



Allegheny County Department of Human Services

RFP Response Form

RFP for a Methadone Treatment Program for the Allegheny County Jail

PROPOSER INFORMATION

Proposer Name: Center for Behavioral Health-PA, LLC DBA Pittsburgh Comprehensive Treatment Center

Authorized Representative Name & Title: Brett Lechleitner, Regional Vice President

Address: 1391 Washington Blvd. Pittsburgh, PA 15206-1801

Telephone: [REDACTED]

Email: [REDACTED]

Website: <https://www.ctcprograms.com/location/pittsburgh-comprehensive-treatment-center/>

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

Women Owned: 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: Not applicable

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

PROPOSAL INFORMATION

Proposal summary (*please use only one sentence*):

Pittsburgh CTC Response Form for Methadone Treatment Program for the Allegheny County Jail

Center for Behavioral Health-PA, LLC DBA Pittsburgh Comprehensive Treatment Center is pleased to submit our proposal for a comprehensive methadone treatment program to the Allegheny County Jail.

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Brett Lechleitner	[REDACTED]	[REDACTED]
Contract Processing Contact	Josh Nirella	[REDACTED]	[REDACTED]
Chief Information Officer	Josh Nirella	[REDACTED]	[REDACTED]
Chief Financial Officer	Bert Brande	[REDACTED]	[REDACTED]
MPER Contact*	Shana Tresatti	[REDACTED]	[REDACTED]

* [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

* For the Board Chairperson, you must list an address, phone and email address different than the organization.

Board Chairperson Name & Title: Nasser Khan, MD

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [REDACTED]

Partners included in this Proposal: N/A

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

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.

Reference in both Pennsylvania and those out of state that have similar partnerships established with other Acadia Comprehensive Treatment Center locations are provided below.

1. Dawn Salsberry
Mercer County, Pennsylvania Jail
[REDACTED]
[REDACTED]
[REDACTED]
2. Lisa Zarilla
Program Administrator
Lawrence County Corrections

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[Redacted]
[Redacted]

- 3. Jennifer Dragon, LICSW
Mental Health Director
Advocates
Worcester County House of Corrections

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

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>.

- Partner commitment letters, if applicable
- MWDBE and VOSB documents
- W-9

REQUIREMENTS

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Please respond to the following. The maximum score a proposal can receive is 180 points. Your response to this section should not exceed 12 pages. (Pages 1-3 are not included in the page count).

Organizational Experience (75 points)

1. Describe your organization's experience providing Methadone Maintenance services. (15 points)

Pittsburgh Comprehensive Treatment Center (Pittsburgh CTC) has been serving the greater Pittsburgh area for over 20 years, helping those struggling with opioid addiction by providing comprehensive medication assisted treatment. As part of Acadia Healthcare, the nation's largest behavioral healthcare company, we have the expertise, the experience, and the resources to provide outstanding service to Allegheny County at an excellent value.

We fully understand the program requirements and the 2023 Department of Justice (DOJ) Settlement Agreement and stand ready to implement a program that not only meets the DOJ Agreement requirements but exceeds them. Our proposed methadone treatment program meets the American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCHC) standards. Our nation is in an unprecedented health emergency, and Acadia Healthcare's network of 160 Comprehensive Treatment Centers (CTCs) across 33 states, the nation's largest network of OTPs, is proud to stand on the front line of the response. We currently partner with over 40 public safety agencies to provide industry leading care to those struggling with addiction, and welcome the opportunity to partner with Allegheny County

Center for Behavioral Health-PA, LLC operates four Opioid Treatment Programs (OTPs) in Pennsylvania and is part of the Acadia CTC network that operates 16 OTPs in the state. Each OTP is designated by the Commonwealth's Department of Human Services (DHS) as a Center of Excellence for Opioid Use Disorder (COE-OUD), indicating our commitment to providing whole-person care that addresses not just the physical aspects of addiction, but also the psychological and social factors. Our OTPs are closely monitored and licensed by PA-DDAP and DEA, certified by SAMHSA, and are CARF-accredited.

In Allegheny County, Pittsburgh CTC has over two decades of experience providing Methadone Maintenance services, paired with counseling and cognitive behavioral therapies for patients with moderate or severe OUD. Located in the Larimer neighborhood of the city's East End, Pittsburgh CTC currently provides medication-assisted treatment using all three FDA-approved medications for OUD, including methadone, to 392 active daily patients. We are proud to report a patient retention rate of 68% in the 2023 calendar year, much better than the national average which hovers around 45%.

Our Methadone Maintenance services are administered under the leadership of our Medical Director, Malcom Harris, MD. Our multidisciplinary team of qualified nurses, counselors, certified recovery specialists, and administrators provide comprehensive, evidence-based services to patients, including: methadone administration management; physical examinations and medical assessments; Individualized Treatment Plans (ITP) and ongoing reviews; Drug Screen Analysis; Counseling (Individual, Group, and Family/Significant Other); Medication Education; Infections Disease Screening; Crisis Intervention; and Referral services.

