**RFS 25-80876**

**Regional Recovery Hubs**

**Attachment D - Technical Proposal Template**

**Overview:**

Request for Services (RFS) 25-80876 is a solicitation issued by the State of Indiana in which organizations are invited to compete for the contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of a proposal can only be based on the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly address all components of the Scope of Work (SOW) (Attachment A). The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the Scope of Work detailed in the RFS document and supplemental attachments.

**Instructions:**

Respondents shall use this template (Attachment D) to prepare their Technical Proposals. In their Technical Proposals, Respondents shall describe their relevant experience and explain how they propose to perform the work, specifically answering the prompts in the template below.

Please review the requirements in Attachment A (Scope of Work) carefully – the requirements in the Scope of Work should inform how Respondents complete their Technical Proposals in this template as the “Sections” referenced below correspond to the sections in the Scope of Work.

Respondents should type or paste their text in the provided yellow boxes which appear below the question/prompts. Respondents are allowed to reference attachments or exhibits not included in the boxes provided for the responses, so long as those materials are clearly referenced in the boxes in the template. The boxes may be expanded to fit a response.

**For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how Respondents will maintain oversight of the subcontractors’ activities.**

**RESPONDENT NAME:**

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| **Wabash Valley Recovery Center** |

**REGION RESPONDENT PROPOSES TO SERVE:**

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**SOW Section 1-3 - Overview of Project**

1. Provide a high-level summary of how you will execute the responsibilities of a Regional Recovery Hub. Please explain how your experience positions you as the ideal choice for maintaining peer support services as a Hub.

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| **The Wabash Valley Recovery Center (WVRC) has been providing peer recovery support services in accordance with national standards for Recovery Community Organizations since October 1, 2018. As the first Recovery Community Organization in Indiana to secure grant funding from the Division of Mental Health and Addiction (DMHA) for a "Peer Resource Center" in 2019, WVRC has demonstrated its leadership and commitment to advancing peer recovery support services and advocating peer recovery workforce development. When the Regional Recovery Hub Program (RRH) first began in 2020, WVRC was designated as a recovery hub, initially serving as one of five "anchor hubs" and covering 21 counties in the southwest region of Indiana. With the expansion of the RRH program to include additional recovery community organizations, WVRC provided oversight to two satellite hubs that assumed responsibility for part of the initial service region. Over the past four years, the service regions have been refined, and WVRC now serves the 10 counties outlined in Region 4 of the RSF.**  **In 2022, WVRC was awarded one of Indiana’s first three Certified Recovery Community Organizations, with certification renewal successfully completed in June 2024. The center’s workforce includes 11 certified peer recovery professionals and 3 trained peer supervisors, underscoring its dedication to providing expert care. Beyond its role as a recovery hub, WVRC also conducts Harm Reduction Street Outreach in 7 counties in southwest Indiana, delivers peer recovery support in 5 county jails, and manages the CLEAR Program (Choose Law Enforcement Assisted Recovery) in partnership with the Vigo County Prosecutor’s Office. This innovative program collaborates with law enforcement to offer individuals facing low-level arrests the opportunity to engage in peer support as an alternative to incarceration.**  **By partnering with two other well-established organizations in our service region, the Indiana Recovery Alliance and the Margaret Compton Recovery Hub, we are ensuring that peer support will be accessible to all Hoosiers in the 10-county service region and that connections and referral partnerships exist with all providers who work in the continuum of care for substance use and mental health in Region 4. This includes criminal justice partners, clinical treatment providers, MAT providers, recovery residences, mutual aid groups, residential treatment facilities, mental health organizations, resources for food, shelter, and transportation, naloxone and harm reduction supplies, employment services, and any other resource that our participants may need to help overcome barriers.**  **With its extensive track record in peer recovery support and established role as Region 4’s recovery hub, the Wabash Valley Recovery Center is exceptionally well-prepared to continue serving as the Regional Recovery Hub for this RSF.** |

**SOW Section 4 and 5 – Desired Contractor Experience, Region and Mandatory Minimum Requirements**

1. For your region, describe any experience managing the direct delivery of peer recovery services, including experience as an active Recovery Community Organization (RCO). Highlight any subject matter expertise you have, especially in mental health, substance use recovery, and recovery-oriented systems of care.

