New York State Office of Mental Health

Recovery Center and Peer Workforce Support

Request for Proposals (RFP)

Release Date: January 15, 2016

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I. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH) is issuing a Request for Proposal (RFP) to invite interested bidders to submit proposals to serve as a contractor to support Recovery Centers and the Peer Workforce. The program will enhance peer-run organizations' operational capacity and organizational health. The support strategies provided will also directly assist peer run organizations in their transformation to Recovery Centers. The strategies include but are not limited to: training peer staff to work in or operate Recovery Centers, and aiding OMH in preparing peer staff to work in a variety of Medicaid-funded environments by operating the "Academy of Peer Services", on behalf of OMH. The Academy of Peer Services is part of NYS' Peer Accreditation process. The selected contractor will employ a variety of mechanisms, including the development of curricula, use of online learning systems and learning communities.

Recovery Centers:

Recovery Centers build on the existing best practices in self-help / peer support / mutual support. Specific staff competencies enhance each Center's ability to incorporate the principles of "Olmstead"[1] helping individuals to truly become part of their communities. In order to assist individual members with community integration, a key function of Recovery Centers is to assist individuals in identifying, remembering or discovering their own passions in life. The individual's passion or "spark of life" becomes the key for the Recovery Center to link the person to naturally occurring community organizations and opportunities which embrace the individual's self-development.

In order to link individuals with organizations that support their goals, Recovery Centers serve as a clearinghouse of community participation opportunities. Each Center provides the resources necessary to support individuals in linking to those community groups, organizations, networks or places that will nurture and feed an individual's passion in life. This begins with Social Recreation Events, which focus on presenting a variety of community participation opportunities. These events are intended to expose individuals to a variety of experiences in order to assist in the identification or discovery of the individual's "spark of life". Each community participation opportunity presented during a social event uses dynamic learning experiences, (not lectures or presentations) to engage the individual.

Attachment D provides a partial listing of the types of organizations and opportunities that Recovery Centers are expected to work with and provide linkage based on members interests and passions.

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[1] ***Olmstead v. L.C.***, 527 U.S. 581 (1999), is a United States Supreme Court case regarding discrimination against people with mental disabilities. The Supreme Court held that under the Americans with Disabilities Act, individuals with mental disabilities have the right to live in the community rather than in institutions if, in the words of the opinion of the Court, "the State's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities."

Each Recovery Center has staff appropriately trained and competent in a number of core areas to support its mission. Competencies include (but are not limited to) staff with specific information on the following: Knowledge of the Americans with Disabilities Act; Section 504 of the Rehab Act; Voting Right Act; other applicable civil rights laws; Knowledge of Social Security Entitlement including Social Security Administration (SSA), Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, Medicare and the various work incentives available; Fair Housing Act; Person Centered Planning; Wellness Self-Management; Wellness Recovery Action Plans or Crisis Self-Management Plans;

Advanced Directives; Food Stamps; Home Energy Assistance Programs (HEAP); Dual Diagnosis Support, i.e. Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Double Trouble Recovery (DTR) etc; Facilitation Skills; Housing Options (including affordable/accessible housing, Home of Your Own Program, Section 8, McKinney, etc.); Motivational Interviewing; Veterans Programs; Parenting Support; Financial Literacy Training; Employment Support; Nutrition and Food Programs / Supports; Literacy Training / Education Support; Forensic / Jail Diversion; Crisis Support; Suicide Prevention and Peer Support.

The Office of Mental Health is seeking to identify and select an outside independent organization to support existing Recovery Centers and assist in positioning peer-run organizations for successful transition into Recovery Centers by: 1) increasing individual peer staff competencies; 2) promoting skill development with an emphasis on leadership and business management; 3) providing training and support to ensure that peer-run organizations are providing evidenced-based services which promote recovery; and 4) support existing Recovery Centers ability to meet a variety of funding, program and outcome expectations. The online learning platform, New York's Academy of Peer Services will be the primary methodology used to meet this RFP's training activities.

Peer Accreditation:

An integral part of NYS efforts to insure an adequate and qualified peer workforce available to support Medicaid (and other funded) programs is the Peer Accreditation process. The successful bidder, working with the New York State Peer Specialist Certification Board (or subsequent successful bidder) will be responsible for augmenting existing training (as needed) on the Academy of Peer Services platform (hereafter called the Academy) so that individuals completing the training on the Academy will meet the training requirements of the Peer Specialist Certification Board (hereafter called the Certification Board).

The process begins with providing a common platform to training potential peers to join the workforce through the Academy of Peer Services. This online learning platform was developed on the Moodle software system and will be operated, maintained and enhanced by the successful bidder. Working with OMH's contractor for accreditation, the successful bidder will insure that the training platform supports the documentation of learning required for accreditation. All of the training provided on this platform should be fully Americans with Disability Act, (ADA) compliant and operate on platforms (e.g. Job Access with Speech, (JAWS) readers).

The remainder of this document provides additional information that will allow a service provider to understand the scope of the effort and develop a proposal in the format desired by The State of New York, Office of Mental Health.

II. Proposal Submission

2.1 Issuing Officer /Designated Contact

Pursuant to State Finance Law §§ 139-j and 139-k, OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid violating these laws or be deemed non responsible. Certain findings of non-responsibility can result in rejection for a contract award.

The Issuing Officer is:

Carol Swiderski
Contract Management Specialist 2
New York State Office of Mental Health
Community Budget and Financial Management, 7th Floor
44 Holland Avenue
Albany, New York 12229
carol.swiderski@omh.ny.gov

2.2 Eligibile Organizations

In order to be eligible, organizations must meet the following mandatory criteria:

- Applicants must be academic organizations that have demonstrated experience in supporting the development of expertise in non-profit management; and
- Have demonstrated experience in working within the mental health system and specifically with peer-run organizations.
- If unsure if your agency is an eligible applicant, contact the Issuing Officer identified in Section 2.1.

2.3 Key Events/Timeline

Key Event	Anticipated Date
1. RFP Released	1-15-16
2. Questions Due	1-29-16
3. Questions and Answers Posted on Website	2-12-16
4. Proposals Due	2-26-16
5. Anticipated Award Notification	3-18-16
6. Anticipated Contract Start Date	4-1-16

2.4 RFP Questions and Clarification

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by fax at (518) 402-2529 or by email by 1/29/16.

The questions and official answers will be posted on the OMH website by 2/12/16 and will be limited to addressing only those questions submitted by the deadline. **No questions will be answered by telephone or in person.**

2.5 Addenda to the Request for Proposals RFP Questions and Clarification

In the event that it becomes necessary to revise any part of the RFP or extend the deadline for submission, OMH will post this information on their website. Any additional information related to the RFP will be posted on the OMH website. **It is the responsibility of the potential bidder to review the website regularly to ensure compliance with the terms and conditions of this RFP. No other notification will be given.**

2.6 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.2; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.8; or
- Proposals from eligible agencies with not-for-profit status who have not completed Vendor Prequalification, as described in 2.7, by proposal due date of 4:30 pm on 2/26/16.

