OMHSAS ANNOUNCEMENT
Peer Operated Peer Support Service Project

BACKGROUND:
It has been almost two (2) years since The Centers for Medicare and Medicaid Services (CMS) approved Peer Support Services as a Medicaid in-plan service in Pennsylvania. During that time, OMHSAS has reviewed and approved over 50 service descriptions for newly applied providers of peer support services across the Commonwealth. The design of PA standards allows flexible development of peer support service in three ways 1) A freestanding peer support service seeking approval for Medicaid enrollment, 2) A Medicaid enrolled agency seeking additional approval to provide peer support services, or 3) A peer support service program that has affiliated with a DPW-approved Medicaid provider through a subcontracting arrangement. In order to promote the vision of the New Freedom Initiative and Pennsylvania’s transformational efforts, OMHSAS is encouraging the development of freestanding/consumer run programs.

To this end, OMHSAS is pleased to announce a project partnership with Recovery Innovations of PA (RIPa) designed to encourage the development of freestanding/peer operated peer support service organizations. The purpose of the OMHSAS Peer Operated Peer Support Service Project is to provide targeted technical assistance to counties, or their identified providers, in developing and implementing free standing consumer-run peer support services. There are no cash grant awards.

OMHSAS encourages County MH/MR Programs/providers interested in developing a Medicaid Funded Peer Support Service that is operated primarily by people in recovery, to apply for targeted technical assistance by responding to the criteria and questions identified below.

ELIGIBLE APPLICANTS
OMHSAS is interested in receiving applications from the following entities:
- Existing “Peer Operated” * concerns that have an interest in providing Medicaid funded peer support services(providers that apply directly must have support of the county) , or
- County/joiner(s) that has/have an interest in promoting the development of a “Peer Operated” peer support service entity in their region.

PLEASE NOTE: Not eligible to apply are those who have already submitted a service description to provide these services or have already been approved to provide these services. The intention is to encourage the development of as many new programs as possible.

*“Independent Peer/Consumer Operated Program is an organization where primary consumers and survivors form the majority of those in governance, management, and leadership (e.g. budget, policies, procedures, personnel
decisions, etc.). The majority of staff who operates the program and delivers direct services consists of consumers/survivors. (Recovery Oriented Systems Indicators).

REVIEW AND SELECTION PROCESS
To be considered for this expanded technical assistance project, the applicants are asked to prepare answers to a series of six interview questions contained at the end of this announcement clearly presenting their vision of a peer operated peer support service project for consideration to receive technical assistance. Please briefly respond to the 6 questions with no more than 2 pages and submit those responses along with the application. The review and selection process will consist of a 1-hour scheduled interview/presentation time for each potential county project to expand on their preliminary answers to the 6 questions. A review panel facilitated by OMHSAS, stakeholders and the Recovery Innovations of PA consultant will conduct the project interviews. Upon final evaluation of all potential applicants, a final selection of two peer operated projects will be made.

ABOUT THE CONSULTANT
Mr. Michael Brody is the Regional Services Administrator for Recovery Innovations of Pennsylvania (RIPa). RIPa is a branch of Recovery Innovations, Inc, formerly META Services based in Arizona. He oversees and coordinates all services provided and delivered in the state by Recovery Innovations including the coordination and delivery of Peer Training and Supervisory Training. Mr. Brody collaborates with multiple provider, government and consumer organizations and promotes opportunities for both training and program development. With over thirty years of experience in the Behavioral Health field in both inpatient and outpatient settings Mr. Brody’s focus has been the development and support of large, complex community systems of care for adults with behavioral health challenges in both New York and Connecticut. In the course of his work as Chief Operating Officer of a large system of care in CT, Mr. Brody and the agency developed a number of peer services, and provided over eighty local individuals with the Recovery Innovations' Peer Employment Training (PET).

As part of the technical assistance Mr. Brody will draw on additional resources from Recovery Innovations, Inc. (RII), one of the premier agencies in the country promoting and delivering peer support and recovery oriented services. This assistance may include telephone consultation on subjects ranging from Human Resources, to Information Systems and Finance. Additionally, the awardees will have access to the documentation practices and processes that have proved successful in many of the Recovery Innovations program entities. To learn more about Recovery Innovations Incorporated, go to www.recoveryinnovations.org or www.parecovery.org.
COMPONENTS OF THE TECHNICAL ASSISTANCE TO COUNTIES

Programs and/or counties selected for the Peer Operated Peer Support Service Project will receive 12 months of targeted and intensive technical assistance for the express purpose of developing a sustainable free standing Peer Support Service which is peer operated and Medicaid Funded.

Technical Assistance will include:

- On-site assistance and consultation from RIPa staff to assess current peer operated programs, regional recovery orientation and future needs.
- Coordination of stakeholder meetings to assess project needs and priorities from all perspectives and to assure consistent buy-in.
- Development of and meeting with a project implementation group to create a planning process.
- An action plan including workplan and timeline for project implementation.
- The design of a “work-plan” that will include, at a minimum, the steps to achieve greater self-sufficiency and autonomy. This assistance may include:
  - Creating a “Peer Support Service Description”
  - Consultation to become a “licensed provider”
  - Support in applying to become a provider of Medicaid services and in creating an infrastructure to maintain this status
- Telephone and electronic assistance from other Recovery Innovations, Inc. personnel as deemed appropriate by the parent corporation.
- Regularly scheduled telephone consultation and follow-up by RIPa.
- Ongoing collaborative meetings/discussions with “County Officials” and OMHSAS, as deemed appropriate for reporting and follow-up purposes.

