

**PEER ADVOCATE- SUBSTANCE USE DISORDER SYSTEM  
REQUEST FOR PROPOSALS**

**April 1, 2016**

**INTRODUCTION**

New York State Office for Alcoholism and Substance Abuse Services (OASAS) communicated the availability of funding in response to their commitment to combating heroin and prescription drug abuse in the Monroe County community. Funding will make available Peer Advocates in Emergency Rooms, who will assist individuals and families presenting to the emergency room due to use of heroin, opiates, and other substances and complications associated with substance use.

The term peer is utilized frequently throughout this document. For the purpose of this request for proposals, the term peer refers to an individual with a lived experience with a substance use disorder who is able to utilize their recovery expertise and experience to support other individuals actively utilizing substances.

The term family is utilized frequently throughout this document. For the purpose of this request for proposals, the term family refers to persons or group of people an individual sees as significant in their life. It may include none, all, or some members of the individual's family of origin.

The Monroe County Office of Mental Health (MCOMH) is soliciting information from organizations interested in operating a Peer Advocates in Emergency Room team. The team will be dedicated to serving individuals (and families) impacted by substance use disorders that present to emergency departments within Monroe County. Currently three emergency departments are operated within Monroe County, at the following locations:

- University of Rochester Medical Center -601 Elmwood Ave Rochester, NY 14642
- Rochester Regional Health System – 1425 Portland Ave, Rochester, NY 14621; 89 Genesee St, Rochester, NY 14611

Annual funding amount for the operation of the Peer Advocates is \$150,000.

**GOALS / DEFINITION OF THE SERVICE**

Substance use disorders impact both individuals utilizing substances and their family members. An individual and family's understanding of substance use, the progression of substance use, and options available for substance use disorder treatment can positively or negatively influence a substance user's experience of addiction and recovery.

The primary focus of the Peer Advocates is to utilize peers to partner and engage with individuals impacted by substance use disorders. Peer advocates will link and engage with individuals and families presenting to the emergency departments due to their substance use. The Peer Advocates will be responsible for engaging and partnering with individuals and providing information on the progression of addiction, how to access the service delivery system, what to expect when accessing treatment services, and fostering linkages to services. The Peer Advocates will be an innovative and flexible service delivery model and will not be certified by the New York State Office for Alcoholism and Substance Abuse Services.

**POPULATION OF FOCUS**

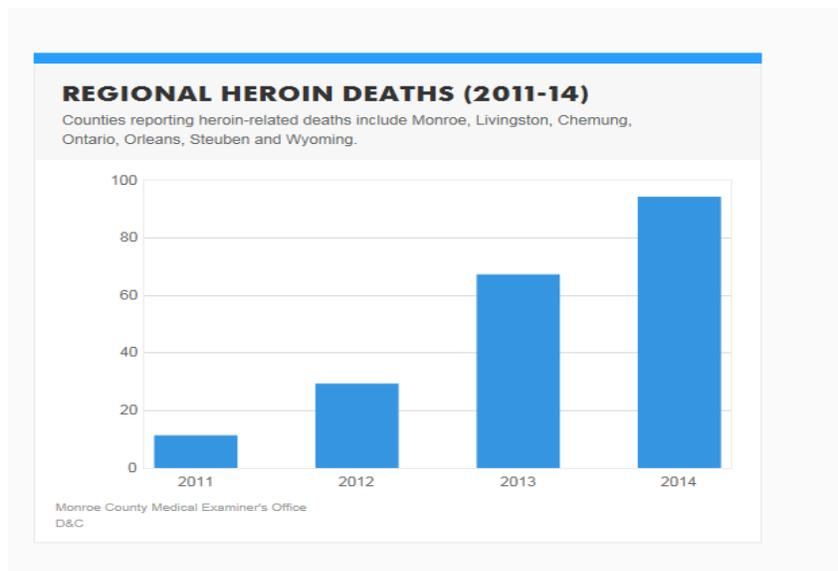
The identified population of focus for the Peer Advocates in Emergency Rooms is as follows:

- I. Individuals whom are actively utilizing heroin, opiates, and other substances and present to an emergency department located within Monroe County

Across the Country, heroin and prescription opioid use, abuse, and opiate-related overdoses have risen significantly, requiring communities to identify additional resources and processes to support individuals and families impacted by opioid use and abuse. According to the American Society of Addiction Medicine (ASAM), drug overdose is the leading cause of accidental death in the US, with 47,055 lethal drug overdoses in 2014. From 1999 to 2008, overdose death rates, sales and substance use disorder treatment admissions related to prescription pain relievers increased in parallel. The overdose death rate in 2008 was nearly four times the 1999 rate; sales of prescription pain relievers in 2010 were four times those in 1999; and the substance use disorder treatment admission rate in 2009 was six times the 1999 rate. Opioid addiction is driving these changes.

