**RFS 25-80876**

**Regional Recovery Hubs**

**Attachment A – Scope of Work**

Regional Recovery Hubs Scope of Work

1. **Definitions**
   1. **Contract** - The contract between the State and Contractor resulting from this RFS.
   2. **Contractor** - The Respondent selected as the winning vendor for a select region as a result of this RFS and, any and all, subcontractors to that vendor.
   3. **DMHA** - Division of Mental Health and Addiction.
   4. **DEBS -** DMHA Electronic Billing System.
   5. **GPRA** - Government Performance and Results Act.
   6. **IDOC** - Indiana Department of Corrections.
   7. **IRAC** - Integrated Reentry and Correctional Support.
   8. **Medicated Assisted Recovery** - A treatment approach for individuals with substance use disorders that integrates the use of FDA-approved medications with comprehensive behavioral health therapies and support services.
   9. **Opioid Treatment Program** - A specialized facility that provides comprehensive treatment services for individuals with opioid use disorder
   10. **RecoveryLink** - An online dashboard service that Hubs utilize to connect individuals with peer support.
   11. **Recovery Community Organization or “RCO”-** An independent, non-profit organization providing a variety of activities available to all community members recovering from substance use, not restricted to individuals enrolled in a specific educational, treatment, or residential program. Not all RCOs are currently designated as a Regional Recovery Hub, though many provide referral services to Hubs.
   12. **Participant**- An individual who is receiving peer support services.
   13. **Regional Recovery Hub or “Hub”** - An organization that provides comprehensive recovery support services to individuals affected by substance use disorders within a specific region of the State. The winning Contractors will serve as the Hub for a region.
   14. **Respondent** - The entity that submits a proposal in response to this RFS.
   15. **State** - The State of Indiana and its agencies.
2. **Introduction and Regional Recovery Hubs Overview**
   1. *Description of Indiana’s Regional Recovery Hubs*

In Indiana, there are 20 Regional Recovery Hub sites (“Hubs”) that are critical to the State's efforts to provide barrier-free access to mental health, substance use recovery and family support resources. Hubs serve as central points of access for individuals seeking recovery support services in all 92 counties and are individually assigned a designated region of counties. Hubs provide vital services to Hoosiers by providing peer support services, conducting ongoing outreach to community members and key stakeholders, participating in community meetings and events, and providing linkages to care and person-centered resources.

Hubs provide peer support services through the employment of certified peers. Individuals serving in these roles have lived experience with mental health or substance use disorder, provide one-on-one support, and lead support groups.

In addition to peer support, Hubs also offer a variety of other family support services and resources. This includes assistance with finding housing,

community resources, and support groups. When a need is established, Hubs will work closely with other local service providers and agencies to ensure that individuals receive linkage to care.

Hubs play a crucial role in meeting the Division of Mental Health and Addiction’s (“DMHA”) mission ensuring that individuals have access to quality services that promote individual, family and community resilience and recovery.

* 1. *Overall Goal*

The State has identified a need to sustain the Regional Recovery Hubs and support the expansion of recovery support infrastructure for Hoosiers. The goal of this RFS is to contract with ten Contractors who will serve as the Hub within an agreed-upon region. These responsibilities include overseeing the provision of peer support services by certified peers employed by the Hub, coordinating warm handoffs and linkage to care through referrals, deploying peer support for 211 services (with select Hubs), and coordinating ridesharing transportation for participants.

Peer support services will be maintained by the Hub using a “Wheel and Spoke” model, where the Hub functions as the wheel, and other recovery organizations within the region, such as recovery community organizations, serve as the spokes. The Hub will foster and maintain relationships with these recovery organizations to ensure Hoosiers may access recovery support, connection and resource navigation within the agreed-upon region.

1. **Mandatory Requirements**

In order to be eligible for consideration by the State, a Respondent must meet the following Mandatory Requirements:

