

**Northeast Behavioral Health Care Consortium (NBHCC)**  
**and**  
**Community Care**  
**REQUEST FOR PROPOSALS (RFP)**  
**PEER DRIVEN RECOVERY SUPPORT CENTERS (RSC)**  
**July 9, 2018**

**SUMMARY AND PURPOSE**

On behalf of Northeast Behavioral Health Care Consortium (NBHCC), Community Care Behavioral Health Organization (Community Care) is seeking qualified applicants to develop and implement two (2) Recovery Support Centers (RSC) for individuals 18 years of age or older, and their families, who are living with a Substance Use Disorder (SUD) and would benefit from peer based recovery support services. The individuals served will be active in their recovery or seeking to become active in recovery, and will be further supported by offering a location that will encourage and support a sober lifestyle promoting education, employment, volunteer and wellness goals. Many of the persons involved in the RSCs will be active in formal treatment, however this will not be a requirement as this may also be a 'step down' or aftercare from Medicaid funded services. It is anticipated that locating the RSCs in accessible hubs and population centers will maximize the opportunity to actively engage potential clients, volunteers and community partners in necessary employment, social and leisure activities, assuring the sustainability of these resources.

RSCs may consist of many attributes and services, but each program will be developed based on the unique needs within the identified community where the center will be located. This is a peer to peer operated program that will act as a local, consumer driven center providing peer support services, sober recreation activities, and community education. Recovery support services assist people in maintaining alcohol and drug free lifestyles through age, gender, and culturally appropriate activities. RSCs are places where those experiencing an SUD and their families can find information about recovery, information about substance abuse services, and a safe drug and alcohol-free environment with peers who have shared life experiences.

The RSCs will provide a safe place for those in recovery, as well as their families to receive support and learn basic practical skills necessary to succeed in long term recovery. A major focus of the RSCs will be the co-location of Certified Recovery Specialists (CRS). The CRS will be able to assist individuals in navigating through the service system, as well as facilitating recovery support groups and educational activities within each center. It is anticipated that each center will house at least two (2) CRSs along with volunteers who are in recovery. These RSCs are intended to assist individuals in their ability to build on their successes and minimize the potential for relapse by providing skill building tools.

As a peer to peer operated program, the RSCs will also welcome Certified Peer Specialists (CPSs) to utilize the resources/services available through the centers to promote wellness goals with this population.

The RSCs will operate on the following premises:

- Peer-operated RSCs provide a physical space for skill building activities and support on a regular basis to individuals who wish to access and/or sustain long term recovery.
- Designed to meet the non-clinical, social, educational, health, individual, and peer group support needs of individuals required for sustained recovery.
- Acts as an organizational/human bridge between the professional treatment community and the recovery community.
- Offers a “recovery-oriented sanctuary” purposefully anchored in the heart of the community to acclimate vulnerable newcomers re-entering the community, post treatment, incarceration, or homelessness.
- Offers linkages to recovery workshops, telephone recovery support, recovery housing, treatment providers, and planned leisure activities.
- Provides recovery-conducive, volunteer opportunities, training, and skill development that create work force development paths to employment.
- Supports recovery efforts throughout all stages of recovery.

To be chosen as a provider of an RSC, the applicant will need to demonstrate the ability to: 1) implement and oversee the program, 2) track outcomes and, 3) present a plan to financially sustain the program following the reinvestment funded period. Options for sustainability may include: county block grants, local fundraising, recovery related events, additional community grants, as well as funds raised through the utilization of the facility’s space for apartment rentals (sober house), consumer run businesses, partnerships with local health-promoting businesses, etc. as applicable.

Reinvestment funds will be used to start-up two (2) RSCs; one in Lackawanna County and one in Luzerne County during Fiscal Year 2018-2019. Funding is available to purchase a building, renovate a building, or expand an existing location, as well as to purchase furnishings and materials for support of the centers. All expenditures for facility or real estate purchase, renovation or purchase of fixed assets must comply with “Appendix N, Attachment 5” of the NBHCC HealthChoices contract with Department of Human Services.

Each accepted proposal will require a detailed budget description to include how awarded funds will be spent, and funding will be distributed and monitored based on the approved budget. It will also be expected that each proposal describes options for how the RSCs will be self-sustaining following expenditure of reinvestment funding.

