during each overnight shift.
Program Specialists	6.0 FTE	37.5/Week Schedule: Rotating shifts may work 7A – 3P; 3P – 11P or 11P – 7A with some weekends	Bachelor's in Human Services or related field or 4 years of job-related experience working with persons experiencing homelessness in a residential setting.
Program Assistant	6.0 FTE	37.5/Week Schedule: Rotating shifts may work 7A – 3P; 3P – 11P or 11P – 7A with some weekends	Bachelor's in Human Services or related field, or High School Graduate with 4 years of job-related experience working with persons experiencing homelessness or behavioral health needs. May have lived in experience as a peer. Must have or gain Certification as a Peer Specialist.

Facilities Personnel	3.0 FTE	37.5/Week Schedule: Rotating shifts may work 3P – 11P or 11P – 7A with some weekends	High School Graduate or Equivalent and 6 months or 8th grade and 1 year of custodial or janitorial services. Valid PA Driver's License Preferred
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In-Kind Staff

Pittsburgh Mercy recognizes that there may be the opportunity to add other beneficial positions that may exist outside of the submitted base budget which may be needed at the Commons both in the shelter and drop-in center.

Seasonal Severe Weather Overflow Support Staff 1.4 FTE (During overnight shifts during the severe weather season)	<p><u>Education and Qualifications:</u> Bachelor's in Human Services or related field, or High School Graduate 4 years of job-related experience working with persons experiencing homelessness or behavioral health needs. May have lived in experience as a peer. Must have or gain Certification as a Peer Specialist.</p> <p><u>Job Description:</u> Preferably has lived in experience as a peer. Available to assist clients as needed by supporting the Supervisors, HDRS Specialists and Case Managers in non-case management functions as directed by the team and maintains contact with clients in the program and communicates client needs to the team so that timely intervention may occur. Provides supervision of shelter and drop-in clients/visitors and responds to crisis situations. Completes internal rounding and safety checks. During probationary period (3 months from hire) and annually are required to complete core competency trainings:</p> <ul style="list-style-type: none"> ▪ Cultural Diversity ▪ Racism: A Public Health Crisis ▪ LGBTQ+ (LGBTQ+ 101 and SOGIE) ▪ CPI - Non-Violent Crisis Intervention ▪ Dr. Quick ▪ Crisis Management Policies and Procedures ▪ Adult Protective Services ▪ Housing First ▪ Allegheny Link Referral Process ▪ Rapid-Rehousing ▪ Motivational Interviewing ▪ Harm Reduction ▪ Trauma Informed Care ▪ OSHA ▪ Compliance and Integrity ▪ Security Awareness ▪ Shelter Standard Operating Procedures
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Staff Position	Job Description
Supervisor	<p>Actively participates in external provider meetings. Responsible for staff scheduling, timesheet, and time off approval. Completes all HR functions to ensure positions are filled and works with PMHS training coordinator to ensure all staff are trained according to requirements. Oversees team duties to ensure shelter and drop-in center is a welcoming safe environment. Monitors team performance meets expectations for shelter and drop-in services, completes supervision meetings, chairs shelter and drop-in center team meetings, trains/mentors staff, ensures client needs are being addressed in a timely manner and is responsible for monitoring and tracking performance program metrics. This position ensures all external reporting is completed and HMIS is correct and accurate. Provides staff coverage as needed to supervise shelter and drop-in clients/visitors as needed and responds to crisis situations. During probationary period (3 months from hire) and annually are required to complete core competency trainings:</p> <ul style="list-style-type: none"> ▪ Cultural Diversity ▪ Racism: A Public Health Crisis ▪ LGBTQ+ (LGBTQ+ 101 and SOGIE) ▪ CPI - Non-Violent Crisis Intervention ▪ Dr. Quick ▪ Crisis Management Policies and Procedures ▪ Adult Protective Services ▪ Housing First ▪ Allegheny Link Referral Process ▪ Rapid-Rehousing ▪ Motivational Interviewing ▪ Harm Reduction ▪ Trauma Informed Care ▪ OSHA ▪ Compliance and Integrity ▪ Security Awareness ▪ Shelter Standard Operating Procedures
Team Lead	<p>Engages clients in shelter and drop-in center and shelter services by actively partnering with clients and visitors to address the needs of clients. Actively coordinates the functions and offered activities of the drop-in center and shelter. Available to assist clients as needed by supporting the Supervisors, HDRS Specialists and Case Managers in case management and direct care functions as directed by the Supervisor. Maintains contact with clients in the program and communicates client needs to the team so that timely intervention may occur. Provides supervision of shelter and drop-in clients/visitors and responds to crisis situations. Completes required shift documentation, internal rounding, and safety checks. During probationary period (3 months from hire) and annually are required to complete core competency trainings:</p> <ul style="list-style-type: none"> ▪ Cultural Diversity ▪ Racism: A Public Health Crisis ▪ LGBTQ+ (LGBTQ+ 101 and SOGIE) ▪ CPI - Non-Violent Crisis Intervention ▪ Dr. Quick ▪ Crisis Management Policies and Procedures

