



Questions and Answers for INSET RFP

1. Is this RFP restricted to peer-led agencies? From the eligible agencies criteria of the RFP, it says that at least 51% of the governing board and staff should be individuals with lived experience. Please clarify that it is not the INSET program itself that should be staffed by a preponderance of those with lived experience, but the applying agency should be primarily led or governed by those with lived experience.
- ANSWER – Yes. This RFP is restricted to peer-run agencies.

2. Please clarify how this requirement is to be demonstrated: at least 51% of their governing board (Oversight Body) and a preponderance of their staff must be people with lived experience of having mental health issues and experience with the public mental health system.

ANSWER – Please search for your program in the directory, Find a Program, <https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages> and toggle the 'recipient run' field to 'yes' If your agency isn't listed and you feel that you should be added, please contact tony.trahan@Omh.ny.gov

To receive service from or to schedule an appointment for a program in your county, you may contact the program directly. For further information or assistance in learning about or accessing specific programs or services, you may also contact [County Department of Mental Hygiene](#)

A screenshot of a web-based search form titled "Find a Program". The form is organized into a grid of input fields. The fields include: "* County" (dropdown), "Region" (dropdown), "City/Town" (dropdown), "Program Category" (dropdown), "Program Subcategory" (dropdown), "Program Type" (dropdown), "Zip Code" (text input), "Program Name" (text input), "Agency Name" (text input), "Hours Of Operation" (dropdown), "Population Served" (dropdown), "Special Population" (dropdown), "Recipient Run" (dropdown), and "Additional Services" (dropdown). The "Recipient Run" dropdown is currently set to "YES" and is circled with a hand-drawn black line. An "Apply" button is located at the bottom right of the form. The form is set against a light gray background.

Office of Mental Health

3. Will there be designated regions the awardees must serve (seeing there are four awards across the state)?

ANSWER – Yes. The Office of Mental Health anticipates INSET programs being administered in Western New York Region, Hudson River Region, Long Island Region, and the New York City region. The Office of Mental Health will entertain proposals from any region of New York State.

4. Will there be any exceptions for an agency with a robust peer component that is not “at least 51% of their governing board (Oversight Board) and a preponderance of their staff must be people with lived experience of having mental health issues and experience with the public mental health system”?

ANSWER – An agency that is peer-staffed but not peer-run does not meet the criteria and definition of a peer-run program and therefore is not eligible.

5. What is the purpose of the criteria that 51% of board members and a “preponderance” of staff have lived experience with mental health issues? How is an organization even able to collect the data required for this criteria? Can I ask my staff and board if they are experiencing or have ever experienced mental health issues? Isn’t such information protected from personal health information? This requirement is a major barrier to otherwise qualified service providers, and it is being questioned why it is necessary.

ANSWER – The INSET program is heavily infused with the values of peer support and the shared lived experience paradigm. In order to prevent the program from being co-opted and losing its unique status in the continuum of care, we require applicants to be a peer-run agency. It is appropriate for programs that deliver peer support and shared lived experience to require the person to disclose as part of a bonafide occupational requirement. People who serve as board members in peer-run agencies must publicly be willing to disclose their status as peers. Agencies that are not peer-run do not need to ask those questions. PHI is controlled by the individual, and they are allowed to share it as they feel comfortable. If you would like technical assistance to become a peer-run program, please contact: tony.trahan@omh.ny.gov

6. In regards to Eligibility Requirements – what does OMH accept as the Oversight Body? Can this be the organization’s administrators, or must it be the Board of Directors? If the organization maintains an advisory committee or steering committee, would this be sufficient?

ANSWER – The oversight body must be the governing body of the agency. The board of directors will need to be at least 51% peers in order to be peer-run. The purpose of this requirement is that peers need to be making the program and

financial decisions of the agency. Advisory and steering committees do not typically have this authority.