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| **The Wabash Valley Recovery Center has been in operation since 2018 as a Recovery Community Organization based on the Faces and Voices of Recovery best practices and CAPRSS accreditation standards. In 2022, the Indiana Recovery Network established Indiana’s criteria for certification of RCO’s, and the WVRC was one of the first 3 pilot sites for certification and received certification. The WVRC has, since its inception, adhered to the three core principles and core strategies of RCO’s and maintained board makeup of 51% or more people with lived experience of recovery from substance use. The Executive Director is a Licensed Addiction Counselor, Certified Peer Recovery Coach II, Certified Supervisor of Peer Recovery, and a person in long-term recovery. All employees of the WVRC are Certified Peer Recovery Coaches/Certified Peer Support Professionals with lived experience of recovery from substance use/mental health. In 2017, we created the Wabash Valley Recovery Alliance in collaboration with several members of the local recovery community, recovery allies, and loved ones of people in recovery, which serves as a mechanism for feedback from the community as it pertains to SUD-related issues and community needs and serves to drive programming and services at the WVRC. Wabash Valley Recovery Alliance meeting have been held monthly since 2018. The WVRC has delivered peer recovery support services to Region 4 since 2018 and currently employs 11 peers who engage in individual peer recovery support, peer-led groups, harm reduction street outreach, and connection to resources. The WVRC provides harm reduction supplies, naloxone, naloxboxes, fentanyl and xylazine test kits. Our organization hosts community anti-stigma events multiple times per year and is engaged in policy advocacy at the state and local level.**  **Subcontractors:**  **CFS, Corp. has been a partner agency to administer and launch multiple initiatives with peer(s) involved. Since 2019 CFS has served as an administrative support for Life After Meth (LAM) NARR recovery residences. CFS, Corp aided in the pilot and launch of the Margaret Compton Recovery Hub in Knox County. CFS, Corp. as of October 2024 will absorb the Knox County LIFT team with its 5 Peer Recovery Specialists who serve over 120 active Knox County clients on any given day. All Peer Services, supervisory roles are credentialed and licensed, as appropriate. Grasshopper Group Health Services, a mental health clinic, houses the peer services and supervisions the clinical provisions of the cases for referral and psychoeducation needs. CFS/Grasshopper Group is a DMHA certified Addictions provider and Joint Commission Accredited.**  **The Indiana Recovery Alliance, located in Monroe County, Indiana, has been a harm reduction and syringe service provider since 2014. The IRA is currently working with the Indiana Recovery Network to become certified as a Recovery Community Organization. The IRA provides a variety of services including**   * **needs-based safer use supply distribution** * **rapid HCV and HIV testing** * **mobile and fixed-site syringe services** * **wound care and treatment** * **street outreach** * **non-profit collaboration** * **group therapy administration** * **harm reduction and naloxone training** * **advocacy** * **peer recovery support services** |
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1. Describe any experience developing and maintaining relationships with non-profit organizations, including coordinating linkages to care for individuals across different systems. Please explain how you will leverage current relationships to ensure individuals receive the necessary services. Please identify how this work will be done for your proposed region.

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| **The WVRC has developed and maintained relationships with multiple partners across the continuum of care over the last several years. These relationships include partnerships with substance use and mental health treatment centers, recovery residences, OTP’s, criminal justice partners, mutual aid groups, domestic violence shelters, outpatient addiction providers, community mental health centers, and other recovery community organizations across the state. The WVRC has a statewide referral system in place through the Indiana Recovery which connects the WVRC to other RCO’s across the state of Indiana when referrals are necessary. The WVRC has provided peer support at the Council on Domestic Violence Shelter since 2020 to assist residents who need support with substance use/mental health issues. We also collaborate with Reach Services, which provides services for unhoused individuals and veterans in Vigo County, by providing peer support at their day center for homelessness and by referring participants experiencing homelessness to their resources. The WVRC provides peer support at the Sullivan County Recovery Café twice per week as well as having open office hours available to provide support to anyone in the community regardless of Recovery Café membership. The WVRC provides peer support services for residents and clients at Mental Health America of West Central Indiana as well as referring participants to their resources. We have a partnership with Sycamore Pain and Wellness, who is an MAT provider in Vigo County and provide individual and group peer services at their office.**  **The WVRC has a partnership with the Indiana Recovery Alliance in Monroe County, Indiana, and the Knox County Recovery Hub as peer service providers in our 10-county region who will be serving as subcontractors for this proposal.**  **The Indiana Recovery Alliance was established in 2014 and serves as a Syringe Service Provider and provides harm reduction services to residents of Monroe, Greene, and Owen Counties and oversees a statewide mail order naloxone program. The IRA has a mobile unit that travels to strategic locations to meet people where they are and ensure everyone has access to safer use supplies and support. They have recently expanded their program to include peer recovery support services. The Indiana Recovery Alliance will be a subcontractor on this project and provide peer services to Monroe, Greene, and Owen Counties.**  **CFS has a long history of Knox County partnership development, with a number of programs creating a continuum of care from prevention, to housing, to treatment. All local law enforcement agencies currently partner with CFS alongside the local library, the City of Vincennes, the Family Health Center, Knox County United Way, Knox County Chamber of Commerce, Community Foundation Knox County, all food pantries, faith based groups, and school corporations.**  **The WVRC will continue providing peer recovery support services to Vigo, Parke, Vermillion, Clay, Putnam, and Sullivan Counties as part of the RRH program. By partnering with the Indiana Recovery Alliance and CFS/Margaret Compton Recovery Hub, we will ensure that all 10 counties have access to quality peer recovery services.** |

1. Describe any experience collecting and reporting data on peer recovery activities, outcomes, and impact. Briefly explain your experience operating and reporting data in RecoveryLink.

