



Allegheny County Department of Human Services

# RFP Response Form

## RFP for Opioid and other Substance Use Disorder Interventions that are Led, Designed and Operated within and by Highly-Impacted Communities

### PROPOSER INFORMATION

Proposer Name: Women's Center & Shelter of Greater Pittsburgh

Authorized Representative Name & Title: Nicole Molinaro President/CEO

Address: PO Box 9024 Pittsburgh, Pa 15224

Telephone: 412-687-8017 [REDACTED]

Email: nicolem@wcpittsburgh.org

Website: www.wcpittsburg.org

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

Women Led:  Yes  No

Minority Owned:  Yes  No

If yes, select the ethnicity:

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native  | <input type="checkbox"/> Black or of African decent       |
| <input type="checkbox"/> Hispanic or Latino/a              | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Western Asian/Middle Eastern      | <input type="checkbox"/> East Asian/Far Eastern           |
| <input type="checkbox"/> South Asian/Indian (Subcontinent) | <input type="checkbox"/> Southeast Asian                  |
| <input type="checkbox"/> Other Asian                       | <input type="checkbox"/> Multi-racial                     |

Self-Describe: [Click here to enter text.](#)

Faith Based:  Yes  No

Partners included in this Proposal: N/A

How did you hear about this RFP? *Please be specific.* Email from the Allegheny County Department of Human Services

### PROPOSAL INFORMATION

**RFP for Opioid and Other Substance Use Disorder Interventions that are Led, Designed and Operated within and by Highly-Impacted Communities**

1. Total dollar amount requested: \$72,600
  
2. Which category does your proposed intervention fall under? Select all that apply.
  - Education** – Expanding timely access to quality and comprehensive information about the spectrum of OUD/SUD interventions, including holistic approaches to prevention, treatment, de-stigmatization and recovery
  
  - Engagement/Outreach** – Cultivating ongoing, person-centered relationships with underserved and/or vulnerable communities and individuals
  
  - Linkages to Treatment** – Creating or expanding connections between affected communities, creating or expanding informal community-based peer support programs and providing information about use of MOUD (supplementary to the existing infrastructure of formal, institutional supports)
  
  - Other** *(please briefly explain.)*  
 Click or tap here to enter text.
  
3. Proposal summary *(please use only one sentence):*  
 Click here to enter text.

**REQUIRED CONTACTS**

	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Chief Executive Officer	Nicole Molinaro	412-687-8017 [REDACTED]	[REDACTED]
Contract Processing Contact	Allison Mosher	412-687-8017 [REDACTED]	[REDACTED]
Database & Contracts Manager	Paige Quay	412-687-8017 [REDACTED]	[REDACTED]
Chief Financial Officer	Kent Bloom	412-687-8017 [REDACTED]	[REDACTED]
MPER Contact*	Paige Quay	412-687-8017 [REDACTED]	[REDACTED]

\* MPER is DHS's provider and contract management system. Please list an administrative contact who will update and manage this system for your agency.

**BOARD INFORMATION**

\* For the Board Chairperson, you must list an address, email address and phone number that are different than the organization's.

Board Chairperson Name & Title: Erin Gibson Allen Board Chair

**RFP for Opioid and Other Substance Use Disorder Interventions that are Led, Designed and Operated within and by Highly-Impacted Communities**

Board Chairperson Address: 6 PPG Place, Suite 830, Pittsburgh, PA 15222

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email Address: [REDACTED]

Partners included in this Proposal: N/A

How did you hear about this RFP? *Please be specific.* Email from Allegheny County Department of Human Services

**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.*

Leslie Slagel Ph.D., LPC  
Chief Operating Officer  
POWER (PA Organization for Women in Early Recovery)

[REDACTED]  
[REDACTED]

Traci Day  
Senior Social Worker  
Pregnancy and Women’s Recovery Center  
UPMC Magee-Women’s Hospital

[REDACTED]  
[REDACTED]

David Lettrich  
Executive Director  
Bridge Outreach

[REDACTED]  
[REDACTED]

**CERTIFICATION**

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

## **RFP for Opioid and Other Substance Use Disorder Interventions that are Led, Designed and Operated within and by Highly-Impacted Communities**

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 and/or proprietary.

