Allegheny County Department *of* Human Services

RFP Response Form

RFP for Peer-Run Respite as a Community Based

Non-Clinical Crisis Support

PROPOSER INFORMATION

Proposer Name: Unity Recovery

Authorized Representative Name & Title: Robert Ashford, PhD, MSW – Executive Director

Address: 106 Gay Street Floor 2, Philadelphia PA 19127 (Corporate)

Telephone: 267-748-2454

Email: contact@unityrecovery.org

Organization's Website: www.unityrecovery.org

Legal Status: ☐ For-Profit ☒ Nonprofit ☐Sole Proprietor/Individual ☐Partnership

Women Owned: ☐ Yes ☒ No

Minority Owned: ☐ Yes ☒ No

If yes, select the ethnicity:

☐ American Indian or Alaska Native
☐ Hispanic or Latino/a
☐ Western Asian/Middle Eastern
☐ South Asian/Indian (Subcontinent)
☐ Other Asian
☐ Black or of African descent
☐ Native Hawaiian/Pacific Islander
☐ East Asian/Far Eastern
☐ Southeast Asian
☐ Multi-racial

Self-Describe: Click here to enter text.

Faith Based: ☐ Yes ☒ No

Partners included in this Proposal and rationale for including them, if applicable. No formal partners apart from our community partners. If Trinity Episcopal is selected as the final location, they would be formal as the landlord.

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

PROPOSAL INFORMATION

Are you proposing to operate one or both Peer-Run Respites?

☒ One ☐ Both

Total dollar amount requested: $1,774,949.02

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.*
Bevan Allen, PA Department of Drug and Alcohol Programs, bevaallen@pa.gov
Jennifer Potter, UTHSCSA, potterjs@uthscsa.edu
Rebecca Bonner, The Bridgeway School, rebecca.bonner@thebridgewayschool.org

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. With the exception of program-specific documents that are described more fully in the RFP, forms referred to below can be found at http://www.alleghenycounty.us/dhs/solicitations.

- Landlord's written permission to operate a Peer-Run Respite (if the property will be leased or rented)
- At least one letter of support
- Draft set of Guests' screening criteria
    a. Attached
- Draft set of Respite house rules and expectations
    a. Attached
- Job descriptions with responsibilities and expectations
    a. Pending
- Sample staff plan for providing sufficient coverage at all times
    a. Attached
- Partner commitment letters, if applicable
- W-9
- MWDBE and VOSB documents

REQUIREMENTS

Please respond to each of the following sections. The maximum score a Proposal can receive is 210 points. Your response to these Requirements, excluding the Attachments, Budget and Budget Narrative, should not exceed 20 pages

Organizational Approach, Philosophy and Experience (45 points)

1. Describe your organization's mission and service delivery philosophy. What is your experience in providing services to individuals in crisis, including individuals with acute physical/behavioral health, substance use-related and/or human service needs? (5 points)

   Unity Recovery is a recovery community organization that is lead entirely by peers with lived and living experience. Our organizations is modeled after these experiences, including developing programs and services for our community impacted by mental health and substance use concerns, living unhoused, returning from incarceration, experience of trauma, and those with a range of acuity across all behavioral health needs and collective concerns. We operate several drop-in community centers, including one in the Southside of Pittsburgh. All of our programs are designed to be low and no barrier with a harm reduction philosophy for ease and flexibility of engagement with services, which can include 1:1 peer support, resource navigation, supplies distribution, harm reduction services, housing support, group-based pro-social activities, and more. We have years of experience engaging many of the most underseen and underserved members of our community, including those in crisis, at elevated risk of overdose, or living chronically unhoused. We believe that individuals are the experts in their own lives, their health and social needs, and are best supported by meeting them where they are at and walking on the path with them.

2. Describe your organization's understanding of the following approaches, and whether/how each of these approaches informs your current services: (10 points)
   a. Person-Led Care
   b. Trauma-Informed Care
   c. Harm Reduction
   d. Intentional Peer Support

Person-led care: We have a firm commitment and understanding of person-led care as one of the core pillars of our service delivery model. All of our services begin from the premise that the individual is the expert in their own lives and should fully direct the services they engage with including the duration, frequency, intensity, and style.