2.7 Proposals Executive Order #38

Pursuant to Executive Order #38, dated January 18, 2012,State agencies are required to promulgate regulations and take any other actions within the agency's authority, including amending agreements with providers, to limit provider administrative costs and
executive compensation. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. Once established, the requirements will be posted to OMH's website.

2.8 Proposal Format and Content

Bidders must submit one hard copy of the entire proposal package as described below as well as an agency identified flash drive containing the proposal as one document (Word or Portable Document Format (PDF), by U.S. mail or hand delivery. The due date and time for receipt of proposals is Friday, February 26, 2016 by 4:30 pm. It must be sealed in an envelope or boxed, and addressed to the Issuing Officer named above in 2. Bidders mailing their proposal should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Submissions of proposals by email and facsimile will not be accepted. All proposals received after the due date and time will be returned unopened.

The proposal package should contain:

- **Completed Agency Transmittal Form (Appendix A)**
- **Proposal Narrative** -to be single spaced, one sided 12 font and no more than 40 pages in length excluding attachments. Narratives must address the criteria described in Part V.
- **Letters of support**.
  - Maximum of 10 letters from any of the following:
    - Consumer-run organizations
    - Advocacy agencies;
    - Other collaborating Mental Health providers;
    - Other organizations

- **Appendix B and Appendix B1** Budget Summary and Budget Worksheets with narrative.
- The Operating Budget (Appendix B) and Budget Narrative (Appendix B1) are separate documents that appear in the RFP section of the OMH website and can be downloaded in PDF format. Bidders must not submit their own budget format. Failure to use the provider Operating Budget and Budget Narrative formats may result in disqualification for non-responsiveness.
- Entire submission on agency identified flash drive as one PDF document.

Proposals should be sent to:

Carol Swiderski
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims – 7th Floor
Albany, NY 12229
Attn: Recovery Center and Peer Workforce Support RFP

III. Administrative Information

3.1 Method of Award

One award will be made to the proposal with the highest final evaluation score. In the case of a tie in the scoring process, the agency that scores highest in the Technical Section will receive the award.

3.2 Term of Contract

The term of the anticipated contract awarded will be 5 years. The anticipated start date is April 1, 2016. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Non-Grant Contract.

3.2.1 Minority and Women Owned Business Enterprises

In accordance with Section 312 of the Executive Law and 5 New York Codes, Rules and regulations (NYCRR) 143, it is expected that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the lead contracting agency.

3.3 Cost

$500,000 will be available annually to fund the awarded contract, subject to annual State appropriation.

3.4 Reserved Rights

The Office of Mental Health reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to the solicitation requirements;
- Use proposal information obtained through the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, or to supply additional information, as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Change any of the scheduled dates via the OMH website and the NYS Contract Reporter;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful bidder within the scope of the RFP in the best interests of the State;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Utilize any and all ideas submitted in the proposals received;

- Unless otherwise specified in the solicitation, every offerer is firm and not revocable for a period of 60 days from the bid opening; and
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.
- Cancel or modify contracts due to the insufficiency of appropriations.

3.5 Debriefing

The Office of Mental Health will issue award and non-award notifications to all bidders. Both awarded and non-awarded bidders may request a debriefing requesting feedback on their own proposal, regardless if it was selected for an award, or disqualified, within fifteen (15) business days of the OMH dated letter OMH will not offer ranking, statistical or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1 of this RFP.

3.6 Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event that a bidder files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH Website in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing.. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

NYS Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Avenue
Albany, NY 12229

IV. Evaluation Factors for Awards

4.1 Criteria

- **Comprehensive Evaluation of Technical and Cost Submissions**

  Proposals that meet the eligible organization criteria will be reviewed comprehensively to assess the agency's commitment and ability to accomplish the objectives outlined in this RFP. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Sections 2.2 and 2.8, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 business days.

  Evaluation of proposals will be conducted in two parts-Technical Evaluation and Cost Evaluation. OMH's evaluation committee, consisting of at least three evaluators, will review the Technical portion of each proposal and compute a partial score. Each evaluator's Technical score will be added together and averaged for a final Technical score. The cost scores will be computed separately based on a weighted average formula. The final Technical score and Cost scores are added together resulting in a total score. The proposal receiving the highest score will be awarded a contract. In the event of a tie score between 2 or more proposals, the tying proposals will be evaluated and scored by the program's division director or his/her designee. The proposal with the highest score from the 2nd evaluation process will be awarded the contract.

- **Scoring**

  Scoring will be as follows:

Technical	
1. Executive Summary	5
2. Program and Service Strategy	40
3 Staff Management and Relevant Experience	30
4. Continuous Quality Improvement	5
5. Evaluation and Data	5
6. Letters of Support	5
Budget	25
Total Points	115

4.2 Proposal Evaluation

4.2.2 Technical Evaluation

The technical evaluation will apply points to each narrative question addressed in sections V.: 5.4 through 5.11

4.2.3 Cost Evaluation

Points = (Lowest bid received divided by the bid being evaluated) x 25 points

4.3 Agency Recommended Award and Notification

Upon completion of the evaluation process, notification of award will be sent to all successful and non-successful bidders. The award is subject to approval of a contract by the New York State Office of State Comptroller.

OMH reserves the right to negotiate special terms and conditions with individual bidders when making awards. The bidder must accept such terms and conditions for the award to take effect.

OMH reserves the right to conduct a readiness review of the selected bidder prior to the execution of the contract. The purpose of this review is to verify that the bidder is able to comply with all participation standards and meets the conditions detailed in its proposal.

V. Scope of Work

5.1 Introduction

5.1.1 Recovery Centers

Numerous consumers credit self-help and peer support as influential in their transformation from passive and dependent recipients of mental health services to active community participants. Self-help is a unique form of social organization where "helping" takes on new form and meaning when compared to the more familiar and accepted tradition of receiving assistance from specially trained "experts." It is estimated that during any one year, 3% of the population of the United States participates in self-help groups (Lieberman & Snowden,1994).

In the United States during the 1960s and 1970s, the organizing efforts of former psychiatric patients are identified as the birthing era for the active involvement of consumers in so many aspects of the public mental health system. During the 1980s Federal and State governments recognized the value of consumers empowering themselves and other consumers utilizing self-help. Government funding for consumers to develop services and to participate at various levels of policy decisions attributed new value to the experience-based expertise of consumers.

Today, more than 200 self-help groups and peer-run programs organizations throughout New York give testimony to the importance of self-help and empowerment in the recovery journey.