### **ATTACHMENTS**

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

- One letter of support from a community-based organization or individual
- Partner commitment letters, if applicable
- MWDBE and VOSB documents
- W-9

### **REQUIREMENTS**

Please respond to the following. The maximum score a Proposal can receive is 80 points. Your response to this section should not exceed 5 pages. (Pages 1-3 are not included in the page count).

## **RFP for Opioid and Other Substance Use Disorder Interventions that are Led, Designed and Operated within and by Highly-Impacted Communities**

### **Approach (25 points)**

1. Describe your organization's proposed intervention, including the services that will be provided and the intended outcomes. (10 points)

Women's Center & Shelter of Greater Pittsburgh (WC&S) understands that intimate partner violence (IPV) and substance use are deeply connected and that addressing both issues simultaneously is beneficial. Through the work of our dedicated Substance Use and Recovery Specialist, WC&S provides services specifically for IPV survivors who are also in recovery, struggling with substance use, and are victims of substance use coercion.

The WC&S Substance Use and Recovery Specialist advocates that for substance use intervention services to be effective, safe, and accessible to IPV survivors, understanding needs to be placed on the ways that substance use coercion impacts survivors and their children, and the co-occurring issues that are related to substance use/recovery and IPV. In the first year of this proposed intervention, she will provide trauma informed assessments and individual support sessions to clients in WC&S' emergency shelter who are experiencing co-occurring issues related to substance use/recovery and IPV, facilitate 25 onsite support groups, provide 50 individual client-centered counseling sessions, lead trauma informed interventions and crisis support, and conduct substance use and harm reduction training for staff.

Individual counseling allows survivors to be the leaders in their own recovery. This process is part of survivor-centered advocacy, which centers the individual's experience rather than being prescriptive, and helps to restore control to a person's life in areas where control was taken from them. Through individual counseling, the Substance Use and Recovery Specialist creates a safe space for survivors to experience their emotions and helps them to learn healthy ways of coping with stress and trauma.

Support groups consist of survivors in all stages of recovery. This is a safe space where individuals who have experienced both IPV and substance use can openly share their experiences and stories about issues that can feel very isolating. Support groups are curated to fit the needs of WC&S clients but are largely based off Seeking Safety, an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance use. Through support groups, clients can engage with their peers, address stigma, nurture hope, and develop meaningful connections. The Substance Use and Recovery Specialist also helps members of the support group learn how to identify symptoms of trauma, practice new ways to cope without substances, and enhance their overall safety and wellbeing.

For some clients, residing in a group living setting such as WC&S' emergency shelter, can bring challenges. Negotiating shared space and managing conflicts can trigger substance use as a coping mechanism. Providing substance use and recovery services in-house is a safe and effective way that WC&S can provide support and create a stronger continuum of care. The Substance Use and Recovery Specialist also supports other staff by providing education, modeling appropriate interventions, and assisting with de-escalation and support as needed.

Survivors of IPV often cannot continue treatment due to the control of an abusive partner, or they are forced to discontinue recovery services due to stalking or harassment from their

## **RFP for Opioid and Other Substance Use Disorder Interventions that are Led, Designed and Operated within and by Highly-Impacted Communities**

abusive partner. These challenges are concurrently a major safety concern and a form of substance use coercion. This type of interference means that IPV survivors are at an increased risk for relapse and for opioid overdose death. A survey of 3,056 callers to the National Domestic Violence Hotline found that 60% of callers who had sought help for substance use said their partner tried to prevent them from getting help.<sup>1</sup> WC&S' Substance Use and Recovery Specialist will be able to navigate, connect, and transfer clients to reputable substance use services in the community that are safe and appropriate to the client's recovery needs. The Substance Use and Recovery Specialist has already helped several victims change MOUD clinics, get connected to harm reduction supplies, and find mental health professionals that suit each client's unique needs.