Combatting heroin and prescription drug abuse requires an understanding of the progression of the addiction. According to the ASAM Opioid Addiction 2016 Facts & Figures, four in five new heroin users started out misusing prescription painkillers. According to a 2014 survey of people in treatment for opioid addiction, 94% of respondents stated they chose to use heroin because prescription opioids were “far more expensive and harder to obtain.”

Within the region, the number of heroin related overdose deaths has significantly increased, with a vast majority of these deaths being residents of Monroe County.



### Monroe County Emergency Room Presentations

It is recognized that emergency rooms are often utilized as a point of intervention for individuals experiencing adverse effects of heroin or prescription drug abuse, including overdose, medical complications, and relief from addiction. An individual’s experience within the emergency department could facilitate change in health –related behaviors, having a direct impact on the individual’s use of heroin or prescription drug abuse.

Preliminary data obtained from Monroe County Emergency Room departments demonstrate that individuals actively utilizing heroin, opiates, and other substances are currently presenting to emergency departments. In 2015, more than 2,000 presented to emergency departments due to adverse effects of heroin or prescription drug abuse, including overdose, medical complications, and relief from addiction. One emergency department identified that 20% of individuals presenting to emergency rooms due to their use of opiates presented on more than one occasion in 2015, speaking to the chronicity of opiate addiction.

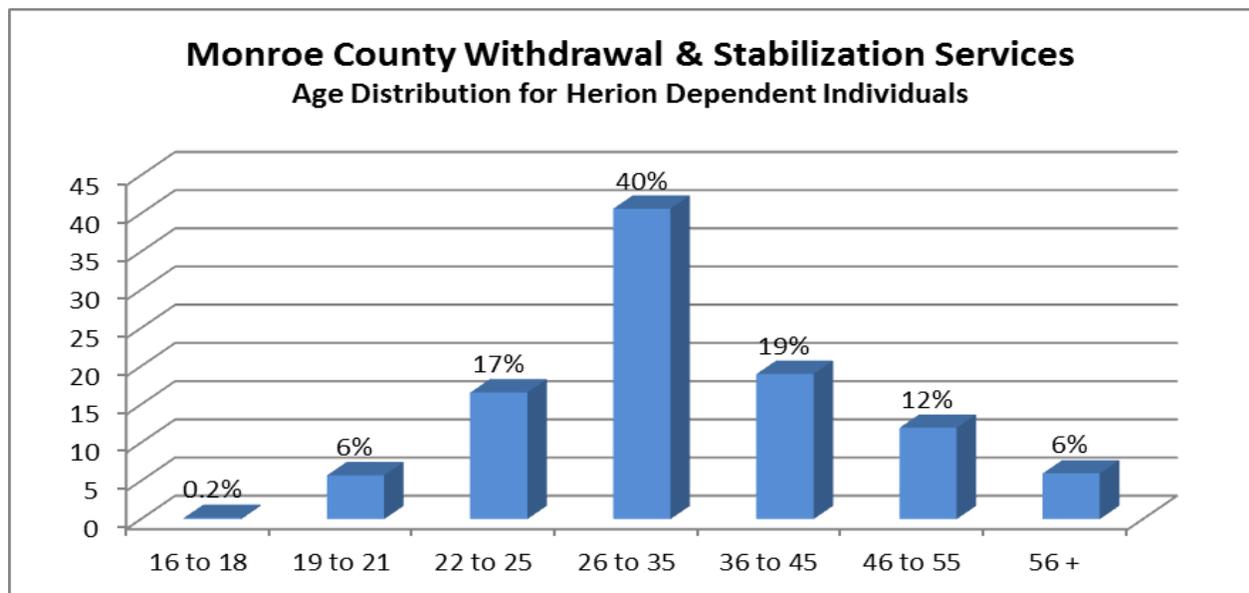
Individuals presented to emergency rooms seeking the following resources: a safe environment in which to abstain from substance use, management of withdrawal symptoms associated with abstinence, assistance in developing a recovery plan, and education and information on how to access treatment and supportive services.

