

PEER-RUN RESPITE SERVICES REQUEST FOR PROPOSALS

October 17, 2014

INTRODUCTION

New York State Office of Mental Health communicated the availability of reinvestment funding associated with their commitment to enhance community-based services with the intent of reducing admissions and length of stay within inpatient psychiatric settings. Services funded with this reinvestment funding are targeted at the following Rochester Psychiatric Center-related outcomes: reducing admissions, facilitating discharges, and managing census. Funding for Peer-Run Respite Services has been made available via the New York State Office of Mental Health reinvestment initiative.

The Monroe County Office of Mental Health (MCOMH) is soliciting information from organizations interested in operating Peer-Run Respite Services. The primary focus of Peer-Run Respite is to provide a peer-based, recovery-oriented alternative to existing crisis/acute services for individuals experiencing a psychiatric crisis, thereby diverting the need for more intensive (and potentially costly) services. Peer-Run Respite Services will be located in Monroe County but will also be open to individuals residing in Genesee, Livingston, Orleans, Wayne and Wyoming Counties. The Peer-Run Respite program will be an innovative and flexible service and will not be licensed by the New York State Office of Mental Health.

Annual funding amount for the operation of Peer-Run Respite Services totals \$500,000.

It is important to note that in the future, some Peer-Run Respite Services are anticipated to be a Medicaid reimbursable service under the New York State Home and Community Based Services (HCBS) 1915i service line "Short-Term Crisis Respite." For additional information regarding the New York State Home and Community Based Services (HCBS) manual, including proposed services please utilize the following link: <http://omh.ny.gov/omhweb/News/2014/hcbs-manual.pdf> . This manual continues to be in draft form and modifications to the proposed manual are anticipated. However, respondents to this request for proposals must demonstrate their agency is positioning to be prepared to accept payment (when appropriate) for the Peer-Run Respite Services in a Medicaid Managed Care environment.

GOALS / DEFINITION OF THE SERVICE

The primary goal of Peer-Run Respite Services is to provide a peer-run, recovery-oriented alternative to existing crisis/acute services for individuals experiencing a psychiatric crisis, thereby diverting the need for more intensive (and potentially costly) services. Peer-Run Respite Services are provided in a warm, comforting environment by individuals with shared experiences of dealing with such crises who have specialized training in providing peer-based support. Peer-Run Respite programs are based in the principles of recovery, mutual respect, and transparency, and focus on helping the individual rethink the crisis process and break cycles of accessing traditional emergency and acute services. Services provided by the program will include residential diversion beds, access to a Warm Line, in-home peer companionship, on- and off-site social activities, and advocacy with acute and outpatient service providers. Participation in the program is voluntary and individuals must self-refer to access Peer-Run Respite Services.

POPULATION OF FOCUS

The identified population of focus Peer-Run Respite Services is adults, 18 years and older, who are experiencing a psychiatric crisis and:

- Do not require immediate hospitalization due to active suicidal/homicidal behaviors or intoxication.
- May benefit from an alternative to traditional acute and emergency services;
- Have a residential setting to return to if short-term diversion beds are accessed.

COMPONENTS OF THE SERVICE

As by described the Substance Abuse and Mental Health Services Administration, crisis is a natural phenomenon that anyone may encounter at various times throughout life. During a crisis people report feeling upset and experience heightened levels of anxiety and stress which impacts them physically, emotionally, socially, and spiritually. People often have a heightened desire for help during a crisis. Support may come from peers, family members, spiritual counselors, and health care professionals.

Traditional services available to individual experiencing a psychiatric crisis include emergency rooms and inpatient hospitalization. However, while helpful for many individuals, traditional crisis services may focus solely on addressing psychiatric symptoms but not on the skills needed to address the underlying causes of the crisis itself and effectively address ongoing life challenges. Hospitals and emergency rooms are costly, oftentimes crowded with long wait times, and can result in additional trauma for individuals already experiencing crisis.

Despite empirical support for the effectiveness of crisis alternatives they are often not available. This lack of options eliminates individual choice and self-determination and can undermine recovery. Alternatives to hospitalization often provide a significant cost savings in addition to having positive impacts on quality of life domains. A 2009 survey indicated that people preferred crisis intervention services including phone help lines, peer support services, and crisis respite (Lyons, Hopley & Horrocks, 2009). Many states are funding and supporting the development of peer crisis alternatives as part of cost containment and transition to a recovery-oriented system.

Peer-Run Respite Services are based on core values including hope, resiliency, respect, autonomy, recovery, diversity, empathy and positive expectations. Peer-Run Respite Services should be operated and staffed by peers and are intended to offer a recovery-based alternatives to traditional emergency/acute services. Individuals experiencing a psychiatric crisis can access these services 24/7 and remain for an average of 3-5 days while receiving various peer supports. Supports available through the Peer-Run Respite service should include (but are not limited to):

- Respite beds in a homelike setting that can be accessed for brief periods of time (approx. 3-5 days).
- Peer companions that can provide services in the community as an alternative to actually staying in a respite bed.
- Access to Warm Line services
- Peer support groups located at the respite house.
- Other onsite and offsite activities that encourage recovery, socialization and access to community resources (WRAP, 12-step groups, wellness activities, social opportunities, etc.).

Peer-Run Respite staff should consist of individuals who have personally dealt with a major mental health condition and are successfully managing their recovery. Staff members should receive formal training in peer support techniques (based on established models like Intentional Peer Support, etc.) in addition to other necessary competencies (e.g., CPR, First Aid, WRAP, Trauma-Informed Practices, etc.). The staff size should be commensurate to the quantity and types of supports being offered.