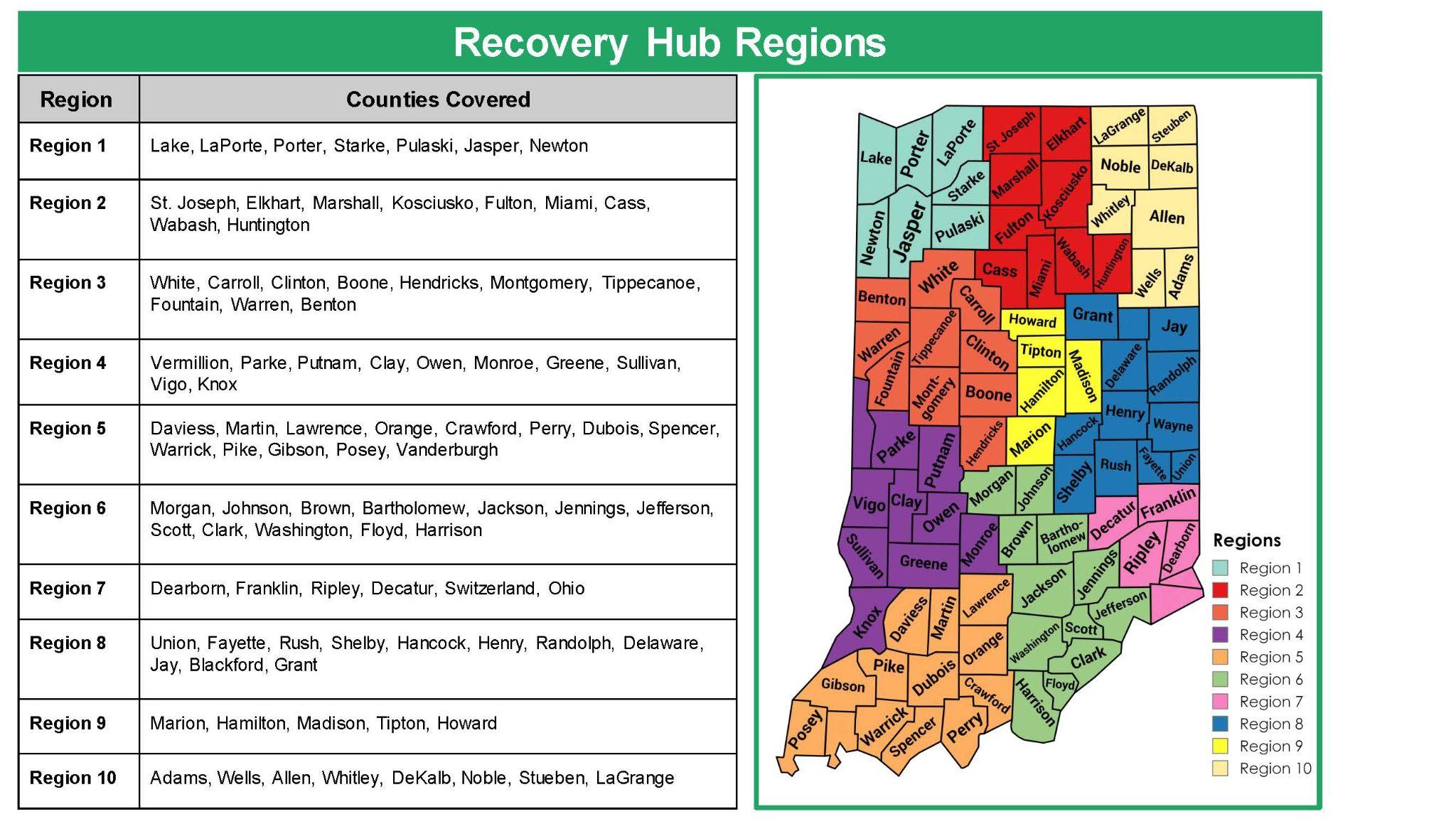
1. A Respondent must hold active certification as a Recovery Community Organization (“RCO”) in the selected region for which the proposal is submitted. RCOs are independent, non-profit organizations providing a variety of activities available to all community members recovering from substance use. More information on receiving RCO certification may be found on the [Indiana Recovery Network’s website](https://www.indianarecoverynetwork.org/recovery-community-organization-certification/#find_rco).
   1. A lapse in RCO certification may result in the cancellation of the Contract, as it compromises the integrity and quality of the peer services provided. The Contractor shall proactively manage their certification status, including staying updated on all renewal requirements and compliance measures set forth by the certifying body. The Contractor shall contact DMHA regarding any potential issues or delays in maintaining their RCO certification, within five (5) business days of initial identification.
2. **Desired Contractor Requirements**

The State desires a Contractor with the following experience:

1. *Subject Matter Expertise*
   1. It is desired that a Respondent have experience managing the direct delivery of peer support services. Ideally, a Respondent will have experience previously operating as a Hub.
   2. It is desired that a Respondent have experience within the mental health and substance use recovery space. The Respondent should additionally demonstrate an understanding of the populations served within the region of choice.
   3. Any expertise in peer support supervision, including a strong understanding of recovery-oriented systems of care is also desired. This includes having the capacity to oversee compliance of peer services with relevant state standards.
2. *Stakeholder Engagement Experience*
   1. It is desired that a Respondent have extensive experience developing and maintaining partnerships with non-profit organizations. This includes having experience in coordinating linkages to necessary services for individuals across different systems.
   2. It is desired that a Respondent have experience developing and implementing recovery support programs, including outreach, engagement, and retention strategies.
3. *Data Collection and Reporting Experience* 
   1. It is desired that a Respondent have experience collecting and reporting data on peer support activities, outcomes, and impact. This includes experience operating and reporting data in RecoveryLink.
4. **Recovery Hub Regions**
5. *Description*