	<ul style="list-style-type: none"> ▪ Adult Protective Services ▪ Housing First ▪ Allegheny Link Referral Process ▪ Rapid-Rehousing ▪ Motivational Interviewing ▪ Harm Reduction ▪ Trauma Informed Care ▪ OSHA ▪ Compliance and Integrity ▪ Security Awareness ▪ Shelter Standard Operating Procedures
<p>Client Experience and Community Partnership Coordinator</p>	<p>Engages clients in shelter and drop-in center and shelter services by actively partnering with clients, partners and visitors to improve their experience in both the drop-in center and shelter. Meets with the Consumer Leadership Group once per month. Makes recommendation on shelter improvements to supervisors. Coordinates volunteers and shelter/drop-in center activities. Maintains contact with clients in the program and communicates client needs to the team so that timely intervention may occur. Provides supervision of shelter and drop-in clients/visitors and responds to crisis situations. During probationary period (3 months from hire) and annually are required to complete core competency trainings:</p> <ul style="list-style-type: none"> ▪ Cultural Diversity ▪ Racism: A Public Health Crisis ▪ LGBTQ+ (LGBTQ+ 101 and SOGIE) ▪ CPI - Non-Violent Crisis Intervention ▪ Dr. Quick ▪ Crisis Management Policies and Procedures ▪ Adult Protective Services ▪ Housing First ▪ Allegheny Link Referral Process ▪ Rapid-Rehousing ▪ Motivational Interviewing ▪ Harm Reduction ▪ Trauma Informed Care ▪ OSHA ▪ Compliance and Integrity ▪ Security Awareness ▪ Shelter Standard Operating Procedures
<p>Housing, Diversion and Recovery Support (HRS) Specialist</p>	<p>Engages clients in shelter and drop-in center services by actively partnering with clients and visitors to address the needs of clients. Provides essential case management for clients and visitors. Completes intake assessments and diversion of clients from the shelter according to best serve their needs. Assesses client readiness to engage in medical, mental health, and substance abuse treatment; enroll in entitlements and to secure employment. This position actively engages shelter clients in securing client housing by referring them to Allegheny Link and other housing resources. Completes progress notation and other service documentation in the client record. Enters data into HMIS. Provides supervision of shelter and drop-in clients/visitors and responds to crisis situations. Completes internal rounding and</p>