Core to our Methadone Maintenance program are counseling and peer support services. These services complement patients' methadone treatment by helping them to identify problematic behavior, thoughts, and feelings associated with substance misuse and co-occurring disorders. Our

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evidence-based counseling techniques include Cognitive Behavioral Therapy, Motivational Interviewing, and Trauma-Informed Care through individual and group formats.

Patients have regular check-ins with their counselor and treatment team to monitor progress, address concerns or challenges, and adjust the treatment plan as needed. Clinical staff will review the daily attendance records for all patients and appointments. To ensure optimal patient engagement and retention, we promptly reach out to individuals who miss scheduled appointments, offering immediate rescheduling assistance and support.

The group counseling programs utilize a clinically proven curriculum called Living in Balance, developed by Danya International and published by Hazelden. The curriculum is endorsed by the National Institute on Drug Abuse (NIDA) and is listed on the National Registry of Evidence-based Programs and Practices (NREPP).

We also offer counseling for family members and specialized groups. Our family counseling involves the patient and the patient's family and includes participation in educational groups that address co-dependency and improves communication (e.g., boundary setting). We offer specialized group sessions for pregnant individuals and women with small children, LGBTQIA patients, men, criminal justice system-involved patients, and on special topics such as communicable disease prevention and harm reduction education, stress and anger management, and relapse prevention and refusal skills.

Our counselors and Certified Recovery Specialists (CRS) round out our comprehensive approach by aiding patients in identifying and strengthening access to other social support needs for long-term recovery, stability, and healthy living. We provide career and educational counseling to support patients in vocational needs such as enrolling in a G.E.D. or workforce development program and developing resume writing and interview skills. Our support also includes connecting patients with other resources in childcare, transportation, housing, nutrition and other essential needs.

Lastly, our Methadone Maintenance program practices Continuous Improvement to enhance our services and quality of care. Our Continuous Improvement is driven by patient feedback, employee involvement at all levels, analysis of data and performance metrics, and ongoing review of the latest research and best practices in addiction treatment.

2. Describe your organization's experience providing Methadone Induction services. (15 points)

Pittsburgh CTC has extensive experience providing Methadone Induction services to diverse populations struggling with OUD. We provide same-day or next-day induction services to approximately 250 individuals with moderate or severe OUD each year.

These services are designed to be comprehensive, safe, and patient-centered. We follow a structured protocol that begins with a thorough initial assessment of the patient's health status, medical history, substance use disorder severity, mental health status, and treatment needs. This process includes a physical examination, drug screen analysis, and an ASAM-based Biopsychosocial Assessment completed by a licensed therapist. Our physicians use the criteria found in the American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorder, Fifth Edition (DSM-5) to make a clinical diagnosis prior to initiating induction.

After the initial assessment, the careful administration of methadone is initiated under the supervision of our experienced medical staff. The induction process can take anywhere from three to seven days, and is variable based on individual patient factors. During this period, patients are monitored carefully to ensure their comfort and safety and that withdrawal symptoms are minimized. We use

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several clinical assessment tools to assist us in gauging patient's physical response to opioid agonist treatment. One of the primary tools is the Clinical Opiate Withdrawal Scale (COWS), an 11-item scale that helps us quantify the severity of patient withdrawal symptoms and determine dose titration (or adjustment) needs. The aim is to reach an appropriate "target dose," at which the patient is stable and responding to methadone treatment with maximum benefit and minimum adverse effects. It can take as many as 30 to 45 days for patients to reach a target dose at which they are fully stable.

Throughout the induction process, we prioritize patient education and counseling. We help patients understand the treatment process and set recovery goals through an Individualized Treatment Plan (ITP) developed collaboratively with the patient. New patients receive education on OUD, and its effects on the body and mind. Patients also receive harm reduction education and an emergency opioid overdose kit (including Narcan and fentanyl test strips). Additionally, patients promptly receive linkage and referrals for any treatment needs beyond the clinic's specialty.

3. Describe your organization's experience providing Methadone Maintenance and Induction services to pregnant individuals with OUDs. (15 points)

Pittsburgh CTC offers a comprehensive array of services, policies and procedures tailored to meet the needs of pregnant individuals and those who are nursing. In the past five years, we have provided care to over 25 pregnant individuals at our clinic. Many of the pregnant individuals we serve come to us via an established referral relationship with UPMC Magee-Womens Hospital. Magee-Womens offers induction to pregnant individuals through their Pregnancy and Womens Recovery Center, and we provide continuation of care for methadone maintenance treatment.

Our approach to providing Methadone Maintenance and Induction services to pregnant individuals follows our standard protocols described above, though is supplemented with additional support and resources to account for the special considerations and needs of pregnancy. Notably, prior to induction and initiating treatment, informed consent from the patient in this case must include an overview of risks of taking and not taking methadone during pregnancy, including possible adverse side effects on the parent and fetus. Alternative pharmacotherapy options such as buprenorphine are also presented to and discussed with the pregnant individual. Once methadone induction and maintenance treatment begins, our medical staff's approach includes providing additional monitoring to ensure the safety of the fetus and identify dosing titration needs, as pregnancy can affect the pharmacokinetics of methadone, or the way the body absorbs and distributes the drug's properties.