Beginning in 2009, the New York Office of Mental Health (OMH) under a Substance Abuse and Mental Health Services Administration (SAMSHA) Transformation Initiative Award, OMH contracted with Dartmouth College to conduct a global literature review regarding the best practices employed by peer support groups in order to inform a new model for peer services. Extensive focus groups were also conducted throughout New York State. This process and the ensuing final report identified a number of areas that could dramatically improve a peer support programs ability to assist its participants in successfully integrating into the fabric of their communities. That process resulted in the creation of a new program model for peer support agencies called "Recovery Centers". OMH initially worked to establish new Recovery Centers around the state while assisting existing peer support initiatives to transition to the new program model. As a result of this process, many counties have now initiated additional recovery centers to meet the needs of mental health consumers as the mental health system transitions to managed care.

5.1.2 Qualified Peer Workforce

In order to successfully achieve its objectives including recovery from a mental health condition, providers need a competent and qualified workforce.

The Peer Specialist workforce is the first new workforce whose services can be covered by Medicaid to emerge in our country post a shift to focusing on recovery as envisioned in federal documents like the Surgeon General's Mental Health Report (1999). Commonly known as Certified Peer Specialists, or Peer Support Specialists, this new workforce in behavioral health has the role of modeling their lived experience of recovery to promote hope and teaching skills for self-directed recovery and mind-body whole health and resiliency. As

mounting research recognizes the positive impact of their work, their demonstrated competencies are also challenging deep-rooted beliefs that perpetuate societal and institutional stigma and what often becomes internalized as a negative self-image that can perpetuate hopelessness and despair. There have been three Summits held in 2009, 2010, and 2011 at the Carter Center in Atlanta attended by representatives from most state behavioral health authorities. These Summits, entitled the Pillars of Peer Support Services Summits, generated reports (Daniels et al, 2010 and 2011) that address the barriers and strengths to support and expand the peer workforce including an emerging new role in integrated physical and behavioral health (Daniels et al, 2012), also known as "whole health."

Peer support that promotes mutual support and self-help originates in the United States with Native Americans forming social support groups to deal with alcohol use problems as early as 1772. Those support groups, in which group members organized and solved their own issues through mutual support, were led by the group members themselves. The experiences of Native American peers evolved into some of the very first Literature on recovery and the first peer mutual-support groups with a focus on self-managing sobriety (White, 1998).

As the mental health peer movement has matured, peer supports have evolved into much more sophisticated community health workers, peer coaches along with health/wellness coaches as part of an international trend towards peer coaching/support as a part of chronic disease management. The Academy of Family Physicians Foundation has identified four core functions of that coaching/peer support as:

Assistance in daily management
Peer supporters use their own experiences with diet, physical activity and medicine adherence in helping people figure out how to manage diabetes in their daily lives. They can also help in identifying key resources, such as where to buy healthy foods or pleasant and convenient locations for exercise.

Social and emotional support
Through empathetic listening and encouragement, peer supporters are an integral part of helping patients to cope with social or emotional barriers and to stay motivated to reach their goals.

Linkages to clinical care and community resources
Peer supporters can help bridge the gap between the patients and health professionals and encourage individuals to seek out clinical and community resources when it is appropriate.

Ongoing support, extended over time
Peer supporters successfully keep patients engaged by providing proactive, flexible, and continual long-term follow-up.

SAMSHA has furthered this process working with Health Resources and Services Administration (HRSA) to provide support and guidance around emerging best practices. "In integrated health, an emerging key role for peer providers is interventions that result in the activation of whole health self-management by those in recovery from behavioral health and chronic health conditions (Druss et al. 2010; Brekke et al. 2012). Growing national recognition

of this critical role of self-management to promote resiliency and whole health resulted in creating a federally-funded peer-delivered training called **Whole Health Action Management (WHAM)** developed by the SAMHSA-HRSA Center for Integrated Health Solutions operated by the **National Council for Behavioral Health**."

In 2007 the Center for Medicare and Medicaid Services (CMS) sent out guidelines to states on how to be reimbursed for services delivered by peer providers. In 2012, Georgia was approved as the first state to **bill for a peer whole health and wellness service** delivered by WHAM trained peer providers. On May 1, 2013 CMS issued further clarifying guidance on peer services stating that any peer provider must "complete training and certification as defined by the state" before providing services. As of January 1, 2014, CMS expanded the types of practitioners providing Medicaid prevention services beyond physicians and other licensed practitioners at a state's discretion which could include peer providers.

New York wants to leverage and continuously improve our peer workforce and certification process by incorporating these and newly emerging best practices as they are identified.

5.2 Objectives and Responsibilities

Through this initiative the Office of Mental Health intends to enhance State capacity and infrastructure to be consumer-centered and targeted toward recovery and resiliency. The system should be consumer-driven by promoting the use of consumer run services along with a competent peer workforce within Medicaid and other funded programs. The program goals are to 1) increase the professional competences of the peer workforce to meet the growing demands of Medicaid and Recovery Center services 2) increase the competencies of mental health programs and managers to successfully engage the peer workforce as a methodology to deliver the continuum of services promoting recovery 3) promote skill development with an emphasis on leadership and business management for peer run programs; 4) provide training and support to ensure that they are providing evidenced based services which promote recovery; and 5) to assist peer-run organizations in transitioning into Recovery Centers.

By providing appropriate training and tools, staff of peer-run organizations will be able to aide in the development of individualized mental health plans. Understanding the need and use of accountability and evaluation measures, and the many other self-help, self-management skills, consumers can provide the guidance and foresight into changing the present system to a recovery-oriented system for all peers and thereby ensuring the implementation of the goals of the Final Report of the President's New Freedom Commission on Mental Health.

All activities under this project should include and pay particular attention to OMH's priorities as identified in the 5.07 plan.

5.3 Operational Information

- The applicant should document the Academic affiliation or partners that will support the expertise required for this project.
- Training curricula developed for this project should meet general requirements for individuals to be able to use evidence of successful completion for

Continuing Education Units (CEU), professional development or credit for college level learning.

- The applicant should identify specific measurable learning objectives for each toolkit developed and provide a mechanism for evaluating acquisition of knowledge.
- The applicant should maximize the use of existing resources.
- The applicant should promote and utilize evidence based practice approaches.
- The applicant should promote and utilize peer to peer technical assistance capitalizing on the expertise within existing consumer-run programs.
- Staffing must be available to meet and participate in OMH planning and other support sessions as required.
- Applicant should have a documented history of positive programmatic involvement with the community to be served.
- It should be demonstrated that material and products such as audio-visual materials, Public Service Announcements (PSA's) training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population to be served.
- Mental health service recipients should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help share the projects proposed activities and interventions.
- There should be objective evidence / indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.

Successful bidder will coordinate with OMH advisory groups empanelled to provide consumer focused guidance to the project including OMH contracted technical assistance providers, the regional advisory committee and the Certification Board.