The Substance Use and Recovery Specialist maintains strong collaborations with community partners such as Bridge Outreach, POWER (PA Organization for Women in Early Recovery), and the Pregnancy and Women's Recovery Center at UPMC Magee-Women's Hospital. These connections allow for a strong cross-referral process which can be imperative and lifesaving for those experiencing the co-occurring issues of IPV and substance use. Through this grant opportunity the Substance Use and Recovery Specialist intends to form two new collaborations with other community partners.

<sup>1</sup> 2014 Mental Health and Substance Use Coercion Survey Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline.

2. Which focus community(ies) and population(s) does your organization plan to serve? Explain how this community and population have been disproportionately impacted by the opioid epidemic. (15 points)

Women's Center & Shelter of Greater Pittsburgh (WC&S) plans to focus this intervention on the community that we serve: survivors of intimate partner violence (IPV) in Allegheny County.

Allegheny County has been hit particularly hard by the opioid epidemic. In 2021, the County's overdose death rate was 58.8/100,000 - nearly double the national average (29.9) and of those deaths 87% involved opioids.<sup>1</sup> WC&S is deeply invested in Allegheny County; it is where we set down our roots 49 years ago when WC&S was at the forefront of the U.S. domestic violence movement and became one of the first six DV shelters established in the country. Since our founding, WC&S has remained steadfastly dedicated to the Allegheny County community. It is where our organization is located, where the majority of our clients reside, and where we have deeply valued and effective working partnerships.

Intimate partner violence (IPV) is a pattern of intentional, ongoing, and systematic abuse used to exercise power and control over an intimate partner. This can take the form of intimidation, threats, physical violence, verbal abuse, sexual violence, enforced isolation, economic abuse, stalking, psychological abuse, and/or coercion. IPV can have significant effects on a survivor's physical and mental health, including increased risk for substance use concerns.

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In fact, those experiencing IPV are six times more ~~de~~likely to develop substance use disorder (SUD).<sup>2</sup> Opioid use, in particular, has a troubling link with IPV. Among women who have used opioids, 94% had reported experiencing intimate partner violence in their lifetimes. For men who had used opioids, 58% reported perpetrating intimate partner violence in their lifetimes.<sup>3</sup>

While some survivors use substances to cope with the traumatic effects and physical pain of abuse, others are coerced into use by their abusive partners. Common forms of substance use coercion can include:

- Deliberately introducing a partner to substances, including new or more addictive ones.
- Controlling a partner's access to substances to maintain power and control within the relationship.
- Coercing a partner into engaging in illegal or unwanted activities to obtain substances or money for substances.
- Limiting a partner's ability to call the police for help by threatening to report substance use to law enforcement.
- Deliberately injuring a partner to obtain pain medication such as opioids.
- Interfering with a partner's access to treatment or sabotaging their recovery efforts.
- Leveraging stigma associated with substance use to isolate a partner from potential sources of safety and support, and to manipulate and mobilize systems (e.g., child welfare, criminal justice) against them.

Substance use coercion creates major barriers to safety and recovery for IPV survivors, limiting their ability to engage in services, and achieving health, well-being, and economic self-sufficiency. For example, when a survivor has a criminal record due to coerced substance use, it creates additional barriers for them to access employment, housing, and some social services and benefits for which they would otherwise be eligible. Furthermore, survivors dealing with substance use coercion often face barriers in accessing domestic violence and substance use treatment services. A survey of 3,056 callers to the National Domestic Violence Hotline found that, of callers who had sought help for substance use, 24% were afraid to call the police for help because their partner said they would be arrested or not believed, and 38% said their partner threatened to report their substance use to authorities to keep them from services they wanted or needed (e.g., protection order or child custody).<sup>4</sup>

<sup>2</sup> Data from the Allegheny County Overdose Dashboard.