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| **The WVRC has used electronic health systems since 2019 to collect and record participant data. We used the Recovery Data Platform created by Faces and Voices of Recovery from 2019 to 2021 and implemented RecoveryLink in 2021 when the Regional Recovery Hub initiated this system. We utilize RecoveryLink to conduct participant intakes, recovery planning, brief check-ins, outreach, BARC 10’s, peer groups, and distribution of materials as well as data analysis and reporting. We are trained in informed consent, confidentiality, and CFR 42 Part 2 as it pertains to the protection of participant information and data collection.** |

**SOW Section 6 – Peer Services and Supervision**

1. Please provide an estimate for the total annual amount of funds required to complete the duties listed in Section 6 of the SOW. This total should include the amount you would need from the State as well as the amount you might obtain through other sources. This estimate should exclude any administrative or costs required to maintain certified peers.

The State may utilize the estimates supplied to determine the resources needed for each region in the State. The ultimate amount for these services in each Hub’s contract will be determined during contract negotiations.

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| Peer Supervision: Per WVRC Policy and Procedures and CPRC Code of Ethics requirements, peer supervision will be conducted weekly, either in a group or individual setting for each peer employed by the WVRC and peers subcontracted through the Regional Recovery Hub. Supervision will be conducted with peers at the WVRC weekly and the subcontractor locations including the Indiana Recovery Alliance and the Knox County Recovery Hub monthly, provided the subcontractors are conducting in-house supervision weekly. Wages for supervisors will be included in the estimate below.  Peer Services: A total of 6 FTE peers will be necessary to complete the duties identified in the SOW. 3 FTE peers will be employed directly through the WVRC (will cover Vigo, Parke, Vermillion, Clay, Sullivan, and Putnam Counties) 2 FTE peers will be employed through the Indiana Recovery Alliance (to cover Monroe, Greene, and Owen Counties), and 1 FTE peer will be employed through the Knox County Recovery Hub (to cover Knox County).  6 FTE X $20=$249600 annually  30% fringe benefits=$74880 annually  Total: $324480  The total cost for peers plus fringe benefits plus administrative costs is calculated at $34.20/hour which totals $426816. The administrative cost portion of this figure is listed in Attachment E. The rate of $34.20/hr was determined by using the rate that Recovery Works and Medicaid use to reimburse for the cost of employing peers. Although Medicaid recently increased the reimbursement rate for peers to $48.80, the previous rate of $34.20/hr is a more accurate representation for employing peers at our organization. |

1. Please indicate if your organization is currently receiving any alternate funding source(s) to provide peer recovery services and the annual amount received. Please describe how you anticipate utilizing alternate funding source(s) to complement funds awarded through this RFS.