5.4 Executive Summary

Contractor will be required to provide an overview of the program design, addressing the objectives set forth by the RFP.

5.5 Deliverables

Contractors will be required to:

- Initiate services identified by the strategies and objectives below on 1/1/16;
- Develop a written communication plan to ensure the coordination and regular flow of information between the contractor, OMH Office of Consumer Affairs and consumer-run organizations across New York State;
- Report monthly on the number of services provided by objective, detailing number of hours of service, identification of organizations providing service, the number of people provided the service, locations of service delivery, and other data elements required by OMH;
- Provide CQI reports as required by OMH.

Please address how your organization will successfully meet the objectives in each of the strategies listed below:

Strategy 1 – Development of Training Curricula to meet the competency requirements of a professional peer workforce

Objective 1.1 - Conduct a bi-annual needs assessment of the competencies of the peer workforce to be used to prioritize training needs to enhance competencies.

Objective 1.2 – Based on the outcomes of the needs assessment conducted in Objective 1.1, prioritize the training needs of the peer workforce in at least (but not limited to) the following areas: service planning / needs assessment; Whole Health Action Management; Wellness Recovery Action Plans (WRAP); service documentation requirements;

Objective 1.3 – Identify existing, cost effective training opportunities that address the training needs prioritized in Objective 1.2. These might include training provided by organizations like: the SAMSHA-HSRA Whole Health Action Management training; The Copeland Center; Cornell University ILR School; and the New York Employment Service System.

Objective 1.4 – Assemble marketing materials and create a mechanism to distribute information on those training opportunities identified in Objective 1.3 to the individuals that are part of the mental health peer workforce or may become part of the peer workforce throughout New York State. This would include banner and other display type ads that could be placed on the Peer Accreditation web pages and the Academy of Services web pages among others.

The Academy of Peer Services is an online learning management platform built of the Moodle software system. It is expected the successful bidder will assist OMH with the administration and management of that platform.

Objective 1.5 – Identify or develop a mechanism to track which individuals from organizations successfully complete core training identified in Objective 1.3. Such mechanism should be able to be implemented on OMH's Academy of Peer Services and could take the form of an online test.

Objective 1.6 – Develop on an annual basis curricula to be used in the online Academy of Peer Services to address at least four of the needs identified in Objective 1.2 that are not adequately addressed by training identified as available in Objective 1.3 (once curricula has been developed to address all of the needs identified in Objective 1.2, the annual requirement will shift to enhance the annual requirement in Strategy 1.2). Each curriculum will identify specific learning objectives, present material to accomplish the learning objective, and then test the individual on acquisition of the knowledge. Each curriculum should be developed in modules which can be taken by students online within an hour's time frame.

Objective 1.7 – Develop comprehensive online training modules based on the curricula developed in Objective 1.6 per a format approved by OMH. Each module should be presented or facilitated by experts in the area the module covers. These training modules should be compatible and able to be implemented on OMH's Academy of Peer Services.

Objective 1.8 – Develop and disseminate per an approved plan marketing materials on the training modules developed and implemented in Objective 1.7.

Strategy 2 – Development of Training Curricula to Enhance Peer- Run Organization's Management Competencies

Objective 2.1 - Conduct a bi-annual needs assessment of Peer-run organization's management expertise to be used to prioritize training to enhance management competencies.

Objective 2.2 – Based on the outcomes of the needs assessment conducted in Objective 2.1, prioritize the training needs of management of peer-run organization's in at least (but not limited to) the following areas: Executives and Board Management; Financial Management; Human Resource Management including recruitment, personnel policies, supervision and volunteer management; Continuous Quality Improvement / Outcomes Management; Non-profit legal considerations; Fundraising; and Marketing / Public Relations.

Objective 2.3 – Identify existing, cost effective training opportunities that address the training needs prioritized in Objective 2.2. These might include training provided by organizations like: The Support Center for Non-profit Management or the Partnership in Philanthropy; The Alliance for Non-profit Management; and The Foundation Center.

Objective 2.4 – Assemble marketing materials and create a mechanism to distribute information on those training opportunities identified in Objective 2.3 to the management of all OMH identified peer-run organizations in New York State.

Objective 2.5 – Identify or develop a mechanism to track which individuals from OMH identified peer-run organizations successfully complete core training identified in Objective 2.3. Such mechanism should be able to be implemented on OMH's Academy of Peer Services and could take the form of an online test.

Objective 2.6 – Develop on an annual basis curricula to be used in the online Academy of Peer Services to address at least four of the needs identified in Objective 2.2 that are not adequately addressed by training identified as available in Objective 2.3 (once curricula has been developed to address all of the needs identified in Objective 2.2, the annual requirement will shift to enhance the annual requirement in Strategy 2.2). Each curriculum will identify specific learning objectives, present material to accomplish the learning objective, and then test the individual on acquisition of the knowledge. Each curriculum should be developed in modules which can be taken by students online within an hour's time frame.

Objective 2.7 – Develop comprehensive online training modules based on the curricula developed in Objective 2.6 per a format approved by OMH. Each module should be presented or facilitated by experts in the area the module covers. These training modules should be compatible and able to be implemented on OMH's Learning Management System.

Objective 2.8 – Develop and disseminate per an approved plan marketing materials on the training modules developed and implemented in Objective 2.7.

Strategy 3 – Development of Training Curricula to Enhance Peer- Run Organization's Staff Competencies

Objective 3.1 – Conduct a bi-annual needs assessment of Peer-run organization's staff expertise to be used to prioritize training to enhance management competencies.

Objective 3.2 –Based on the outcomes of the needs assessment conducted in Objective 3.1, prioritize the training needs of the staff of peer-run organization's in at least (but not limited to) the following areas: Knowledge of the Americans with Disabilities Act; Knowledge of Social Security Entitlement including SSA, SSI, SSDI, Medicaid, Medicare and the various work incentives available; Fair Housing Act; Person Centered Planning; Wellness Self-Management; Wellness Recovery Action Plans or Crisis Self-Management Plans; Advanced Directives; Food Stamps; Energy Assistance Programs like HEAP; Dual

Diagnosis Support (AA, NA, DTR, etc.); Facilitation Skills; Housing Options (including affordable/accessible housing, Home of Your Own Program, Section 8, McKinney, etc.); Motivational Interviewing; Veterans Programs; Parenting Support; Financial Literacy Training; Employment Support; Nutrition and Food Programs / Supports; Literacy Training / Education Support; Forensic / Jail Diversion; Crisis Support; Suicide prevention and Peer Support.

Objective 3.3 – Identify existing, cost effective training opportunities that address the training needs prioritized in Objective 3.2. These might include training provided by organizations like: The Copeland Center; Cornell University ILR School; and the New York Employment Service System.

Objective 3.4 – Assemble marketing materials and create a mechanism to distribute information on those training opportunities identified in Objective 3.3 to the staff of all OMH identified peer-run organizations in New York State per an approved dissemination plan.