PARAMETERS FOR COUNTIES TO RECEIVE SUPPORT:

OMHSAS is seeking programs/entities that have displayed a history of commitment to the values and ideals of recovery, peer support and consumer choice. The agencies selected through this process will:

- Currently be operated by and for service recipients, as defined earlier, or;
- Be positioned to become consumer operated within the year of this consultation;
- Have the endorsement of service recipients in the community served;
- Have the endorsement of the local County Office of Mental Health/Behavioral Health services;
- Demonstrate a successful history of collaboration with a range of service providers in the community;
- Currently have a designated not-for-profit status or;
• Be in a position to apply for this status absent additional funding assistance.

Additionally, Providers and/or Counties selected for the Peer Operated Peer Support Service Project must agree to the following in order to be eligible:

1. Participate in a process to evaluate the readiness of the county to adopt recovery oriented practices and peer operated services, including surveying needs and preferences of people receiving services. Also surveying the available workforce and need for CPS training (extensive training is beyond the scope of this project).

2. Form a “Peer Operated Peer Support Service Advisory Group” – which will agree to meet regularly (ideally weekly) in support of the initiative. This group must be representative of all stakeholders.

3. Commit to examining fiscal changes in order to provide the kinds of services and support that are necessary to the success of the initiative.

4. Understand the knowledge that informs recovery oriented and peer support practices. This may indicate the need to commit to additional preparatory activities such as a “Recovery Kick-Off” or “Recovery Coaching and Leadership Training” at the participant’s expense.

5. Agree to organize an Informational Session for all other stakeholders in Peer Support and Recovery Oriented practices.

6. If not already in existence, agree to the development of a Consumer Support Culture – including providing resources for consumer certification as Peer Specialists, WRAP facilitator training, and related opportunities. Include consumer representation in all transformational activities. Begin to initiate the use of WRAP and related health management content into all program content.

7. Conduct Public Relations, Public Education (stigma busting) and general outreach to the community.

8. Be open to other culture and programmatic changes and restructuring that may be necessary, based on the environment, available resources, and the decisions of the Project Advisory Group.

**SELECTION PROCESS:**
Counties interested in being considered for peer support services technical assistance (as specified above) should complete the following:

1) Send a confirmation email to: Kathy Townley at  ktownley@state.pa.us
indicating your county/joinder’s interest in being considered for the Peer Operated Peer Support Service Project Initiative. (See attached template of information to be included)

2) Submit a brief overview of answers to the 6 questions (no more than 2 pages) by e-mail or by FAX (717.772.7964), backed up with a mailed copy to Bureau of Policy and Program Development, Beechmont Building, DGS Complex, PO Box 2675, Harrisburg, PA 17105-2675 attn: Kathy Townley.

3) OMHSAS staff will schedule a one-hour interview time for the applicants to present their concept to the review and selection team which includes the consultant, stakeholders and OMHSAS staff (see attached questions). Interviews can be conducted by videoconference at select sites (field offices) around the state connected to the selection team in Harrisburg, or as schedules permit, face-to-face interviews in Harrisburg. Your presentation team may indicate preferences for time from attached schedule and indicate place. OMHSAS staff will coordinate a scheduled time and location mutually agreeable with the review team.

4) Be prepared during the interview to elaborate on the application responses and engage in related discussion.

TIMELINES:
11/13/2008 Announcement distributed
11/28/2008 Responses due
12/8 through 12/19/2008 Interviews
01/08/2008 Selection completed and announcement
12 months begins with first planning meeting contact

SEE EMAIL CONFIRMATION FORM AND INTERVIEW QUESTIONS ON NEXT TWO PAGES
E-MAIL – CONFIRMATION INFORMATION

OMHSAS PEER OPERATED PEER SUPPORT SERVICE PROJECT

NAME OF PROGRAM, COUNTY, JOINDER:
_______________________________________________________________

ADDRESS:   ________________________________________________

________________________________________________

CITY, ZIP-CODE:   ________________________________________________

PHONE:________________________ FAX:_____________________________

E-MAIL:  ________________________________________________________

LEAD PERSON FOR PROJECT COORDINATION:
________________________________________________________________

PHONE: _______________________ FAX: _____________________________

E-MAIL:_________________________________________________________

PREFERRED TIME & LOCATION OF INTERVIEW (interview times available:
Dec 8, afternoon, or Dec 9,11,12,15, or 17 anytime between 8-4)

________________________________________________________________

PERSONS THAT WILL PARTICIPATE IN INTERVIEW with AFFILIATION:
________________________________________________________________

________________________________________________________________

If a provider agency is applying directly, signature of the county
administrator is required.

I support the development of a freestanding peer support provider.

_____________________________________

Signature of County Administrator
INTERVIEW QUESTIONS:

1) Please explain the work that your agency/County has undertaken to develop recovery oriented practices. What is currently working and not working in your “recovery oriented” services?

2) What mechanisms have you used to determine the types of services and programs that people in recovery want to see developed in your community?

3) Please describe current peer support services or services planned to be operating this fiscal year.

4) Specifically identify the peer support services and program that you will propose to develop or enhance. Please explain the following: Is your proposed peer run peer support service project “starting from scratch” or is your proposed project a “retooling” or redesign of an existing program? How does the proposed project fit with current services?

5) Describe the anticipated consultation or technical assistance needs for your agency and County MH system in order to successfully create/transform the proposed program.

6) Please describe the proposed membership of your Peer Operated Peer Support Service Advisory Group. Identify stakeholders that will be involved in proposed project.