

Request for Proposal
Peer Specialist and Peer Recovery Coach Leadership Training
Bringing Recovery Supports to Scale
“BRaSS TACS”
Implementation of Ohio’s Plan

I. Introduction of the Project

The Ohio Department of Mental Health, in partnership with the Ohio Department of Alcohol and Drug Addiction Services is managing a federal \$50,000 mini-grant awarded through the Center for Social Innovation, which is funded by a contract with the SAMHSA (Substance Abuse and Mental Health Services Administration). Additional organizational partners in this project are Ohio Citizen Advocates, Ohio Empowerment Coalition, Rehabilitation Services Commission, and Ohio Department of Job and Family Services. The budget to expend these funds was developed by representatives of these organizations, ODMH and ODADAS at an April 25 – 27, 2012 Policy Academy.

In this project, Ohio will focus on bringing recovery supports to scale in a rapidly changing health care system by strategizing its work around cross-system collaboration. Ohio has direct challenges to the accessibility, quality of clinical services, and availability of recovery supports; including peer services. As our health care system is changing due to state and federal health care reform, we need to ensure inclusion of recovery and peer services and supports. Recovery and peer services and supports are defined as services provided by persons who are in recovery from mental illness and/or addiction to alcohol and other drugs for the purposes of this proposal.

The Ohio Department of Mental Health (ODMH) and The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) hope to utilize this Policy Academy as a catalyst to collectively examine opportunities to improve accessibility, quality, and cost-effectiveness of Peer Services among the landscape of change. Ohio’s proposal focuses on recovery and peer supports and services. These services and supports are provided by credentialed persons in recovery, as an expanding service prioritized by the persons who are receiving the services. Ohio’s proposal will also address inclusion of peer and recovery services and supports in Health Homes for persons with serious and persistent mental illness who often have co-occurring addiction to alcohol and other drugs.

Funding: The amount of funding available for this project is \$3,000

Scope of Work: In consultation and collaboration with the select Ohio stakeholders including Ohio Empowerment Coalition (OEC) and Ohio Citizens Advocates (“OCA”) for Chemical Dependency Prevention and Treatment, the contractor will develop and offer one-day leadership training for thirty pre-selected persons in recovery. The training participants will be recruited and selected among the statewide applicants by the Ohio’s two statewide advocacy organizations, OEC and OCA with input from other BRaSS TACS workgroup participants. Preference will be given to applicants who have formal training as a peer support specialist or peer recovery coach. The contractor will secure a meeting space or facility in northeastern Ohio with input from OEC and OCA. The training is intended to address the following goals---to identify a smaller group of persons among the participants who demonstrate the necessary leadership skills and capacity to become potential trainers of Certified Peer Support and Peer Recovery Coaches, to help participants develop leadership skills and self-confidence, to facilitate communication and increase collaboration among the recovery communities.

The proposal must:

- Be compatible with the values described on the home pages of OEC and OCA

<http://www.ohioempowerment.org/> and <http://www.oca-ohio.org/home0.aspx>

- Describe the content of the leadership training
- Describe how potential trainers will be identified
- Describe vendor's experience in providing leadership training to persons in recovery from mental illness and/or substance abuse.
- Describe vendor's experience in providing training to peer specialists and peer recovery coaches
- Include a budget and a budget narrative that may include:
 - Facilitation
 - Facilitator's travel, lodging and meals
 - Training materials for trainees
 - Meeting facility rental
 - One-night lodging for consumers - intended for consumers with special needs or traveling especially long distances. Most participants will not need to stay overnight.
 - Other – itemize and describe each item

Note: It is acceptable to state "\$0 for an item." Ohio Empowerment Coalition or Ohio Citizens for Chemical Dependency Prevention and Treatment may be contacted for recommendations for meeting space and hotels---as they have local contacts.

III. Availability of Funds

Funding for this project has been through a contract with Center for Social Innovation. The award is contingent upon the availability of those funds.

IV. Proposal Requirements

- Be concise
- Describe the content of the leadership training
- Describe how potential trainers will be identified
- Describe vendor's experience in providing leadership training for persons in recovery from mental illness and/or substance abuse.
- Describe vendor's experience in providing training to peer specialists and recovery coaches
- curriculum development for peer support and/or recovery coaches, as well as training experience
- Budget as described above.
- The proposal will include a work plan
- Include specific deliverables
- Complete work by December 31, 2012
- Any work products developed during this leadership training will be available for use by Ohio residents at no cost, and subject to requirements of federal funder (SAMHSA).

