

Arkansas Alliance for Recovery Centered Organizations

Partnership Proposal

Please provide responses to the following questions in a PDF file packet that includes all of the pertinent information and required attachments in a single document.

Section 1. Organizational Information

- A. Organization Name, Mailing Address, and Mission Statement**
- B. Organizational Contact Person Name, Title, Email Address, and Phone Number**
- C. Where does your organization currently operate Peer Recovery Support Services? (Include physical service location addresses or city/cities served if you do not have a physical service address)**

Section 2. Current Programming Information

- A. How does your organization currently integrate Peer Recovery Support Services into your *overall* mission? (20 Points):**
- B. Who provides certified Peer Recovery Peer Supervision for your current Peer Recovery Support Specialists? Please identify the certified Peer Recovery Peer Supervisor for each Peer Recovery Support Specialist (5 Points):**
- C. Describe the Peer Recovery Support Services your organization provides (20 points):**
- D. How many unique individuals do your Peer Recovery Support Specialists serve each month? (5 Points):**
- E. What other funding sources, if any, support Peer Recovery Support Specialists at your organization? Please list the funding source, the funding amount, and the performance period of current funding sources (10 Points):**
- F. Please provide examples of current or previous partnerships with other providers or community-based organizations (20 Points).**

Section 3. Collaboration Information

- A. Are you prepared for a site visit from your local RCO to conduct a program evaluation?:**
- B. Are you prepared to collaborate with your local RCO to provide effective and efficient Peer Recovery Support Services?:**
- C. Are you willing to partner if proposed peer support placements are not filled with your currently-employed Peer Recovery Support Specialist(s)?:**

D. Are you willing to modify the roles and responsibilities of currently-supported Peer Recovery Support Specialist placement(s) in your organization with direction and support from your local RCO? If not, please explain why.:

Required Attachments

- 1. Job Descriptions for All Peer Recovery Support Specialists**
- 2. Performance Evaluations (if completed) for All Peer Recovery Support Specialists**
- 3. Please include a chart with the headings below to include information for all Peer Recovery Support Specialists employed by your organization (including those who are currently covered by State Opioid Response Grant funding *and* those who are not). Include their certification level, whether they are a W2 employee or 1099 contractor, their wages/salary levels, and the value of any healthcare or retirement benefits. Attach additional sheets if needed.**

Name	Cert. Level	W2/1099	Wages/Salary	Healthcare	Retirement

I affirm and attest that the information provided with this application is true, complete, and accurate.

Name: _____ **Title:** _____

Signature: _____

Submit this proposal to your designated local Recovery Community Organization (RCO). If you are unsure who your local designated RCO contact is, submit to alliance@arrecovery.org. After submission of this proposal, your local RCO will follow up with additional instructions and to schedule a site visit and program evaluation.

Evaluation Rubric

Q #	Evaluation Guide
2.A	The organization understands and effectively implements Peer Recovery Support Services (PRSS) into its mission and operations as a whole. PRSS is not an afterthought but an integrated part of core service delivery.
2.B	The organization is aware that peer specialists must be supervised by a Peer Recovery Peer Supervisor (PRPS) and knows who supervises peers working in their organization. Points will not be added or deducted based on <i>who</i> that supervisor is. Points may be added or deducted at the discretion of the evaluator based on the organization's knowledge of supervision activities undertaken by their peer(s).
2.C	The organization demonstrates a knowledge of PRSS and is operating programming according to best standards practices. The organization does not co-opt peer specialists into other roles or duties and the peer(s) are providing PRSS effectively in the programs operated by the organization.
2.D	The organization is honestly and transparently reporting how many people receive direct services and is operating programming with appropriate caseload levels.
2.E	The organization has sought sustainability for its peer placements and demonstrates an ability and willingness to align funding to support PRSS.
2.F	The organization has a demonstrated history of successful partnerships with other organization. The organization has the infrastructure to support successful partnerships and has demonstrated an ability to work across organizations to achieve partnered programming. The organization does not work in a silo but rather collaborates with partners to achieve shared goals for the population we all seek to serve.
3.A	All supported placements must have a site visit and program evaluation.
3.B	All supported placements must include collaboration with a local RCO.
3.C	The Alliance and local RCOs cannot guarantee that current full-time equivalent (FTE) placements will be supported at an FTE level, nor that any peers currently working at the placement organization will be hired at an FTE level to return to their original placement.
3.D	All supported placements will be evaluated for best practice adherence and efficiencies across the available supported peer workforce.