



Peer Workforce Education and Support

Request for Proposals

December 2020

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1. 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 educate and support the Peer Workforce. The program will enhance peer-run organizations' operational capacity and organizational health. The support strategies provided will also directly assist non-peer run organizations in their transformation to hire certified peer specialists in their programs. The strategies include but are not limited to: training non-peer staff who supervise peers on best practices for effectively integrating peers into the workplace; 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.

(<http://www.academyofpeerservices.org/>). The selected contractor will employ a variety of mechanisms, including, but not limited to: the development of curricula, use of online learning systems and learning communities.

Peer Accreditation:

An integral part of NYS efforts to ensure 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 (<http://nypeerspecialist.org/>) (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 ensure that the training platform supports the documentation of learning required for accreditation. All 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). Additionally, the successful bidder will work

with OMH's contractor for accreditation to ensure that all training incorporates appropriate Culturally and Linguistically Appropriate Services (CLAS Standards), particularly regarding an individual's ability to speak English. The bidder shall work with the OMH contractor to ensure the training is developed and made available in the the top six most spoken languages in New York State (Spanish, Chinese, Korean, Haitian Creole, and Bengali).

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.

1.2 Target Population/Eligibility Criteria

The target populations for the Academy of Peer Services are New York State residents, age 18 and over who:

A person who identifies as being actively in recovery from a mental health condition or major life disruption and self-discloses one's mental health recovery journey.

Have a spouse or ADULT family member who identifies as being actively in recovery from a mental health condition or major life disruption and self-discloses one's mental health recovery journey.

Supervise certified peer specialists.

Although these are the target populations, there is no specific eligibility criteria for access to the content of the Academy of Peer Services. Requests for access to the educational content shall not be restricted to the target populations.

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

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. To avoid being deemed non-responsive, a applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

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

2.2 Letter of Intent

Agencies interested in responding to this Request for Proposal **must** submit a Letter of Intent to Bid to the OMH Issuing Officer by 12/16/2020. The Letter of Intent to Bid shall be non-binding.

Please **email** the letter of intent to the Issuing Officer:

Carol Swiderski
carol.swiderski@omh.ny.gov
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
Attention: Letter of Intent
44 Holland Avenue, 7th Floor
Albany, NY 12229

2.3 Key Events/Timeline

RFP Release Date	12/2/2020
Letter of Intent to Bid Due	12/16/2020
Questions Due	12/28/2020
Questions and Answers Posted on Website	1/8/2021
Proposals Due by 4:00 PM EST	1/27/2021
Anticipated Award Notification	2/16/2021
Anticipated Contract Start Date	04/01/2021

2.4 Disposition of Proposals

All proposals received by the due date become the property of OMH and shall not be returned. Any proposals received after the due date will be returned to the applicant unopened.

2.5 Eligible Agencies

Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that have experience providing mental health services to persons with serious mental illness. 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.

2.6 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by **e-mail** to carol.swiderski@omh.ny.gov by 4:00 PM EST on the “Questions Due” date indicated in section 2.3 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person.

The questions and official answers will be posted on the OMH website by 1/8/2021.

2.7 Addenda to Request for Proposals

In the event that it becomes necessary to revise any part of the RFP during the application submission period, an addendum will be posted on the OMH website, the Grants Gateway and the NYS Contract Reporter.

It is the applicant’s responsibility to periodically review the OMH website, the NYS Contract Reporter and Grants Gateway to learn of revisions or addendums to this RFP. No other notification will be given.

2.8 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. Additionally, during the proposal evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During the course of either of these review processes, 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 2.5; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.11 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.11, by

the proposal due date of 4:00 PM EST on 1/27/2021.

2.9 Grants Gateway Requirement

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the [Grants Gateway](#) and complete the Vendor Prequalification process in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 4:00 PM EST on 1/27/2021 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

Please do not delay in beginning and completing the prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than 5 days prior to the RFP due date and time may not be considered. Applicants should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

2.10 Executive Order #38

[Pursuant to Executive Order #38](#), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. Please refer to the OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also [Executive Order #38 Homepage](#).