Trauma-Informed Care: All of our staff are trained and practitioners of trauma-informed care. From how we speak to our engaged stakeholders, how we coordinate care, how we provide feedback and direct service, and the congruence in which we approach crisis and lived experience is situated within a trauma-informed care framework. We also believe that trauma can

be viewed through a lens of wellness and seen as a strength building platform to restore and amplify autonomy and self-direction.

Harm Reduction: All of our services are tied closely to a harm reduction philosophy, including our direct harm reduction community services (safer use, overdose response, wound care, etc.). We firmly believe that meeting people where they are at, with no preconceived ideas or objectives, and leaning in to listen to what a person needs and wants directly is the best approach to long-term successful partnership and achieving shared positive outcomes as desired by that individual.

Intentional Peer Support: Our peer staff are all trained in an IPS framework as well, as another core pillar of peer-to-peer support. We believe in the three pillars of IPS (shared growth, supportive relationships, and human connection) and emulate and model these concepts in all of our individual and group-based engagements.

3. Describe your organization's experience with providing services to marginalized communities that experience barriers to accessing or engaging with behavioral health services. What are the most frequent and significant barriers? How do you address them? (10 points)

As a recovery community organization, all of our programs and services are delivered to marginalized communities – primarily those who live unhoused, are returning from incarceration, people experiencing mental health crisis, and/or people who use drugs. The most significant barrier to engagement of the larger behavioral health system is the system itself (policies, criteria, payment models, etc.). We approach and design our services in low/no barrier ways, while keeping all services free, to improve engagement and establish rapport on the individuals' terms. We find that doing so allow us to establish baseline engagement, work on immediate goals, and in many instances, establish long term goals that may allow for engagement with the larger behavioral health system in a positive way. Practically, social and environmental barriers are also common. These include transportation, childcare, employment, housing, and criminal justice involvement. We ameliorate these concerns, when identified and suggested as important by the individual in their engagement with our peer staff, by building diversified funding and programs that directly provide solutions to these barriers. This includes subsidized and free childcare options, free transportation directly or through ride sharing, recovery friendly workplace initiatives and employment lists, same-day pay options in our HR program, as well as intensive resource navigation and care coordination. While not all barriers are eliminated in this approach, we have found it significantly reduces overall strain and allows for easier engagement and retention overall.

4. Provide current examples of your organization's commitment to reducing racial inequities, developing cultural competence, maintaining cultural humility, and promoting social justice and inclusivity in its practices and programs. Include a separate attachment with the written policies, if you have them, by which you operationalize these values in your internal operations and/or service delivery. (10 points)

We engage in a consistent DEIA (diversity, equity, inclusion, and accessibility) process as an organization. This is from internal to external. Internally, we have focused on creating training and advancement opportunities for our peer staff, which has lead to us increasing our peer leadership representing by BIPOC and differently abled individuals above 40% in the last year. Externally, we review all programs, services, and outcomes across demography (including race and ethnicity) on a quarterly basis with staff and external participant stakeholders to identify barriers to engagement on these important factors. Findings or barriers related directly to race, ethnicity, sexual orientation, and gender identity are round tabled and solutions implemented within 30 days of findings. We have worked to implement federal CLAS standards for all programs and services over the last 24 months as well, translating all materials into Spanish and hiring several bilingual peer staff. Additionally, we limit exclusionary criteria to all programs and services based on age, with no criteria related to ability to play, which has helped us increase overall service delivery to BIPOC communities 35% in the last 3 years. As our organization, we also meet quarterly for focus groups with community stakeholders and participants to identify opportunities for expanded and enhanced access. Most recently, this has led to the creation of digital literacy services so that more of our services offered digitally and virtually could be accessed with equity across a range of stakeholders.

5. Describe your organization's experience providing non-clinical residential services in the community? (10 points)

Unity has operated residential peer support housing for pregnant and postpartum mothers with substance use disorders in Philadelphia, as well as a new operator of emergency SRO housing for individuals existing homelessness in Allegheny County. We approach our non-clinical residential programs and services the same as we do our non-residential and drop-in services – through a low/no barrier and harm reduction orientation.