<sup>3</sup> 2019 Information Memorandum by US Dept of Health and Human Services, Substance Use and Mental Health Services Administration.

<sup>4</sup> Stone, R., Rothman, E.F. Opioid Use and Intimate Partner Violence: a Systematic Review May 2019.

<sup>5</sup> 2014 Mental Health and Substance Use Coercion Survey Report from the National Center on Domestic Violence



## **RFP for Opioid and Other Substance Use Disorder Interventions that are Led, Designed and Operated within and by Highly-Impacted Communities**

### **Community Designed and Operated (45 points)**

3. Explain how your organization's proposed intervention will be community designed and operated, including a plan to include community members in the planning, design and/or implementation of the intervention. (15 points)

All services provided by Women's Center & Shelter of Greater Pittsburgh (WC&S), including the work of our Substance Use and Recovery Specialist, are designed with the community of intimate partner violence survivors in mind. WC&S implements the evidence-based practice of survivor-centered advocacy, wherein direct service staff work with and on behalf of IPV survivors and treat survivors as the experts on their own situations. Rather than being prescriptive, WC&S staff equip clients with information, options, and referrals. These resources empower clients to make the best decisions for their safety and wellbeing.

WC&S also utilizes the Sanctuary Model as the framework for all services. The Sanctuary model is an evidence-based practice which calls for actively maintaining a trauma-informed community in human service agencies. Sanctuary-trained staff understand that trauma and adversity are diverse experiences that can have ongoing effects on emotions, actions, and one's sense of security. There is also an understanding that organizations can endure experiences parallel to the trauma and adversity experienced by individuals. By questioning systems and past experiences rather than placing blame on individuals (i.e., asking "What happened to you?" rather than "What's wrong with you?"), WC&S works through problems on all levels with compassion and mindfulness. The guiding principles of The Sanctuary Model include commitments to nonviolence, emotional intelligence, social learning, democracy, open communication, social responsibility, and growth and change. In keeping with all components of the Sanctuary Model, staff providing direct services to clients address the following four areas of healing for survivors of domestic violence crime and their children:

- Safety—seeking safety in one's environment and relationships.
- Emotions—managing emotional responses to memories, events, and people.
- Loss—recognizing and accepting loss as a natural part of the human experience.
- Future—preparing for change and transitions.

4. Explain why your organization is the appropriate provider to implement the proposed intervention, including a description of your organization's experience providing support or services to, with, or within communities that have been disproportionately affected by the opioid epidemic. (15 points)

WC&S is a comprehensive domestic violence program annually serving over 7,500 adult and child survivors of domestic violence. Since 1974, WC&S has been a leader in providing safety, shelter, support, and guidance to all survivors of intimate partner violence (IPV). Our mission is to meet the individual and evolving needs of those affected by intimate partner violence. We recognize that our clients are disproportionately affected by the opioid epidemic and substance use disorder (SUD). Therefore, through the work of our dedicated Substance Use and Recovery Specialist, WC&S provides services specifically for survivors who are also in recovery, struggling with substance use, and are victims of substance use coercion.



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WC&S meets survivors where they are by providing support and resources to those who are experiencing co-occurring issues related to substance use/recovery and intimate partner violence. The Substance Use and Recovery Specialist works primarily with the clients residing in WC&S' Emergency Shelter where she not only provides counseling, support group facilitation, and resource navigation, but also referrals to the many services provided by WC&S, including Legal Support, Trauma Therapy, Children's Counseling, Medical Advocacy, LGBTQIA+ and Refugee/Immigrant Support Services, and Children Youth and Families Intervention.