Prenatal care is crucial for individuals on methadone during pregnancy. Our medical team ensures that each pregnant patient understands the opportunity and need to engage in regular prenatal care visits. Pittsburgh CTC has an established referral network comprised of publicly and privately funded local OBGYN providers who understand the additional needs of people with OUD. To ensure fulfillment of treatment plan goals related to pregnancy and post-partum care, we maintain regular collaboration and coordination with these providers. This includes routine prenatal check-ups, ultrasounds, bloodwork, and other necessary medical assessments. In cases where a pregnant patient declines a referral for prenatal care, our multidisciplinary team steps in to provide basic prenatal instruction and support. At a minimum, these patients will have appointments with the physician every 3-4 weeks to monitor the stability of their medication. The physician is also available to meet with the patient and any significant others as necessary to answer questions, discuss healthy practices, and continually review the risks of withdrawal and drug use to parent and infant.

In addition to the above specific pregnancy-related medical services, each patient meets with a counselor to complete a biopsychosocial assessment from which an ITP is developed. If a patient has treatment needs outside of our provided services, referrals are made. Specifically for pregnant

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individuals and parents with small children, our community referral network includes family planning counseling and services for reproductive support, pediatricians or other specialists for well-child visits and vaccines, mental health professionals, and social services for housing, food, transportation, and childcare support as needed. Pregnant individuals and parenting participants receive specialized education on pregnancy, prenatal care, parenting skills, and child development. Specialized group counseling is also available for pregnant and post-partum parents. Breastfeeding education and referrals for lactation consultants are also provided.

Finally, all of Pittsburgh CTC's medical and clinical staff receive training on the specific needs of pregnant and nursing individuals. These training courses are assigned to staff upon hire and delivered through our e-learning platform, HealthStream. All staff complete a "Providing Comprehensive Care – Physical Health Issues/Pregnancy" e-learning training course and are provided on-site instruction around the relevant policies, procedures and Pennsylvania-specific regulations. In addition, physicians assigned a specialized comprehensive provider course entitled "Pregnancy During Medication Maintenance." This training module, developed by our parent company, Acadia Healthcare's national Chief Medical Officer utilizing SAMHSA and CSAT best practices and other evidenced-based medical data, covers expedited admissions, facilitating prenatal care, evaluating methadone dose and split dosing, educating staff, neonatal issues, and breastfeeding. These investments in training and ongoing professional development ensure our staff possess the knowledge, skills, and sensitivity necessary to support pregnant individuals throughout their methadone treatment.

4. Describe your organization's experience working with currently and/or formerly incarcerated individuals. (10 points)

We have experience serving currently incarcerated individuals, formerly incarcerated individuals, and other criminal justice-involved individuals who are subject to probation or parole agreements. In fact, approximately 50 of our current Pittsburgh CTC patients have a history of criminal justice involvement. We have been a trusted partner for the Mercer County Jail since 2020. Under our services contract, clinicians from our Farrell CTC provide methadone continuation services to individuals who were already on a methadone maintenance treatment regimen at the time of their detention. On average, we serve as the "guest doser" for approximately five patients per month, ensuring their continued treatment and recovery throughout their incarceration. We provide safe transportation of medicine, on-site supervision of dosing, and counseling services to patients through in-person and telehealth formats.

Our sister clinic, Clearfield CTC has experience providing pre-trial criminal diversion services for individuals facing first-time DUI offense charges. Through this initiative, Pennsylvania referred individuals to us to facilitate state-approved curriculum for DUI subjects. To date, our counselors' efforts have successfully helped over 75 individuals participate in a court-approved diversion program

Acadia's national CTC network has extensive experience providing medication-assisted treatment (MAT), including methadone induction and maintenance to currently and formerly incarcerated individuals. Since 2020, our CTC network has partnered with more than 40 organizations, including prisons, jails, pre-trial, and probation agencies to provide MAT services to individuals in carceral

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settings. Through these partnerships, our network administers medication and counseling services to more than 850 individuals, aligned with national standards for MAT in correctional healthcare.

5. Describe your organization's experience providing services 7 days per week, 365 days per year, or discuss your ability to staff-up to meet this requirement. (10 points)

Due to the nature of the services we provide as an OTP and the daily dosing requirements for patients on methadone, we are deeply experienced and committed to providing services 7 days per week, 365 days per year. While our brick-and mortar clinic is open six days per week (Monday through Saturday; we provide take-home doses to patients for Sunday consumption), we understand that the present opportunity with Allegheny County Jail (ACJ) may require staff to be present on-site on Sundays as well. Many of our other corrections-based programs also require services to be provided 7 days per week, 365 days per year. We will comply with this requirement.