Objective 3.5 – Identify or develop a mechanism to track which individuals from OMH identified peer-run organizations successfully complete core training identified in Objective 3.3. Such mechanism should be able to be implemented on OMH's Learning Management System and could take the form of an online test.

Objective 3.6 – Develop on an annual basis curricula to be used for the creation of online learning systems to address at least four of the needs identified in Objective 3.2 that are not adequately addressed by training identified as available in Objective 3.3 (once curricula has been developed to address all of the needs identified in Objective 3.2, the annual requirement will shift to enhance the annual requirement in this objective). Each curriculum will identify specific learning objectives, present material to accomplish the learning objective, and then test the individual on acquisition of the knowledge. Each curriculum should be developed in modules which can be taken by students online and broken into components which can be completed within an hour's time frame.

Objective 3.7 – Develop comprehensive online training modules based on the curricula developed in Objective 3.6 per a format approved by OMH. Each module should be presented or facilitated by experts in the area the module covers. These training modules should be compatible and able to be implemented on OMH's Learning Management System.

Objective 3.8 – Develop and disseminate per an approved plan marketing materials on the training modules developed and implemented in Objective 3.7.

Strategy 4 – "Community of Practice" for Peer Management

Objective 4.1 – Develop a process with a specific plan to support the development and formation on a regional basis of a "Community of Practice" for the management of peer-run programs. Bidders are advised to familiarize themselves with the concept of "communities of practice" as they are defined as: "a group of people who share an interest, a craft, and/or a profession." Although similar to a learning collaborative a community of practice differs, since the body of knowledge on the creation, implementation and operation of a recovery center is an evolving process. The group of individuals involved in the community of practice need to be an integral part of creating the knowledge, learning and informing how the process should evolve. The process should include a mix of online and face to face opportunities for dialogue, information exchange, mentoring and support. See Attachment E for further references on Communities of Practice.

Objective 4.2 – Based on the plan developed in Objective 4.1, develop and disseminate per an approved plan, marketing materials to support the development of Communities of Practice for peer management.

Objective 4.3 – Work with existing OMH technical assistance contractors to plan and host at least once quarterly a "Community of Practice" breakfast or luncheon in each region to support the establishment and ongoing participation in the Community of Practice by the management of peer-run programs.

Strategy 5 – "Community of Practice" for the Peer Workforce

Objective 5.1 – Develop a process with a specific plan to support the development and formation on a regional basis of a "Community of Practice" for the program staff of peer-run programs. The process should include a mix of online and face to face opportunities for dialogue, information exchange, mentoring and support. See Attachment E for further references on Communities of Practice.

Objective 5.2 – Based on the plan developed in Objective 5.1, develop and disseminate per an approved plan, marketing materials to support the development of Communities of Practice for the staff of peer-run programs.

Objective 5.3 – Work with existing OMH technical assistance contractors to plan and host at least once quarterly a "Community of Practice" breakfast or luncheon in each region to support the establishment and ongoing participation in the Community of Practice by the peer workforce.

5.6 Program and Service Strategy

Please address the following areas:

- Describe the organization's experience in the development of successfully implemented academic training related to the management of non-profit organizations. Provide examples if applicable.
- Describe the organization's experience in the development and implementation of successful training using online learning systems. Provide examples if applicable.
- Describe the organization's capacity and resources to develop curricula as identified in this RFP. Provide examples if applicable.
- Describe the organization's capacity and resources to develop dynamic online training modules. Provide examples if applicable.
- Describe the organization's experience in evaluation of knowledge transfer through online learning. Provide examples if applicable.
- Describe the organizations capacity and experience to develop video segments to augment online learning curricula.
- If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
- Identify any cash or in-kind contributions that will be made to the project.

- Describe how the organization would collaborate and communicate with consumer-run organizations; what obstacles you would envision; and how your organization would address these obstacles in the implementation of this initiative.

- Describe how recipients are involved in the preparation of the application, and how they will be involved in the planning, implementation, and evaluation of the project.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

- Describe the organization's existing practice or vision to promote
  - education for families,
  - integrated treatment (substance abuse & Mental Health) approaches,
  - recipient self-management of symptoms,
  - recipient employment and education,
  - medication prescription practices that are consistent with national guidelines,
  - wellness self-management
  - Self-help / peer support.

5.7 Staff, Management and Relevant Experience

- Provide a realistic time line for the project (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.

- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel.

- Describe how the staff will contribute to the multicultural, bilingual, and diversity needs of the project; describe life experiences of the staff that will benefit the project.

- Describe the resources available for the proposed project (e.g., facilities, equipment). Provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population

- Describe your organizations capability to implement this initiative:
    - Relationships to peer organizations;
    - Training in self-help, rehabilitation and recovery approaches;
    - Time frame for implementation;

5.8 Continuous Quality Improvement (CQI)

Programs should describe their current or anticipated CQI process including what is expected to collect data that will tell them how they are doing in achieving the program objectives. Specific quality improvement activities should include:

- Describe how your organization will utilize the CQI data
- Describe your organization's plans for internal monitoring. Describe plans for collecting and using data to monitor and improve program performance.
- Describe how the organization will provide training and support to assure staff competencies in integrating evidenced-based practices into service provision.
- Describe the process that supervisory staff will utilize to identify problems and implement corrective actions
- Performing periodic utilization reviews;
- Tracking utilization in program functions;
- Establishing data collection systems to support the standards of quality improvement set by each organization and OMH;
- Analyzing data to monitor program performance;
- Identifying trends in outcomes, service provision, program operations and the utilization of this data to improve results;
- Tracking the program's record in providing required deliverables;
- Reporting to OMH semi-annually utilizing a format to be determined.

5.9 Evaluation and Data

- Describe the process and outcome evaluation. Include specific performance measures and target outcomes related to the goals and objectives identified for the project in your Project Narrative.

- Document your ability to collect and report on the required performance measures as specified in the RFP, including data required by OMH to meet various reporting requirements. Specify and justify any additional measures you plan to use for your project.

- Describe plans for data collection, management, analysis, interpretation and reporting. Describe the existing approach to the collection of data, along with any necessary modifications. Be sure to include data collection instruments/interview protocols in the Appendix.

- Discuss the reliability and validity of evaluation methods and instruments(s) in terms of the gender/age/culture of the target population.

- Describe how collection, analysis and reporting of performance data will be integrated into the evaluation activities.

5.10 Budget

Budget must conform to the following stipulations. Failure to adhere to the limits as described below will result in removing any additional expenses from the final contract budget, if awarded a contract:

- Staffing and Fringe should not exceed 32% of the value of the annual funding (this amount could potentially exceeded if some of the training development costs were being addressed through existing staffing expertise)
- Other Than Personal Services (OTPS) should not exceed 5% of the value of the annual funding
- Advisory meetings should not exceed 13% of the annual funding
- Online training development should not exceed 40% of the annual funding
- Admin/Overhead should not exceed 10% of the annual funding
- No start-up expenses are allowed
- No out-of-state travel will be considered

5.11 Letters of Support

Maximum of 10 letters will be accepted.