The State has divided Indiana into 10 Hub regions. Respondents are eligible to submit a response to serve as the Hub for one region. Respondents are unable to submit a response for multiple regions. The Contractor will ideally possess prior experience providing services within at least one of the counties encompassed by their proposed region.

A map of the regions and counties may be found below.



|  |  |
| --- | --- |
| ***Region*** | ***Counties*** |
| 1 | Lake, LaPorte, Porter, Starke, Pulaski, Jasper, Newton |
| 2 | St. Joseph, Elkhart, Marshall, Kosciusko, Fulton, Miami, Cass, Wabash, Huntington |
| 3 | White, Carroll, Clinton, Boone, Hendricks, Montgomery, Tippecanoe, Fountain, Warren, Benton |
| 4 | Vermillion, Parke, Putnam, Clay, Owen, Monroe, Greene, Sullivan, Vigo, Knox |
| 5 | Daviess, Martin, Lawrence, Orange, Crawford, Perry, Dubois, Spencer, Warrick, Pike, Gibson, Posey, Vanderburgh |
| 6 | Morgan, Johnson, Brown, Bartholomew, Jackson, Jennings, Jefferson, Scott, Clark, Washington, Floyd, Harrison |
| 7 | Dearborn, Franklin, Ripley, Decatur, Switzerland, Ohio |
| 8 | Union, Wayne, Fayette, Rush, Shelby, Hancock, Henry, Randolph, Delaware, Jay, Blackford, Grant |
| 9 | Marion, Hamilton, Madison, Tipton, Howard |
| 10 | Adams, Wells, Allen, Whitley, DeKalb, Noble, Steuben, LaGrange |

1. **Peer Services and Supervision**

Each Contractor shall serve as the Hub for a region and ensure the provision and oversight of all services currently provided by Hubs. Specifically, the Contractor shall employ certified peers to provide peer support services throughout the region.