V. Submission Process

All proposals are to be submitted by 4:00 pm on October 18, 2012 to:
Ohio Department of Mental Health
Attention: Lucille Fuller (BRSS TACS Grant –Recovery Coach Job Analysis)
30 E. Broad St., 11th Floor
Columbus, OH 43215

Method for Submission: Proposals may be hand delivered, mailed, delivered by courier, or submitted electronically to DMHBidOpportunity@mh.ohio.gov format or PDF, but must be received at ODMH by the deadline above. Incomplete or late submissions will not be considered.

Conditions for Submission: Proposals must include a cover sheet that includes the applicant's name, address, phone number, and e-mail. Proposals must be submitted in 12 point type with 1" margins. Proposals must meet the Conditions section.

Time frames:

- All questions need to be submitted to www.ohio.gov/procure by 4:00 pm on October 16, 2012
- Responses to questions will be posted to the State Procurement website at www.ohio.gov/procure by 4:00 pm on October 17, 2012
- Proposals are due by 4:00 pm. on October 18, 2012
- Opening date of the proposals is 9:00 am on October 19, 2012
- Estimated date of award is October 19, 2012.
- Work to begin October 22, 2012
- Reports twice a month to be sent to ODMH starting December 1, 2012 and bi-monthly until funds are exhausted or returned
- Additions and/or corrections and final report completed by January 15, 2013

Inquiries: Inquiries about the content of this RFP or the process for submission or evaluation of a proposal hereunder may be submitted only by electronic query sent to www.ohio.gov/procure on or before 4:00 pm on October 16, 2012. Responses to inquiries will be posted to the State Procurement website at www.ohio.gov/procure by 4:00 pm on October 17, 2012.

Award Date: Written notice of award shall be sent to the successful applicant. Notice of the award shall be provided to all other applicants within a reasonable period, and notice of an award shall be made available to the public. After either award of the contract or cancellation of the RFP, contents of proposals are a matter of public record under Ohio law.

Contract: The Contract resulting from an award hereunder will consist of the ODMH Personal Services Contract, incorporating this RFP including all attachments, written addenda to this RFP, the accepted Proposal, and written, authorized addenda to the Proposal. If there are conflicting provisions between the documents that make up the Contract, the order of precedence for the documents is as follows: The Personal Services Contract, this RFP, as amended; documents incorporated into the RFP; the Proposal, as amended, clarified and accepted by ODMH; and, documents incorporated into the Proposal.

VI. Evaluation Criteria

1. Quality of content of the leadership training
2. Vendor's experience in providing leadership training for persons in recovery from mental illness and/or substance abuse.
3. Vendor's experience in providing training to peer specialists and peer recovery coaches
4. How well budget requirements are met

VII. Conditions

In addition to the conditions of the department's personal service agreement and accompanying documents attached to this agreement, the Department reserves the right to reject, in whole or in part, any and all proposals where the Department, taking into consideration factors including but not limited to, cost and the results of the evaluation process, has determined that the award of a contract would not be in the best interests of the Department or the state.

Discussions and/or negotiations may be conducted with applicants who submit proposals for the purpose of clarification and/or correction, including any revisions that may occur during negotiations, to assure full understanding of, and responsiveness to the requirements, terms and conditions and specifications of the RFP. Applicants shall be accorded fair and equal treatment in any clarification and/or correction and/or negotiation process.

Applicant will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, Social Security, unemployment or disability deductions, withholdings and payments.

The Department reserves the right to reject any and all proposals where the applicant takes exception to the terms and conditions of the RFP or fails to meet the terms and conditions, including but not limited to, standards, specifications, and requirements as specified in the RFP.