5.12 Resources

- Evidence-Based Practices - Information and additional links available at SAMHSA .

- Wellness Self-Management - Information

- Helene L. Provencher, Robin Gregg, Shery Mead & Kim T. Mueser, Fall 2002, “The Role of Work in the Recovery of Persons with Psychiatric Disabilities,” *Psychiatric Rehabilitation Journal*, 26(2), 132-144.

- Richard W. Goldberg, Angela L. Rollins & Anthony F. Lehman, spring 2003, “Social Network Correlates Among People with Psychiatric Disabilities,” *Psychiatric Rehabilitation Journal*, 26(4), 393-403.

- Darla Spence Coffey, spring 2003, “Connection and Autonomy in the Case Management Relationship,” *Psychiatric Rehabilitation Journal*, 26(4), 404-412.

SAMHSA, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, September 2001, “Overcoming Barriers to Community Integration for People with Mental Illnesses.”

VI. Contract Overview

6.1 Contract Provisions

Portions of the selected proposal may be included as part of the final contract. Final contracts will also include standard NYS boiler plate documents including Appendix A, Appendix A-1, Appendix B-Budget, Appendix C-Payment Schedule, Appendix D-Work plan, , Appendix F-Confidentiality Agreement, Appendix X, applicable OMH Aid-to-Localities Spending Plan Guidelines (referred to as the “Guidelines”), and any applicable riders or other information deemed appropriate by OMH. The “non-grant” contract boilerplate and Guidelines are available for review.

6.2 Acceptance of Terms and Conditions

In order to be responsive to this solicitation, a bid must satisfy the specifications set forth in the RFP. A detailed description of the format and content requirements is presented in Part II of this RFP. OMH reserves the right to waive minor irregularities and inconsistencies of the proposal.

6.3 Dispositions of Proposals

All proposals received by the due date become the property of OMH and shall not be returned. The successful proposals may be incorporated into the resulting contract and will be public record. Any proposals received after the due date will be returned to the bidder unopened.VII. Attachments

VII. Attachments

Attachment A

Definitions of Terminology Used Throughout This RFP

Self-help, mutual or peer support, and peer-run organizations exist on a continuum from doing things for one-self to large multi-faceted organizations.

Self-help refers to methods that individuals use to help or improve oneself without assistance from others.

Mutual or peer support refers to groups of people who share a common experience (ie. having received a diagnosis of mental illness) who come together in order to provide each other with moral support, information, and advice.

Peer-run organization refers to those organizations (including mutual or peer support groups) that are member-run, in which the majority of staff and a majority of the board are made up of people who would qualify for membership (i.e. individuals who have used mental health services or been psychiatrically labeled) (see Attachment B for a more detailed description). Many peer support groups, peer run organizations and some traditional mental health providers provide information on self-help but have come to use the term in ways that refer to the "industry" of peer support or peer-run organizations.

Dynamic learning experiences are opportunities for individuals to learn about an activity by actually experiencing a part of the activity or passion. For example, to engage individuals in computers, a Recovery Center might invite the local PC Users Group to the social event. Instead of having a presentation, the PC Users Group might loan several digital cameras to individuals from the Recovery Center to take photographs during the social event. While the event is taking place, the PC Users Group would then project the photographs on the wall for all to see, sparking interest in the technology and a conversation with those who might become engaged. By having members of the PC Users group present and available for these conversations the Recovery Center's members will be able to meet and build a relationship with individuals from the PC Users Group while in the safe environment of the Recovery Center. This process dubbed the "Cheers Phenomena" based on the premise of the old TV show where one wants to go to a place where "everyone knows your name", enhances the ability of individuals interested to venture to the PC Users Group to further explore their passion.

There are four characteristics which make up a peer support or mutual help group as cited by the American Self-Help Group Clearinghouse. They are:

- **"Mutual help** - This is the primary dynamic process that takes place within the group -- it's people helping one another and helping themselves in the process. Experiences are shared, knowledge is pooled, options are multiplied, hopes are reinforced, and efforts are joined as members strive to help one another.
- **Member-Run** - Member run and "owned". Providing a sense of belonging and reflecting members' felt needs. They are not professionally run groups. If professionals are involved (and in many cases they are) they serve in ancillary supportive roles, i.e., they are "on tap, not on top" as some groups describe it.
- **Composed of Peers** - members share the same problem/experience, providing a powerful "you are not alone" sense of understanding, which can often lead to an almost instant sense of community at the first meeting.

- **Voluntary Non-Profit organization** - volunteer-run" or at a minimum voluntary participation, "no fees; dues if any are minimal. They are, as described by A. Tofler in his 1980 book, The Third Wave, as "prosumers," rather than "consumers."

Peer support groups often begin with a single individual or small group wanting to meet their own specific need for support. Peer-run organizations are the outgrowth of these groups as they grow and develop creating more groups to address identified need. Attachment C provides a listing with descriptions of the types of services historically offered by peer-run organizations.

Attachment B

Definition of a Peer Run Program

To qualify as a peer run program, organizations must meet the following criteria:

1. At least fifty-one percent (51%) of Board members must be peers.
2.. All Boards of authentic peer run organizations, regardless of the percentage of peer membership must have a quorum made up of peers for voting purposes.
3. Peers must hold the majority of staff positions in a peer run organization, including all the leadership and program management positions.
4. Peer initiatives that contract with a fiscal sponsor* qualify as peer run if the following conditions are met:
   a) the program is staffed by a majority of peers, including all the leadership and program management positions; peers supervise all non-peers.
   b) all personnel decisions are made solely by the peer program.
   c) all program decisions are made solely by the peer program.
   d) all financial decisions, except those dealing with the administrative needs of the fiscal sponsor (e.g. costs for accounting, administering program funds, yearly audit, reporting) are made solely by the peer program.

Recipient of mental health services means someone who has received an Axis I or II diagnosis or has spent at least 30 days as any combination of the following:

- an inpatient on a hospital psychiatric unit
- a recipient of SSI and or SSDI based on a psychiatric disability
- a psychiatric outpatient in in Continuing Day Treatment (CDT), Intensive Psychiatric Rehabilitation Treatment (IPRT), Community Residence, sheltered workshop, or similar program.

Attachment C

Peer Support Groups
Models and Service Offerings
By John Allen

This document was developed to create a framework for government and individuals to support the development of peer support groups for individuals who are or have been in the mental health system. This standardized menu of service offerings creates a service model, which can become the basis of a government contract or funding as a complimentary augmentation of the traditional mental health service array. The service array described in this document is nothing more than a compilation and synthesis of the actual services provided by the great variety of peer support groups that exist.