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| The WVRC has funding through the Wabash Valley Community Foundation for one fiscal year 2024-25 for $99,081 to provide peer recovery support services in Vigo, Parke, and Vermillion County Jails.  The WVRC receives $188,522 from DMHA for Harm Reduction Street Outreach for January 2024-December 2024. We intend to apply for funding for 2025 pending availability for renewal of this RFF.  The WVRC receives $35,000 annually from the United Way of the Wabash Valley to implement the CLEAR Program for the 2024-25 fiscal year.  The WVRC currently receives $103,952.40 plus an additional $2385.50 for supervision reports from the Indiana Recovery Network for the RRH for July 2024-December 2024  The WVRC will receive $291,824 from October 2024-September 2026 through the DMHA Peer Expansion Grant.  While all of the activities performed under the grants listed above will complement RRH activities, the grant programs listed above have separate objectives and deliverables as well as reporting requirements. The WVRC anticipates utilizing RRH funding to complement the INSPIRE (Incarceration Support and Peer Recovery Engagement) Program in our county jails. Funding from the Wabash Valley Community Foundation in the amount of $99,081 will support 2 FTE peers plus fringe benefits and $3972 in mileage reimbursement for peers traveling to rural counties This funding also is limited to Vigo, Parke, and Vermillion Counties. In order to fully fund the INSPIRE Program, which serves Vigo, Parke, Vermillion, Clay, Putnam, and potentially Sullivan, funding from the RRH program will be utilized.  Funding from the RRH program will also help cover the costs associated with the CLEAR Program. The CLEAR (Choose Law Enforcement Assisted Recovery) Program is a highly innovative program based on principles of LEAD (Law Enforcement Assisted Diversion), but modified to meet the current climate of the Vigo County criminal justice system and our communities’ individual needs. Discussions for the CLEAR Program began in 2020 and was led by representatives from the United Way of the Wabash Valley and included the Vigo County Deputy Prosecutor, Chief of Police, Vigo County Sheriff, Mental Health America, Next Step Foundation, and the Wabash Valley Recovery Center. Unfortunately, Vigo County law enforcement did not have enough resources to implement a full pre-arrest diversion program such as LEAD. Since LEAD was not an option, the Vigo County Deputy Prosecutor proposed the CLEAR Program as an alternative. The CLEAR Program was created to reduce the population in the Vigo County Jail, reduce recidivism, and provide an incentive for individuals involved in the criminal justice system to engage in peer recovery support. Trainings were conducted with all of the Terre Haute City Police, West Terre Haute Police Department, ISU Police, and Vigo County Sheriff’s Office. Officers who engage with an individual with low-level drug-related arrests have the option to refer them to the CLEAR Program. The officer then transports the individual to our center or a peer meets the officer on the scene of the arrest and instead of taking them to jail and they have the opportunity to engage in peer services. Willing participants sign a release of information for the Prosecutor’s Office and our peers provide the Prosecutor with regular updates on their progress. The Prosecutor’s office then has the option to reduce or drop that individuals’ charges and, in some cases, the charges are never filed. In the last 2 years that this program has been in operation, we have seen a 54% positive engagement rate with participants and had 14 graduates of the CLEAR Program who have been able to enter a pathway of recovery and disengage with the criminal justice system. The United Way of the Wabash Valley currently provides $35,000 per year to implement this program. This is not enough to fully implement the CLEAR Program as it is designed. The CLEAR Program requires peers to be on call 24/7 in case of an arrest after office hours, peers can meet the arresting officer and participant immediately to avoid incarceration. The program also requires staff time during office hours to meet with participants, engage with arresting officers and participants in the community at the time of arrest by traveling to the location where the arrest is happening and transporting the participant back to the WVRC, continued officer trainings, program management, steering committee meetings, data collection, and reporting and grant management. The RRH funding has helped support this program and provide the necessary financial support that this program requires.  Funding from DMHA for Harm Reduction Street Outreach covers the cost of 4 part-time (20 hours/week) peers and one part-time peer supervisor (10 hours per week). The WVRC is providing outreach in 7 counties including Vigo, Parke, Vermillion, Clay, Sullivan, Knox, and Greene Counties. Because of the large geographical area that this program covers, peers are out of the office 20+ hours per week traveling to these counties. This is a much-needed program that has provided naloxone and harm reduction supplies to thousands of individuals who may otherwise not have access to this. Funding from the RRH program helps to cover wages for additional staff needed to ensure we have peers available in the office at all times.  With the implementation of the Lyft Program for individuals in recovery, the WVRC receives an average of 200 calls per month from individuals in our service region who need to schedule Lyft rides. Due to the volume of callers, we created a role for a transportation coordinator whose job is to answer our transportation line, schedule rides, complete monthly reporting, and schedule appointments with our peers as it is a requirement that anyone utilizing Lyft must be engaged with a peer at our organization. This job also involves answering the main phone line, scheduling all peer appointments, assisting with Recovery Works billing, and other monthly reporting duties. Funding from the RRH program covers the salary for this individual since none of our other funding sources allow funding to be utilized for this position. This position has been a significant asset to our organization and allows our peers to focus on their job requirements and interact with participants instead of answering the phone to schedule rides. |

1. Please complete the following table and provide your best estimate for the monthly average / amount of certified peers needed for your selected region. This includes: the estimated number of full-time and part-time certified peers needed to provide adequate peer support service for your region, and the average wages you propose to pay them (including benefits if applicable).

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| ***Position*** | ***Number of Proposed Monthly Part-Time Employees (PTEs)*** | ***Number of Proposed Monthly Full-Time Employees (FTEs)*** | ***Average Hourly Pay (including benefits if applicable)*** |
| Certified Peer(s) |  | 5 | 26 |
| Peer Supervisor(s) |  | 1 | 27 |