1. *Peer Support Responsibilities* 
   1. *Employment of Peer Support Staff*
      1. The contractor will utilize certified peers directly or through subcontracting with other qualified providers to serve their region. All proposed subcontractors shall be identified in a Respondent’s proposal.
      2. Peer services shall be provided in accordance with section 6.a.ii.
      3. Peer Supervision services shall be provided in accordance with section 6.a.iii.
   2. *Certified Peer Workforce*
      1. *Certified Peers*
         1. The Contractor shall maintain an appropriate number of certified peers based on the funds in their Contract and the needs of their region.
         2. The Contractor shall ensure that all certified peers providing peer services hold current, active peer credentials.
         3. The Contractor shall ensure that any volunteers utilized for the provision of peer services are certified. Volunteers who do not currently hold certification shall be prohibited from performing any certified peer specific duties.
   3. *Peer Supervision*
      1. *Peer Supervisor*
         1. The contractor shall ensure that certified peers are supervised by certified peer supervisors including one-on-one supervision.
   4. *Provision of Ethical Services* 
      1. The Contractor shall ensure ethical services are provided pursuant to this Contract. The Contractor will demonstrate an understanding of the ethical responsibility of the peer’s professional code of ethics that governs the peer’s certification. This includes regularly reviewing the code of ethics with staff and holding staff accountable to best practices for the role, including actions that may be considered an ethical breach of these standards.
      2. The Contractor shall establish a clear, accessible reporting mechanism to confidentially report any suspected ethical breaches or concerns. In situations where an ethical breach has been identified, the Contractor shall notify the State within 24 hours of the ethical breach in formal writing. The notification shall include the following information:
         1. Name and certification/training of the individual involved
         2. Date of the incident identifying the ethical breach
         3. Date of the report to the certification agency
         4. Brief description of the incident and actions taken
      3. The Contractor shall also be required to notify the relevant peer certification agency per certification agency ethics reporting standards within 24 hours. Identified peers or Peer Supervisors will not be allowed to provide support services until an ethics investigation is completed.
2. **Peer Workforce Development**
   1. Prospective certified peers under this Contract who do not yet hold certification shall be provided a professional peer development plan that includes training and certification within 90 days of that person’s start in their position. The State shall reserve the right to request proof of training completion/award of certification for any professional providing services. This documentation shall be provided to the State within three (3) business days of the initial request. Individuals may not provide peer services until certification has been completed. The Contractor shall provide ongoing training and development opportunities for certified peers to ensure they remain up to date with best practices and emerging trends in peer support services.
   2. The contractor shall provide regular one-on-one supervision for all certified peers. Noting that all certified peers are to be supervised by certified peer supervisors. Please see Section 6.a.ii for more details on peer supervision.
   3. The Contractor shall regularly evaluate the performance and effectiveness of certified peers through a structured performance review process. Feedback will be gathered from both peers receiving services and supervising staff to ensure high-quality service delivery and continuous improvement. Performance metrics and outcomes shall be reported to the State as part of the Contractor's regular monthly reporting requirements.
3. **Additional Programming and Relationship****Requirements**
   1. *Required Relationships* 
      1. The Contractor shall establish and maintain relationships with the following organizations to provide peer support services and/or warm hand offs as appropriate: Opioid Treatment Programs, local jails in their region, Integrated Reentry and Correctional Support (IRACS) programs where present in a region, trauma-informed recovery-oriented system of care initiatives, local syringe service programs, and/or harm reduction agencies.
      2. The Contractor shall coordinate with the Indiana Department of Corrections (“IDOC”) to receive referrals for those leaving IDOC in their local region.
      3. The Contractor shall develop a referral process in partnership with the local justice system stakeholders and share the developed partnerships with the State.
   2. *Harm Reduction Supplies*
      1. The Contractor shall ensure the availability and distribution of harm reduction supplies, including Narcan and fentanyl testing strips. The Contractor will ensure that staff are trained in administering harm reduction supplies.
   3. *2-1-1 Coordination Requirements* (*Note: this responsibility will not be part of all Hub contracts*).
      1. The State is seeking a Contractor(s), who is ultimately selected as a Hub, to work with Indiana's 2-1-1 service to provide 24-hour statewide peer support, seven days a week. Indiana’s 2-1-1 service is a 24-hour hotline that provides, among other things, free and confidential information and referrals to Hoosiers for health and human services. The three or more Contractors will collaborate with Indiana 2-1-1 to guarantee the provision of adequate peer support coverage on the hotline.
      2. The three or more Contractor shall oversee the implementation of various duties related to peer support services. This includes validating that all peers working on the 2-1-1 line are trained and certified based on state standards. Peers must have completed Mental Health First Aid training to ensure they are equipped to provide effective support and referrals. The Contractor shall also monitor the completion of QPR (Question, Persuade, and Refer) training for peers to effectively respond to individuals at risk of suicide. The Contractor is responsible for ensuring that peers receive ongoing training and professional development opportunities to maintain their skills and knowledge.
      3. Respondents interested in serving as one (1) of the Contractors supporting Indiana’s 2-1-1 service shall identify themselves in the Technical Proposal (Attachment D) for further consideration.
4. **Referral Process**
   1. If a recoveree’s needs cannot be met by the Contractor, Contractor shall make a warm handoff to a formalized partner; services are not to be denied to participants. The Contractor shall ensure that referrals to a formalized partner for recovery support services are made immediately once identified with the recoveree. The Contractor shall establish a streamlined referral process to ensure that participants are promptly connected to the appropriate services and resources. This process must involve assessing the recoveree's needs and preferences, identifying suitable support options, and facilitating referrals to partner organizations or agencies as necessary.