Meeting Program Standards (70 points)

6. Describe the process your organization used to identify and acquire control (if leased or rented) of an appropriate site for the Peer-Run Respite(s) that meets all housing standards and requirements. Describe the site in detail, including the primary attributes of the structure, setting and location of the site(s), that make it a proper setting for a Peer-Run Respite. Include a proposed timeline for program implementation, including the completion of any necessary renovations, and the relevant experience of any project partners who will be involved in ensuring the site meets program standards. (10 points)

We are currently working to finalize the exact project location, and exploring potential options with Trinity Episcopal Cathedral in downtown Pittsburgh for the proposed 8-room peer respite, or a direct purchase of property in the Southside of Pittsburgh for operation of a 4-room peer respite. We have engaged in this process with our community partners and commercial realtor to explore options for purchase and lease that fit the applicable criteria (ease of access, public transportation proximity, community need, etc.) and were available and appropriately zoned for peer respite operations. After an initial period of search for commercial property and vetting available options, we have narrowed down our potential choices to Trinity Cathedral and the Southside Property purchased, both selected for the proposed site due to several beneficial

factors. Primary among these, the ease of access and proximity to additional resources and public transportation. Each potential space has the ability to offer the peer respite rooms needed, with community living spaces, shower and bathroom facilities, as well as laundry facilities. The respite setting at either location would be close proximity to other Unity operated services including our South Side drop-in center location which will be useful in referring those individuals who may not be an ideal fit for the respite but still require immediate assistance and resources. At each site, the lower level will require non-structural renovations, with most work needed for appropriate bathroom facilities and community living spaces. We believe from notification of funding, the renovations of the space will require 90 days to be fully operational at either location. We do not have any proposed or required formal partners outside of our own internal staff and expertise to ensure the location meets program standards.

7. Describe your organization's plan for meeting the housing standards and requirement, creating and maintaining a clean, safe, inviting, comfortable, warm, inclusive and functional space that accommodates all aspects of operations and programming. (5 points)

   We have several experiences of creating community living and communal spaces designed for similar purposes to the peer respite – primarily our community centers currently in operation, as well as our SRO and peer run housing programs. Each of our space creations begins with a focus group of interested stakeholders with lived experience to incorporate aesthetic elements, functional needs, and comfortability concerns. From these focus groups, we then begin ensuring the design is executed with a focus on accessibility and ease of cleaning/upkeep. We have a successful track record of creating welcoming and inviting spaces, along with implementing standard operating procedures for maintenance and upkeep. For this space, we will create 8 single occupancy private rooms, two community living spaces, along with bathroom and laundry facilities. Each private room will have a private bed, dresser drawers, medication lockbox, writing desk, and closet. Community spaces will have lounge chairs, sofas, craft and meeting spaces, as well a semi-private area for group activities. Bathroom facilities will have ADA compliant gender-neutral restrooms along with stand up and assisted showers. Laundry facilities will have a single washer and dryer for use and a folding area for clean clothes.

8. Describe your organization's plan to develop a referral network, including specific strategies to reduce barriers and encourage access by people of color? (5 points)

   Unity already has a robust referral network in Allegheny County for behavioral health, physical health, and other social service needs. We will leverage our existing network of partners and referral resources to successfully coordinate desired resources for respite guests and for those who may not be an ideal candidate for a respite stay. Each of our peers are trained and well versed in systems navigation to reduce engagement barriers including warm handoff and advocacy strategies. We have existing policies and relationships with BIPOC-led organizations which we will continue to grow as part of our standard operations, which will benefit the operation of the peer respite proposed here.