Our capacity to staff-up to meet ongoing and new service needs is strong and well-resourced. Pittsburgh CTC is supported by both divisional and corporate human resources personnel with experience in recruiting, onboarding, and training staff at our network's 160 OTP locations across the nation. The collective human resources, finance, and operations team includes: talent acquisition specialists with focus areas on clinical roles (counselors, nurses), administrative roles, and management/leadership roles, HR business partners, training and quality assurance specialists, and compensation analysts.

Our recruitment strategy builds on past successes and includes the following to ensure a highly qualified, diverse workforce:

- Posting jobs on local and national job boards and hiring notices in local publications
- Consideration of sign-on and retention bonuses for new hires
- Engagement of third-party recruiters, as needed
- Internal referral programs with various incentives for individuals able to refer qualified professional contacts to the Acadia HR team
- Regional Director in Training program to build pipeline of and place future clinic/region leaders
- Building relationships with local colleges, universities, nursing schools, and other workforce training programs
- Targeted local advertisements, including web, television, and radio

Our corporate parent draws on decades of experience and deep expertise in numerous markets across the country to develop an attractive and competitive compensation plan for its employees. This includes utilization of third-party compensation tools, such as MGMA for physician salaries; government sources like the Bureau of Labor and Statistics data by geography; competitor analysis and market research; and consultation with trade associations. Depending on the position, we are prepared to offer incentive compensation to encourage retention and outstanding performance, and compensation is reviewed annually to maintain market competitiveness.

6. Describe your organization's experience with / ability to establish a billing infrastructure from the outset and to transition to Medicaid billing for Program services should Medicaid funding become available. (10 points)

Pittsburgh CTC excels in the swift and precise execution of billing functions. Our credentials extend to most private commercial insurance providers, in addition to Pennsylvania Medicaid, Medicare, VA Healthcare, and TRICARE. Furthermore, we possess extensive experience in processing billings for services reimbursable through public grant programs for which we are qualified.

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We are supported by our parent company's Corporate Billing Office, including a dedicated accountant, regional controller, insurance enrollment support, and a medical billing and accounts payable team, among other resources.

Given our existing status as an approved Pennsylvania Medicaid biller and the billing administration support available to us, we are prepared to transition seamlessly to Medicaid billing for the Program services described, should Medicaid funding become available.

Program Management and Coordination (75 points)

7. Describe the challenges your organization anticipates in developing the Program envisioned by this RFP and a strategy to mitigate those challenges. (15 points)

There are several anticipated challenges associated with developing this Program. The most foreseeable challenges, along with our strategies to mitigate them are described below.

- **Brief Service Windows:** According to Allegheny County's Department of Human Services' Analytics webpage, 42% of individuals booked at ACJ stay for 10 days or less. While this is in line with detention facilities nationally, it does pose a challenge for this Program's efforts to assess and induct those who would be new to methadone. Recognizing this intrinsic dynamic, we will work expeditiously to assess and consult patients on their continuation of care options beyond ACJ. We will ensure that every new patient has an opportunity to continue their induction and/or treatment process in the community, whether at our community-based facility location or through another provider.
- **Patient Adherence:** Encouraging patients to adhere to their methadone treatment regimen can be difficult, particularly in a jail setting. We plan to address this by providing comprehensive patient education about the benefits of adherence and implementing a supportive, patient-centered approach to care.
- **Continuity of Care:** Ensuring continuity of care for patients after they leave the ACJ facility can be challenging due to factors outside of our control, such as housing instability or lack of transportation. We will work closely with community partners to help patients navigate these barriers and ensure they can continue their treatment in the community.
- **Staffing:** We acknowledge that staffing in carceral settings can be a challenge, including adequate supply of qualified healthcare and security personnel alike. However, as previously noted, Acadia/Pittsburgh CTC employs multiple staff at present that will support this expansion project, and maintains an active employee pipeline in the region. We are supported by a dedicated and experienced HR function – whose average time to fill a position in Pennsylvania is just over two weeks - that is prepared to meet the stated needs with individuals fully employed by Acadia. Acadia uses in-house recruiters and is not reliant on temporary staffing agencies to fill positions. We will implement a robust staffing plan that includes hiring additional staff and creating staffing contingencies involving staff from our brick-and-mortar location. As noted, our time to hire is around two weeks and we have strong retention.

8. Describe your organization's project plan and timeline for implementation of the Program. (15 points)

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Pittsburgh CTC proposes a comprehensive, full-service on-site solution for Methadone Induction and Maintenance services in Allegheny County Jail (ACJ). Our project plan initiates services 7 days per week, 365 days per year, starting on or before October 1, 2024, and running for 26 months through the projected end of the initial contract term of December 1, 2026. Service delivery will be preceded by a four-month start-up and partnership coordination period beginning June 1, 2024.