2.11 Instructions for Bid Submission and Required Format

Each proposal submission through the Grants Gateway is required to contain:

- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

All applicants must be registered with the New York State Grants Gateway System (GGS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.

If you are not already registered:

Registration forms are available at the GGS website:
<https://grantsmanagement.ny.gov/register-your-organization>

Include your SFS Vendor ID on the form; if you are a new vendor and do not have a SFS Vendor ID, include a Substitute for W-9 with your signed, notarized registration (also available from the website).

All registration must include an Organization Chart in order to be processed. When you receive your login information, log in and change your password.

If you are an applicant, and have problems complying with this provision, please contact the GGS help desk via email: Grantsgateway@its.ny.gov -- OR -- by telephone: 1-518-474-5595.

How to Submit a Proposal

Proposals must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFP. Tutorials (training videos) for use of the Grants Gateway (and upon user log in):

To apply, log into the Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name provided on the cover page of this RFP, select the Office of Mental Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located at the bottom left of the Main page of the Grant Opportunity.

In order to access the online proposal and other required documents such as the attachments, you MUST be registered and logged into the NYS Grants Gateway system in the user role of either a "Grantee" or a "Grantee Contract Signatory" or a "Grantee System Administrator".

The 'Grantee' role may ONLY Initiate and Save changes to the application such as add/update information to forms, upload documents while the user logged in as a 'Grantee Contract Signatory' or a 'Grantee System Administrator' role can perform all the tasks of Grantee role and in addition, can SUBMIT the application to the State. When the application is ready for submission, click the 'Status Changes' tab, then click the 'Apply Status' button under "APPLICATION SUBMITTED" before the due date and time.

For further information on how to apply, and other information, please refer to the Vendor User Manual document.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grantee Documents section on Grants Management website.

Late proposals will not be accepted. Proposals will not be accepted via fax, e-mail, hard copy or hand delivery.

Helpful Links

Some helpful links for questions of a technical nature are below.

Grants Reform Videos (includes a document vault tutorial and an application tutorial) on

YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>

(Technical questions)

Grants Team Email (Proposal Completion, Policy and Registration questions): grantsgateway@its.ny.gov or by phone at 518-474-5595.

2.12 Instructions for completing the Workplan and Objectives in NYS Grants Gateway

The Workplan Overview Form will be used to create the Work Plan portion of the contract. Some of the information requested will be duplicative of information provided earlier in the application. Be sure to follow the guidance provided below.

The Work Plan Period should reflect the anticipated contract period. Contracts will be approved for a five-year term.

The Project Summary section should include a high-level overview of the project as instructed.

The Organizational Capacity section should include the information requested regarding staffing and relevant experience of staff and any applicable consultants to be involved in undertaking the proposed project.

The Objectives and Tasks section should identify grantee-defined objectives and tasks that are relevant to the completion of the proposed project. To get started, add your first Objective Name and Description and then click the [SAVE] button at the top of the page. After hitting Save, a field for the Task Name and Task Description will show under the Objective box. Complete both fields and hit the [SAVE] button at the top of the page. After entering the Task information and clicking Save, you will now see a box for the Performance Measure information and a box to enter a second Task. Enter a Performance Measure Name and select the Performance Measure Data Capture Type from the dropdown box. The type you choose from the dropdown will show on the screen for you to complete. Once you've entered the name, data capture type and the text/integer/or date as applicable, click the [SAVE] button at the top of the page.

For Performance Measure Name restate the Objective then enter the narrative requested in the box below. Performance Measures are also grantee-defined and should reflect some measurable benchmark(s) in order to demonstrate adequate progress within the 18 months of the award date, as required by the RFP. Once entered, click Save. You may continue to add Objectives, Tasks and Performance Measures up to and including the max amount allowed by the state.

The online Workplan is essentially an outline/summary of the work associated with the Project(s) described in the sections above. Please note that if an application is selected for award, the Workplan will be subject to change and can be updated during the contract development/negotiation process.

Applicants should refer to Section 5.2.4 Grantee Defined Workplan of the 'Grantee User Guide' (<https://grantsmanagement.ny.gov/grantee-documents#vendor-user-manual>) for detailed instructions on how to complete the Workplan.