Attachments: Ohio BRSS TACS Workplan

OHIO
Bringing Recovery Supports to Scale
Action Planning – Vision and Priorities

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| <p>Our State’s Existing Recovery Vision Statement(s)</p> | <p>Ohio Department of Mental Health (ODMH) - We envision a sustainable system of care where recovery is expected for people with mental illness and all Ohioans can access quality treatment and supports that are responsive to their cultures, preferences and values.</p> <p>Ohio Department of Alcohol and Drug Addiction Services (ODADAS) - An addiction-free Ohio that promotes health, safety, and economic opportunity.</p> |
| <p>What We See on Our Blueprint</p> | <p>See attached blueprint in “house format”</p> |
| <p>Our Bringing Recovery Support to Scale Action Planning Vision</p> | <p>In Ohio communities, people in or in need of recovery will have awareness and access to recovery supports that incorporate mutual understanding and transformed culture and practices among persons in recovery as well as in their supports, providers, practitioners, policy makers and funders.</p> <p>Ohio’s recovery supports will be integrated, consumer-determined, state-wide, sustainable, culturally responsive, and will incorporate a philosophy of hope.</p> |
| <p>Priority Areas to Address</p> | <ol style="list-style-type: none"> 1. Establish a shared Ohio definition of recovery 2. Establish and expand partnerships and collaborations among state agencies, Ohio Governor’s Office of Health Transformation, and community stakeholders to bring services and supports provided by persons in recovery to scale. 3. Develop a mechanism that promotes a recovery orientation in all services and supports including Health Care Homes which expands access to recovery and peer services and supports. 4. Create partnership(s) to establish a trained credentialed, workforce to develop high quality recovery and peer services and supports. |

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

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| Priority Area | 1. Establish a shared Ohio definition of recovery |
| Desired Change | 1. Mutually agreed upon elements of a shared recovery system |
| Strategies for Creating this Change (these form the basis for the BRSS Action Plan) | 1. Review and consider adopting SAMHSA’s (Substance Abuse and Mental Health Services Administration’s) definition of recovery which addresses differences as well as similarities between AoD (alcohol and other drug) & MH (mental health) recovery. |

| Bringing Recovery Supports to Scale | | | |
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| Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area) | | | |
| Priority Area | 1 Establish a shared Ohio definition of recovery | | |
| Strategy | 1.1 Review and consider adopting SAMHSA’s (Substance Abuse and Mental Health Services Administration’s) definition of recovery which addresses differences as well as similarities between AoD (alcohol and other drug) & MH (mental health) recovery. | | |
| ACTION STEPS | | Person Responsible (Primary and Secondary) | Timeline* |
| 1) Request information from other states & BRSS TACS Team on how other states have done this. | | “Go to Lead” Alisia Clark Co-lead: Sharon Fitzpatrick Participants will include OEC/Jack, OCA/Donna, 2 providers 2 Board reps 3 MH consumers 3 in AOD recovery 1 NAMI 1 OH Federation Other staff named in 6/21/12 minutes | By 8/20/2012 |
| 2) Convene stakeholder group in Ohio to get common understanding, input and acceptance of the BRSS (Bringing Recovery Supports to Scale) vision, mission and definition of recovery and peer services and supports | | | Meeting by 8/31/2012 |
| 3) Consider adoption of SAMHSA’s definitions of recovery | | | Completed by 12/15/2012 |
| 4) Educate mental health and substance abuse agencies and stakeholders in the understanding of recovery through ODMH, ODADAS, OCA and OEC websites and meetings. Engage department’s communication staff to disseminate the shared definition of recovery. | | | 8/31/2012 – 12/15/2012 |
| <p>Note: Each priority will have co-leads from ODMH & ODADAS with one of the co-leads designated to serve as the “Go to Lead” who is the primary point of contact for the group. Liz Gitter will serve as the overall Project Manager, and be responsible for meeting BRSS Agreement reporting requirements.</p> <p>Timeline assumes that contract will start 6/15/2012. With the contract date starting later, the expenditures for activities that use BRSS funding will be delayed by the number of days after the 6/15/2012 that the contract starts.</p> | | | |
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**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

| Progress Outcomes | Outcomes (tangible and measurable accomplishments of implementing action steps) | Date to be Completed |
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| | 1) Behavioral health shareholder group will meet to develop a common understanding of vision, mission and definition of recovery---within 4 months of when the governor announced that Ohio’s two behavioral health departments will merge. | Meeting by 8/31/2012 |
| | 2) Benchmark: Ohio’s behavioral health system will have a written definition of recovery, as well as a written vision and mission statement of recovery. | Completed by 12/15/2012 |
| | 3) Ohio’s mental health and substance abuse state agencies and their stakeholders will continue to work on developing a shared understanding of the diversity of experiences of persons in recovery. | Addressed in BRSS activities by 12/15/2012 with work continuing after BRSS contract ends |
| Methods of Accountability and Celebrating of Progress | Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed. The behavioral health shareholder group will determine how it will celebrate its success. | |
| Communication and Resource Needs | ODMH and ODADAS will enlist the support of their communications staff to communicate the written definition of recovery, as well as the written vision and mission statement of recovery. Advocacy organizations will be asked to communicate with their constituents regarding this work. | |
| Next Action Step | Pending legislative approval, ODMH and ODADAS will merge July 1, 2013. | |

