

PEER BRIDGER PROGRAM REQUEST FOR PROPOSALS

October 10, 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 this Peer Bridger program 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 a Peer Bridger program. The primary focus of the Peer Bridger program is to support individuals as they transition from a psychiatric inpatient unit back into community life, simultaneously reducing the need for psychiatric re-hospitalization. The Peer Bridger program will be dedicated to the 106 community investment supported housing units recently allocated to Livingston, Monroe, Wayne and Wyoming Counties. The Peer Bridger 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 the Peer Bridger program totals \$262,031, with \$243,750 targeted at the Peer Bridger program in Monroe County and the remaining \$18,281 targeted at Peer Bridger program in Livingston, Wayne, and Wyoming Counties.

It is important to note that in the future, the Peer Bridger program is anticipated to be a Medicaid reimbursable service under the New York State Home and Community Based Services (HCBS) 1915i service line “Empowerment Services-Peer Supports.” 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 how they plan to position to be prepared to accept payment (when appropriate) for the Peer Bridger program in a Medicaid Managed Care environment.

GOALS / DEFINITION OF THE SERVICE

The primary goal of the Peer Bridger program is to link trained peer support specialists with individuals transitioning off of psychiatric inpatient units who plan to enter supported housing units located in Monroe, Livingston, Wayne, and Wyoming Counties. The peer support specialist will engage individuals referred from the Rochester Psychiatric Center campus (inpatient and residential programs) in a personal, supportive manner, creating a relationship that emphasizes recovery and supports the development of linkages to community-based support services. The Peer Bridger will conduct community outreach and after entry into the apartment. The Peer Bridger will also act as a mentor, aiding and modelling interactions with landlords/neighbours, activities of daily living, and the maintenance of a home. This person will be expected to participate in and contribute to a program culture that is person-centered, outcome-oriented and dedicated to continuous quality improvement. The service will promote the recovery model and provide tools for coping with and recovering from mental illness.

POPULATION OF FOCUS

The identified population of focus for Peer Bridger Program is as follows:

- I. Adults, 18 years and older, who have been referred to the community reinvestment supported housing units. Per NYS OMH community reinvestment supported housing guidelines,
 - a. 80% of referrals must originate from Rochester Psychiatric Center campus (RPC) (inpatient or residential), and
 - b. 20% referrals are to originate from the psychiatric inpatient units of Article 28 Hospitals. Referring acute psychiatric inpatient programs include:
 - URMC Strong Behavioral Health - 300 Crittenden Boulevard Rochester NY, 14642
 - Rochester Regional Health System – RGHS Site 1425 Portland Avenue Rochester NY, 14621
 - Rochester Regional Health System- Unity Site 89 Genesee St # 1 Rochester NY, 14611
 - Rochester Regional Health System- Newark-Wayne Site- 1200 Driving Park Ave. Newark, NY 14513
 - Wyoming County Community Hospital- 400 N Main St, Warsaw, NY 14569

COMPONENTS OF THE SERVICE

Access to residential programming, particularly supported housing, can be key to both diverting an individual from a state-operated psychiatric inpatient stay and decreasing census on the state-operated psychiatric inpatient unit. The New York State Office of Mental Health (NYS OMH) has recognized the importance of supported housing in supporting the recovery goals of individuals on the RPC campus and individuals on acute psychiatric inpatient units and has allocated 106 units of supported housing, termed community reinvestment units, to Monroe, Livingston, Wayne, and Wyoming Counties. County specific allocation of supported housing units is below:

Monroe County Community Investment Supported Housing Allocation (100 Units)	
DePaul Community Services, Inc.	20
East House Corporation	40
Housing Options Made Easy (HOMES)	20
Ibero-American Action League, Inc.	20
Livingston County Community Investment Supported Housing Allocation (2 Units)	
Lakeview Health Services	2
Wayne County Community Investment Supported Housing Allocation (2 Units)	
Lakeview Health Services	2
Wyoming County Community Investment Supported Housing Allocation (2 Units)	
Living Opportunities of DePaul, Inc.	2

The NYS OMH supported housing model is a residential model in which individuals reside in their own independent apartment. Within this supported housing model funding is available for rental stipends and a residentially focused case manager. The rent stipend is available to permit access to safe and affordable housing and a supported housing case manager, with a special emphasis on services that enable recipients to remain in permanent housing is made available to every supported housing resident. Services provided by the

supported housing case manager include: negotiating leases; assistance in resolving issues between the landlord and the recipient, or between roommates; and financial consultations.

The Peer Bridger program will be dedicated to individuals referred from the Rochester Psychiatric Center (RPC) campus (inpatient and residential) and article 28 psychiatric inpatient units into these 106 supported housing units.

Peer Bridger program staff are trained Peer Support Specialists who have personally dealt with a major mental health condition and are successfully managing their recovery. They have overcome many of the challenges facing people with mental illnesses discharged from the hospital, making them uniquely qualified to support consumers on their recovery journey.

The Peer Bridger program initiates on the acute hospital psychiatric inpatient unit and/or Rochester Psychiatric Center campus with the peer support specialist creating a trust relationship with referred individuals and assisting with planning for discharge. Following discharge, peers work as a bridge to provide support and linkages to an array of clinical supports (e.g. mental health, physical health), as well as linkages to community based social services, and natural support systems. Support is offered in each person's home environment and community. Peers work to reduce the many obstacles that people with a mental illness face upon discharge from the hospital and in their daily lives.