7. What does it mean to have “experience with the public mental health system”? Can this be “people with lived experience of having mental health issues or experience with the public mental health system”?

ANSWER – Yes, experience with the public mental health system can mean people with lived experience of having mental health issues or experience with the public mental health system.

8. To what level of detail is required in response to RFA questions 7.4.d and 7.4.e?

ANSWER – Applicants should offer sufficient detail to describe to reviewers the membership, roles, and lived experience of those on their Oversight Body. In addition, applicants should describe in as much detail as possible the applicant’s not-for-profit status and the composition of their governing board (Oversight Body).

9. Regarding eligibility, can the applicant form an Oversight Body that meets eligibility requirements for this project, or does the Oversight Body need to be the applicant’s Board of Directors?

ANSWER – ‘Oversight Body’ as identified in the RFP must be the governing board of the agency. Eligible applicants have at least 51% of their governing board (Oversight Body), and a preponderance of their staff must be people with lived experience of having mental health issues and experience with the public mental health system.

10. If a team is awarded a catchment area, are they required to serve the entire catchment area?

ANSWER – The specific catchment area for each team will be determined in the contracting phase of procurement. Applicants should specify the region the program intends to serve in the proposal.

11. Is this program responsible for finding all of its clients, or will there be a referral process? Since the program includes AOT clients, would they be referred through the SPOA?

ANSWER – If awarded, the INSET program would be responsible for developing and maintaining robust referral relationships with various sources in the communities that the program serves. The SPOA will not manage referrals to INSET.

12. What exactly is required for outreach, engagement, and connection services?

ANSWER – The INSET program is a peer outreach and engagement model. INSET staff will provide individualized engagement support to each person based on their stated needs and preferences. Outreach would be initial contact utilizing peer best practice tools that reflect the nuance of why individuals would be hesitant to engage in a service. Engagement would involve using peer best practice tools around engagement, how to increase interest in the service, and keeping that interest around the collaboration of identified needs. Connection services should ideally involve well-thought-out resources that reflect community interaction and participation, not just engagement in clinical services.

13. The RFP indicates that the team “contacts approximately 20-30 individuals in a month *through intensive, personalized outreach, which must include face-to-face, telephonic, and Webex/virtual/Zoom*”. Is the minimum expectation that each of the 20-30 individuals receive a minimum of 1 contact per month, which could be **either** face-to-face, telephonic, or virtual? What is the expectation regarding documenting and reporting this?

ANSWER –It is anticipated that individuals participating in INSET will likely prefer more than one contact per month. The frequency and modality of contact should align with the individual's stated needs and preferences. Documentation of contact should be included in an individual's program record.

14. We noted the peer positions listed on the proposed staffing. Do all of the peers have to be certified? Given the difficulty in finding peers, would there be an entity to help with hiring?

ANSWER – Individuals employed under the INSET program should hold a New York Certified Peer Specialist certification funded through OMH or be eligible for this certification within six months of employment. Existing OMH-funded resources can assist employers in finding certified peers and provide technical assistance to employers seeking certification for staff. For more information about the New York Certified Peer Specialist certification, please visit: <https://nypscbs.org/>

15. If the clients are AOT, then what program is on the AOT order?

ANSWER – INSET is a voluntary program and would not be listed on an individual's AOT order.

16. I am a part of a coalition of several agencies across a few counties who have agreed to collaborate to bring the INSET services to our region. We will be functioning as one program with one budget. Does the statement, "Applicants wishing to apply for more than one region, county or neighborhood, should submit separate applications for each region, county or neighborhood." from page three of the RFP apply to us?

ANSWER – No. You can submit one application if you're applying for a single INSET program. Please specify the areas that will be covered in the proposal.