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

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| <p>Priority Area</p> | <p>2. Establish and expand partnerships and collaborations among state agencies, Ohio Governor’s Office of Health Transformation, and community stakeholders to bring services and supports provided by persons in recovery to scale.</p> |
| <p>Desired Change</p> | <p>2. Increased availability, access and quality of recovery services and supports statewide</p> |
| <p>Strategies for Creating this Change (these form the basis for the BRSS Action Plan)</p> | <p>2.1 Convene a workgroup to expand partnerships and collaboration to bring services provided by persons in recovery to scale.</p> |

Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

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| Priority Area | 2. Establish and expand partnerships and collaborations among state agencies, Ohio Governor’s Office of Health Transformation, and community stakeholders to bring services and supports provided by persons in recovery to scale. |
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| Strategy | 2.1 Convene a workgroup to expand partnerships and collaboration to bring services provided by persons in recovery to scale. |
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| ACTION STEPS | Person Responsible (Primary and Secondary) | Timeline |
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| 1) Identify who is missing; do GAP analysis. Ask BRSS TACS Team to identify any information that they have that might be useful. | “Go to Lead” Karin Carlson Co-lead Liz Gitter; Include Boards, providers Medicaid, OHT, Boards & other staff in 6/21 minutes | 6/15/2012 – 7/15/2012 |
| 2) Contact identified stakeholders to determine level of interest in participation | | 6/15/2012 – 7/15/2012 |
| 3) Develop a draft charter to elicit response from key stakeholders | | 7/15/2012 – 8/15/2012 |
| 4) Convene group of stakeholders to revise the charter | Debbie Nixon-Hughes & James Lapczynski with Karin & Liz | 9/15/2012 – 10/31/2012 |
| 5) Departments and stakeholder group will finalize the charter. | Debbie Nixon-Hughes & James Lapczynski with staff | 10/31/2012 – 12/15/2012 |

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**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

| Progress Outcomes | Outcomes (tangible and measurable accomplishments of implementing action steps) | Date to be Completed |
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| | 1) GAP analysis completed, and report to Policy Academy Team and leadership of ODMH & ODADAS completed | 7/15/2012 |
| | 2) A list of stakeholders with their interest in participation noted is available | 7/15/2012 |
| | 3) <u>Benchmark</u>: A draft charter is completed | 8/15/2012 |
| | 4) A group of stakeholders meets to revise charter with minutes taken | 10/31/2012 |
| | 5) <u>Benchmark</u>: Charter is approved by Departments | 12/15/2012 |
| Methods of Accountability and Celebrating of Progress | Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed. | |
| Communication and Resource Needs | Deputy Directors and Directors will be asked to share this information with other state agencies, especially other human service agencies as well as the Governor’s Office of Health Transformation. Resources are needed to provide recovery and peer services and supports to persons with behavioral health disorders which may require reengineering existing services and supports to become more recovery oriented. | |
| Next Action Step | The work outlined in the charter begins. | |

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

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| Priority Area | 3. Establish a mechanism that promotes a recovery orientation in all services including Health Homes through expanded access to recovery and peer services and supports. |
| Desired Change | 3. Establish a sustainable funding mechanism to fund recovery and peer services and supports. |
| Strategies for Creating this Change (these form the basis for the BRSS Action Plan) | 3.1 Explore various options of financing including, but not limited to Medicaid, SAMHSA Block Grants (Mental Health Services and Substance Abuse Prevention & Treatment). |

to Scale

Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

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| Priority Area | 3. Establish a mechanism that promotes a recovery orientation in all services including Health Homes through expanded access to recovery and peer services and supports. |
| Strategy | 3.1 Explore various options of financing including, but not limited to Medicaid, SAMHSA Block Grants (Mental Health Services and Substance Abuse Prevention & Treatment). |

| ACTION STEPS | Person Responsible (Primary and Secondary) | Timeline |
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| 1) Do a needs assessment and gap analysis to determine what services and supports are needed. Request BRSS TACS Team to provide information on what other states have done. | Go to Lead Liz Gitter Co-lead: Karin Carlson with Afet Kilinc for Health Care Homes Participants include OCA/Donna, OEC/Jack, 3 MH consumers & 3 persons in AoD recovery, providers, Ohio Council, & others in 6/21/12 minutes | 6/1/2012 – 7/15/2012 |
| 2) Identify financing options and their requirements. | | 7/15/2012 – 8/15/2012 |
| 3) Determine what is needed to promote a recovery orientation in Community Behavioral Health Care Homes and publicly funded behavioral health services. | | 8/15/2012 – 11/25/2012 |
| 4) Summarize findings for ODMH & ODADAS leadership. OEC, OCA, provider and board representatives will be asked to communicate the findings to the organizations and constituencies that they represent. | Debbie Nixon-Hughes & James Lapczynski with assistance from persons identified for Action Steps 1-3 | 11/25/2012 – 12/15/2012 |