   2. The referral process shall prioritize continuity of care and optimal outcomes for participants. This includes maintaining regular contact with referral partners to track progress, address any issues or concerns, and provide ongoing support to participants throughout their recovery journey.
   3. The Contractor shall document all referrals and follow-up actions taken, including outcomes and any additional support provided. If recovery supports are offered beyond 5-7 days or 3 episodes of services, then Government Performance and Results Act (“GPRA”) data shall be collected by the Contractor and entered into DMHA Electronic Billing System (“DEBS”) for each person receiving services.
5. **Ridesharing Services** 
   1. The Contractor shall oversee the coordination of ridesharing services, prioritizing individuals in a work release program or exiting incarceration who are in need of employment, IDs, other job-related support, or re-entry-related life support. The ridesharing services shall be made available to all individuals identified as in recovery and needing transportation to support any of SAMHSA’s four dimensions of recovery (health, home, purpose, community).
   2. The Contractor shall coordinate with Lyft, the state approved ridesharing services transportation vendor. In the event the State elects to use a different vendor for this purpose, Contractor shall coordinate with the new vendor.
   3. Where practicable, Contractor is encouraged to help individuals utilize cost effective options like public transportation.
   4. The Contractor shall ensure the following duties and requirements are adhered to:
      1. Participants must be 18 years or older to access ridesharing transportation services through the Contractor. The Contractor will ensure that rides can be scheduled on-demand or up to 72 hours in advance through the 2-11 peer support line agents/operators.
      2. The Contractor shall establish a policy to ensure that riders using this transportation are accessing resources to engage in their individual recovery process and ensure that no other funding, such as Medicaid, is available as the primary payor source. If Medicaid transportation is unavailable due to a lack of driver availability or immediacy of transportation needs, the Contractor may access their ridesharing transportation vendor once an assessment is completed.
      3. Once it has been determined by the peer workforce that the recoveree is ineligible for other transportation funding sources, a ridesharing assessment shall be conducted in RecoveryLink to ensure the individual meets the criteria to access this resource. Once the Contractor has completed the initial assessment with the individual, the Contractor shall complete the brief ridesharing assessment update in RecoveryLink for each subsequent ride requested by the individual.
      4. In addition, the Contractor shall establish clear procedures for scheduling rides via the 2-1-1 Peer Line, ensuring that the process is efficient and user-friendly for all participants. The Contractor shall be required to track the purpose of rides and the number of rides per month, maintaining accurate records to monitor usage and identify trends.
6. **Data Requirements**
   1. *Recovery Link*
      1. The Contractor shall utilize the State-approved standard data collection software, RecoveryLink, when tracking recovery services provided.
      2. Unless prior written consent from the State is given, any failure to utilize RecoveryLink and submit data will result in corrective actions listed below until the software is fully implemented by Contractor:
         1. Attend an in-person data training facilitated by the Contractor as needed.
         2. A performance improvement plan will be developed in collaboration with the Contractor and the State to aid in improvements to reporting and outcomes within 60 days. The PIP will include Specific, Measurable, Achievable, Relevant, and Time-bound (“SMART”) goals and weekly virtual meetings with the State.
            1. A performance improvement plan will be developed in collaboration with the Contractor and the State to aid in improvements to reporting and outcomes within 60 days. The PIP will include Specific, Measurable, Achievable, Relevant, and Time-bound (“SMART”) goals and weekly virtual meetings with the State.
   2. *DEBS*
      1. The Contractor will ensure that at least one certified peer has completed DEBS training with DMHA for the submission of GPRA data and possibly more information if requested by the State.
7. **Project Management**
8. *Monitoring and Reporting*
   1. *Monthly Reports* 
      1. The Contractor shall submit a monthly report that includes a summary of all activities related to ensuring adherence to peer workforce requirements as well as barriers or issues related to meeting requirements of the Contract. The State reserves the right to adjust the data required by this report. Unless otherwise adjusted by the State, each report shall include the following indicators:
         1. Number of all intakes completed
         2. Demographic information from intake including age, race/ethnicity, sexual orientation, and gender
         3. Number of opioid/stimulant specific intakes
         4. Number of mental health specific intakes
         5. Number of peer hours spent in each county
         6. Number of peer supervision spent in each county
         7. Number of individuals receiving direct peer support services
         8. Number of individuals who received group peer support services
         9. Recovery data considered required in DMHA data platform
      2. The Contractor shall collect data that captures the operating costs of peer support services. This quarterly management and technology report shall be submitted to the State and include, but is not limited to, the following details:
         1. Administrative costs/fees
         2. Amount of mandatory minimum payment received so far, including the month being reported on
         3. Amount of technical time and equipment used
         4. Number of management hours with each site
         5. Description of the management needed
         6. Description of any other oversight provided
      3. The Contractor shall collect ride-sharing data and submit a monthly report to the State that includes, but is not limited to, the following:
         1. Number of rides provided to participants
         2. Destination of each ride (ex: doctors, treatment, etc.)
         3. Average cost per ride
         4. Average cost per month
9. *Meeting and Touchpoint Requirements*
   1. Unless otherwise directed by the State, within two (2) weeks of Contract finalization, the State and the Contractor shall meet to kick off the project. The goal of this meeting is to make all necessary introductions between the State and the Contractor, and to establish next steps in the provision of peer support services. The meeting may be in-person or virtual, as determined by the State.
   2. On at least a monthly basis, the Contractor shall schedule, facilitate, and coordinate virtual monthly touchpoints with the State. The Contractor will prepare the agenda for these meetings in advance for the State’s review and the State shall be able to add items to the agenda.
   3. The Contractor shall be available to attend additional meetings as requested by the State.