Key features of our proposed program

- Comprehensive assessment of individuals to determine eligibility for methadone treatment, including physical examination and biopsychosocial assessment
- Same- or next-day induction services for patients new to methadone
- Methadone maintenance treatment for patients inducted by us, as well as continuation of treatment as a “guest doser” for patients previously established on methadone
- Individualized Treatment Plans (ITP) and discharge planning for each patient, developed collaboratively with input from patient and clinician and reviewed regularly
- Regular drug screen analysis throughout treatment
- Individual and group counseling services to patients, provided on-site and via telehealth
- Specialized education, case management, and care referral for pregnant individuals
- Clinical outpatient services at Pittsburgh CTC’s community-based treatment center for patients based out of one of ACJ’s Alternative Housing facilities
- Continuation of care planning and referral for patients upon release from custody
- Afterhours on-call support for urgent care, if requested by ACJ

Staffing overview

Our program will be implemented under the direction of a licensed Medical Doctor (MD) who will provide a combination of on-site and remote supervision of all activities. At this time, we anticipate the Medical Director (MD) to be on-site a minimum of five hours per week, in alignment with PA-DDAP regulations for ACJ’s anticipated patient caseload of 150 patients.

Directly under the MD, a Certified Registered Nurse Practitioner (CRNP) will lead daily on-site activities. The CRNP will be on-site full-time, and is licensed to provide comprehensive medical examinations of patients and implement methadone induction at the direction of the MD.

Two Licensed Practical Nurses (LPN) will be on-site daily to administer and supervise methadone dosing. The LPNs will also support other essential activities, including medication education, clinical documentation, and drug screens, and are overseen by a nursing supervisor.

Lastly, a team of licensed counselors will support patients in the psychological and social components of recovery. At present, our projections indicate that this program will engage five counselors, one of which will serve as Clinical Supervisor (part-time). This estimate is informed by the state-imposed counselor-to-patient ratio of 35:1 for patients within their first two years of treatment, applied to the expected caseload of 150 patients. Counselors will engage patients with a robust and regular schedule of individual and group counseling sessions, provided on-site and remotely via telehealth.

We will also hire a peer support specialist with lived experience that will support individuals as they transition out of ACJ to community-based care.

Physical space and resource needs

To implement the described program adequately and efficiently, Pittsburgh CTC wishes to work collaboratively with ACJ during the start-up period to identify and optimize physical space for our operational needs. Our space needs are approximately 600-800 square feet, and includes:

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- Two dosing windows and medication storage area (250 sq ft)
- Patient queuing area (100 sq ft)
- Bathroom (50 sq ft)
- Exam room (100 sq ft)
- Private office for counseling (100 sq ft)

Additional resource needs include a medication storage locker under double lock (can be kept on the nurse's side of dosing windows), closed circuit live monitoring capability (as required by state regulations), and computing and Internet access, among other resources.

Flexibility

Our proposed project plan is flexible and we are open to changing components based upon input from ACJ as well as possible regulatory changes that may occur during the 30 month timeline of the potential partnership. For example, while newly issued SAMHSA guidelines for OTPs permit methadone induction through telehealth, Pennsylvania's DDAP has not yet provided this approval. As regulations continue to evolve, it may be desirable by both parties to adapt the scope and manner of the proposed activities, as well as the budget implications tied to them.

9. Describe your organization's plan to staff the Program, including proposed qualifications for team positions, a plan for recruitment and retention of staff, and a strategy for staff training, supervision and quality assurance, including how staff will receive new hire and ongoing trainings (15 points)

As noted above in response to Question 8, we are prepared to quickly staff and operationalize the proposed program.

As a member of Acadia Healthcare, we are part of a team of dedicated implementation specialists across functional groups – human resources (HR), construction, information technology, legal/compliance, and finance, among others – that have significant experience in quickly establishing new OTPs or medication dosing units in a variety of settings, including jails.

Specific to HR, this project will be led by existing staff and Pennsylvania-based leadership, including a Regional Vice President, Regional Director, and Clinic Director, all of whom have deep market/population knowledge and expertise. Further, our medical leadership is established in the region and will allocate a portion of their time to this endeavor.

With regard to new hires, we maintain an active pipeline of candidates in Pennsylvania. We are proud to relay that year-to-date (2024) our average time to hire in Pennsylvania is 16 days. We also maintain a strong retention rate for all positions, including counselors and nurses which are roles other organizations typically face challenges in hiring and retaining: our turnover rate is below 36%.

In addition to leveraging Acadia's corporate resources to implement this program, we will utilize centralized training resources to efficiently and effectively onboard new employees. Newly hired staff will participate in our standard training program for all CTC employees, which includes, but is not limited to, modules for direct patient care, patient safety, medication safety, compliance, and review of all CTC policy & procedures that were developed in compliance with state and federal rules and regulations.

We reiterate that we are well-positioned to not only quickly implement the proposed project but to operate the program long-term with high caliber, experienced talent.