9. Attach a draft set of screening criteria by which peer staff will determine whether prospective Guests are eligible to stay at the respite, including guidelines for managing a waiting list and for determining exclusions. (5 points) (attached)

10. Describe your organization's plan for providing non-clinical supports and innovative, holistic wellness opportunities to support Guests during their stay, including guidelines for engaging Guests in relationships of trust and coordinating with their traditional providers, if appropriate. (5 points)

    All respite guests will have the option to engage in peer-to-peer non-clinical supports which will include pro-social activities (board games, puzzles, etc.), recovery planning (1:1 peer support, i.e., WRAP), mutual aid meetings (i.e., all recovery meetings), harm reduction services, recovery yoga, wellness workshops, arts and crafts, and guest driven programming (i.e., narrative story telling). All respite guests may choose to engage in all, some, or none of the peer-to-peer wellness programming and services in addition to their stay. This flexible form of engagement is a hallmark of peer respite services and works to build rapport and trust amongst guests. If a guest requires a level of care coordination with their traditional providers, our peer specialist staff is well versed in this practice and will execute the needed releases of information to coordinate care while a guest is staying in the respite and as part of their respite exit planning.

11. Attach a draft set of the respite's house rules and expectations of Guests, and explain the philosophy and rationale behind them, including your organization's plan for addressing situations in which Guests may be unable or unwilling to comply with the rules and expectations. (5 points)
    Attached.

12. Describe what your organization's approach would be for the involuntary termination of a Guest's stay, including the ground for termination, the process by which termination would occur, the appeals process, if any, and DHS's involvement in the termination decision. (5 points)

    In rare circumstances would involuntary termination be necessary for a guest's stay. In our experience, almost all terminations can be avoided and if not avoided, mutually agreed upon following peer to peer conversation. In the instances where health and safety of guests or staff may become present, guests may have a stay involuntarily terminated and immediate warm hand off referral to a more suitable resource provided – including our drop-in centers located near by the proposed peer respite. If an imminent danger manifests, we would request assistance of external parties, including law enforcement, as a last resort and only when all else fails to successfully resolve the situation. We do not believe there would be a situation where DHS would need to be involved in the termination decision. As respites are a short term stay service, an appeals process is not proposed as part of the termination or ending standard operating procedure. We also would not implement lifetime bans on use of the service apart from our exclusionary criteria – such an approach is antithetical to the belief of healing and wellness of an individual that encourages growth and change over time.

13. Describe your organization's plan for community engagement, education and advocacy that addresses the stigma around mental health crisis and a process for responding to neighbors' specific complaints and concerns. How will you introduce the respite to the neighborhood and community? What specific strategies will you use to demystify the respite, alleviate ongoing concerns and complaints from neighbors, and make the respite an authentic part of the community? (5 points)

    We would leverage our existing strategies and knowledge on community engagement and education towards these stated goals and objectives. We would announce the peer respite in collaboration with DHS and key partners through community listening session and town halls where the respite model and evidence can be presented and discussed through the eyes and voices of peers. We will continue to deliver our community education around peer-based services and mental health concerns broadly, including the role that peer respites play in the overall continuum of care. We will address and respond to any community and neighborhood concerns diligently by establishing open lines of community and complaint processes through our website and hotline. All concerns will be investigated, all parties engaged, and proposed actions taken with 14 days of any communicated facts. We have embedded all of our community programs as part of the communities we operate in and would see the peer respite proposed here as an extension of that ongoing work,

14. Describe your organization's plan for dealing with the practical issues involved in the relatively constant yet staggered turnover of guests, including how staff will onboard and integrate new guests into the respite's ongoing operations and manage potential shifts in the degree to which Guests impact and influence each other. What would you consider to be a realistic turnaround time between one Guest moving out and another Guest moving in? (5 points)

    The proposed peer respite will operate 4 single rooms that can accommodate guests up to 7 days on a given stay. All new guests must self-refer and begin the process with a phone conversation with our peer staff for screening. We will allow for new guest stays to occur as soon as a room is available (same-day) by ensuring the admission process is simplified and easy for staff and new guests. New guests will be orientated to the space by peer staff and then have an option to spend time alone to acclimate to the space, meet further with peer staff, or be paired with a peer and consenting guest for pro-social activities for a facilitated acclimation period. Guests ultimately will control the speed and intensity of the integration into their stay and staff will look towards the guests described level of comfort in the process at all times. The turnover time from a guest completing their stay and beginning a new stay would occur with 4 hours, providing enough time to turn over a room with new linens and cleaning protocol completion.