It is expected that individuals receiving services and supports from the RSCs would experience improved outcomes related to their personal recovery goals, including relapse reduction and long-term recovery. As access to the service occurs, we expect a quarterly outcome tracking plan that will be submitted to NBHCC to document:

1. Improved access to and longer engagement in treatment services (e.g. Medication Assisted Treatment for Opioid Use Disorders)
2. Increased stable housing
3. Increased enrollment and completion of educational pursuits
4. Increased and sustained employment
5. Improved physical health (access and linkage to care)
6. Self-reported quality of life improvement

The contracts between NBHCC and the RSCs will require each center to track the approved outcome plan and submit an annual report to NBHCC that provides demographic information of the members supported along with the program's success through noted outcomes addressed above.

Interested applicants must submit documented evidence of:

1. Organization's legal entity status (e.g. treatment provider confirmation), or affiliation with a 501c3 or other organizational entity
2. Mission statement
3. Approved job description for the CRS positions
4. An organizational culture that welcomes and supports peer based recovery support services, describing how peer staff will be incorporated into the RSC
5. Planned capacity of each RSC and the number of individuals expected to be served annually
6. Commitment from executive leadership to provide CRS services and further the goals of the RSCs
7. Assure the availability of trained supervisory personnel for the CRSs

The development of a peer based workforce and the organization of a volunteer network in partnership with the recovery community will:

- Provide opportunities for individuals receiving services to direct their own recovery and advocacy process
- Teach and support achievement and use of skills needed to facilitate the individual's recovery
- Promote the knowledge of available service options and choices
- Promote the use of natural resources within the community
- Assist the development of a sense of wellness and self-worth

Applicants developing the RSCs will have the following qualifications and attributes:

- Thorough understanding of the Recovery Oriented System of Care (ROSC) framework
- Acceptance and proven experience in working with the recovery community
- Ability to work with diverse populations and cultural backgrounds
- A high level of energy and commitment
- Ability to recruit and retain volunteers

We expect that RSCs will contribute to increased engagement and treatment adherence of individuals in treatment services, decreased use of crisis and emergency services, fewer relapses leading to prolonged treatment, and increased community tenure.

The entire behavioral health system is embracing the concept of recovery-oriented services, in which individuals are active participants in their recovery and peer-to-peer support is available and encouraged to support recovery efforts. Peer services have been shown to reduce social isolation, improve overall self-concepts, increase independence, increase ability to ask for help, increase control over one's life, and reduce the likelihood of the need for higher levels of care. Peer-to-peer recovery support services help prevent relapse and promote sustained recovery from substance use disorders.

Following is information detailing the RFP process. Interested applicants who have the expertise to operate an RSC or the ability to partner with other organizations to develop the administrative expertise will need to address the issues and capabilities identified.

**THE RFP PROCESS**

Proposals must comply with 1) the OMHSAS approved Reinvestment Plan, 2) Appendix N and 3) Appendix N/Attachment 5 of the DHS/NBHCC HealthChoices contract. Please refer to the NBHCC website for this information: <http://www.nbhcc.org/ContactUs/RequestForProposal.aspx>.

Proposals will be evaluated and selected through a competitive bid process. NBHCC and Community Care will establish a proposal review committee comprised of HealthChoices members, county, and NBHCC stakeholders who have no conflict of interest with any respondent to this RFP.

Below is an overview of the RFP process that Community Care will undertake in order to select the providers for the RSC service.

**1. Timeline/ Key Dates**

Monday, July 9, 2018	RFP is issued
Wednesday, July 18, 2018	Philadelphia/Bristol Recovery Centers site visit
Monday, July 30, 2018	Lackawanna County Peer Celebration/RSC kick-off (Time and location to be determined)
Wednesday, August 1, 2018	RSVP for Applicants’ Conference
Monday, August 6, 2018 at 9:00 a.m.	Applicants’ Conference 72 Glenmaura National Boulevard, 2 <sup>nd</sup> Floor Moosic, PA 18507
Monday, August 13, 2018	Letters of Intent to respond to RFP due no later than 4:00 p.m.
Friday, August 17, 2018	Philadelphia/Bristol Recovery Centers site visit
Friday, August 31, 2018	Luzerne County Peer Celebration/RSC kick-off
Monday, September 10, 2018	Applicants submit 7 copies of the RFP response for RSC services no later than 4:00 p.m.
Tuesday, September 11, 2018	Distribution to Review Committee
Tuesday, September 18, 2018	Review Committee meets
Week of September 24, 2018	Final candidate interviews (if necessary)
Thursday, September 27, 2018	Philadelphia/Bristol Recovery Centers site visit
Tuesday, October 2, 2018	Recommendation made to Program Development and Network (PDN) Committee of NBHCC
Thursday, October 18, 2018	NBHCC Board authorizes selections
Friday, October 19, 2018	Vendor notification
April 2019	Projected date for centers to open
June 2020	Current reinvestment period ends

**\*Dates are subject to change**

## **2. RFP Applicants' Conference**

Community Care will hold an Applicants' Conference Monday, August 6, 2018 at 9:00 a.m. at the Community Care office located at 72 Glenmaura National Boulevard, 2<sup>nd</sup> Floor, Moosic, PA 18507. All prospective applicants meeting the qualifications noted below are invited to attend.

