

**New York State
Office of Mental Health**

Request for Proposals (RFP)

New York City (NYC) Family and Youth Peer Support

Released March 11, 2015

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I. Introduction and Background

1.1 Purpose of the Request for Proposals

A growing body of national research finds that significant advances in the delivery of family and youth behavioral health services is accomplished with ongoing access to family and youth peer support. As noted in a report from the National Technical Assistance Center for State Mental Health Planning (NTAC), “as traditional mental health programs are strained by demands for services at a time of limited fiscal resources, the inclusion of consumer-operated peer support services within the continuum of community care is expanding the capacity of the mental health delivery system and promoting recovery in cost effective ways.”¹

As the understanding of the importance and value of using family and youth peer advocates in the children’s mental health services system increases, the need for a technical assistance resource with “first hand” expertise in and knowledge of peer support services becomes critical. Technical assistance offered by a resource program with expertise in education, training, outreach, advocacy and service development would provide the necessary guidance to service providers, peer support programs, government agencies and managed care organizations interested in developing family and youth guided policies and person-centered services.

The expected outcome of this technical assistance resource program is a greater perceived value of peer support services leading to: families and youth who have an increased knowledge of their rights and available services, a service provider network more attuned to the needs of families and youth, and an increased availability of family and youth peer support services. The result would be a child-serving system informed by family and youth guided practices.

To accomplish these outcomes the New York State Office of Mental is pleased to announce the availability of funds for the development of family and youth peer supports. This funding opportunity consists of two components.

The first component is the development of a NYC community-based family and youth peer support technical assistance and resource program. The primary goal of this funding is to promote and support practices that are family driven and youth guided. The awardee will engage in a variety of activities including but not limited to: education, training, outreach, advocacy and skill building activities for families and youth throughout NYC.

The second component is the development of hospital-based family and youth peer support services for NYC Children’s Center and South Beach Psychiatric Center’s adolescent inpatient and outpatient programs. The primary goal of this funding is to deliver family and youth peer support services by family and youth peer advocates² to parents/caregivers and youth who receive treatment services from the inpatient and outpatient programs of these state psychiatric centers.

¹ http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/peer%20support%20practices%20final.pdf 

² Refer to Attachment A for definition of a Family Peer Advocate. A Youth Peer Advocate is an individual 18 to 28 years old who has self-identified as a consumer of mental health services, special education services or foster care

Annual funding is as follows:

Part One

NYC Community-based Family and Youth Peer Support Technical Assistance and Resource Program. **Up to \$465,000**

Part Two

Hospital-based Family and Youth Peer Support Services delivered by Family and Youth Peer Advocates for NYC Children’s Center and South Beach Psychiatric Center Adolescent Inpatient and Outpatient Programs, **Up to \$475,000**

Total Funding Up to \$940,000

The applicant must respond to both parts one and two of this proposal. One, five-year contract will be awarded for up to \$940,000 annually. Funding will be subject to annual performance review.

1.2 Availability of the RFP

The RFP will be available on the [OMH website](#), advertised through the NYS Contract Reporter, and listed in the [New York State Grants Gateway](#)  system. An announcement regarding the RFP will also be emailed to OMH Family Support Program Providers.

II. Proposal Submission

2.1 Letter of Intent

Agencies interested in responding to this RFP are encouraged to submit a Letter of Intent to Bid to the OMH Central Office by March 18, 2015. The Letter shall be non-binding. Please include an email address in your Letter of Intent to Bid so that OMH can quickly acknowledge receiving it. Mail the Letter of Intent to Bid to:

[Susan Penn](#)

New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229

2.2 Issuing Officer/Designated Contact

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid being deemed non responsible. Certain findings of non-responsibility can result in rejection for a contract award.