15. Describe your organization's plan for implementing de-escalation practices as tools for security and safety, without force or coercion; plan for avoiding the involuntary hospitalization of guests who are experiencing acute emotional distress; and guidelines for determining when and how to call police or emergency services. (5 points)

    All Unity peer staff are well trained in non-physical de-escalation strategies focused on

intentional listening and empathy. Peer staff are constantly aware of their surroundings, body language, verbal tone, and word choice in interacting with individuals that may be experiencing acute crisis or mental health concerns. These practices will be implemented as standard in the peer respite and the use of force will never be authorized or trained on. Emotional distress situations will be handled directly by peer staff using a trauma-informed approach to de-escalate, reframe, and identify the current acute need of the guest. Police and/or emergency services would only be called or requested in cases of violence, harm, or overdose event that could not be immediately addressed by on-duty staff.

16. Describe your organization's plan to ensure seamless communication with the co-existing crisis providers in Allegheny County's Crisis Prevention and Response System, particularly first responders in the communities where the Respites are located. (5 points)

    Unity will use existing relationships with Pittsburgh City First Responders and RESOLVE teams, as applicable and needed for acute crisis needs that are not appropriate to be addressed through a respite stay, or that may occur during an ongoing respite stay of a guest. We will immediately integrate any new first responder services and contacts as they may exist into our current partnership networks as well.

17. Describe your organization's plan for facilitating a continuing connection with Guests after their stay, without overburdening staff or diverting resources from current guests. (5 points)

    As part of the ending of a guests stay, they will be provided the opportunity to consent to ongoing contact from Unity peer staff that operate within community programs from our core community services at our South Side location. If consenting, guests will receive communication at the intervals desired from peer staff as well as have the ability to engage in an ongoing peer to peer relationship following the end of their stay.

18. Describe the types of technical assistance and/or training from DHS, if any, that would support the overall design and implementation of this project (5 points)

    T/TA needs related to ongoing Medicaid funding sustainability would be helpful for the long-term success of this project.

Staffing Qualifications and Training (35 points)

19. Describe your organization's plan for recruiting and retaining high quality staff with lived experience at all levels of the Peer-Run Respite, including leadership, governance and staff. What challenges do you anticipate, and how will you overcome them? (e.g. sick or unavailable staff, unexpected staff turnover) (5 points)

We are currently 100% staffed at all levels by staff with lived experience as it is the only type of staff we employ. We have robust recruitment strategies for attracting and retaining highly qualified peer talent, as well as creating a pipeline for internal development of existing peer staff with less professional experience prior to their employment at Unity. This allows us to create a

cycle of highly qualified peer staff that move from entry level to peer program leadership over the course of their tenure with us. We do not anticipate any ongoing problems related to staffing and have the flexible coverage across our programs to accommodate emergency staffing situations related to sick or unavailable staff and unexpected staff turnover.

20. Attach written job descriptions with responsibilities and expectations for all respite staff, including peer support staff, the part-time Program Supervisor and volunteer positions, if any. (10 points)

    Attached.

21. Attach a sample staff plan for providing sufficient coverage at all times with an appropriate number of staff who have appropriate responsibilities and levels of experience. (5 points)

    Attached.

22. Describe your organization's plan for onboarding, training and development that applies to all staff, including the development of individualized training plans that focus on staff members' specific areas of interest or improvement. (10 points)

All new unity peer staff are onboarded over the course of 4-6 weeks with intensive integration into our service model philosophies and organizational guiding principles. This includes peer to peer service engagement, resource navigation, digital literacy, documentation standards, harm reduction philosophy, peer movement history, staff shadowing, staff mentorship, and live role playing. All staff are guided through onboarding via their direct supervisor and an assigned peer specialist mentor. Knowledge checks are built into the 2, 4, and 6 weeks of our onboarding process to ensure fidelity to our models of care. During and following onboarding, all peer staff are provided weekly 60-minute supportive supervision in which service case reviews, ethical dilemmas, outreach plans, and needs are discussed. Each staff also have a supportive supervision plan that is updated throughout supervision and includes supervision goals, 1-year professional development goals, and 5-year long-term professional development goals.