1. Please explain your experience with peer services. Please explain how your experience informed your above estimates.

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| **The WVRC has exclusively provided peer recovery support services since opening in 2018. All employees have been trained and certified as peers and our organization practices peer supervision in accordance with the ICAADA Peer Code of Ethics. The WVRC provides peer services in office, in the community, within the criminal justice system, and throughout our 10-county service region. The Indiana Recovery Alliance has been in operation since 2014 and has provided harm reduction services to Monroe, Greene, and Owen Counties as well as peer support. The Knox County Recovery Hub has been providing peer support since 2023, however, they have employed peers through the LIFT program at Good Samaritans Hospital since 2021. In 2022, the WVRC became a registered Recovery Works provider with Indiana. The reimbursement rate for peers with Recovery Works is $34.20/hour and the Medicaid reimbursement rate for peers is 48.80/hour. These rates include peer wages, fringe benefits, and administrative costs associated with employing peers. Given these established rates, we would ask for a rate of $34.20/hour ($71,139 annually) for all 6 peers. Costs associated with employing peers include wages, benefits, employer-paid taxes, continuing education requirements for certification, mileage reimbursement, paid time off, office space, internet, utilities, phones, liability insurance, trainings and conferences, accounting, laptops, office supplies, office equipment, furniture, printed materials, and other expenses.** |

1. Describe how the peer supervisor(s) will oversee the certified peer(s) employed by the Hub. Please refer to Section 6.a.iii of the Scope of Work (Attachment A) for more details on peer supervision duties.

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| **The WVRC has 3 trained and certified peer supervisors who conduct weekly individual and/or group supervision with all peers employed on the Regional Recovery Hub Project. Peers employed by subcontracted organizations will receive supervision by certified peer supervisors at their organization weekly. Monthly peer supervision meetings will be scheduled utilizing video conferencing with peers from all three organizations and supervision provided by a peer supervisor from WVRC. In addition, supervision, training, and/or technical assistance from a certified peer at the WVRC will be available on an as-needed basis for any peer from any organization working on the RRH program. Supervision is conducted utilizing principles taught in peer supervisor training and in compliance with the ICAADA peer Code of Ethics. While regularly scheduled supervision is conducted a minimum of one hour weekly, the WVRC also encourages staff to seek supervision from their supervisor anytime an issue arises that guidance is necessary.** |

1. Please describe how you will ensure ethical services are provided and staff understands the peer support professional code of ethics and its implications.

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| **Peer supervisors will regularly (annually at a minimum) review the Peer Code of Ethics with all peers working on the RRH program during supervision. Additionally, weekly peer supervision will review ethical concerns and issues that are common to the provision of peer services and any ethical issues that may arise during the course of the program. Ethical issues or concerns are expected to be brought to the attention of the peer supervisor immediately as they arise so supervision can be provided. The WVRC has an open-door policy related to peer supervision and any peer can bring any concern to the supervisor and/or Director as soon as the issue arises. Peers are not expected to wait for a scheduled group or individual supervision session to bring any ethical concerns to leadership. Upon hire, peers must review and sign the peer Code of Ethics, and that document is kept in their employee file.**  **See WVRC policy below from Policy and Procedure manual:**  **POLICY -CODE OF ETHICS**  **The WVRC will utilize a Peer Code of Ethics established by ICAADA, the credentialing body that oversees training, credentialing, and supervision for peers in the State of Indiana.**  **The WVRC will utilize the WVRC Code of Ethics as a standard of conduct for participants and staff.**  **PROCEDURE**   * 1. **The Wabash Valley Recovery Center, Inc. utilizes the ICAADA CAPRC Code of Ethics as a standard for minimum values and principles of peer recovery coach practice. CAPRC’s are given access to this Code of Ethics upon training and certification as a CAPRC and expected to read and abide by the standards set forth in this document. Employees are provided with a copy of this during orientation and a signed copy is kept in the employee file.**   2. **The Wabash Valley Recovery Center, Inc. staff is provided with the Wabash Valley Recovery Center, Inc. Code of Ethics during orientation and a signed copy is kept in each employee file. The WVRC Code of Ethics applies to all staff and participants and this document is posted in all common areas.** |

**SOW Section 7 – Peer Workforce Development**

1. Describe the peer supervision and support system you will establish for certified peer(s). This should include but is not limited to, the frequency of regular one-on-one supervision sessions, the content of supervision sessions, and additional support services for staff.