The Bridger seeks to develop a trusting relationship with individuals referred to the Peer Bridger program. This relationship begins well in advance of the individual's discharge from the psychiatric unit. The Bridger serves as the ally and source of encouragement and hope, as well as the role model, advocate, and mentor for the individual enrolled in the Peer Bridger program. The Bridger is not expected to be a member of the clinical treatment team, nor to assume the roles of the case manager or crisis worker, however the Bridger can closely compliment the work of the treatment team, informing the development of the treatment plan and supporting a coordinated and person-centered approach.

According to the New York Association of Psychiatric Rehabilitation Services, Inc. (NYAPRS), the Peer Bridger Relationship typically develops according to the following pattern:

- I. Personal relationship building emphasizing the development of trust, mutual response, encouragement and emotional support
- II. As the above becomes solidified the encouragement of a deeper involvement in peers support groups, exposure to community resources, attention to skills inventory (and working on mastering identified desired skills)
- III. Following discharge, intensified peer supports are paramount.
- IV. Following discharge, intensified peer supports are paramount.
- V. Setting the stage and laying the ground work for independence.
- VI. As the Bridger relationship becomes solidified, the encouragement of deeper involvement in peer support groups, exposure to community resources, attention to development of additional skills.

Implementation and operation of the Peer Bridger will require ongoing collaboration with RPC and hospital-based psychiatric inpatient units, residential services providers and providers of clinical and supportive services (e.g., Health Home Care Management, Outpatient Providers, etc.) to ensure that services are coordinated and implemented to effectively meet the needs of individuals referred to Supported Housing. At times, clinical treatment teams and community supportive services may require additional education regarding the role of the Peer Bridger and how to effectively leverage the resources available through the Peer Bridger program.

Respondents to this request for proposals must identify how the Peer Bridger Program will education involved stakeholders on the role of the Peer Bridger. In addition, respondents must identify the organizational structure

under which the Peer Bridger program will be implemented in order to ensure services are coordinated and effective meet needs.

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 7, 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 Bridger program RFP must be submitted via e-mail to mentalhealth@monroecounty.gov no later than close of business on **October 17, 2014**.

When submitting a question to this email address, please include "Peer Bridger RFP Questions" in the email subject line. All questions and the responses to these questions will be posted on the MCOMH RFP Reinvestment RPF Opportunities webpage (<http://www2.monroecounty.gov/mh-rpc-reinvestment-rfps>) by **October 24, 2014**. Only questions submitted through this e-mail process and received by the **October 17, 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 Bridger program 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 who have a severe and persistent mental illness that seriously impairs their functioning in the community.
 - b. Describe your agency's experience in providing peer operated supportive services.
 - c. Described your agency's planning regarding operating a Peer Bridger program in a Medicaid Managed Care environment for individuals eligible for HCBS 1915i services. How will you ensure your agency is positioned to be prepared to accept payment (when appropriate) for the Peer Bridger program in the future.

- II. Peer Bridger Program Components:
 - a. Peer Specialist Training
 - i. Describe your agency's proposed training plan for ensuring all peer support specialists are trained as part of the Peer Bridger program. Please detail the training staff will be required to participate in prior to offering Peer Bridger services.

- b. Program Proposal
 - i. Describe your agency’s proposal for the functionality of the Peer Bridger program.
 - ii. Describe your agency’s staffing plan for the designated supervisor and other personnel that would be part of the Peer Bridger program.
 - iii. Describe how the staffing pattern will effectively meet the needs of the 100 supported housing units located within Monroe County and the 6 units located within Livingston, Wayne and Wyoming Counties)
 - iv. Describe how you will recruit and retain a sufficient number of diverse staff to allow for matching staff with the population served.
- c. Treatment Team Partnership
 - i. Describe your agency’s ability or plan to be able to establish effective working relationships with clinical treatment team members. As well as your agency’s ability to provide education to clinical treatment team members about the role of the Peer Bridger.
- d. Organizational Structure
 - i. Describe the organizational structure under which residential providers and supportive services providers will inform the implementation and operation of the Peer Bridger program.

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. Does your agency and/or program have Family and/or Advisory Groups? To what extent do consumers participate in those?

V. Peer Bridger Implementation Timeframe

- a. Describe your agency’s anticipated timeframe associated with the implementation of the Peer Bridger Program. It is anticipated that notification of the Peer Bridger award will be made by November 21, 2014. Timeframe should delineate the months during which implementation activities are underway and the anticipated month that the Peer Bridger program 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 the Peer Bridger program totals \$262031, with \$243,750 targeted at the Peer Bridger program in Monroe County and the remaining \$18,281 targeted at Peer Bridger program in Livingston, Wayne, and Wyoming Counties.

Peer Bridger Team:

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 FTE's by position type (including estimated salary and FTE amounts) *

Breakdown of the potential caseload of each FTE*

*Include notation in FTE allocation regarding how FTEs are allocated across counties

SELECTION PROCESS

Proposals received in response to this Request for Proposals by the due date of **November 7, 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	20
II. Peer Bridger Components	50
a. Program Proposal	10
b. Peer Specialist Training	10
c. Staffing Proposal	10
d. Treatment Team Partnership	10
e. Organizational Structure	10
III. Cultural and Linguistic Competence	10
IV. Family and Consumer Voice	10
V. Peer Bridger Team Implementation Timeframe	10
Total	100