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10. Describe your organization's plan for collecting data and the outcome measures that will be tracked to measure performance. (10 points)

Pittsburgh CTC utilizes an Electronic Health Record (EHR) to collect and store patient charts and clinical notes data. While we have an EHR system in place, we are willing to use a county-provided system in lieu or in addition to our own, as necessary. There are five key outcome measures that we will track throughout the project:

1. **Treatment Accessibility:** We share ACJ's goal to ensure that all individuals who are eligible to receive medication-assisted treatment for OUD are offered methadone as a treatment option.
2. **Patient Retention Rate:** We will track the retention rate of patients on methadone during their incarceration. This measure will provide insights into the effectiveness of our program in maintaining patient adherence.
3. **Health Outcomes:** We will monitor health outcomes for patients, including but limited to urine analysis results (percent of patient illicit drug free), and infectious disease transmission rates and overdose incidents (in partnership with Allegheny County Jail).
4. **Continuity of Care:** We will monitor the rate of successful continuation of care upon patients' release from the ACJ facility. This measure will assess our program's effectiveness in facilitating a smooth transition of care from the jail setting to the community, which is crucial for long-term treatment success.
5. **Recidivism Rates:** With ACJ's assistance, we wish to track the recidivism rates among patients who were treated with methadone while in custody and then provided continuation of care post-release. This measure will assess the impact of our program on reducing the likelihood of re-incarceration, reflecting the program's effectiveness in supporting long-term recovery and social reintegration.

With this comprehensive set of outcome measures, we aim to provide a Methadone Treatment Program that delivers meaningful and lasting benefits to the individuals served, contributing to the broader goals of ACJ and the Department of Human Services. We are committed to transparency and accountability in reporting our performance against these measures.

11. Describe your organization's plan for incorporating racial equity into planning, implementation and evaluation of the program (10 points)

Pittsburgh CTC is committed to embedding racial equity principles into every aspect of our program, from planning to implementation and evaluation. We understand the importance of addressing racial inequities in health outcomes and access to services, particularly in the context of OUD treatment within the ACJ system. To ensure that our program promotes racial equity effectively within the jail setting, we have developed a comprehensive plan with specific strategies and actions:

1. **Data-Driven Approach:** We will analyze local and programmatic data through a racial equity lens to identify disparities and inform our decision-making process within the jail population. By examining data on treatment outcomes, access to services, and demographic trends among incarcerated individuals, we can tailor our interventions to address racial inequities effectively.
2. **Evidence-Informed Strategies:** Our program will be aligned with best practice standards for correctional healthcare that are promoted by the American Correctional Association (ACA) and the National Commission on Correctional Healthcare (NCCHC). These standards are informed by the latest research on effective interventions for OUD treatment within correctional facilities, with a specific focus on racial disparities in treatment outcomes among inmates. By incorporating

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evidence-based practices that have been shown to be effective in diverse populations, we aim to improve outcomes for all individuals, regardless of race or ethnicity.

3. **Theory-Based Interventions:** We will integrate theories of structural racism, social determinants of health, and cultural competence into our intervention strategies within the jail setting. By understanding the root causes of racial inequities and designing interventions that address these underlying factors within the correctional environment, we can create more impactful and sustainable solutions.
4. **Cultural Relevance:** Our program will prioritize cultural relevance by incorporating the diverse backgrounds and experiences of our incarcerated population into our service delivery within the county corrections center. We will provide training on cultural competency and sensitivity to our staff to ensure that all individuals receive respectful and effective care that meets their unique needs while in custody.
5. **Accountability and Evaluation:** We are committed to holding ourselves accountable for promoting racial equity within the county corrections system by establishing clear metrics and evaluation criteria. We will regularly assess our program's impact on reducing racial disparities in access to treatment, health outcomes, and patient satisfaction among inmates. Through ongoing evaluation and feedback mechanisms, we will continuously refine our approach to ensure that we are effectively addressing racial inequities in OUD treatment within the jail setting.

By integrating these principles into our program planning, implementation, and evaluation processes within ACJ, Pittsburgh CTC aims to create a more equitable and inclusive treatment environment that prioritizes the needs of all incarcerated individuals, regardless of race or ethnicity. Our commitment to racial equity is not just a goal but a fundamental value that guides our efforts to provide high-quality, culturally responsive care to all members of our community.

12. Describe your organization's ability and willingness to work with partner organizations to ensure connection to and continuity of care.

Ensuring continuity of care for individuals on methadone who are re-entering the community following their detention at Allegheny County Jail will be a top priority for Pittsburgh CTC. The serious adverse health risks associated with interruptions or lapses to methadone maintenance treatment—among all patients, but especially among re-entry populations—are well-known among experts in the MAT field, including our clinicians. We are prepared and willing to work with partner organizations and other OTPs to execute a seamless transition of care for each patient. Specifically, our idea of a seamless transition means that, at a minimum, the patient will have been admitted into their next provider's care prior to their release and will take their next methadone dose within 24 hours of being released from ACJ.