17. A question regarding eligibility. In the RFP (pg. 6), it is noted that "at least 51% of their governing board (Oversight Body) and a preponderance of their staff must be people with lived experience of having mental health issues and experience with the public mental health system." If an agency plans to establish an oversight board specific to this program and hire a number of new staff, at least 51% of whom will have lived experience, will that be sufficient to meet the eligibility requirements? Or is the requirement that at least 51% of the agency's Board of Directors and its staff (over 75 currently) have lived experience? Also, will OMH require any documentation, now or post-award, to demonstrate eligibility?

ANSWER – The requirement is that at least 51% of the governing board and a preponderance of agency staff have lived experience of having mental health issues and experience with the public mental health system. You can check your program's eligibility on Find a Program,

<https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages> and toggle the 'recipient run' field to 'yes.' If you are not currently listed as a peer-run program and would like to begin the process, please contact: tony.trahan@omh.ny.gov

18. What is the role and expectations for the social worker and Nurse Practitioner as part of the INSET team? Are these positions expected/anticipated to be full-time or part-time? Can their services be contracted by another group if the applying peer agency doesn't already have these positions on staff?

ANSWER – The INSET program model is an emerging practice, and services provided by the social worker and Nurse Practitioner should be based on individual and programmatic needs. The INSET program will have the capacity to determine the best FTE ratio for the social worker and nurse practitioner and whether it needs to be staffed or through a contracted entity.

19. We would like some clarity on the eligibility requirement, "In addition, at least 51% of their governing board (Oversight Body) and a preponderance of their staff must be people with lived experience of having mental health issues and experience with the public mental health system." What does NYSOMH accept as the Oversight Body? If the organization maintains a governing advisory committee or steering committee, would this be sufficient to meet this requirement? What does it mean to have "experience with the public mental health system"? Can this be "people with lived experience of having mental health issues or experience working with people within the public mental health system"? To what level of detail is required in response to RFA questions 7.4.d. and 7.4.e.?

ANSWER: The oversight body must be the governing body of the agency. Eligible applicants have at least 51% of their governing board (Oversight Body), and a preponderance of their staff must be people with lived experience of having mental

health issues and experience with the public mental health system. The purpose of this requirement is that peers need to be making the program and financial decisions of the agency. Advisory and steering committees do not typically have this authority.

Peers are identified as individuals with personal lived experience of mental health issues. Working with individuals within the public mental health system does not qualify as personal lived experience.

Applicants should offer sufficient detail to describe to reviewers the membership, roles, and lived experience of those on their Oversight Body. In addition, applicants should describe in as much detail as possible the applicant's not-for-profit status and the composition of their governing board (Oversight Body).

20. If an agency is hoping to provide INSET services in more than one county within its region, does this require individual submissions for each county, or can the counties the agency hopes to serve be included in one application for the region?

ANSWER – Yes. The counties the agency plans to serve can be included in one application for the region.

21. Will it be an expectation of the county AOT Program to offer INSET for all new AOT referrals that meet criteria for the INSET program?

ANSWER – No. There is no expectation on the county AOT program; however, INSET programs should engage with their respective county AOT programs to increase referrals and ease outreach and engagement to eligible participants.

22. Do all referrals to the INSET program need to be made through SPOA?

ANSWER – No. Referrals to INSET can come from a variety of sources.

23. Can this program provide outreach and enroll interested people from the county's top utilizer's list?

ANSWER – Yes, provided the individuals on the 'county's top utilizer's list' meet the INSET target population criteria as identified in section 1.2 Target Population. When providing outreach, programs should keep in mind the program's voluntary nature.

24. Can OMH require all AOT programs to offer all their current enrollees an opportunity to work with INSET?

ANSWER – No. OMH will not require all AOT programs to offer current enrollees an opportunity to work with INSET.

25. Is there enough flexibility to enroll an individual interested who is assessed as at risk for AOT but does not meet all AOT intake criteria?

ANSWER – Yes. An individual who is assessed to be at risk for AOT can be enrolled.