Interested applicants are asked to RSVP to Beth Orr, Project Manager, at Community Care Behavioral Health Organization with the name(s) of the people planning to attend by 4:00 p.m. on Wednesday, August 1, 2018.

Contact with any staff at Community Care concerning this RFP, unless occurring at the Applicants' Conference or through the RFP Project Manager is grounds for disqualification. Questions for consideration at the RFP Applicants' Conference should be submitted to Beth Orr by 4:00 p.m. on Wednesday, August 1, 2018. Questions should be submitted via email to [orrbc@ccbh.com](mailto:orrbc@ccbh.com). Additional questions will also be accepted at the Applicants' Conference.

The RFP Project Manager will collect all questions and disseminate responses to all prospective applicants that submit letters of intent. This process will ensure that all potential applicants receive the same information.

## **3. Letter of Intent Submission**

All potential applicants interested in submitting a response to this RFP are required to submit a letter of intent. The letter of intent must be received by 4:00 p.m. on Monday, August 13, 2018. The letter of intent should include, at a minimum, the following:

- Name of the applicant/organization(s) involved in the submission
- Name, title, address, telephone number, and email address of the contact person for the expected submission

Letters of intent must be emailed or mailed to:

Beth Orr, RFP Project Manager  
Community Care Behavioral Health Organization  
72 Glenmaura National Boulevard  
2<sup>nd</sup> Floor  
Moosic, PA 18507  
[orrbc@ccbh.com](mailto:orrbc@ccbh.com)

## **4. Proposal Submission Deadline**

An original and six (6) copies of the response to the RFP must be received on or before Monday, September 10, 2018 at 4:00 p.m. by mail or delivery to Beth Orr, RFP Project Manager, Community Care Behavioral Health Organization, 72 Glenmaura National Boulevard, 2<sup>nd</sup> Floor, Moosic, PA 18507.

Please note that late submissions will not be considered.

## **THE RFP SUBMISSION REQUIREMENTS**

Proposals must comply with:

- 1) the OMHSAS approved Reinvestment Plan
- 2) Appendix N
- 3) Appendix N/Attachment 5 of the DHS/NBHCC HealthChoices contract

Applicants interested in implementing an RSC must meet the following requirements and are required to submit verifying documentation or information covering the following areas:

- Applicant minimum Staffing Requirements: 2 FT CRS (per RSC); 1 FT Program Supervisor/Volunteer Coordinator
- Skill and Experience Requirements
- Programmatic Requirements
- Quality Requirements
- Cost Requirements

### **A. Applicant Staffing Requirements:**

1. Organization's legal entity status (e.g. treatment provider confirmation), or affiliation with a 501c3 or other organizational entity affiliation
2. Draft implementation timeline
3. If applicant is an organization that provides SUD and/or Mental Health services within the Community Care network or has the ability to become a contracted provider:
  - a. Attach most recent confirmation of your participation in Community Care provider network (copy of signature page from current executed contract, if applicable).
  - b. Attach a statement confirming your commitment to recruit staff and to ensuring their employment is as full-time or part-time employees who are salaried with benefits.
  - c. Provide a Table of Organization for your agency depicting the lines of responsibility for the oversight of the RSC. Include a description of the supervisory structure to support the overall functioning of the service.

### **B. Skill and Experience Requirements:**

Provide an overview of your organization's experience serving adults with SUDs and those with co-occurring disorders that would be identified as appropriate for the RSC, including at a minimum:

1. A description of your experience serving adults and their families in community settings.
2. Your organization's experience providing recovery-oriented services in the community, including how you collaborate with child welfare, legal systems, other behavioral health providers, and physical health practitioners.
3. Your organization's experience providing services outside of traditional business hours and connection of the RSC within the existing crisis services in each county.
4. How your organization operationalizes resiliency and recovery principles into day to day programming.
5. How your organization addresses issues of cultural competency in serving diverse populations.
6. Your organization's experience implementing new programs and tracking outcomes.