Drop-In Centers
Many groups begin in a more formalized way with the creation of a drop-in center. This is a place where people can stop by at any time to enjoy a cup of coffee, socialize or just hang out in a low stress, low demand environment. Centers are typically staffed with volunteers at first who ensure a safe, comfortable and friendly atmosphere. The drop-in center becomes a focal point from which to offer other services. A drop-in center is often used as an engagement strategy attracting those not interested in participating in traditional mental health service offerings. Many centers begin operation in donated space as part of a church and sometimes formal mental health center. Hours of operation vary from a few hours one day a week (typical in donated space), to evening and week-end hours for those complimenting traditional service providers, to 24 hours a day / 7 days a week for those providing homeless support services.

AA Meetings / NA Meetings / DTR / Substance Abuse
Individuals who have used mental health services often identify co-occurring substance use as an issue they would like help with. For this reason, many peer support groups and drop-in centers offer or support substance abuse groups like AA (Alcoholics Anonymous), NA (Narcotics Anonymous) or DTR (Double Trouble and Recovery) by holding meetings at their locations. Specialized groups like DTR address the concerns of people who use psychotropic medications in ways that some typical AA meetings can't (some groups require no participants use of drugs of any kind including prescriptions). Groups often begin by partnering with an AA , NA or DTR group offering space and refreshments. Some drop-in centers have volunteers and or staff with training and backgrounds specific to facilitating a group.

Advanced Directives / Wellness Recovery Action Plans
As groups develop and members gain more experience in their personal recovery journeys, helping members find ways to ensure their treatment preferences are respected and followed in a natural development. Advanced directive training and support follows with groups providing information, education and some offering workshops. Some groups take the legal concept of advanced directives to incorporate treatment preference planning beyond just a crisis plan. Most places that provide workshops recommend that an advanced directive be developed over a period of time in discussions with the supports that an individual desires. In this way, the people providing support know the exact preferences of the individual they are supporting and under what circumstances they should take action. This service provided by a peer support group in a traditional provider setting, can create opportunities for traditional mental health staff to not simply understand the preferences of their clients, but can allow them to create service options that actually promote recovery. Wellness Recovery Action Plans (WRAP) is a process many peer

organizations endorse which supports each individual in creating a plan for themselves through structured discussions and activities. Many peer groups offer members, volunteers and staff the opportunity to attending WRAP facilitator training so that they are credentialed to run WRAP groups.

Advocacy / Advocacy Training

In the past, most mutual support groups for mental health recipients were begun as a way to change the system. Individual and systemic advocacy is a service that many peer support groups still perform both as a way of assisting members in addressing issues and a method of engaging new members. Advocacy has also taken new directions as some jurisdictions employ peer support groups to gather input into governmental processes. Other groups provide individual advocacy training to enable members to become better self-advocates. There are peer support groups that contract with the federal PAIMI (Protection and Advocacy for Individuals with Mental Illness) agencies to act as lay advocates and do case finding. Some service systems provide advocates contracted from peer support groups to assist individuals in navigating complaint and grievance processes or other part of the system.

Benefits Advisement

New people receiving mental health services and individuals who have been in the system who desire to work, often seek guidance from peers on benefit issues. Many peer support groups provide benefit education and assistance ranging from social security supports (SSI / SSDI), Medicaid, Medicare to emergency energy assistance. With the turnover rates for mental health workers being high, individuals who have been in the system are the best source of practical information on benefits. Many programs, like those from Cornell exist to provide training for individuals in peer support groups on benefits advisement.

Career Club / Employment

As peer support groups are and grow in membership issues of recovery often begin to focus on employment. Coupled with benefits advisement which is critical when considering work, peer support groups have created job/career clubs to provide mutual support for members seeking and struggling with returning to work. Coupled with traditional employment or job coaching services, this mutual support activity provides a unique assistance to aid individuals in transitioning from an individual identity of a disabled person to that of productive employee. Some peer support groups have created agency run business enterprises as a way of creating supportive job opportunities for members.

Clothes Closet

Depending on the needs of members, some peer support groups working with other community organizations provide a “Clothes Closet” for members enabling members for example to find warm clothing in the winter when they lack financial resources. Often these are as simple as a closet in the drop-in center in which people place clothing they no longer want that others can have. In some peer support groups this activity has grown to the point of an agency run thrift shop that generates both employment opportunity for members as well as income for the group.

Community Meals / Kitchen

In starting a peer support group, one will find that an easy way to entice new members is to provide food. Many peer support groups offer community meals as a way of addressing member’s issues in making limited financial resources stretch. Peer support groups that provide homeless services find that meals become a necessity to meet the needs of their members. No matter the reason that a peer support group provides meals, they become an attraction and engagement tool for finding new members and building a true community of support for existing members. Meals are frequently begun as pot-luck suppers where

each member agrees to bring one item to share. Working with food pantries and extension agents, community meals can provide opportunities to teach meal preparation and nutrition to members enabling them to stretch their limited food budgets.

Computers / Internet Access
Once a peer support group grows, its need for a computer to keep records and write reports necessary to satisfy funding sources becomes critical. Groups have found that making that same computer available to members to aid in resume writing, and job searches addresses immediate needs. Some groups augment their single computer by seeking donations from companies like insurance carriers that regularly replace their equipment by upgrading it. This has created an opportunity for these peer support groups to establish computer training programs which in some cases include industry standard certifications recognized by Microsoft and Novell as well as employers. Internet access is frequently available at free or reduced rates from local internet providers once the group has its non-profit status. This allows the group's members to conduct their own research and education on topics such as medications, diagnosis, wellness self-management, or other topics of interest. Some peer support groups serve as pre-vocation sites and even vocational employment training sites for the traditional service system.

Crisis Support / Warm Lines
As peer support groups grow, many begin to provide a variety of crisis support, usually beginning with in-home peer support during a time of crisis using volunteers. Some groups expand that concept to a more formal crisis option with several establishing crisis emergency residences under contract with local government as hospital diversion staffed by peers. Many also begin informal telephone support trees where members provide informal support to each other. In a number of instances, these have grown to more formal warm lines staffed by peers to provide telephone support.

Food Pantry / Nutritional Assistance
Many groups, particularly those that have established community meals, begin to explore creating food pantries in collaboration with local food banks. These pantries provide members with low cost or emergency food options that enable individuals living on the fixed income from disability to be able to maintain a healthy diet. Some programs also work with local cooperative extension or homemaker services to provide education on meal planning and preparation as part of their service.

Forensic Support / Jail Diversion
In some areas, peer support groups who have members involved in the criminal justice system provide a variety of support activities specifically aimed to help re-integration and maintenance of positive community involvement. As groups have provided training and support to local law enforcement, some groups have developed a variety of formal and informal mechanisms to assist with diversion activities. These typically involve crisis support for individuals in which police are involved as a result of unusual behavior.