The Substance Use and Recovery Specialist has extensive knowledge and experience working in the environments of both substance use and recovery and IPV. She has earned a master's degree in social work from the University of Pittsburgh where she held a fellowship for Opioid and Addiction Leadership (COAL) and interned at the Pregnancy and Women's Recovery Center (PWRC), a suboxone clinic that provides comprehensive wrap around services to pregnant and non-pregnant women looking to be in recovery. Before becoming the Substance Use and Recovery Specialist at WC&S, she held the position of Direct Service Advocate, providing safety planning, case management, and information and referrals to clients of the WC&S Emergency Shelter, 24-Hour Hotline, and Chat/Text Program.

Currently, the Substance Use and Recovery Specialist is working alongside the Director of the National Center on Domestic Violence, Trauma, and Mental Health and other experts in Addiction Medicine at Magee Women's Hospital on a project called "Supporting Opioid Use Disorder Treatment to Recovery through Piloting an Intervention Addressing Intimate Partner Violence". The goal of this project is to implement a toolkit to address substance use coercion related barriers within opioid use disorder settings. The Substance Use and Recovery Specialist is the main referral source for counseling, support, and consultation for the two Allegheny County-based clinics involved in this project, and she has been training their staff on signs of substance use coercion and how to discuss it with patients.

5. Describe your organization's plan for staffing, including roles, role descriptions and any training requirements. Proposers should demonstrate how the staffing plan reflects their commitment to prioritizing interventions led/staffed by Black individuals and individuals in recovery. (10 points)

WC&S plans to continue to fund the Substance Use and Recovery Specialist position, which was established in 2022. The position has long been identified by Residential Shelter and senior leadership alike to be much needed. This position already provides trauma informed assessments and individual support to clients in emergency shelter who are experiencing co-occurring issues related to substance use/recovery and IPV, facilitates onsite support groups, provides individual client-centered counseling, leads trauma informed interventions and crisis support, conducts substance use and harm reduction training for staff, and identifies and strengthens collaborations with substance use and recovery resources.

Intervention efforts will be led by the Substance Use and Recovery Specialist. Using the evidence-based programming described above, she will prioritize the lived experience of the client first and foremost, always making sure that they are the leader in their own journey to safety and recovery. The Substance Use and Recovery Specialist will collaborate with Black

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WC&S staff as well as Black Community Partner staff and will provide referrals to other WC&S services and Community Partner services as necessary.

The Substance Use and Recovery Specialist has completed Pennsylvania Coalition Against Domestic Violence (PCADV) Training, and maintains First Aid/CPR/AED Certification, and Act 33/34 and FBI Clearances. Through this proposed intervention additional training will be arranged, including the Naloxone Administration Trainer Course, and Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training.

6. Attach one letter of support from a community-based organization or individual that speaks to your experience building trust with or within an affected community; this letter should include at least one specific example. (5 points)

attached

### **Budget (10 points, not included in page count)**

7. Attach a detailed, line-item budget that reflects a realistic estimate of the costs associated with planning, implementing and sustaining the intervention. (5 points)

attached

8. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget. (5 points)

attached

**WOMEN'S CENTER AND SHELTER OF GREATER PITTSBURGH**  
**DHS Substance Use Intervention PROPOSAL**

<b>PERSONNEL</b>		<b>10/1/23 - 9/30/24</b>		
<b>Position / Title</b>	<b>Employee Name</b>	<b>Annual Salary</b>	<b>% Time to Project</b>	<b>Project Salary</b>
Substance Use and Recovery Specialist	Kelly Nissley	\$ 49,810.00	100%	49,810
<b>TOTAL PERSONNEL</b>				<b>\$ 49,810</b>
<b>EMPLOYEE BENEFITS</b>		<b>Annual Rate</b>	<b>% Time to Project</b>	
	<u>Rate Applicable</u>			
Fica/Medicare	7.65%			3,810
Unemployment Insurance	1.3600%	10,000 max	100.000%	136
Workers Comp Insurance	0.0500%			25
Disability Insurance	28.25	339	100.000%	339
Health Insurance	686.00	8,232	100.000%	8,232
Life Insurance	5.00	60	100.000%	61
Pension	7.00%			3,487
<b>TOTAL EMPLOYEE BENEFITS</b>				<b>\$ 16,090</b>
<b>Training</b>				<b>\$ 100</b>
<b>De Minimis Overhead</b>				<b>\$ 6,600</b>
10% modified direct costs				
<b>TOTAL BUDGET</b>				<b>\$ 72,600</b>