### Monroe County OASAS Certified Withdrawal & Stabilization Utilization

Monroe County currently has an array of OASAS-Certified treatment options for individuals seeking recovery from heroin or prescription drug abuse addiction. These options include several levels of care, including withdrawal and stabilization programs, inpatient rehabilitation programs, outpatient treatment programs, residential programming, and recovery focused supportive services. Individuals are able to access medication-assisted treatment options at various levels of care.

Within Monroe County, withdrawal and stabilization programs are available for individuals experiencing withdrawal from heroin and other substances. The primary goal of withdrawal and stabilization services is the management and treatment of alcohol and/or substance withdrawal and a referral to continued care. Individuals seeking recovery from heroin dependence may enter treatment at a withdrawal and stabilization program as part of their recovery process. Utilization information from existing withdrawal and stabilization programs can be a proxy for obtaining a better understanding of the population of individuals utilizing heroin within Monroe County. It is important to note that not all individuals using heroin or prescription drugs will utilize withdrawal and stabilization services.

In 2015, 2042 adults were admitted into withdrawal and stabilization services within Monroe County with 60% (n=1225) of these admissions being a result of heroin addiction and dependence. For individuals admitted into withdrawal and stabilization programs as a result of heroin addiction and dependence, 84% (n=1,029) identified as White, 8% (n=98) identified as Black, and the remaining 8% (n=98) identified as Latino; 70% identified as male, 30% as female. In addition, the graph below depicts the age distribution for individuals presenting to withdrawal and stabilization programs within Monroe County as a result of heroin addiction and dependence.



### **COMPONENTS OF THE SERVICE**

The primary goal of the Peer Advocates is to utilize expertise associated with addiction and recovery experience and become a resource to individuals and families that present to emergency departments due to their substance use. Peer Advocates will have a presence, physically and telephonically, within Monroe County emergency departments. It is the

goal of the Peer Advocates to understand service delivery within an emergency room setting and how to effectively engage and partner with the target populations within that setting.

The Peer Advocates will demonstrate content expertise in:

- Ability to engage and partner with individuals whom are actively utilizing heroin, opiates, and other substances
- Ability to engage and partner with family members of individuals actively utilizing heroin, opiates, and other substances
- Utilizing their lived experience of addiction and recovery expertise and experience to support other individuals actively utilizing substances
- Knowledge of substance use disorder, the progression of addiction and the impact addiction has on individuals and families
- The existing array of treatment services available within Monroe County and surrounding Counties
- How to access treatment services available within Monroe County, including understanding of role of insurance companies in accessing services
- Existing array and availability of Medication-Assisted Treatment options available within Monroe County
- The existing & emerging array of substance use disorder supportive and recovery oriented services within Monroe County

An important component of the Peer Advocate's role is to be readily available to individuals and families, ensuring the appropriate services are available at the most critical time, when individuals are requesting them.

Peer Advocates will be trained by MCOMH in evidence-based best practices approaches, including motivational interviewing and trauma informed service delivery. Trauma and toxic stress are often at the center of an individual's school/work problems, mental health challenges, substance use, physical health issues and/or juvenile justice/criminal involvement. This means, whether or not it is fully recognized, all providers are working with survivors of trauma. A system or organization that is trauma informed has at its center the core principles of safety, trustworthiness, choice, collaboration and empowerment and understands that these principles need to be present for both the recipient of services as well as the staff. Motivational Interviewing (MI) is a style of person-centered counseling developed to facilitate change in health-related behaviors that is being used across an increasingly broad range of healthcare services. MCOMH will provide initial training in these service delivery models, as well as ongoing coaching and mentoring for the implementation of services utilizing trauma informed and motivational interviewing approaches.

Implementation and operation of the Peer Advocate service will require ongoing collaboration with Monroe County emergency departments, providers of clinical and supportive services (e.g., OASAS-certified programs, OMH Licensed programs, Recovery Oriented Programs, etc.), as well as various stakeholder groups throughout the Monroe County community. Ability to collaborate with various stakeholder groups is essential to the operation of the Peer Advocates. In addition, Peer Advocates will share lessons learned regarding the needs of families and individuals impacted by substance use disorders within Monroe County with various stakeholder groups committed to combating heroin and prescription drug abuse within the local community.