Our approach to identifying the appropriate next care provider for each patient will be guided by the patient's individual needs and their input and choice. While we are prepared to continue providing treatment for patients upon their release at our brick-and-mortar clinic facility in Pittsburgh, we know that there are many variables to each patient's re-entry planning process that are likely to affect their determination of which provider is right for continued care. For example, perhaps no factor is more relevant to a patient's continuation of care decision than their planned living location post-release. One study of 1,735 patients of an outpatient drug treatment program found that patients who traveled less than one mile were 50% more likely to complete treatment than patients who traveled more than one mile (Beardsley K et al., 2003). We are prepared to consult patients in the lead-up to their release about all their continued treatment options and help them identify an OTP provider that is right for them given their location, transportation resources and restrictions, or any other factor that is likely to influence their ability to sustain treatment. Each patient's continued health and recovery is of utmost importance.

Pittsburgh CTC Response Form for Methadone Treatment Program for the Allegheny County Jail

Financial Management and Budget (30 points, not included in page count)

- 13. Attach a detailed line-item annual budget that reflects a realistic estimate of the costs associated with implementing and sustaining the Program. If any startup costs are identified, they should be submitted as a separate budget.**

Please see our attached document labeled “Allegheny County Jail Budget” for both the proposed start-up cost and ongoing operational costs.

- 14. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget, including position salaries and starting salaries for staff.**

This budget narrative provides detailed insights into the financial considerations underlying the establishment and operation of the proposed project. The budget is structured into two main parts: initial start-up build-out and operational costs, including staffing.

Initial Start-Up Build-Out (\$450,800)

The initial start-up costs cover a 4-month construction and build-out period necessary for establishing a methadone dispensary. These expenses are essential for transforming the designated space, which we will collaborate with ACJ to find, ensuring compliance with regulatory standards, and equipping the facility to begin treatment services. The breakdown of these costs includes:

- **Building Improvements:** An allocation of \$5,000 is designated for acquiring necessary permits crucial for project compliance, ensuring adherence to regulatory requirements.
- **Construction Cost:** \$240,000 is dedicated to remodel/build-out activities for a space spanning between 600-800 square feet within the jail premises. This cost encompasses industry standard construction expenses per square foot but will be refined as discussions with ACJ advance and the location and space needs are further refined.
- **Security System:** An allocation of \$48,000 ensures the implementation of a robust security infrastructure, vital for safeguarding the facility, assets, including medications, and maintaining a secure environment. We understand ACJ be able to provide security that compiles with regulatory requirements for MAT and will, therefore, collaborate on what must be provided by our organization versus ACJ as discussions continue and scope of this project is refined.
- **IT Infrastructure:** A budget of \$75,000 covers comprehensive expenses related to IT infrastructure, including equipment, installation, hardware, software, and associated contracts, ensuring seamless technological operations within the facility.
- **Change Orders:** An allocation of \$36,800, estimated at 10% of the construction cost, provides flexibility to accommodate unforeseen adjustments during the building improvement process. We will only utilize this budget if needed and include it to provide ACJ with an estimate of what may be needed for contingency purposes based on our experience.
- **Equipment and Hardware:** An additional \$46,000 is allocated for acquiring major moveable equipment, medication dispensing equipment (IVEC Pumps), medication safes, and other essential hardware to support operations.

We understand and acknowledge the potential delays and additional costs that may arise during the course of the proposed project. Any overage will be assumed by Pittsburgh CTC. With our confidence

Pittsburgh CTC Response Form for Methadone Treatment Program for the Allegheny County Jail

in our abilities and extensive experience, we are committed to completing this project on time and within budget.

Ongoing Operating Costs (\$3,591,000 for 26-month term – average \$1,593,000 annually)

The operating cost budget includes both supplies and staffing costs for the initial partnership term. We have provided a breakout by line item, including individual staff positions and hourly rates, in the attached budget file. Please note supply and staffing cost estimates remain consistent from project year one (beginning October 2024) to project year two (beginning October 2025), with the exception of an annual inflation adjustment factor of four percent. Additionally, we have included a pro-rated cost estimate for the three months from October 2026 through December 2026, assuming the initial partnership term is through year end 2026. Details on each cost line item are provided below.

- Supply costs include administrative supplies, medical supplies related to direct patient care services, lab reports for offsite analysis, and medication cost.
- Staffing details are outlined in response to Question 8. The proposed budget corresponds to previously identified needs and staffing levels for a program manager, medical doctor (0.25 FTE), nurse practitioner, nursing supervisor, dispensing nurses (2.0 FTEs), counseling/clinical supervisor (0.5 FTE), counselors (4.0 FTEs), and peer support specialist.
- We have also included fringe benefits estimates of approximately 30%, which is consistent with employment packages in western Pennsylvania for our existing employees.
- Lastly, we have included an indirect cost allocation estimate of approximately 15% to account for the time our regional operations leaders will allocate to this project. This includes our Regional Vice President of Operations, Regional Director, and Pittsburgh CTC Clinic Director.