The Issuing Officer for this RFP is:

[Susan Penn](#)

New York State Office of Mental Health
Contract and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229

2.3 Key Events/Time Line

| Event | Date |
|---------------------------------------------|----------------|
| RFP Release | March 11, 2015 |
| Optional Letter of Intent to Bid Deadline | March 18, 2015 |
| Deadline for Submission of Questions | March 20, 2015 |
| Questions and Answers Posted on OMH Website | March 26, 2015 |
| Proposals Due | April 17, 2015 |
| Notice of Conditional Award* | May 8, 2015 |
| Contract Start Date* | July 1, 2015 |

* estimated dates

2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing by email to the Issuing Officer at Susan.Penn@omh.ny.gov or by fax at (518) 402-2529 by 5:00 PM on March 20, 2015. The questions and answers will be posted on the OMH website by 5:00 PM on March 26, 2015 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone.

2.5 Addenda to Request for Proposals

In the event it becomes necessary to revise any part of the RFP prior to the scheduled submission date for proposals, an addendum will be posted on the OMH website and included in the NYS Contract Reporter. It is the bidder's responsibility to periodically review the OMH website and the NYS Contract Reporter to learn of revisions or addendums to this RFP. No other notification will be given.

2.6 Eligible Applicants

Eligible Organizations are public, private not-for-profit, 501(C)(3) New York City family controlled organizations.

The definition of family controlled organization is based on the United States Department of Health and Human Services; Substance Abuse and Mental Health Services Administration definition of Family-Controlled organization. "A family controlled organization is an organization that has a board of directors made up of more than 50% family members who have primary daily responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance up to age 18 or 21 if the adolescent is being serviced by an Individual

Education Plan, or up to age 26 if the individual is being serviced by an individual service plan in transition to the adult mental health system.”³

OMH reserves the right to make further inquiries to applicants to determine the eligibility of the organization.

OMH is limiting eligibility to family-controlled organizations to strengthen the capacity of families with children who have serious emotional disturbance to act as agents of transformation in influencing the type and amount of services provided to them and their children and to ensure their mental health care is family driven and youth guided.

Eligible bidders must demonstrate experience in the delivery and or coordination of trainings for providers, advocates, caregivers and family and youth peers. Eligible bidders must also have experience in outreach, advocacy, policy development and direct service delivery including family and youth peer support. Bidders must demonstrate cultural sensitivity to NYC’s diverse population. Finally, eligible bidders must have experience in the delivery of supported employment services, preferably targeted to young adults.

2.7 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal’s submission for completeness and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in Section II, 2.6;
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section II, 2.9, by the proposal due date of 4:30 PM on April 17, 2015; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in Section II, 2.8.

2.8 Instructions for Bid Submission and Required Format

Eligible bidders must submit 1 proposal package including the two components as follows:

Part 1 –NYC community based family and youth peer support resource and technical assistance

Part 2- Hospital Based family and youth peer support services for NYCCC and South Beach adolescent inpatient and outpatient programs

| The whole proposal package must include: | Part 1 | Part 2 |
|--------------------------------------------|--------|--------|
| A. Agency Transmittal form- Appendix A | | |
| B. Summary | X | X |
| C. Project Narrative | X | X |
| D. Operating Budgets and Budget Narratives | X | X |

³ Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Statewide Family Network Program, Request for Applications, No. SM-15-001, Catalogue of Federal Domestic Assistance No.: 93.243³

Each proposal narrative must respond to criteria in the sequence as outlined in Section V and should be no more than 30 pages total to respond to both Part 1 and Part 2 (not including attachments) - one sided, 12 point font.

The Operating Budget Form for Years 1-5 and the Budget Narrative Form (see Appendix B and B1) are separate documents that appear in the RFP section of the OMH website and can be downloaded in Excel or PDF format. Bidders must NOT substitute their own budget format.

Failure to use the provided Operating Budget and Budget Narrative formats will result in disqualification for non-responsiveness.

Bidders must submit one complete, signed hard copy of the full proposal package and one (1) agency identified flash drive containing the proposal as one document (Word or PDF format) by mail, delivery service, or hand delivery to be received by **4:30 PM on Friday, April 17, 2015**. Each package must include the required proposal components cited above.