*The Substance Use and Recovery Specialist, Kelly Nissley, will dedicate 100% of her time to providing trauma informed assessments and individual support to clients in WC&S' Emergency Shelter who are experiencing co-occurring issues related to substance use/recovery and intimate partner violence, conducting substance use and harm reduction training for staff, and identifying and strengthening collaborations with substance use and recovery resources. At an average annual salary of \$49,810, at 100% effort over the 1-year course of the project.*

*WC&S is requesting taxes and benefits related to the Substance Use and Recovery Specialist position totaling \$16,090 for the 1-year course of the project. All expense lines of the budget reflect prorated cost for the employee based on percentage of time projected on the project.*

*\$100 has been allocated to cover training costs for the Naloxone Administration Trainer Course, and Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training.*

*In accordance with OMB 2 CFR 200, our agency has elected to utilize the de minimis rate of 10% to charge for indirect costs.*

Erin Dalton  
Allegheny County Department of Human Services  
One Smithfield Street, Suite 200  
Pittsburgh, PA 15222-2221

**Alison Boast, MSN, RN, CARN**  
*Program Director, SUD Health*

300 Halket Street, Suite 0810  
Pittsburgh, PA 15213  
T 412-641-1211  
F 412-641-4998  
[yarosheskia@upmc.edu](mailto:yarosheskia@upmc.edu)

Dear Ms. Dalton:

I am pleased to provide this letter of support for the Women's Center & Shelter of Greater Pittsburgh's grant application for DHS's "Opioid and other Substance Use Disorder Interventions that are Led, Designed, and Operated within and by Highly Impacted Communities" grant.

Women's Center & Shelter of Greater Pittsburgh was founded 49 years ago and exists to end domestic violence (DV) and to create spaces for safety, healing, and empowerment. In the last fiscal year, WC&S served 7,743 unduplicated adults and children experiencing DV. WC&S' full range of services include, but are not limited to 24/7 Phone Hotline, Text/Chat Hotline, Emergency Shelter, Children's Advocacy Program, individual counseling and support groups, Immediate Needs Coordination, Legal Advocacy, a civil law project, and Children, Youth, and Families intervention. Additionally, WC&S provides individual counseling, group counseling, and case management services for victims experiencing co-occurring issues related to substance use and domestic violence.

This grant would allow WC&S' Substance Use and Recovery Specialist to continue to provide services that assist clients with substance use and recovery needs. This is a unique and invaluable service in the community that allows victims of DV to simultaneously work towards safety, healing, and recovery in one place.

Having the support of Ms. Kelly Nissley, Substance Use and Recovery Specialist at WC&S, has been influential to our patient population at the Pregnancy and Women's Recovery Center (PWRC). This unique role at WC&S is reinforced because of Ms. Nissley's ability to recognize the impact of stigma and shame placed on parenting people with a substance use disorder (SUD). Ms. Nissley provides both staff and patients support and education between the relationship of domestic violence, substance use, and mental health coercion. Because of Ms. Nissley's passion, empathy, and genuineness, she easily connects with patients; this allows them to not only feel heard but become inspired to make difficult changes to enhance their lives.

The role of Substance Use and Recovery Specialist at WC&S has been significant to the care we provide for our patients and their children experiencing domestic violence. Having this collaboration is imperative and necessary to the work that we do.

Sincerely,



Alison Boast, MSN, RN, CARN  
Program Director, Women's SUD