Housing
Some of the earliest peer support groups created a variety of informal housing options in which members shared resources in the same way that non-disabled individuals room together. This had led to the creation of a variety of housing options including peer support groups operating Housing and Urban Development, (HUD) section 8 housing programs, providing McKinney Homeless housing services and building Habitat for Humanity's housing. Working with local National Alliance on Mental Illness, (NAMI), Mental Health Associations (MHA) and local Habitat for Housing, some peer support groups build on a program stated in Georgia called "Jerome's Home" to create home ownership opportunities for individuals in the mental health system.

Laundry
As groups grow and established permanent drop-in centers, some create the ability of members to meet their laundry and cleaning needs. This is especially true for groups that provide support to individuals who experience homelessness. Although laundries do exist, many individuals who are homeless find that they are not welcome at those establishments, so peer support groups become their only option.

Lending Library
Although public libraries can often address the need for information on recovery, many peer support groups maintain literature and publications on everything from medication to legal rights. These libraries of information are often used by the groups as part of their member educational efforts.

Literacy Training / Education Support
Depending on the community and its members, some peer support groups collaborate with basic literacy education programs to assist members with basic reading skills or attainment of G.E.D. diplomas. Other groups augment disability services frequently available on college campuses to support members who are furthering their education through college or vocational classes.

Mail Service
Peer support groups that have a number of members who experience homelessness or live in transitional housing will sometimes create mail services. This sometimes looks like a post office with locked mail boxes for each individual and is sometimes as simple as acting as the address for those that lack stable housing enabling them to receive mail.

Newsletters
Almost all peer support groups develop a newsletter as a way of keeping their members informed of events and activities. These newsletters also create volunteer opportunities for members to become involved with the variety of production activities from writing to layout. Some newsletters in addition to center news publish member poetry, art, short stories, recipes, book and travel reviews. Newsletters are an excellent method of marketing the peer support group as well as disseminating valuable information to members.

Parenting Support
The least provided service in traditional mental health systems is support for individuals who receive services who are also parents. In this area, peer support groups have created a variety of support mechanisms including parenting education, support groups and even in a few places respite / babysitting services. Other groups have focused on advocating for parental rights, often with child custody issues taking the forefront.

Peer Support
Whether part of the formal process or simply as a matter of people building relationships in peer support groups, the notion of one to one peer support is central. As groups grow, they will often provide training for volunteers who are willing to provide support to other members. Some groups create mechanisms to visit sick members paying particular attention to those who are hospitalized, helping them maintain their connection with the community. In other areas, some peer support groups contract to provide peer bridger services which help those individuals who are in psychiatric hospitals make the transition to community life. This is an especially valuable service assisting long term residents of psychiatric hospitals in overcoming the fears related to leaving a facility.

Rep Payee Services / Budgeting and Money Management
Many individuals on Social Security benefits have the need for assistance in managing their funds through a representative payee. In some cases, individuals are mandated because of prior money management or chemical addictions to have a payee. Since it is often difficult to find someone willing to accept the responsibility as a payee given the lack of funding for this service, peer support groups in many areas have provided training and staff to assist members as a representative payee. In some instances, peer support groups have expanded their efforts to help members learn better money management skills. Some have a member who is an accountant, offering their services assisting with tax return preparation.

Speakers Bureau
Peer support groups frequently develop speaker's bureaus for a variety of reasons. The most common are to enhance their marketing efforts for new members, public education regarding recovery and stigma, and to support their fund-raising efforts. Speakers Bureaus provide members with a variety of opportunities for personal growth and development in addition to de-stigmatizing mental health in the community. Some groups partner with organizations like Toastmasters International to assist members with public speaking skills.

Social Recreation Events
As groups grow and people form natural relationships within the peer support group, the desire for social recreation activities expands. Many peer support groups offer social recreation opportunities both to meet member needs, and also enhance their marketing efforts for new members. Social recreation provides opportunities for members to continue to build their own natural support networks as well as simply have fun. Many groups plan dances, movie outings, picnics, softball games, bowling leagues and other events based on member preferences.

Support Groups
Many peer support groups identify other needs as individuals come together for support. This results in many groups developing other support groups as part of their overall efforts such as: art activities; Depression and Related Affective Disorders Association (DRADA); Emotions Anonymous (EA); groups for individuals who are Lesbian, Bi, Gay, Transgendered (LBGT); men's groups; music groups; Recovery Inc.; and women's groups.

Psycho-education / Self-Management Education
Many peer organizations provide a variety of educational programs to support their member's recovery. A number of peer support groups have explored a variety of methods to increase available funding to support their activities including the use of Medicaid. Offering psycho-education and groups to educated individuals on self-management strategies is something that a number of states have now adopted as a Medicaid billable peer provided service.

Volunteer Referral
As peer support groups grow, providing members linkage with volunteer opportunities is almost a standard offering of all groups. Few groups begin without the ability to recruit, mobilize and manage volunteers. Some groups working with volunteer clearinghouses co-host opportunities to explore volunteering. Other groups provide information and support to members who are interested in volunteering.

Attachment D

Examples of Community Participation Opportunities

- Faith Based Organizations
    - Types of Organizations
        - Churches
        - Synagogues
        - Mosques
        - Temples
        - Ecumenical / Interfaith Councils
        - Evangelical Leaders
    - Types of supportive options
        - Volunteer Possibilities
        - Faith Study (i.e. Bible / Torah / Koran Study)
        - Single Mixers
        - Prayer Groups
        - Food pantry
        - Clothing Assistance
        - Dinners
        - Transportation Assistance
- Community Centers
- Arts Councils
- Hospitals / Nursing Homes
- Parks and Recreation
- YMCA / YWCA
- Library
- Schools
    - Primary
    - Secondary
- Self-help groups
    - AA
    - NA
    - EA
    - Ala-non
    - DTR
- Toastmasters
- Volunteer Coordination Centers
- Special Interest Organizations
    - Hobbies
    - Crafts
    - Arts / Theatre / Music
- Sports Organizations
- Civic Organizations
- Political Organizations
    - Organized Political Parties
    - League of Women Voters
- SPCA
- Red Cross
- Chambers of Commerce
- Ethnic / Culture Specific Groups
- Cooperatives
    - Food

    - Housing
    - Products
- Safety and Security Concerns
    - Local Police
    - Domestic Violence Programs
- Gay / Lesbian / Bi / Transgender Support Groups
- Parenting Support Groups
- Museums
- Spirituality
    - Yoga
    - Meditation
    - Drumming Circles
    - Aroma Therapy
- Computer User / Support Groups
- Virtual Groups
- Agricultural
    - Garden Clubs
    - 4 H
    - Cooperative Extension Service

Attachment E

References for Further Information on Communities of Practice

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