23. Describe the types of technical assistance and/or training from DHS, if any, that would be helpful in recruiting, retaining and developing staff with lived experience (5 points)

    None needed at this time.

Data Collection and Reporting (20 points)

24. Provide recent evidence of participant satisfaction in your organization's current programs? (5 points)

    Of engaged participants across all programs for the last 36 months, an average report of satisfaction with the following has occurred (scored on Likert Type 1-5, with 5 being extremely satisfied) (N = 9,102)

Peer Staff: 4.86
Services Delivered: 4.82
Accessibility of Services: 4.71

25. Describe your organization's plan to collect and use Guest feedback to improve program design, service delivery and evaluation efforts? (5 points)

    We will implement a QAIP process that allows us to solicit feedback from current and past guests about their experiences with the respite. This will be done in a variety of ways including focus groups, semi-structured interviews, paper and digital surveys, and anonymous tip mechanisms. We will review these findings on a recurring and consistent basis so that we may implement program and process changes in near real time for maximum effect.

26. Describe your organization's plan to balance state-required data collection requirements with the preferred approach in Respite, which keeps routine person-specific paperwork to a minimum and is led largely by the person who is seeking support (10 points)

    We have successfully implemented low-touch data collection across our programs which adhere to a similar model of data integrity and collection as the peer respite model. We have found that peer to peer rapport is critical in collecting outcomes and engagement data, and that conversations with participants (i.e., guests in a respite) about the importance and utility of such data greatly increases the ability to collect it. We also use RecoveryLink, an electronic health record designed explicitly for peer support services, that allows our staff to seamlessly collect data at any time point, including the required start of stay, during stay, and end of stay time series identified in the current request for proposals. We anticipate no barriers to collection or transmission of required data.

Budget and Budget Narrative (10 points, not included in page count)

27. Attach a complete line-item budget that shows all planned expenses, including any one-time capital costs, ongoing utility, maintenance and supply costs, and personnel costs. The budget should reflect a realistic estimate of the costs associated with implementing Peer-Run Respite. If capital costs will entail more than minor renovations, these costs should be noted separately in the budget and described in detail in the budget narrative. Funding is limited for capital costs entailing more than minor renovations. If a collaborative partnership is being proposed, the budget and narrative justification should indicate how contract funds will be allocated between or among the partners. (5 points)

    Attached.

28. Attach a budget narrative that clearly and concisely explains the costs in each budget category, that provides supporting justification of each proposed line item, and that identifies the basis of the estimate for each cost element. The descriptions in the narrative must match the items in the budget table or spreadsheet. (5 points)

Addressing Implementation Challenges (15 points)

29. Identify the challenges you expect to encounter during the development and implementation of this project, and outline your plan for overcoming them. (10 points)

    We do not anticipate any major challenges to the project, but have identified several possibilities that may arise. Chief among them is the remodeling of the project, which may have unforeseen complications related to permitting or licensing in the city and county. We will work proactively with city planning and DHS staff to overcome and minimize these potential challenges. It is also possible that the demand for the respite services will be greater than capacity allows for, creating tension in the local stakeholder community and neighborhood. We will work to successfully implement equitable admission policies and waitlists, as well as offer a robust network of external resources to alleviate these challenges and obstacles as well.

30. Identify any licensing and regulatory criteria that may be in conflict with the Peer-Run Respite model and explain why. (5 points)

    We do not believe there is any current regulatory criteria that is in conflict with the peer-run respite model, especially when operated in a commercial space such as is proposed here. Any licensing and regulatory criteria that is identified will be successfully navigated with DHS in a rapid manner.

Scenarios (15 points possible)

Describe your preferred approach to dealing with the following situations.