Bidders mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via email or fax. All proposals received after the due date and time cannot be accepted and will be returned unopened.

2.9 New York State Division of Budget Grants Gateway Registration and Prequalification Requirements

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on: www.Grantsreform.ny.gov

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of April 17, 2015 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

2.10 Executive Order #38

Pursuant to [Executive Order #38](http://www.executiveorder38.ny.gov), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. See Section VI, Appendix C of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also <http://executiveorder38.ny.gov/>.

2.11 Equal Opportunities for Minorities and Women: Minority and Women Owned Business Enterprises

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, it is expected that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the lead contracting agency.

2.12 Packaging of RFP Responses

See Section 2.8 for detailed requirements. Proposals should be sealed in an envelope or boxed and sent to:

[Susan Penn](#)

New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229

ATTN: RFP for NYC Family and Youth Peer Support

III. Administrative Information

3.1 Term of Contract

The term of the agreement (including both program components) shall be for 5 years, subject to available funding.

3.2 Reserved Rights

The Office of Mental Health reserves the right to:

- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through the State's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Prior to bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website and the NYS Contract Reporter;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation; and
- Cancel or modify contracts due to the insufficiency of appropriations.

3.3 Debriefing Process

The Office of Mental Health will issue award and non-award notifications to all bidders. Non-awarded bidders may request a debriefing in writing regarding the reasons that their own proposal was not selected and/or disqualified within 15 business days of the OMH dated letter. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Debriefing requests must be made in writing (fax and e-mail is acceptable) and sent to the Designated Contact identified in Section II, 2.2 of this RFP.

3.4 Protests of Award Outcome

Protests of an award decision must be filed within twenty (20) business days after the date of the notice of non-award, or 5 business days from the date of a completed debriefing. The Commissioner or her designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

Ann Marie T. Sullivan, M.D., Commissioner
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229

IV. Evaluation Factors for Awards

4.1 Method of Evaluation

The evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. Proposals from ineligible applicants (see Section II, 2.6) and disqualified proposals (see Section II, 2.7) will not be evaluated for an award.

4.2 Proposal Evaluation

Scoring will be as follows:

Part 1
NYC Community-based Family and Youth Peer Support Technical Assistance and Resource Program

| Component | Maximum Points |
|--------------------------------------------------|------------------|
| Technical | 75 points |
| Education and training | 15 points |
| Outreach | 15 points |
| Advocacy | 15 points |
| Promotion of family and youth guided practices | 15 points |
| Skill building for family and youth peer support | 15 points |
| Financial Assessment | 20 points |
| | |
| Total Proposal Points for Part 1 | 95 points |

Part 2
**Hospital-based Family and Youth Peer Support Services for NYC Children’s Center
and South Beach Psychiatric Center Adolescent Inpatient and Outpatient Programs**

| Component | Maximum Points |
|---------------------------------------------------------------------------------------------------|-----------------------|
| Technical | 110 points |
| Applicant’s experience delivering culturally sensitive family peer support services | 15 points |
| Applicant’s strategy for successful integration of family peer support services in the Facilities | 15 points |
| Applicant’s service delivery strategy for family peer support services in the Facilities | 15 points |
| Applicant’s experience delivering culturally sensitive youth peer support services | 15 points |
| Applicant’s strategy for successful integration of youth peer support services in the Facilities | 15 points |
| Applicant’s service delivery strategy for youth peer support services in the Facilities | 15 points |
| Financial Assessment | 20 points |
| | |
| Total Proposal Points for Part 2 | 110 points |
| | |
| Total Points for Part 1 and Part 2 | 205 points |

4.2.1 Technical Evaluation

A committee consisting of at least three technical evaluators will complete the Technical Evaluation. Each technical evaluator will independently review the technical portion of a proposal and compute a technical score. The technical evaluators may then meet to provide clarity or review any questions about a particular part of a proposal; following any such discussion, the evaluators may independently revise their original score in any part of the technical evaluation and will note changes on the evaluation sheet. Once completed, final technical evaluation scores will be calculated and averaged to arrive at a Total Technical Score.