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| **Peer supervision, support, and professional development will be provided per WVRC policy. Please see WVRC policies on supervision and professional development:**  **POLICY-SUPERVISION**    **The Wabash Valley Recovery Center, Inc. follows supervision practices based on recommendations by IAPRSS and the peer Code of Ethics which requires one hour of weekly supervision provided by a CSPR or Licensed Behavioral Health Professional (LAC, LCAC, LBSW, LSW, LCSW, LMHC, LMFT, HSPP, or Psychiatrist)**  **PROCEDURE**   1. **The WVRC will provide a minimum of one supervision session per week (group and/or individual structure) totaling a minimum 4 hours of documented supervision per month. Peers will, at no times, provide professional recovery support services without direct supervision. Supervision is defined as a person-centered, strength-based approach to supporting the CAPRC with identification of professional strengths, areas of improvement, implicit/explicit bias, growth opportunities, cultural responsiveness and/or other items that will support the CAPRC providing competent and ethical services.** 2. **Supervision for a Peer Recovery Coach in a nonclinical setting may be performed by either a person holding a peer supervision credential offered by ICAADA, received peer supervision specific training at minimum and working towards obtaining one of the certifications/licenses outlined below, or comparable credential or one of the following licenses or credentials:**     1. **A licensed behavioral health professional currently practicing in the state of Indiana (LAC, LCAC, LBSW, LSW, LCSW, LMHC, LMFT, HSPP, or Psychiatrist)**    2. **CADAC II or higher through ICAADA**    3. **ICADC or ICAADC through IC&RC**    4. **NCAC II or MAC through NAADAC**    5. **CSPR-PR or CSPR-CL through ICAADA** 3. **Supervision for a Peer Recovery Coach in a clinical setting or service may be performed by one of the following credentials. It is expected that the supervisor receives peer supervision specific training:**     1. **A licensed behavioral health professional currently practicing in the state of Indiana (LAC, LCAC, LBSW, LSW, LCSW, LMHC, LMFT, HSPP, or Psychiatrist)**    2. **CADAC II or higher through ICAADA**    3. **ICADC or ICAADC through IC&RC**    4. **CAC II or MAC through NAADAC**    5. **CSPR-CL through ICAADA**    6. **Note: A clinical setting or service is defined by Current Procedural Terminology (CPT).** 4. **Peers will maintain regular supervision and ongoing personal support, so peers have a person with whom they can address challenging personal/professional issues, behaviors, or conditions that may negatively impact their recovery and/or ability to practice within a professional role as a CAPRC/CPSP. Peers are informed that misconduct will result in disciplinary action and may result in the suspension of certification.** 5. **The WVRC utilizes supervision to grow peer’s professional skill set and identify skills/behaviors that require improvement.** 6. **If supervision required above cannot be retained, peers will contact the Indiana Association of Peer Recovery Support Services (IAPRSS) to locate an available resource to meet these supervision requirements.**   **POLICY-STAFF TRAINING/PROFESSIONAL DEVELOPMENT**  **It is the policy of Wabash Valley Recovery Center, Inc. that all employees will receive ongoing training and/or supervision including in-services, continuing education opportunities, trainings related to employment including but not limited to cultural competency training, peer leadership, mentoring roles, and peer ethics.**  **PROCEDURE:**   1. **Employees shall attend all trainings as directed by the Executive Director or Board; such trainings to include areas of substance use and/or mental health and professional development**      1. **All staff members must attend naloxone training provided on-site or through an outside training program** 2. **All staff members must remain up to date on credentials when applicable and ensure all necessary CEUs are completed in compliance with the employee's respective credentialing organization. This is the responsibility of the employee, although Wabash Valley Recovery Center, Inc. will, when possible, provide information on trainings/seminars that will increase professional development and permit employees to use work time to attend.** 3. **Certificates of any training attended and successfully completed will be kept in the employee’s personnel file** |

**SOW Section 8 – Additional Programming Support**

1. Describe any existing relationships with Opioid Treatment Programs (OTPs) and medication providers in the proposed region, including challenges and opportunities to continue developing relationships. If not applicable, please explain how you will establish these relationships.

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| **The WVRC utilizes WIN Recovery, an OTP clinic located in Vigo County, as a referral source for participants interested in utilizing methadone as a recovery pathway. The WVRC has a partnership with Sycamore Pain and Wellness which provides MAT in the form of buprenorphine. The WVRC provides individual peer support and peer groups for patients engaged with Sycamore Pain and Wellness. We also refer participants interested in MAT to the Hamilton Center, Valley Professionals, Groups Recovery Together, and Clean Slate.**  **WIN Recovery is located in Vincennes, and CFS, Corp. has a working relationship with them and will continue to collaborate. Furthermore, the local CMHC and CFS, Corp. have a working relationship in which we exchange referrals.**  **The Indiana Recovery Network has partnerships with several MAT providers including MedMark, Clean Slate, Groups Recover Together, and IU Health.** |

1. Describe any existing relationships with local jails and Integrated Reentry and Correctional Support (IRACS) programs in the proposed region including challenges and opportunities to continue developing relationships. If not applicable, please explain how you will establish these relationships.

