November 15, 2016

Notice of Solicitation

NEGOTIATED ACQUISITION – Peer Advocate Financial Support Program (PAFSP)

PIN: 17SA016300R0X00

The New York City Department of Health and Mental Hygiene is soliciting Expressions of Interest for the Peer Advocate Financial Support Program (PAFSP). The goal of the PAFSP is to administer and disburse grants to qualified applicants to cover the exam and administrative fees associated with applicants’ New York State Office of Alcoholism and Substance Abuse Services (OASAS)-Certification as a Peer Recovery Advocate as defined at http://www.oasas.ny.gov/recovery/PeerServices.cfm. The PAFSP will support NYC’s interest in building a workforce of qualified peers with lived substance use experience to provide peer support services in OASAS-licensed treatment and designated Home and Community Based Service programs that work with clients who either meet the criteria for a substance use disorder and/or engage in high-risk substance use.

DOHMH anticipates awarding up to two contracts for these services. DOHMH anticipates that contracts will begin no earlier than Winter 2017 and will terminate on June 30, 2018.

Each PAFSP must be approved by OASAS as a Certified Recovery Peer Advocate Certification Board at the time of submission of the Expression of Interest.

The PAFSPs will accept applicants who have met all of the qualifications for the Certified Peer Recovery Advocate (CPRA) and can provide documentation of New York City residency and financial need.

Each PAFSP will fund approximately 120 grantees (note: subject to change based funding availability) during the first contract year, with an optional second year as funding availability and need allow. Program will be responsible for screening all eligible applicants and providing the following information to NYC DOHMH:

- Total unique number screened for CPRA eligibility
- Total number grants funded
- Total grants funded for each category (certification fee and exam fee)
- Basic demographics (gender, age, race, county of residence, employment status) of grantees
- Percentage of those grantees who pass the certification exam and receive certification
- Reasons why for those who don’t complete their certification (need timeframe specification)
- Additional information may be requested
Vendors interested in providing these services should submit a letter containing an Expression of Interest and statement of relevant experience. The letter should be no more than 2 pages long, and it should be addressed to the contact person named below. Please also include documented evidence of OASAS Certification Board status. Responses are due by December 6, 2016 at 2:00 p.m., and they may be mailed or emailed to:

New York City Department of Health and Mental Hygiene
Office of the ACCO
42-09 28th Street, 17th floor, CN#30A
Long Island City, NY 11101
ATTN: Michael Santangelo, Esq.

Email: NA@health.nyc.gov
Phone: 347-396-6671