## **DEMONSTRATING VALUE**

The organization awarded the Peer Advocate service model will collect information to demonstrate effectiveness in implementing the core components of the service delivery model.

This data will be submitted to MCOMH throughout the duration of the program funding. Data collected will be grouped into the following categories:

Implementation of Service Delivery Utilizing Trauma Informed and Motivational Interviewing Philosophies

- The awarded organization will implement the Peer Advocate service with fidelity to trauma informed care and motivational interviewing models of care. MCOMH will provide training and coaching to Peer Advocates to ensure programs are implemented with these philosophies. Adherence to these models will be supported and monitored via training and coaching sessions to enhance the competency of Peer Advocates to engage with individuals and families within the tenets of these models.

#### Individuals Served/Perceptions of Care

- The awarded organization will share utilization information regarding individuals and families served within the program.
- The awarded organization will seek feedback from individuals and families served within the program regarding their experience of care.

#### Sustainability Plan

- It is important to note that currently and in the future, Peer Advocates are anticipated to be a billable service within transformational initiatives impacting the behavioral health environment. Opportunities to bill for the Peer Advocate service exist in the Medicaid arena (potentially under the New York State Home and Community Based Services (HCBS) 1915i service lines and/or OASAS Clinic to Rehab provision) and within commercial insurance arena by demonstrating the value of the service delivery model. Respondents to this request for proposals must communicate their organization's plan to position itself to be prepared to accept payment (when appropriate) for the Peer Advocates in the future.

**REQUEST FOR PROPOSALS  
APPLICATION NARRATIVE AND BUDGET**

Agencies interested in responding to this solicitation are to submit a proposal narrative to the Monroe County Office of Mental Health no later than **April 29, 2016**. The proposal is required to be submitted electronically to the following email address:

[mentalhealth@monroecounty.gov](mailto:mentalhealth@monroecounty.gov)

Questions related to any aspect of this RFP must be submitted via e-mail to [mentalhealth@monroecounty.gov](mailto:mentalhealth@monroecounty.gov) no later than close of business on Friday, April 8, 2016.

When submitting a question to this email address, please include "Peer Advocate RFP Questions" in the email subject line. All questions and the responses to these questions will be posted on the MCOMH Procurements Opportunities webpage (<http://www2.monroecounty.gov/mh-rfp>) by **Wednesday, April 13, 2016**. Only questions submitted through this e-mail process and received by the deadline Friday, April 8, 2016 will be responded to.

**APPLICATION PROPOSAL & NARRATIVE**

The Application Proposal should be no more than **10** pages, including the cover page. Application Budget information should be included as a separate excel file.

Proposals should be written utilizing the following font- "Calibri", "size 12", and margins should be no smaller than .5". The proposal should include the following:

Proposal Cover Page. The cover page needs to include the following general information:

- Agency name and address
- Division/department under which the Peer Advocate team will operate
- Name, phone number and e-mail for the Division/department contact person
- Name, title and signature of the individual authorizing the submission of the proposal.

The Application Narrative should address each of the following areas:

- I. Agency Experience Serving Population of Focus:
  - a. Describe your organization's experience providing services to individuals whom are actively utilizing heroin, opiates, and other substances. Describe your organization's experience in providing services to family members of individuals actively utilizing heroin, opiates, and other substances.
  - b. Described your organization's ability to implement an innovative and flexible service. Include a description of how your organization plans to assess and ensure the Peer Advocates are meeting the needs of the population of focus. Include any provisions needed by your organization to effectively implement and operate the Peer Advocates in Emergency Rooms service.
  