**C. Programmatic Requirements:**

1. Implementation of a recovery focused approach.  
Provide supporting statements defining the methods by which the RSC would operationalize person-centered care, inclusive of safety needs. Include marketing/outreach ideas, staff and volunteer training, how adults, families, and community stakeholders are engaged in services, how person-centered approaches are operationalized in day-to-day practice and how communication with families and stakeholders will be accomplished. Describe opportunities for sustainability of the RSC such as fund raising, grants, and business development.
2. Attach a verifying statement from your Executive Director/leadership of your organization's commitment to providing these services. Identify how services will be delivered and how staff will be utilized during non-traditional time periods.
3. Participation in outcome tracking plan to NBHCC.  
State your commitment to utilize a tracking plan and to report in a timely manner each adult's progress on performance indicators on a quarterly basis.
4. Implementation of an RSC that is operational within the community during evenings and weekends.  
Submit sample staff schedules that verify the availability of staff to work rotating schedules that includes evening and weekend hours in the community settings, as indicated. Include a description of how services will be integrated and coordinated and how volunteers will be recruited, trained and retained.

**D. Quality Requirements (applicable for in-network treatment providers only):**

1. Submit any Corrective Action Plans (CAP) related to SUD/MH services and the current status of implementing your CAP if applicable.
2. Submit any resolution of any quality concerns related to SUD/MH services, if applicable.

**E. Cost Requirements:**

1. Submission of a budget accounting for direct (staff costs and benefits) and indirect (all other) costs.

**MISCELLANEOUS BIDDER INFORMATION:**

Requirements:

1. Responses to this RFP must be according to the format, content, and sequence as outlined. An authorized representative of the lead organization must sign the proposal. Any proposal may be rejected if it is conditional, incomplete, or deviates from guidelines set forth in this RFP. However, Community Care reserves the right to accept any part of the proposal and not be obligated in any way to accept those parts that do not meet with approval. Community Care reserves the right to negotiate any part of the proposal.
2. This RFP does not commit NBHCC or Community Care to award funding. NBHCC and Community Care reserve the right to cancel this RFP in whole or in part.
3. NBHCC and Community Care reserve the right to seek additional proposals beyond the final submission date, if, in its sole discretion, the proposals received do not meet the guidelines or the intent of this RFP.

Proposal Scoring:

1. Each member of the review committee will individually evaluate each proposal.

Interviews:

1. Interviews will be scheduled at the discretion of the review committee and Community Care.
2. Written questions will be provided to respondents prior to the interview.

Selection Criteria:

The review committee will make a recommendation based on scoring, discussion, and consensus to the NBHCC Program Development and Network (PDN) Committee who will then review and forward a recommendation to the NBHCC Board which is responsible for the final selection of the candidate(s) for this initiative.

Interested applicants are encouraged to familiarize themselves with successful and sustainable Recovery Center models as they prepare their RFP responses since a primary goal of this reinvestment plan is to create resources different from the existing 12-Step Clubhouses and Drop-In Centers that currently exist, providing another valuable community-based resource for our recovering community. Three dates for site visits to existing Recovery Centers in Philadelphia and Bristol have been scheduled to enable interested applicants in familiarizing themselves with such models. The vision of the RSCs is to expand our peer-based recovery support services, utilizing community-based models that support recovery, reduce the revolving door related to detox episodes, and re-entry into residential programs. Measurement of meaningful outcomes and costs related to substance use, housing, education, employment, physical and behavioral health symptom management, in addition to others identified by the individual will also be required.

Interested applicants are encouraged to review these (and other) REFERENCES to inform their response:

CCAR (Connecticut Community for Addiction Recovery). (2013). *CCAR 2012 Annual Report*. Retrieved Nov 2013, from <http://www.ccar.us/>

Evidence Based Solutions. (2012). *Recovery Coaching in Recovery Centers: What the initial data suggest*. Vermont Recovery Network.

Kirk, T., DiLeo, P., Rehmer, P., Moy, S., & Davidson, L. (2013, May). A Case and Care Management Program to Reduce Use of Acute Care by Clients with Substance Use Disorders. *Psychiatric Services*, 64 (5).

NYSOASAS (New York State Office of Alcoholism and Substance Abuse Services). (2012). *NY Supports Opportunities for Accessing Recovery Services (NY SOARS)*. Retrieved Sept 2013 from <http://www.oasas.ny.gov/atr/>

US Dept of HHS, SAMHSA. What are Peer Recovery Support Services? [www.samhsa.gov](http://www.samhsa.gov)

[www.recoverproject.org](http://www.recoverproject.org) or [www.wmtcinfo.org](http://www.wmtcinfo.org) Hot to Build your own Peer-to-Peer Recovery Center from the Ground up!