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**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

| Progress Outcomes | Outcomes (tangible and measurable accomplishments of implementing action steps) | Date to be Completed |
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| | 1) Needs assessment completed | 7/15/2012 |
| | 2) Benchmark: Written description of financing options and their requirements shared with Policy Academy Team | 8/15/2012 |
| | 3) Written recommendations on what is needed to promote a recovery orientation in Health Care Homes and in other publicly funded behavioral health services. | 11/25/2012 |
| | 4) Benchmark: Findings shared with ODMH & ODADAS leadership | 12/15/2012 |
| Methods of Accountability and Celebrating of Progress | Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed. | |
| Communication and Resource Needs | State agency Policy Academy Team members will communicate the findings to their state agencies, divisions and offices. Persons in recovery and their advocates will communicate the findings to their constituent groups. | |
| Next Action Step | Leadership of ODMH and ODADAS will determine how to use the findings as changes are made during the merger of the two state agencies. | |

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

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| Priority Area | 4. Create partnership(s) to establish a trained, credentialed workforce to develop high quality recovery peer services and supports. |
| Desired Change | 4. A cadre of trained, credentialed workforce to provide high quality recovery and peer services and supports. |
| Strategies for Creating this Change (these form the basis for the BRSS Action Plan) | 4.1 Develop a process to establish credentialing and core competency standards. |

Bringing Recovery Supports to Scale

Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

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| Priority Area | 4. Create partnership(s) to establish a trained, credentialed workforce to develop high quality recovery and peer services and supports | |
| Strategy | 4.1 Develop a process to establish credentialing and core competency standards. | |
| ACTION STEPS | Person Responsible (Primary and Secondary) | Timeline |
| 1) Hire a consultant to develop core competencies for Recovery Coaches. (Note: Core competencies for Recovery Coaches will be added to a set of core competencies for each professional group prepared by university research staff for Health Care Homes. Core competencies can also be used to develop training and credentialing processes for Recovery Coaches, as well as increase the credibility of Recovery Coaching with funders.) | Go to Lead: Sharon Fitzpatrick Co-lead: Alisia Clark Participants: Afet, OCA/Donna, OEC/Jack, providers, Boards & staff in 6/21/12 minutes | 6/15/2012 – 9/30/2012 |
| 2) Request information from BRSS TACS Team on what other states have done. | | |
| 3) Policies & practice guidelines completed. | | 10/1/2012 – 12/15/2012 |
| 4) Establish a credentialing process for Recovery Coaches. | Alisa Clark & Donna Conley & Larry Parsons | 6/15/2012 – 12/15/2012 |
| 5) Identify training resources to expand the number of Certified Peer Specialists and Recovery Coaches (Note: Training and credentialing is required for inclusion of recovery and peer services in Medicaid-funded Health Care Homes and traditional services.) | Sharon Fitzpatrick with assistance from Donna Conley, Jack Cameron & Larry Parsons | 6/15/2012 – 12/15/2012 |
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**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

| Progress Outcomes | Outcomes (tangible and measurable accomplishments of implementing action steps) | Date to be Completed |
|--|--|-----------------------------|
| | 1) <u>Benchmark</u> : Core competencies developed for Recovery Coaches | 9/30/2012 |
| | 2) Practice policies and guidelines completed | 12/15/2012 |
| | 3) <u>Benchmark</u> : Recommendations are made to ODADAS management for a credentialing process for Recovery Coaches. | 12/15/2012 |
| | 4) A list of training resources is developed | 12/15/2012 |
| Methods of Accountability and Celebrating of Progress | Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed. | |
| Communication and Resource Needs | Ohio Citizen Advocates and ODADAS communicate with their stakeholders regarding Recovery Coaches. Funding resources are needed for Recovery Coaching, as well as Certified Peer Support. | |
| Next Action Step | A credentialing process for Recovery Coaches is authorized by ODADAS and established in Ohio. A process for accessing resources to train Recovery Coaches and Certified Peer Specialists is developed. | |