- II. Peer Advocates Components:
  - a. Substance Use Disorder Content Knowledge
    - i. Describe your organization's working knowledge, or plan to obtain working knowledge, regarding the service core components referenced on page three of the request for proposals. This includes utilizing peers with lived experience of addiction and recovery expertise to deliver services, understanding the progression of addiction, the array of substance use disorder treatment and recovery options within Monroe County and how to access them, and the array of medication assisted treatment programs within Monroe County.
  - b. Engagement and Partnership

- i. Describe your organization’s working knowledge, or plan to obtain working knowledge, regarding engaging and partnering with individuals whom are actively utilizing heroin, opiates, and other substances and their families.
    - ii. Describe your organization’s existing knowledge regarding evidence-based best practices approaches, including motivational interviewing and trauma informed service delivery. Describe any additional practices that will be essential to successfully implementing the Peer Advocate service.
  - c. Staffing Proposal
    - i. Describe your organization’s plan for staffing the Peer Advocates, including qualifications and supervision of personnel that would be part of the team. It is an expectation that Peer Advocates will obtain the NYS OASAS Peer Advocate Certification. Describe how the organization will comply with this expectation.
    - ii. Describe the staffing pattern and hours of operation of the team and how these hours will effectively meet the needs of the population of focus.
    - iii. Describe how you will recruit and retain a sufficient number of diverse staff to allow for matching staff with the population served.

### III. Demonstrating Value

- a. Implementation of Service Delivery Utilizing Trauma Informed and Motivational Interviewing Philosophies
  - i. Describe your organization’s needs regarding the ability to implement the Peer Advocates team with fidelity to trauma informed care and motivational interviewing models of care.
  - ii. Describe your organization’s plan for ensuring information obtained via MCOMH-sponsored training opportunities are implemented within the Peer Advocates’ operations over time.
- b. Individuals Served/Perceptions of Care Survey
  - i. Describe how your organization will collect and store information regarding the individuals served by the Peer Advocates. Include details regarding what information would be collected.
  - ii. Describe how the Peer Advocates will solicit information from individuals and families regarding their experience of care from the team. Include what elements will be included within the perception of care survey.
  - iii. Describe how your organization will define the value of the Peer Advocates and what additional data will be collected to demonstrate this value.
- c. Sustainability Plan
  - i. Describe your organization’s plan to position itself to be prepared to accept payment (when appropriate) for the Peer Advocates in the future.

### IV. Cultural and Linguistic Competence:

- a. Describe how you will ensure that services are culturally and linguistically competent, including how services will be structured to ensure such competence.

### V. Family and Consumer Voice:

- a. Describe how your organization incorporates family and consumer voice into all aspects of the organization, including the following:
  - i. Are family members and/or consumers represented on the Agency Board?
  - ii. Does your organization and/or program have Family and/or Advisory Groups? To what extent do consumers participate in those?

VI. Peer Advocates Implementation Timeframe

- a. Describe your organization’s anticipated timeframe associated with the implementation of the Peer Advocates. It is anticipated that notification of the Peer Advocates award will be made by Friday, May 6, 2016. Timeframe should delineate the months during which implementation activities are underway and the anticipated month that the Peer Advocate service will be operational. Utilization of a Gantt chart to delineate activities and timeframes is preferred.

Please remember to attach a cover page to the Application.

**APPLICATION BUDGET**

**Application Budget should be included with the application narrative as a separate excel file.**

Annual funding amount for the operation of the Peer Advocate service totals \$150,000.

**Peer Advocates:**

Provide Expense / Revenue Detail similar to the line items of the DMH-2 Schedule of the Consolidated Fiscal Report (CFR), for the time periods below:

2016 Calendar Year - Projection

2017 Annualized - Projection

Please also provide us with the following for **each** time period:

Breakdown of Direct Care and Non-Direct Care FTE's by position type (including estimated salary and FTE amounts)  
Number of individuals served

**SELECTION PROCESS**

Proposals received in response to this Request for Proposals by the due date of **April 29, 2016** will be reviewed by a team established by the MCOMH.

In addition to overall clarity and general comprehensiveness, proposals will be scored based upon the following criteria:

<u>Criteria</u>	<u>Associated Scoring</u>
I. Agency Experience Serving Population of Focus	<b>10</b>
II. Peer Advocate Components	<b>40</b>
a. Substance Use Disorder Content Knowledge	20
b. Engagement and Partnership	10
c. Staffing Proposal	10
III. Demonstrating Value	<b>15</b>
a. Implementation of Service Delivery Utilizing Trauma Informed and Motivational Interviewing Philosophies	5
b. Individuals Served/Perceptions of Care Survey	5
c. Sustainability Plan	5
IV. Cultural and Linguistic Competence	<b>10</b>
V. Family and Consumer Voice	<b>10</b>
VI. Peer Advocates Implementation Timeframe	<b>15</b>
<b>Total</b>	<b>100</b>