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| **The WVRC has provided peer recovery support services through our INSPIRE Program (Incarceration Support and Peer Recovery Engagement) in Vigo, Parke, Vermillion, Clay, and Putnam County jails since 2018 through funding from the Wabash Valley Community Foundation and the Regional Recovery Hub. We are in discussions with Sullivan County Jail to begin providing peer support at their facility. Challenges to providing peer support arose during 2020-21 while Covid was a concern, however, since mid-2021, we have been able to restart peer services in all county jails except Sullivan County. Sullivan County jail has been under construction during 2022-2023, which was a barrier to providing services. Vermillion County Jail was under construction in 2022-2023 and we were unable to provide services during this time, however, we were able to restart peer services in 2023. Data from the INSPIRE Program for the past 3 years has shown a reduction in recidivism down to 18% from typical recidivism rates of 30-40%.**  **The Sheriff’s department has an active referral system with the LIFT program, the team our contracted Peer will officially be a part of, whereas officers refer at time of post-incarceration or in instances of diversion in Knox County. The partnership extends to the local City Police force as well for diversionary referrals** |

1. Describe how you will establish and/or maintain relationships with the Indiana Department of Corrections (IDOC), trauma informed recovery-oriented systems of care initiatives, local syringe service programs, harm reduction organizations, recovery community organizations, and other recovery services in the proposed region.

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| Since participating in the Regional Recovery Hub program since 2020, the Indiana Recovery Network has been the point of contact for DOC referrals. Any referrals for peer support have gone to the IRN and are then forwarded to our organization for any individual getting released to our service area. If this is no longer an option, the WVRC would connect with DOC facilities in our region including Rockville Women’s Prison, Putnamville Correctional Facility, and Wabash Valley Correctional Facility to establish a partnership for referrals. The WVRC currently has a peer who provides groups in the US Federal Penitentiary in Terre Haute. The WVRC currently provides harm reduction street outreach in 7 counties and has relationships with the Indiana Recovery Alliance in Bloomington which provides syringe services and harm reduction to Monroe, Greene, and Owen Counties. The WVRC has a relationship with Knox County Recovery Hub, an RCO in Knox County, as part of this proposal. |

1. Describe how you will support all pathways to recovery for individuals that are seeking support.

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| **Please see WVRC policy regarding all pathways:**  **POLICY-PARTICIPANT LED SERVICES**  **The WVRC staff will always provide participant-led peer recovery support services and provide education and support on all pathways of recovery, including non-abstinence-based pathways.**  **PROCEDURE-**   1. **Participants are provided with information and education on multiple pathways of recovery, and all available recovery services available throughout our community without bias or discrimination against any pathway or resource.** 2. **Peers provide participant-led services and participants have complete autonomy in creating recovery plans with peer support professionals.** 3. **The WVRC will make no policy excluding any participant from receiving services based on recovery status, pathway of recovery, abstinence, or any other criteria related to substance use.** 4. **The WVRC will make no policy requiring membership, payment, or any other criteria that may be a barrier to receiving peer recovery support services.** 5. **Participants will never be discharged due to recovery status** |

1. Please describe how you will ensure the availability and distribution of harm reduction supplies such as Narcan and fentanyl testing strips to those in need.

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| **The WVRC currently receives grant funding from DMHA to provide harm reduction street outreach in Vigo, Parke, Vermillion, Clay, Sullivan, Knox, and Greene Counties. This funding allows us to purchase safer use kits and harm reduction supplies and we receive naloxone, fentanyl, and xylazine test strips from Overdose Lifeline. The WVRC has been a distributor of naloxone in partnership with Overdose Lifeline since 2019 and maintains two naloxboxes in Vigo County. The WVRC works with the Vigo County Health Department who has established a non-syringe harm reduction program in Vigo County and provides our organization with safer smoking, safer injecting, and wound care kits that we distribute to the community.**  **The Indiana Recovery Alliance operates a syringe service Program in Monroe County and distributes harm reduction supplies, naloxone, fentanyl, and xylazine test strips to Monroe, Greene, and Owen Counties. The IRA also distributes naloxone statewide through the mail through the Ship Happens distribution program. Their staff are trained to provide HIV and Hep C testing on-site at their fixed location and mobile unit.**  **CFS, Corp. currently accesses Narcan and fentanyl testing strips from Overdose Lifeline. CFS, Corp. also supplies a Nalox Box on our building located in downtown Vincennes** |

1. Please indicate whether you’d like to serve as a Contractor furnishing peer recovery services for Indiana’s 2-1-1. If applicable, please describe how many certified peers you plan to utilize in servicing the 2-1-1 phone line. Please indicate what the hourly cost for this service would be.

Please note - an indication of interest to provide these services does not necessarily mean that the State will select you to provide these services. The number and identity of which Hubs will provide services to 2-1-1 shall be a negotiated element of the final contracts and a decision made at the State’s discretion.

Please also note - a Respondent may decline to offer to furnish these services in this box without penalty. This is a separate element from a proposal’s evaluation.