4.2.2 Financial Evaluation

Evaluators will apply points based on how complete and comprehensive, informative and detailed, and realistic and reasonable the proposal’s Operating Budgets and Budget Narratives are with respect to implementing, operating, and sustaining the proposed program.

Independent financial assessment evaluators will complete the Financial Assessment. The Total Technical Score and the Financial Assessment Score will be added to arrive at a Total Proposal Score.

One award will be made to the bidder with the highest combined score for both program components (Part 1 and Part 2). In case of a tie in the scoring process, the agency that scores highest in the combined technical sections (both Part 1 and Part 2) will receive the award.

4.3 Agency Recommended Award and Notification Process

With an estimated starting date of July 1, 2015, one award will be made through this RFP to the applicant with the highest scoring proposal.

Upon completion of the evaluation process, notification of conditional award will be sent to the successful and non-successful applicants. The award is subject to approval by the New York State Attorney General's Office and the New York State Office of State Comptroller before the contract is finalized.

OMH reserves the right to conduct a readiness review of the selected bidder prior to the execution of the contract. The purpose of this review is to verify that the bidder is able to comply with all participation standards and meets the conditions detailed in its proposal.

V. Scope of Work

5.1 Introduction

A vital aspect of peer support organizations is the promotion and engagement in activities that strengthen and empower families and youth to use their voices and unique experiences to influence policy and practices and advocate for a family-driven, youth guided mental health service delivery system. Peer support organizations serve as a conduit to increase family and youth involvement in peer supports, building peer support capacity in the community, while training a viable peer support workforce. Family and youth peer support organizations educate, train and provide technical assistance to providers, government agencies and managed care organizations about the value of youth and family peer support and how to incorporate these into the service continuum.

In addition, family and youth peer support for parents/caregivers and youth promotes a strength-based approach by assisting families and youth to identify their own strengths, abilities, and treatment goals, teaching self-advocacy skills and modeling parent/professional partnerships. Providing these services to youth and families involved in hospital-based treatment, enhances engagement and service utilization. Family and youth peer support, delivered by family and youth peer advocates, provide skills and information that serve as a critical base to empower families and youth toward resilience and recovery.

To achieve the aforementioned outcomes, the NYS OMH is providing funding to support the:

- development of a NYC Community-based Family and Youth Peer Support Technical Assistance and Resource Program to promote practices and services that are family driven and youth guided; and
- delivery of family and youth peer support services by family and youth peer advocates to parents/caregivers and youth who receive treatment services from the inpatient and outpatient programs of NYC Children's Center and South Beach Psychiatric Center adolescent services.

5.2 Objectives and Responsibilities

Part One

Goal

The development of a culturally sensitive, NYC Community-based Family and Youth Peer Support Technical Assistance and Resource Program to promote practices that are family driven and youth guided. Specific elements include: education and training, outreach, advocacy, and the provision of skill building services for family and youth.

Objective 1

Education and Training

It will be the responsibility of the Family and Youth Peer Support Technical Assistance and Resource Program to educate families and youth as it pertains to:

- available mental health and peer support services,
 - how to navigate multi service systems,
 - consumer rights,
 - how to partner with providers,
 - upcoming changes in service delivery which includes access under Medicaid redesign,
- As well as***
- educating providers, government agencies and managed care organizations about family and youth peer support services, and
 - educating providers regarding family driven and youth guided practices.

The applicant must describe:

- their experience educating families and youth about resources and services including peer support services available for children and youth with behavioral challenges,
- the process (which includes curriculum) to educate families and youth regarding navigating multiservice systems and consumer rights,
- their experience and process in assisting families and youth in developing collaborative treatment partnerships with providers,
- the process (which includes curriculum) to educate families and youth about managed care redesign and new procedures to access services,
- the process to educate providers, government agencies and managed care organizations about the value of family and youth peer support and how to integrate these into the service continuum,
- the process to train providers in developing family driven and youth guided practices which include but are not limited to: engagement strategies, shared decision-making in treatment planning, and strength-based, person-centered approaches.