31. ***Scenario 1:*** Naomi is a trans woman of color who has a long history of trauma and abuse. She has been a Guest at the respite for 3 days when she reports that an item that has special significance for her is missing from her bedroom. She insists that it was stolen by another resident who must have entered her room while she was in the shower. She has an idea who it was, but she can't say for sure. She's upset and trembling and tells you that she feels unwelcome and unsafe at the respite now and she wants to leave. (5 points)

Our preferred approach with this scenario is to first use verbal de-escalation communication to work with Naomi to return to a baseline emotional state through validation of her loss and empathy to the impact such a loss has on her life and well-being. We would allow this to take as much time as needed using active listening and reflection (note: at any point during this time, we would allow Naomi to leave as desired, while holding her room for 24 hours to return based on returning to a stable state on her own terms away from the respite). Following stabilization, we would work with Naomi, if she is willing, to identify the last place she saw the item, to check the door lock logs to see if anyone entered her room, and if willing, to engage in a mutual facilitated conversation with the other resident in question to see if the item could be located and the situation diffused. If this not possible, we would work to process the grief of this lost item with

Naomi, and when she is willing, to play out the possibilities of leaving for feeling unsafe with appropriate referrals, or what a plan to stay and return to safe feelings may look like.

32. ***Scenario 2:*** Maggie, a prospective Guest, disclosed that she has been involuntarily hospitalized many times because she cuts herself when she's under stress, and that she can't promise she won't do this during her stay. She says she needs time and space to deal with the voices that tell her she needs to cut harder and deeper. The voices have never been so insistent before. They promise that afterward she won't feel anything and her problems will be over. Sometimes she thinks the voices are right. (5 points)

    Our preferred approach with this scenario is to explore the role that the voices have played in Maggie's life and what role they play in helping her cope with the stressors and obstacles in her life, including potential drama. We would let Maggie know that the respite is a safe place to process these feelings and stress, and to learn more about the role the voices may play in her life and how she may choose to use these experience to foster wellness through channeling these emotions and actions in different ways that she may find more soothing. Administratively, we would request that Maggie agrees to let peer staff check on her (wellness checks) every hour if she is filling stressed to help promote her physical safety and health. If Maggie should request at any time, but only on request, additional community-based referrals may be made to support her with her self-harm and mental health.

33. ***Scenario 3:*** Richie is a middle-aged Black man who has several chronic medical conditions, including Type 2 diabetes. He's been severely depressed since his partner, Eric, died suddenly a few months ago. He leaves the respite every day to see their dog, the only thing he seems to care about now. He usually gets back early in the afternoon, in time to sit in on a peer-run group. On the 5th day of his stay, he returns later than usual, uncommunicative and appearing to be intoxicated. He goes straight to his room and doesn't conceal the bottle that he's carrying. (5 points)

    Our preferred approach in this scenario is to do a wellness check to ensure Richie does not have alcohol poisoning and need a higher level of medical care. However, a peer respite is not necessitated to be a substance free space, only a safe and welcoming space, so Richie would not be removed nor talked down for this behavior. As long as he is safe and alive, the following day Richie would have a chance, if willing, to discuss his grief with a peer staff and provided opportunities to discuss and learn from this experience and how he may find different outlets for channeling and experiencing his grief. It would be affirmed by peer staff that grief is a normal process that we all go through in our own ways and that there is nothing wrong about this processing mechanism.

Budget Narrative

Personnel Services including Fringe benefits Annually:

Position	Total FTE Salary	Fringe Rate	Total Fringe	Total Compensation
Project Director	60,320.00	0.3165	19,091.28	79,411.28
Peer Supervisor	54,080.00	0.3165	17,116.32	71,196.32
Peer Specialist (x6)	43,680.00	0.3165	13,824.72	345,028.32

Unity Recovery's Fringe Benefits are comprised of: 1) retirement (10%), 2) FICA (7.65%), 3) Insurance (8%), and 4) Social Security (6%), for a total of 31.65%.

Project Director: TBH. Duties: Project implementation and management of goals and objectives. Oversees daily operations to ensure successful program implementation.
Peer Supervisors. TBH. Duties: Supervise staff; oversee data collection and service delivery; coordinate RFW BIPOC expansion, service referrals, and training networks.
Peer Specialists: TBH. Duties: Support participants individually; encourage engagement and retention; facilitate group sessions; provide community recovery, re-entry, and employment support referrals as needed.