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| **No** |

**SOW Section 9 – Referral Process**

1. Describe your proposed process for making a warm handoff to a formalized partner when a participant's needs cannot be fully met by your organization. Please highlight any relevant experiences with warm handoffs and coordinating referrals with partners.

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| **The WVRC practices warm handoffs for any participant in need of services that we are unable to provide including clinical SUD treatment services, housing, food, employment, and domestic violence assistance. The WVRC has formal partnerships with the CODA shelter for domestic violence, Reach Services for housing, the Next Step Foundation for residential inpatient treatment services, the Truman House, the Phoenix House, and Club Soda for recovery housing, Sycamore Pain and Wellness for MAT, Anabranch Recovery Center for detox/inpatient SUD/MH treatment, and the Hamilton Center for inpatient mental health, MAT, and outpatient mental health and substance use treatment. When referrals are made, a peer transports or meets the participant on location of the referring agency to offer support, and guidance, and to help answer any questions that may arise. Participant are provided with education regarding the agency to which they are being referred as well as alternatives and are encouraged to choose what, if any, referral source they prefer to use.** |

1. Identify any referral partners that will be contracted for this project. Be sure to clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.

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| **The Indiana Recovery Alliance will be a referral partner for this project and will cover Monroe, Greene, and Owen Counties. We are asking for funding for 2 peers for this location. The IRA is a long-established syringe service program and has recently expanded into a Recovery Community Organization which provides peer services and case management. Training and technical assistance will be provided by the WVRC for the duration of this program and monthly supervision will be provided to the peers working on the RRH program through the IRA.**  **CFS will serve as a subcontractor/employer for a Peer Recovery Specialist to work out of the Margaret Compton Recovery Hub in Vincennes, Indiana. We are asking for funding for 1 peer who will officially be a part of the Knox County LIFT team – housed at 105 Broadway Street in CFS, Corps.’ mental health clinic, Grasshopper Group. The addition of this peer to the team will allow for WVRC’s experience as an RCO and Recovery Hub Regional Representative to offer support to the expansion and diversification of services available in Knox County.** |

**SOW Section 10 – Ridesharing Services**

1. Please propose an estimated total monthly cost to coordinate and provide ridesharing services for one (1) month. Please provide a narrative explaining the various factors contributing to the estimated monthly cost. If your region includes public transportation detail how you will leverage this resource to serve your clients.

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| **The WVRC has been a coordinator for the Lyft Service provided by the Indiana Recovery Network. We employ a full-time transportation coordinator who fields all calls from individuals from our 10-county service region and schedules Lyft rides through the Lyft Concierge system. We schedule an estimated 200 rides per month with an estimated cost of $2800. Vigo, Monroe, and Knox County have public transportation available and our peers work with participants to find resources to utilize these systems when available. Lyft services are difficult to schedule in rural communities due to a lack of available drivers, so the majority of rides scheduled are inside Vigo and Monroe Counties. Peers provide education to participants about Medicaid transportation, insurance transportation, community agencies who offer free bus passes, and treatment centers who provide transportation for their clients.** |

**SOW Section 11-12 – Data Requirements & Project Management**

1. Describe your approach to project management. Identify a Regional Recovery Hub Liaison, as described in Section 12.a of the Scope of Work (Attachment A). Please describe their experience with project management and attach their resume to your submission, if applicable.

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| **The Regional Recovery Hub Liaison for this program will be Christy Heyen who has been the project manager for the RRH since 2020. Christy Heyen is the founder and Executive Director of the WVRC since 2018 and has been a CAPRC II since 2017. She is also a Licensed Practical Nurse, a Licensed Addiction Counselor/CADAC II, and a person with lived experience of substance use recovery. She is certified a peer supervisor through ICAADA (CSPR-PR) In addition to overseeing the RRH, she oversees the WVRC’s harm reduction program, INSPIRE jail program, and CLEAR Program as well as the general activities of the WVRC. Please see attached resume.** |

1. Describe your preferred approach to coordination and collaboration with DMHA.

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| **Coordination and collaboration will be a key component of successful implementation of the RRH Program. Based on previous experience with the RRH, monthly video collaborations, reporting, and any as-needed communication with DMHA in between regularly scheduled meetings would be the preferred approach. The WVRC agrees to abide by “Meeting and touchpoint requirements” as described in Section 12.b of Attachment A as the approach to coordination and collaboration with DMHA.** |

1. Confirm your commitment to meet all reporting, meeting, and project management requirements outlined in Section 12 of the Scope of Work (Attachment A).

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| **The WVRC is committed to implementation of all activities outlined in Section 12 of the Scope of Work of Attachment A as well as any additional activities necessary to successfully implement the RRH program in Region 4.** |