Objective 2

Outreach

It will be the responsibility of the Family and Youth Peer Support Technical Assistance and Resource Program to:

- Conduct outreach in a variety of community settings to:
 - raise awareness of the need to intervene early in a child's social and emotional development,
 - reduce stigma,
 - engage families and youth in behavioral health services,

- provide information regarding:
 - evidenced based treatments,
 - family and youth peer support services,
 - upcoming workshops and trainings of relevance to families and youth.

The applicant must describe their:

- experience and strategies to raise awareness of the need for early intervention in a child’s social and emotional development, reduce stigma regarding mental illness and engage families in behavioral health services and supports,
- plan for activities and events that will occur on a citywide basis to engage, empower and involve families and youth in their own recovery as well as systems advocacy,
- strategies to provide opportunities for families and youth to connect with and support one another,
- methods to provide information about evidenced based practices, peer support services, workshops and trainings to empower families and youth to make informed decisions about preferences for services.

Objective 3

Advocacy

It will be the responsibility of the Family and Youth Peer Support Technical Assistance and Resource Program to:

- advocate with local and state entities to support policies and invest in programs that improve the delivery of behavioral health, education and juvenile justice services for youth with behavioral health challenges,
- promote the development of a consortium of family and youth peer advocates across child-serving systems to increase opportunities for networking and strengthen advocacy efforts.

The applicant must describe:

- their experience and strategies for advocacy with local and state entities to support policies and programming to improve the system of care and integration of services across all child serving systems for youth with behavioral health challenges; and
- strategies to promote a consortium of family and youth peer advocates across child serving systems.

Objective 4

Family and Youth Guided Practices

It will be the responsibility of the Family and Youth Peer Support Technical Assistance and Resource Program to:

- bring the concerns of families and youth to the NYS Office of Mental Health and other child-serving systems,
- host focus groups for family and youth feedback on programs and policy directions,
- increase and represent family and youth voice in cross-system coordination efforts, oversight committees, councils, taskforces, workgroups and forums designed to elicit family and youth input,
- provide technical assistance to providers in developing family and youth peer advisory councils and other structures to support input into policy and program development,
- provide training for service providers on family and youth engagement and developing parent/professional partnerships.

The applicant must describe their:

- strategies to bring concerns of families and youth to the NYS Office of Mental Health and other child-serving organizations,
- experience eliciting family and youth feedback on program and policy direction,
- methods to elicit input and feedback from families and youth regarding programs and policy directions,
- strategies to support family and youth participation in community, state, and national forums to address service delivery needs from their perspectives,
- strategies to increase and represent family and youth voice in cross-system coordination efforts, oversight committees, councils, taskforces, workgroups and forums designed to elicit family and youth input,
- experience in providing technical assistance and support to providers and state agencies on promoting family and youth involvement in treatment,
- strategies to provide technical assistance to providers in developing family and youth peer advisory councils and structures to promote their input into policies and programming.

Objective 5

Skill building for Family and Youth Peer Support Services

It will be the responsibility of the Family and Youth Peer Support Technical Assistance and Resource Program to provide:

- family and youth peer introductory advocacy training (including cultural competency and ethics),
- parents/caregivers with parenting skills training using a variety of evidenced based models,
- youth skill building opportunities through the development of a young adult supported education and employment service.

