

Family Peer Support Readiness Grants August 2018

Eligible applicants:

Mental health provider organizations who:

- Are currently designated as an Office of Mental Health (OMH) 1650 (Family Peer Support) program **and**
- Have been designated by the State to provide Family Peer Support services under the Child and Family Treatment and Support Services **and**
- Have or are currently seeking a contract with Managed Care Organizations in their region **and**
- Have credentialed Family Peer Advocates on staff (full time, part time, per diem, and contracted staff are all acceptable) who are providing Family Peer Support Services.

Goal of Readiness Funds:

To increase Family Peer Support service volume through education, marketing, outreach, and engagement activities focused on one or more of the following prospective referral sources (hereafter known as partners).

- Medical Practices - specific target population to include:
 - Primary care medical practices serving children
 - Pediatrics
 - family practice health centers
- Hospitals
- Schools - specific target population to include:
 - Psychologists
 - School-based mental health
 - Special educators
 - Administrators
 - Nurses,
 - Guidance Counselors
 - Social Workers
- Health Home Care Managers

Anticipated Outcomes:

- Increased awareness of the role of Family Peer Support in building effective partnership strategies which will result in better integration of care.
- Increased referrals from partners that traditionally have not referred to Family Peer Support.
- Building service volume as Family Peer Support becomes a Medicaid billable as a Children and Family Treatment and Support Service, which in turn will increase the number of employed Family Peer Advocates within the organization.

To participate in this funding opportunity, eligible providers must submit a proposal that includes*:

- Name and contact information of the lead individual who will be overseeing the project.
- Baseline data on the number of families that received Family Peer Support Services from a Credentialed Family Peer Advocate at the agency in calendar year 2017.
- Baseline data of the current number of credentialed FPAs currently employed by the agency
- Targeted partner(s) for education and outreach activities
- Summary of proposed methods to meet intended goal of increased service volume consisting of a *maximum of 3 pages* to include:
 - What activities will you undertake to promote and educate the identified/targeted partner(s) on Family Peer Support?
 - What mode of education, marketing, outreach, and engagement do you plan to utilize to orient the partners on Family Peer Support?
 - Estimated number of new families to be served from the new partnership?
 - Business plan for managing the expansion of referrals and service volume,

Proposals should be submitted by COB on ??? to Heather Lane, LMSW, OMH Coordinator of Youth and Family Peer Services at: Heather.lane@omh.ny.gov

Amount: *Please note:* Providers are eligible for only one award.

- \$15,000 for eligible applicants who received less than \$500,000 in State Aid Funding in calendar year 2017.
- \$20,000 for eligible applicants who received more than \$500,000 in State Aid Funding in calendar year 2017.
- \$30,000 for independent family-run organizations** who received State Aid funding in calendar year 2017 regardless of the amount of that funding.

Timeframe:

- ? proposals to be submitted to OMH Central Office Family and Youth Peer Coordinator.
- ? funds released to provider
- ? quarterly reporting the OMH Children's Field Office Coordinator commences

Reporting

- Refer to quarterly reporting template on next page
- Provider will report quarterly beginning the 4th quarter 2018,

* Proposals are not competitive but need to address all of the components referenced above

** Independent Family-run organizations are defined as at least 50% of the organization's Board must be primary caregivers who have raised or who are currently raising a youth with a social emotional, behavioral health challenge.

Family Peer Support Readiness Funding Quarterly Reporting Requirements

Reports must be submitted to Heather Lane, LMSW, OMH Coordinator of Youth and Family Peer Services at: Heather.lane@omh.ny.gov within 45 days of the close of the previous quarter, as follows:

- For 4th Quarter 2018 (October – December 2018); the report must be submitted by February 15th, 2019
- For 1st Quarter 2019 (January – March 2019); the report must be submitted by May 15th, 2019
- For 2nd Quarter 2019 (April – June 2019); the report must be submitted by August 15th, 2019
- For 3rd Quarter 2019 (July – September 2019); the report must be submitted by November 15th, 2019

Reports must include the following data and narrative descriptions on completed activities and achieved outcomes during the quarter:

- Number and type of outreach and education activities conducted by the provider to the targeted partner
- Number of referrals received from each identified/targeted partner(s)
- Number of referrals (of those listed above) who received Family Peer Support Services
- Number of families (of those listed above) who are on Medicaid.
- Number of children of families being served who are on Medicaid.
- Expansion of Credentialed Family Peer Advocates: During the quarter, has the agency employed and trained additional Family Peer Advocates; if yes, how many?
- Any additional activities or partners which were not captured, or were an expansion from your initial proposal