	<p>safety checks. During probationary period (3 months from hire) and annually are required to complete core competency trainings:</p> <ul style="list-style-type: none"> ▪ Cultural Diversity ▪ Racism: A Public Health Crisis ▪ LGBTQ+ (LGBTQ+ 101 and SOGIE) ▪ CPI - Non-Violent Crisis Intervention ▪ Dr. Quick ▪ Crisis Management Policies and Procedures ▪ Adult Protective Services ▪ Housing First ▪ Allegheny Link Referral Process ▪ Rapid-Rehousing ▪ Motivational Interviewing ▪ Harm Reduction ▪ Trauma Informed Care ▪ OSHA ▪ Compliance and Integrity ▪ Security Awareness ▪ Shelter Standard Operating Procedures
<p>Program Specialist</p>	<p>Engages clients in shelter and drop-in center services by actively partnering with clients and visitors to address the needs of clients. Actively completes the essential functions and activities of the drop-in center and shelter. Available to assist clients as needed by supporting the Supervisors, HDRS Specialists and Case Managers in non-case management functions as directed by the team and maintains contact with clients in the program and communicates client needs to the team so that timely intervention may occur. Provides supervision of shelter and drop-in clients/visitors and responds to crisis situations. Completes required shift documentation, internal rounding, and safety checks. During probationary period (3 months from hire) and annually are required to complete core competency trainings:</p> <ul style="list-style-type: none"> ▪ Cultural Diversity ▪ Racism: A Public Health Crisis ▪ LGBTQ+ (LGBTQ+ 101 and SOGIE) ▪ CPI - Non-Violent Crisis Intervention ▪ Dr. Quick ▪ Crisis Management Policies and Procedures ▪ Adult Protective Services ▪ Housing First ▪ Allegheny Link Referral Process ▪ Rapid-Rehousing ▪ Motivational Interviewing ▪ Harm Reduction ▪ Trauma Informed Care ▪ OSHA ▪ Compliance and Integrity ▪ Security Awareness ▪ Shelter Standard Operating Procedures
<p>Program Assistant</p>	<p>Engages clients in shelter and drop-in center services by actively partnering with clients and visitors to address the needs of clients. Actively completes the</p>

	<p>essential functions and activities of the drop-in center and shelter. Preferably has lived in experience as a peer. Available to assist clients as needed by supporting the Supervisors, HDRS Specialists and Case Managers in non-case management functions as directed by the team and maintains contact with clients in the program and communicates client needs to the team so that timely intervention may occur. Provides supervision of shelter and drop-in clients/visitors and responds to crisis situations. Completes internal rounding and safety checks. During probationary period (3 months from hire) and annually are required to complete core competency trainings:</p> <ul style="list-style-type: none"> ▪ Cultural Diversity ▪ Racism: A Public Health Crisis ▪ LGBTQ+ (LGBTQ+ 101 and SOGIE) ▪ CPI - Non-Violent Crisis Intervention ▪ Dr. Quick ▪ Crisis Management Policies and Procedures ▪ Adult Protective Services ▪ Housing First ▪ Allegheny Link Referral Process ▪ Rapid-Rehousing ▪ Motivational Interviewing ▪ Harm Reduction ▪ Trauma Informed Care ▪ OSHA ▪ Compliance and Integrity ▪ Security Awareness ▪ Shelter Standard Operating Procedures
<p>Facilities Personnel</p>	<p>Responsible for facility upkeep and janitorial and housekeeping services. Ensures a safe and clean environment for clients. Responds to the facility upkeep needs as requested by staff and clients. During probationary period (3 months from hire) and annually are required to complete core competency trainings:</p> <ul style="list-style-type: none"> ▪ Cultural Diversity ▪ Racism: A Public Health Crisis ▪ LGBTQ+ (LGBTQ+ 101 and SOGIE) ▪ CPI - Non-Violent Crisis Intervention ▪ Dr. Quick ▪ Crisis Management Policies and Procedures ▪ Adult Protective Services ▪ Housing First ▪ Allegheny Link Referral Process ▪ Rapid-Rehousing ▪ Motivational Interviewing ▪ Harm Reduction ▪ Trauma Informed Care ▪ OSHA ▪ Compliance and Integrity ▪ Security Awareness ▪ Shelter Standard Operating Procedures

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