The applicant must describe their:

- experience providing peer –run services,
- experience utilizing a strength based approach to empower families and youth to become participants in their service planning and providing input into programming,
- process (which includes curricula) to provide family and youth peer introductory advocacy training,
- curricula and plan to provide families with parenting skills training using a variety of evidenced based models,

And

- plan to provide youth skill building opportunities through the development of a young adult supported education and employment service. This includes, but is not limited to, how the applicant will:
 - recruit and provide at least 8 young adults (ages 17-25 who have received services through the children’s mental health, juvenile justice or foster care systems), with paid internships (preferably in human service related fields) throughout NYC,
 - provide interns with knowledge and tools to be successful in their respective work sites,
 - coach interns in management of their work, academic and personal responsibilities- including time management, financial planning, etc.,
 - identify work sites and develop job descriptions /responsibilities,

- communicate with work supervisors to monitor intern's performance,
- provide linkages for interns to community resources and educational programs,
- provide administrative oversight which includes payroll and attendance.

Part Two

Goal

The delivery of culturally sensitive family and youth peer support services by family and youth peer advocates to parents/caregivers and youth who receive treatment services from the inpatient and outpatient programs of NYC Children's Center and South Beach Psychiatric Center adolescent services (hereafter known as the Facilities).

Objective

The Provision of Family and Youth Peer Support Services Delivered by Family and Youth Peer Advocates in the Facilities.

It will be the responsibility of the applicant to:

- develop a family and youth peer support program delivered by family and youth peer advocates at the facilities,
- align the family peer support program with services identified in NYS OMH Family Peer Support Service definition (see Attachment A),
- provide youth peer support services delivered by a youth peer advocate. Activities include but are not limited to:
 - the promotion of wellness through modeling,
 - providing mutual support, hope, reassurance and advocacy that include sharing one's own personal recovery story,
 - connecting youth to community resources and services,
 - assisting youth in developing a network for information and support from others who have been through similar experiences,
 - assisting youth in developing self-advocacy skills,
 - helping youth attain roles which emphasize their strengths,
 - assisting youth with gaining and regaining the ability to make independent choices,
 - assisting youth in playing a proactive role in their own treatment,
 - facilitating or arranging youth peer resiliency/recovery support groups.
- integrate family and youth peer advocates into the daily activities of the Facilities' inpatient and outpatient programs.

The applicant must describe:

- their experience delivering different types of family and youth peer support including outreach and information, engagement, self-advocacy, promotion of natural community based supports and parenting skills training,
- the strategy to recruit, train and supervise family and youth peer advocates including a staffing plan,
- their process for training Facility staff on the role of family and youth peer advocates, family engagement and creating a welcoming environment
- the development of a family and youth peer advocate job description in conjunction with the Facilities,

- the process to develop a partnership with the Facilities to integrate family and youth peer support services delivered by family and youth peer advocates into the hospitals' daily activities and treatment services,
- strategies to align the family peer support program with the NYS OMH Family Peer Support definition. Activities include but are not limited to:
 - assisting family members/caregivers to advocate for appropriate treatment and parent /professional partnerships,
 - skill building to enhance family member/caregiver ability to sustain treatment gains at home,
 - plan for activities including recreational, and support opportunities,
 - plan to develop linkages to community resources and build on families natural support networks.
- strategies to align youth peer support services with the activities identified in the aforementioned objective section.

5.3 Requirements for Submission

Proposals submitted for funding under this RFP must include all of the following components (A-D) in the order listed below separately for both part one and part two. Proposals missing any of the required proposal components will not be considered. See Section II, 2.8 for additional information on proposal format and content.

A. Agency Transmittal Form

B. Summary (no longer than two pages)

Provide a concise description of the program (include both Parts 1 & 2 of your proposal) that summarizes its goals, objectives, overall approach (including population to be served and formal internal and/or external agency partnerships), anticipated outcomes, and deliverables.

C. Project Narrative

Must be no longer than a total of 30 pages total @ 12-pt font, one-sided.