3. Administrative Information

3.1 Reserved Rights

OMH 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 or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
- Make an award under the RFP in whole or in part;
- Disqualify and applicant 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 this solicitation requirements;
- Use proposal information obtained through the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant 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, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to

potential bidders via the OMH website, Grants Gateway and the New York State (NYS) Contract Reporter;

- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- 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 applicant's proposal and/or to determine a applicant's compliance with the requirements of the solicitation;
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure".

3.2 Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own proposal, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. 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.

3.3 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 an applicant 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:

New York State Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Ave
Albany, NY 12229

3.4 Term of Contracts

The contracts awarded in response to this RFP will be for a five year term. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Master Grant Contract.

3.5 Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBEs) and the employment of minority group members and women in the performance of OMH contracts. In accordance with New York State Executive Law Article 15-A, OMH hereby establishes a 0% goal for Minority-owned Business Enterprise (MBE) participation, a 0% goal for Women-owned Business Enterprise (WBE) participation, based on the current availability of qualified MWBEs, on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement, and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR § 142.13, each award recipient acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth herein and in its grant disbursement agreements, such finding constitutes a breach of contract and OMH may withhold payment from the award recipient as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH shall require. Additionally, an Applicant may be required to submit the following documents and information as evidence of compliance with the foregoing:

A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

OMH will review the submitted MWBE Utilization Plan and advise the award recipient of OMH acceptance or issue a notice of deficiency within 30 days of receipt.

B. If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OMH may refuse to enter into a grant disbursement agreement, or terminate an existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- a. If an award recipient fails to submit a MWBE Utilization Plan;
- b. If an award recipient fails to submit a written remedy to a notice of deficiency;
- c. If an award recipient fails to submit a request for waiver; or,
- d. If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements may be made at any time during the term of the project, but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

3.6 Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Business

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have

opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

3.7 Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis

during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment status because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

3.8 Sexual Harassment Prevention Certification

State Finance Law §139-I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid, or provide a statement detailing why the certification cannot be made.

3.9 Bid Response

Neither the State of New York or OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

3.10 Acceptance of Terms and Conditions

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.11 of this RFP.

3.11 Freedom of Information Requirements

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate

designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

3.12 NYS and OMH Policies

The applicant/contractor must agree to comply with all applicable New York State and OMH policies, procedures, regulations and directives throughout the Term of the contract.

4. Evaluation Factors and Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission as well as OMH internal reviews.

The Evaluation will apply points in the following categories as defined in Section 6:

Technical Evaluation	Points
Executive Summary	5
Program and Service Strategy	35
Staff Management and Relative Experience	25
Continuous Quality Improvement	5
Evaluation and Data	5
Letters of Support	5
Financial Assessment	20
Total Proposal Points	100 Points

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 6 (Proposal Narrative).

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.11. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.5, the proposal will be eliminated

from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum average score of 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Program and Service Strategy of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Proposals will be ranked, and one award made to the applicant with the highest score.

4.3.2 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to, failure to meet the defined deliverables, failure to provide quality services, failure to adhere to the defined budget. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal.

4.4 Award Notification

At the conclusion of the procurement, notification will be sent to successful and non-successful applicants. All awards are subject to approval by the NYS Attorney General and the Office of the State Comptroller before an operating contract can be finalized.

OMH reserves the right to conduct a readiness review of the selected applicant prior to the execution of the contract. The purpose of this review

is to verify that the applicant is able to comply with all participation standards and meets the conditions detailed in its proposal.

4.5 Available Funding

One award will be made in the amount of \$2,490,062 for the five years. Annual funding for each of the 5 years is \$498,012.

5. Scope of Work

5.1 Introduction

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

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 (<http://peersforprogress.org/learn-about-peer-support/what-is-peer-support/>) has identified four core functions of that coaching/peer support as:

Assistance in daily management

Peer supporters use their own experiences in helping people learn how to identify triggers and early warning signs, experiment with strategies to manage symptoms and identify key resources in the community.

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 (<http://www.integration.samhsa.gov/workforce/team-members/peer-providers>). “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 competencies 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

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

Contractors will be required to:

- Initiate services identified by the strategies and objectives below on 4/1/2021.
- 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.