Subcontractors:

Type	Service	Rate	Cost
Subcontractor	Data collection, performance assessment, data management and evaluation	24,000 / year	24,000
Subcontractor	Respite Module ERR	12,000 / year	12,000
Subcontractor	Legal assistance and guidance for regulatory needs	8,000 / year	8,000

1. The subcontractor will be responsible for all data collection and reporting.
2. The module will be licensed annually through a subcontractor for respite data collection and reporting.
3. The subcontract will be responsible for providing legal assistance and guidance.

Consumer Services:

Items	Description	Cost
Program Services	Program costs associated with group activities, recovery yoga, etc.	35,000
Transportation	Ride assistance via lyft	10,000
Harm Reduction Supplies	Supplies for participants who also use substances	15,000

1. Costs associated with delivering group-based program activities for respite residents.
2. Ride share services for respite residents to attend interviews, work, appointments, and other daily needs.
3. Harm reduction supplies to reduce harm among respite residents who use substances.

Supplies:

Items	Rate	Cost
Office Supplies	$39,000 over 2 years	24,000
Software Licenses	$7,500 annually	7,500
Furniture	37,500 over 2 years	37,500
Appliances	12,500 over 2 years	12,500

1. General office supplies include laptops (under $5,000), copies, printer ink, etc. for all program needs and uses.
2. Software licenses include EHR licensing for program data collection, digital practice management, and referral management.
3. Furniture includes room and community space furniture for respite residents.
4. Appliances include kitchen and laundry appliances for respite residents.

Other Costs:

Item	Note	Cost
Postage & Shipping	Staff and participant shipping and mailing needs	10,000
Telephone	Phone and broadband service for program	16,000
Printing & Reproduction	Printing and reproduction for staff services and participant needs	20,000
Space & Utilities	Program space lease+ estimated annualized utilities (gas, electric, trash, water)	36,000

Outreach	Community outreach events	12,000
Space Fit Out / Purchase	Lease renovations and potential property purchase	200,000
Bonding & Insurance	Business and professional liability insurance	30,000
Staff training	Staff continuing education and professional development	15,000
Indirect Costs	10% de minimis of MTDC	1293,27.18

The ICR includes modified total direct costs summed from: personnel costs, the first 25,000 of each subcontract, and supplies.

Memorandum of Understanding

Between Unity Recovery and Pennsylvania Peer Support Coalition

This Memorandum of Understanding (MOU), while not a legally binding document, does indicate a voluntary agreement to collaborate in the interest of providing consulting, training and technical assistance to our shared network of peer providers.

Overall Project Goals, Services and Outcomes:

Unity Recovery's Pennsylvania Statewide Network project seeks to implement and enhance the overall coordination and capabilities of the recovery support services field through the implementation of a Pennsylvania Statewide Recovery Network of the regional recovery hubs, recovery support providers, allied service providers, payers, governmental agencies, and the broader recovery community. Accordingly, we have agreed to collaborate by making training and technical assistance available to staff and participants of Pennsylvania Peer Support Coalition and their affiliates. This collaboration will function under the terms herein:

Term One: This MOU shall begin on July 1, 2023 and extend for one year until June 30, 2024. The agreement is renewable from year to year, unless either party gives notice of intent to withdraw from the agreement.

Term Two: Unity Recovery will provide peer training staff who will engage Pennsylvania Peer Support Coalition sites in training and technical assistance activities.

Term Three: Unity's peer training staff will provide didactic and experiential training and instruction in the following area(s):

- Program design and implementation
- Hiring, training and onboarding of staff
- Professional development
- Service delivery, fidelity and quality control
- Program evaluation and data analysis

Term Four: Pennsylvania Peer Support Coalition agrees to participate in needs assessments, cost-benefit analyses, consulting and training activities as needed.

Term Five: Pennsylvania Peer Support Coalition and Unity agree to make referrals outside of this agreement as appropriate, according to the referral procedures of each respective organization and without condition or remuneration.

Term Six: This MOU may be revised with approval of both parties and may be terminated by either party, for any reason, by giving 30 days written notice.

Signed _____ Date 05-21-2023

Robert D. Ashford
Executive Director, Unity Recovery

_____ 5/21/23 Date

_____

David Measel
Executive Director, Pennsylvania Peer Support Coalition