D. Operating Budgets and Budget Narratives

Be sure to use the required budget formats – the Operating Budget Form for Years 1-5 and the Budget Narrative Form ([Appendix B](#) and [B1](#)) – to develop your budgets and budget narratives. Do not substitute your own budget formats. The information provided will be utilized to complete the Financial Assessment (see Section IV, 4.2.2)

- Develop yearly Operating Budgets for Years 1-5. Please provide a list of projected positions, FTE's, and OTPS services.
- Complete Budget Narratives for all the detailed expense and revenue components that make up the total operating budget and include the calculation or logic that supports the budgeted value of each category.

VI. Appendices

- Appendix A [Agency Transmittal Form](#)
- Appendix B [Operating Budget Form for Years 1- 5](#)
- Appendix B1 [Budget Narrative Form](#)
- Appendix C [OMH Master Contract Forms and Instructions](#)

The link to these [forms and instructions](#) is provided for informational purposes only. Do not complete and submit these forms with your proposal.

VII. Attachment A

| Family Peer Support Services Definition |
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| <p>Family Peer Support Services (FPSS) are an array of formal and informal services and supports provided to families raising a child up to age 26 who is experiencing social, emotional, developmental and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate and the parent/family member for the benefit of the child/youth. The purpose of this service is to support the parent/family member and enhance their skills so they can promote positive youth functioning and their child's ability to live successfully in their community. FPSS are provided by a trained and credentialed Family Peer Advocate (FPA) who is uniquely qualified to work with families based on his/her personal experience parenting a child with similar needs and the specialized training they receive (see below). FPSS can be provided through individual and group face-to-face work in various settings (e.g. family's home, community, office, telephone or Skype contacts, etc).</p> |
| Types of Family Peer Support Services |
| <p style="text-align: center;"><i>There are six categories of Family Peer Support Services.*</i></p> <p><i>Within each category are several examples of activities specific to that category. These examples are not intended to be exhaustive.</i></p> <p><i>*A family peer support provider will have the capacity to offer all six categories of services based on the individual needs and preferences of the family.</i></p> |

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| <p style="text-align: center;">Outreach and Information</p> | <ul style="list-style-type: none"> ▪ Empower families to make informed decisions regarding the nature of supports for themselves and their child through: <ul style="list-style-type: none"> - sharing information about resources, services and supports and exploring what might be appropriate for their child and family; - exploring the needs and preferences of the family and locating relevant resources. - helping families understand eligibility rules; - helping families understand the assessment process and identifying their child’s strengths, needs and diagnosis. ▪ Develop resource directories to identify relevant formal services and informal resources for families. ▪ Conduct general and individual outreach in the community to raise awareness, reduce stigma, and engage families in services. ▪ Staff a ‘warm line’ that families can call for information. |
| <p style="text-align: center;">Engagement, Bridging and Transition Support</p> | <ul style="list-style-type: none"> ▪ Based on the strengths and needs of the youth and family, connect them with appropriate services and supports. Accompany the family when visiting programs. ▪ Facilitate meetings between families and service providers. ▪ Assist the family to gather, organize and prepare documents needed for specific services. ▪ Address any concrete or subjective barriers that may prevent full participation in services. ▪ Serve as a bridge between families and service providers, supporting a productive and respectful partnership by assisting the families to express their strengths, needs and goals. ▪ Support and assist families during stages of transition which may be unfamiliar (e.g.: placements, in crisis, and between service systems etc.). ▪ Promote continuity of engagement and supports as families’ needs and services change. |