The expectation through submission of proposals to this RFP is that an applicant 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; Supervision of peers, forensics, families, technological literacy, telehealth, tobacco use interventions.

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](#); [New York Employment Service System Center for Practice Innovations](#); [Livingworks](#); [National Education Alliance for Borderline Personality Disorder](#); [New York Association of Psychiatric Rehabilitation Services](#); [Mental Health Empowerment Project](#); [National Alliance on Mental Illness in New York State](#); [Mental Health Association of New York State](#); [Depression and Bipolar Support Alliance](#); [Coalition for Behavioral Health's Center for Rehabilitation and Recovery](#); [MCTAC/CTAC](#).

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 (www.academyofpeerservices.org/) is an online learning management platform and 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 – Review and update existing online training modules. 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 content experts in the area the module covers. Module development and updates should include a diversity of content experts that includes but is not limited to: people currently receiving services, families of people in services, NYSOMH Office of Consumer Affairs, (or NYCDOHMH Office of Consumer Affairs.) These training modules should be compatible and able to be implemented on OMH's Academy of Peer Services.

Objective 1.8 – Develop and manage a system of standards and practices to ensure quality and security for in person study groups. This may include training and certifying volunteers to assist groups in going through the courses and ensuring ethical completion of the online tests.

Objective 1.9 – Develop and disseminate per an approved plan marketing material on the training modules developed and implemented in Objective 1.7.

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

Objective 2.1 – Conduct a bi-annual needs assessment of Peer and Family-run organization's staff 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 3.1, prioritize the training needs of the staff of peer and family-run organizations 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 2.3 – 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](#); [New York Employment Service System](#) [Center for Practice Innovations](#); [Livingworks](#); [National Education Alliance for Borderline Personality Disorder](#); [New York Association of Psychiatric Rehabilitation Services](#); [Mental Health Empowerment Project](#); [National Alliance on Mental Illness in New York State](#); [Mental Health Association of New York State](#); [Depression and Bipolar Support Alliance](#); [Coalition for Behavioral Health's Center for Rehabilitation and Recovery](#); [MCTAC/CTAC](#).

Objective 2.4 – 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 and family-run organizations in New York State per an approved dissemination plan.

Objective 2.5 – Identify or develop a mechanism to track which individuals from OMH identified peer and family-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 2.6 – 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 2.7 – 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 2.8 – Develop and disseminate per an approved plan marketing material on the training modules developed and implemented in Objective 3.7.

Strategy 3 – “Community of Practice” for Peer Run Programs

Objective 3.1 – 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.

Objective 3.2 – 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 3.3 – 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. (If state and federal guidance on social distancing and travel prevent face to face meetings, virtual meetings and events may be substituted.)

Strategy 4 – “Community of Practice” for the Peer Workforce

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 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 (If state and federal guidance on social distancing and travel prevent face to face meetings, virtual meetings and events may be substituted.)

Objective 4.2 – 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 4.3 – Work with existing OMH technical assistance contractors to plan and host at least once quarterly a “Community of Practice” event in each region to support the establishment and ongoing participation in the Community of Practice by the peer workforce.

6. Proposal Narrative

When submitting proposals for funding under this RFP, the narrative must address all components listed below, in the following order:

6.1 Executive Summary (Describe your agency mission.)

6.2 Program and Service Strategy

Please address the following areas:

- a. Describe the organization's experience in the development of successfully implemented academic training related to the management of non-profit organizations.
- b. Describe the organization's experience in the development and implementation of successful training using online learning systems.
- c. Describe the organization's capacity and resources to develop curricula as identified in this RFP.
- d. Describe the organization's capacity and resources to develop dynamic online training modules.
- e. Describe the organization's experience in evaluation of knowledge transfer through online learning.
- f. Describe the organization's capacity and experience to develop video segments to augment online learning curricula.
- g. Describe the organization's capacity and experience to translate online training and materials into languages other than English in accordance with executive order 26.

(<https://www.governor.ny.gov/news/no-26-statewide-language-access-policy>)

- h. Describe the organization's advisory for the Academy of Peer Services. describe its membership, roles and functions, and frequency of meetings.
- i. Identify any cash or in-kind contributions that will be made to the project.
- j. 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.
- k. Describe how the organization would collaborate and communicate with OMH contracted technical assistance providers, the Regional Advisory Committee, and the Certification Board.
- l. 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.