26. What are the staffing ratios for each role (i.e., how many peer staff need to be hired, etc.)?

ANSWER – The staffing ratio should reflect the needs of individuals and communities of the region. The staffing plan should include a Peer Team Leader (up to 1 FTE), Peer Support Specialists (up to 4 FTE), Family Liaison (up to 1 FTE), Social Worker (up to 1 FTE), Administrative Support (up to 1 FTE), and a Licensed Nurse Practitioner (up to 1 FTE.)

27. Given there is a lack of family support for mental health only, can the family liaison role provide longer-term specified family support for families that don't meet the criteria for other community-based family support programs?

ANSWER – Yes. The family liaison role can provide flexible and personalized family support based on the individual's needs and preferences.

28. What expenses can go towards the \$3,500 annual cost per participant? Are there any exclusionary expenses?

ANSWER – The funding for the program should be utilized primarily to hire and train staff to serve the target population. Expenses that would not be allowed capital renovations/minor maintenance for occupied program space.

29. Are wraparound dollars for clients served an appropriate use of INSET funding?

ANSWER – Yes, the proposed budget can allocate wraparound or self-determination dollars for individuals served. The budget narrative section of the proposal should include details of allocations and monitoring plans for expenditures.

30. Given the targeted population are high utilizers of emergent services and are at higher risk for non-treatment engagement, why is the average length of engagement as short as one month and an average of 1-3 months? It is our assessment that for this population especially, the average length of engagement will be closer to 6-9 months to support sustained quality of life changes.

ANSWER – INSET is an emerging program model, and there are no set expectations for the length of time the individual is engaged with the INSET

program. The average of 1-3 months is an anticipated length of engagement; the program model is flexible and can support longer lengths of engagement based on the individual's needs and preferences. The length of engagement should be evaluated on an ongoing basis with the individual served.

31. Does OMH support an extended initial period that focuses mainly on engagement and trust building prior to other services, such as an official completed goal plan?

ANSWER – Yes. Although documentation, including a completed goal plan, must be completed for each program participant, it is not required during initial engagement in the INSET program.

32. Given the current recruitment challenges in the healthcare field in finding licensed nurse practitioners, is it truly required that the awarded provider employ a full-time nurse practitioner? Would a per diem or part-time nurse practitioner meet the requirement?

ANSWER – Yes. A per diem or part-time licensed nurse practitioner would meet the requirement.

33. Can the 24/7 response be telephonic, or does it require a face-to-face visit?

ANSWER – Yes, the 24/7 response can be telephonic.

34. Can the nurse practitioner services be subcontracted, or is it required to be a full-time role?

ANSWER – Yes, the agency can sub-contract for nurse practitioner services.

35. Given the scope of practice for licensed nurse practitioners, it is our understanding that they need to receive clinical supervision from a medically supervised staff. Is that also the understanding of OMH, and could budget dollars be allocated toward clinical supervision?

ANSWER – Yes. The program's budget can include clinical supervision for the licensed nurse practitioner.

36. In reading Section 6 – Operating Funding, it states that available funding supports 20-25 people participating per month, with an annual cost per participant of approximately \$3,500. Does this mean OMH expects programs to serve a total of 228 individuals annually?

ANSWER – OMH has not defined a specific number of people expected to be served annually at this time. However, providers are expected to maximize the use of the funding to serve as many individuals as possible annually. As stated in the RFP, providers should strive to serve approximately 20-30 individuals each month.

37. Section 6 – Operating Funding states that awarded programs are expected to contact 20-30 individuals a month through intensive, personalized outreach, which must include face-to-face, telephonic and WebEx/virtual/Zoom). Then section 7.2a, it references that staff must meet face-to-face with new recipients within 24-48 hours of referral. Is the initial visit required to be face-to-face, or is the method of contact personalized and driven by the person's choice?

ANSWER – It is strongly encouraged that the first meeting and engagement with the individual be face-to-face and in accordance with the individual's preferred methodology of contact. Ongoing contact should be personalized and driven by the individual's choice.