**Center for Behavioral Health - PA LLC D/B/A Pittsburgh Comprehensive Treatment Center (a member of Acadia Healthcare)
 Response to RFP for a Methadone Treatment Program for the Allegheny County Jail
 Start-up Budget**

The below figures include start-up cost estimates for the initial four month (June-Oct. 2024) period of site build-out and program implementation. Note: no start-up staffing costs are included as Acadia will absorb those fees and ongoing staffing costs are presented in the proposed operating budget.

Category	Start-up Cost
<i>Building Improvements</i>	
Permits	\$ 5,000
Construction (remodel / build out of new space)	\$ 240,000
Security system	\$ 48,000
Information technology	\$ 75,000
Change orders (@ -10% of construction cost)	\$ 36,800
Subtotal: Building Improvements	\$ 404,800
<i>Other Equipment and Hardware</i>	
Major moveable equipment (FF&E)	\$ 20,000
Medication dispensing equipment (IVEC Pumps)	\$ 20,000
Safes for medication	\$ 6,000
Subtotal: Equipment and Hardware	\$ 46,000
Total: Start-up Costs	\$ 450,800

Details (see RFP Application Budget Narrative for more information)

Estimate for costs to obtain necessary permits required for project and regulatory compliance.
 Estimate 600-800SF of space within the jail will need to be outfit. Estimated cost per SF is ~\$300, though figure on size and cost will be refined once a physical location is selected.
 As required per regulations. Includes installation, equipment/hardware, software, and contracts).
 IT infrastructure, including expenses related to the acquisition, cabling, installation, hardware, software, and associated contracts for technology systems within the facility.
 Provides flexibility to accommodate unforeseen adjustments during the building improvement/construction process.

Includes items from suppliers such as Staples and Kirkland and covers elements like reception desks, waiting area furnishings, and nurse workstations.
 Procurement and installation of advanced pumps essential for precise medication administration.
 Includes two safes per Standard Operating Procedure (SOP), ensuring secure storage for materials related to methadone in compliance with safety regulations.

Center for Behavioral Health - PA LLC D/B/A Pittsburgh Comprehensive Treatment Center (a member of Acadia Healthcare)
Response to RFP for a Methadone Treatment Program for the Allegheny County Jail
Operating Budget

The below figures include operating and staffing expenses for the initial 26 month period of the program (assuming an October 2024 go-live per RFP). Should Allegheny County Jail be willing to consider a fee-for-service based model, Pittsburgh CTC will happily accommodate and proposes a fee of \$500 per intake assessment and \$30 bundled daily rate for all aspects of care post-intake which aligns with the below cost figures.

Category			Year 1 (Oct. 24-Sept. 25)			Year 2 (Oct. 25-Sept. 26)			Year 3 (Oct. 26 - Dec. 26)	Total (26 Months)
<i>Supplies</i>										
Administrative supplies			\$ 20,000			\$ 20,800			\$ 5,200	\$ 46,000
Medical supplies (related to services)			\$ 30,000			\$ 31,200			\$ 7,800	\$ 69,000
Lab reports (offsite)			\$ 20,000			\$ 20,800			\$ 5,200	\$ 46,000
Medication cost			\$ 30,000			\$ 31,200			\$ 7,800	\$ 69,000
Subtotal: Supplies			\$ 100,000			\$ 104,000			\$ 26,000	\$ 230,000
<i>Staffing</i>										
	Base Rate	Annual Hours	Year 1		Year 2		Year 3		Total (26 Months)	
Program Manager	\$ 40.00	2,080	\$ 83,200		\$ 86,530		\$ 21,630		\$ 191,360	
Medical Doctor (0.25 FTE)	\$ 250.00	520	\$ 130,000		\$ 135,200		\$ 33,800		\$ 299,000	
Nurse Practitioner (NP) / Physician Assistant (PA)(1 FTE)	\$ 120.00	2,080	\$ 249,600		\$ 259,580		\$ 64,900		\$ 574,080	
Nursing Supervisor (1.0 FTE)	\$ 42.00	2,080	\$ 87,360		\$ 90,850		\$ 22,710		\$ 200,920	
Dispensing Nurse (2.0 FTE)	\$ 32.00	4,160	\$ 133,120		\$ 138,440		\$ 34,610		\$ 306,170	
Clinical supervisor (0.5 FTE)	\$ 35.00	1,040	\$ 36,400		\$ 37,860		\$ 9,470		\$ 83,730	
Counselor (4.0 FTE)	\$ 25.00	8,320	\$ 208,000		\$ 216,320		\$ 54,080		\$ 478,400	
Peer Support (1.0 FTE)	\$ 24.00	2,080	\$ 49,920		\$ 51,920		\$ 12,980		\$ 114,820	
Employee fringe benefits @ 30%			\$ 293,280		\$ 305,010		\$ 76,250		\$ 674,540	
Subtotal: Staffing			\$ 1,270,880			\$ 1,321,710			\$ 330,430	\$ 2,923,020
Indirect cost allocation estimate			\$ 190,630		\$ 198,260		\$ 49,560		\$ 438,450	
Total: Operating Costs			\$ 1,561,510			\$ 1,623,970			\$ 405,990	\$ 3,591,470