- m. Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- n. Describe the organization's existing practice or vision to promote:
 - a. education for families,
 - b. integrated treatment (substance abuse & Mental Health) approaches,
 - c. Suicide Prevention
 - d. recipient employment and education,
 - e. medication prescription practices that are consistent with national guidelines,
 - f. wellness self-management,
 - g. Tobacco use interventions
 - h. Self-help / peer support,
 - i. Community integration/inclusion for people with mental health issues,
Benefits advisement, (SSI, SSDI, Medicaid Buy-in, IRWE, PASS) as it pertains to employment.
 - j. Technological Literacy
 - k. Telehealth
- o. Document the Academic affiliation or partners that will support the expertise required for this project.
- p. Describe training curricula to be developed for this project while meeting 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.
- q. Identify specific measurable learning objectives for each toolkit developed and provide a mechanism for evaluating acquisition of knowledge.
- r. Describe how the applicant will maximize the use of existing resources
- s. Describe how the applicant will promote and utilize evidence based practice approaches

- t. Describe how the applicant will promote and utilize peer to peer technical assistance and capitalize on the expertise within existing consumer-run programs
- u. Staffing must be available to meet and participate in OMH planning and other support sessions as required. Provide a statement on how this requirement will be addressed.
- v. Provide a documented history of positive programmatic involvement with the community to be served.
- w. Describe how the applicant will ensure that materials and products such as audio-visual materials, Public Service Announcements (PSA's), training guides, and print materials. to be used in the project will be gender/age/culturally appropriate or will be made consistent with the population to be served
- x. Describe how mental health service recipients are to be included in all phases of program design.
- y. Describe how you will ensure that the curricula will be reflective of the diversity of the service recipients.
- z. Describe how you will coordinate with OMH advisory groups empaneled to provide consumer focused guidance to the project. Advisory groups include, but are not limited to: OMH contracted technical assistance providers, the Regional Advisory Committee and the Certification Board.

6.3 Staff Management and Relevant Experience

- a. Provide a realistic timeline for the project (chart or graph) showing key activities, milestones, and responsible staff.
- b. 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.
- c. 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.

- d. Describe how the staff will represent the multicultural, bilingual, and diversity of the target audience and describe any relevant lived experience of the staff that will benefit the project.
- e. 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
- f. Describe your organizations capability to implement this initiative:
 - Relationships to peer organizations;
 - Training in self-help, rehabilitation and recovery approaches;
 - Time frame for implementation

6.4 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 as described in section 5.2. Specific quality improvement activities should include:

- how your organization will utilize the CQI data
- plans for collecting and using data to monitor and improve program performance.
- how the organization will provide training and support to assure staff competencies in integrating evidenced-based practices into service provision.
- 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.

6.5 Evaluation and Data

- a. Describe the process and outcome evaluation. Include specific performance measures and target outcomes related to the goals and objectives identified for the project.
- b. 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.
- c. 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.
- d. Discuss the reliability and validity of evaluation methods and instruments(s) in terms of the gender/age/culture of the target population.
- e. Describe how collection, analysis and reporting of performance data will be integrated into the evaluation activities.

6.6 Letters of Support

Maximum of 10 letters will be accepted.

6.7 Financial Assessment

- a. The proposal must include a 5-year Budget (Appendix B). \$498,012 is available annually. Note that administrative costs cannot be more than 15 %. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.
- b. Describe how your agency manages its operating budget. Also, applicants must complete a Budget Narrative (Appendix B1) which should include the following:
 1. detailed expense components that make up the total operating expenses;

2. the calculation or logic that supports the budgeted value of each category; and,
3. description of how salaries are adequate to attract and retain qualified employees.

RESOURCES

- Evidence-Based Practices - Information and additional links available at <http://www.samhsa.gov/ebp-web-guide>
- Wellness Self-Management - Information available at <https://practiceinnovations.org/>
- 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."

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). 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.

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.

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 identifies as being actively in recovery from a mental health condition or major life disruption and self-discloses one's mental health recovery journey.