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| <p>Self-Advocacy, Self-Efficacy and Empowerment</p> | <ul style="list-style-type: none"> ▪ Advocate on behalf of and in collaboration with families to promote shared decision-making. ▪ Regularly consult with families and providers to ensure that the family's perspectives are included in all planning and decision-making. ▪ Coach and model shared decision-making and skills that support collaboration. ▪ Model strengths-based interactions by accentuating the positive. ▪ Support the families in discovering their strength and concerns. Assist families to identify and set goals and short term objectives. ▪ Prepare families for meetings and accompany them when needed. ▪ Empower families to express their fears, expectations and anxieties to promote positive effective communication. ▪ Assist families to frame questions to ask providers. ▪ Provide opportunities for families to connect to and support one another. ▪ Support and encourage family participation in community, regional, state, national activities to develop their leadership skills and expand their circles of support. ▪ Provide leadership opportunities for families who are receiving Family Peer Support Services. |
| <p>Community Connections and Natural Supports</p> | <ul style="list-style-type: none"> ▪ Enhance the quality of life by integration and supports for families in their own communities. ▪ Help the family to rediscover and reconnect to natural supports already present in their lives. ▪ Utilize the families' knowledge of their community in developing new supportive relationships. ▪ Help the family identify and get involved in leisure and recreational activities in their community. ▪ In partnership with community leaders, encourage families who express an interest to get more involved in faith or cultural organizations. ▪ Arrange support and training as needed to facilitate participation in community activities. ▪ Conduct groups with families to strengthen social skills, decrease isolation, and provide emotional support. |

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| <p>Parent Skill Development</p> | <ul style="list-style-type: none"> ▪ Supports the efforts of families in caring for and strengthening their children’s mental, and physical health, development and well-being of their children. ▪ Helps the family learn and practice strategies to support their child’s positive behavior. ▪ Assist the family to implement strategies recommended by clinicians (e.g. medication management, behavior support, crisis plan) and talk to clinicians about their comfort with these plans. ▪ Provide emotional support for the family on their parenting journey to reduce isolation, feelings of stigma, blame and hopelessness. ▪ Link to and provide workshops and courses on parenting that are matched to families’ individual needs. ▪ Advocate whose child is coming out of placement by equipping the family with skills, knowledge and resources to support the child at home, ensuring the greatest likelihood of success. ▪ Assist families to access transportation. |
| <p>Promoting Effective Family-Driven Practice</p> | <ul style="list-style-type: none"> ▪ Participate on teams that manage access to care, evaluate and work to improve quality of care. ▪ Conduct training for service providers on topics including, strategies for partnering with families, engagement, family-centered care, and family-driven decision-making. ▪ Attend and/or facilitate meetings to promote family voice and infuse a family perspective at all levels: individual provider, agency, local planning, state and national policy making. |
| <p>Family Peer Support Services Provider Qualifications</p> | |
| <p>Family Peer Support is delivered by a New York State Credentialed Family Peer Advocates (FPA). To be eligible for the FPA Credential, the applicant must:</p> <ul style="list-style-type: none"> ▪ Demonstrate ‘lived experience’ as the parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs. ▪ Have a high school diploma or GED (or document comparable skills). ▪ Complete the Parent Empowerment Program (PEP) training (40 hours plus 6 months of group coaching phone calls). ▪ Submit three letters of reference attesting to proficiency in and suitability for the role of Family Peer Advocate. ▪ Complete a Professional Development Plan. ▪ Document 1000 hours of experience providing Family Peer Support services. ▪ Agree to practice according to the Family Peer Advocate Code of Ethics. ▪ Complete 30 hours of continuing education and renew their FPA credential every three years. | |
| <p>Definitions</p> | |

Advocacy: The spirit of this advocacy work is one that promotes effective parent-professional-system partnerships. Advocacy in this role does not include legal consultation or representation. It is defined as constructive, collaborative work with and on behalf of families to assist them to obtain needed services and supports to promote positive outcomes.

Parent/Family: Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary care-giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family. For the purposes of this service, "family" is defined as the persons who live with, or provide care to a child and may include a parent, spouse, sibling, children, relatives, grandparents, guardians, foster parents or others with significant attachment to the individual.

Service Provider: Refers to individuals/organizations that provide formal services to the youth and family from all child/family serving systems (mental health, juvenile justice, child welfare, substance abuse treatment, education, health, etc.).

Natural Supports: Natural supports are individuals and resources a family can access "naturally," independent from formal services. These supports are a significant source of culturally relevant emotional support and caring friendships for children and families. Natural supports can be short-term or long-term and are usually sustainable and available to the child and family after formal services have ended.