Peer-Run Respite Services should be accessible 24/7 and should include a structured intake process to clearly explain the purpose of the program, expectations of both the staff and individuals accessing these services, and to gather basic background information. Respondents to this RFP must describe the process for accessing the

service, including any screening/intake procedures and detailed eligibility criteria. Peer-Run Respite Services are not intended to be used as transitional or long-term housing for individuals who do not have a permanent residence or who are homeless.

Implementation and operation of Peer-Run Respite Services will require ongoing collaboration with other providers (including emergency, inpatient and outpatient) and community support programs. At times, these providers may require additional education regarding the role and nature of Peer-Run Respite Services. Respondents to this request for proposals must identify how Peer-Run Respite staff will educate other stakeholders on the role of these services. In addition, respondents must identify the organizational structure under which Peer-Run Respite Services will be implemented in order to ensure services are peer-driven.

**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 **November 14, 2014**. The proposal is required to be submitted electronically to the following email address:

mentalhealth@monroecounty.gov

Questions related to any aspect of this Peer-Run Respite Services RFP must be submitted via e-mail to mentalhealth@monroecounty.gov no later than close of business on **October 24, 2014**.

When submitting a question to this email address, please include "Peer-Run Respite RFP Questions" in the email subject line. All questions and the responses to these questions will be posted on the MCOMH RFP Reinvestment RFP Opportunities webpage (<http://www2.monroecounty.gov/mh-rpc-reinvestment-rfps>) by **October 31, 2014**. Only questions submitted through this e-mail process and received by the **October 24, 2014** deadline will be responded to.

APPLICATION 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- "Times New Roman font", "size 12," and margins should be no smaller than .5". The proposal should include the following:

Proposal Cover Page. The cover page includes the following general information:

- Agency name and address
- Division/department under which the Peer-Run Respite Services will operate
- Name, phone number and e-mail for the Division/department contact person
- The 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 agency's experience in providing services to Adults experiencing a psychiatric crisis.
- b. Describe your agency's experience in providing peer operated supportive services.
- c. Describe your agency's planning regarding operating Peer-Run Respite Services in a Medicaid Managed Care environment for individuals eligible for HCBS 1915i services (i.e. how will you ensure your agency is positioned to be prepared to accept payment (when appropriate) for Peer-Run Respite Services in the future?).

II. Peer-Run Respite Services Components:

- a. Staffing Proposal
 - i. Describe your agency's staffing plan for the designated supervisor and other personnel that would be part of the Peer-Run Respite Services.
 - ii. Describe how the staffing pattern/coverage is adequate to each specific component of Peer-Run Respite Services.

- iii. Describe how you will recruit and retain a sufficient number of diverse staff to allow for matching staff with the population served.
- iv. Describe your agency's proposed training plan for ensuring all peer staff are trained in appropriate competencies. Please detail the training that staff will be required to participate in prior to offering Peer-Run Respite Services.

b. Capacity, Operations and Services

- i. Describe in detail the anticipated location and respite capacity (# available respite beds) for the Peer-Run Respite Services. Please note that estimated capacity should be appropriate to the size of the multi-county region that will have access to respite resources.
- ii. Describe in detail what supports will be available as part of the proposed Peer-Run Respite Services and how they will be accessed, including proposed intake/screening processes, eligibility/ineligibility criteria, and capacity (as appropriate).
- iii. Describe the role of staff in daily operations and how they will assist individuals accessing Peer-Run Respite Services in identifying goals, building skills and access other community resources.
- iv. Describe relevant risk management policies and procedures.
- v. Describe the discharge planning process and procedures for assisting with connections to other community supports.
- vi. Describe any performance and quality management activities that will evaluate the operations and effectiveness of Peer-Run Respite Services.

c. Stakeholder Partnership

- i. Describe your agency's ability or plan to be able to establish effective working relationships with other community providers (including emergency rooms, inpatient units, outpatient programs and community support services), as well as your agency's ability to provide education about the role of Peer-Run Respite Services.

d. Organizational Structure

- i. Describe the organizational structure under which Peer-Run Respite Services will be operated.

III. 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.

IV. Family and Consumer Voice:

- a. Describe how your agency 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. To what degree are the proposed Peer-Run Respite Services managed, staffed and run by peers?
 - iii. Does your agency and/or program have Family and/or Advisory Groups? To what extent do consumers/family members participate in those?

V. Implementation Timeframe

- a. Describe your agency's anticipated timeframe associated with the implementation of Peer-Run Respite Services. It is anticipated that notification of the Peer-Run Respite award will be made

by November 28, 2014. Timeframe should delineate the months during which implementation activities are underway and the anticipated month that Peer-Run Respite Services will be operational.

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 Peer-Run Respite Services totals \$500,000.

Peer Run Respite Diversion Program RFP:

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:

2014 Calendar Year - Projection

2015 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)

Program Capacity

Number of Individuals Served

Number of Days

SELECTION PROCESS

Proposals received in response to this Request for Proposals by the due date of **November 14, 2014** 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	25
II. Peer-Run Respite Service Components	40
a. Staffing Proposal (including Training)	10
b. Capacity, Operations and Services	15
c. Stakeholder Partnership	10
d. Organizational Structure	5
III. Cultural and Linguistic Competence	10
IV. Family and Consumer Voice	15
V. Implementation Timeframe	10
Total	100