Criteria for Family Peer Support Readiness Grants

**Proposals should be submitted by COB on September 28th, 2018 to Heather Lane, LMSW, OMH Coordinator of Youth and Family Peer Services at:** [**Heather.Lane@omh.ny.gov**](mailto:Heather.Lane@omh.ny.gov)

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In 2017 **(Name of Agency)** provided family peer support services (FPSS) to (# families served) which were delivered by a credentialed family peer advocate. We provide FPSS services in \_\_\_\_ counties.

Currently we employ \_\_\_\_\_ full time \_\_\_\_\_ part time credentialed family peer advocates

**(Name of Agency)** aims to increase Family Peer Support service volume through education, marketing, outreach, and engagement activities focused on generating referrals from the following sources:  **(examples of targeted outreach i.e. schools, care management agencies, pediatrician offices and behavioral health clinics).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Targeted partner** | **Activity** | **Information delivery (Mode)** | **# of new referrals** |
| School MH clinic/ | Request time on agenda | Brochures & presentations about agency/services | 25 |
| Care Mgmt. Agency | Attend monthly staff mtg |  | 20 |
| Family Court |  |  |  |
| Local DHHS | Meet & Greet |  | 50 |
| Medical Practices |  |  |  |
| Hospitals |  |  |  |
| Health Homes |  |  |  |

**Summary of proposed methods activities you will provide to promote and educate the identified/targeted partner(s) on Family Peer Support. Discuss # of potential school districts and possibly the counties that are serviced by your organization**

**(Name of Agency)** will attend professional development days at the local school district to educate school personnel about family peer support services and the value that it brings to families who has a child with a behavioral health diagnosis.

We will outreach to the local mental health clinics/ school based mental health clinics \_\_\_\_\_ (how many) in the following counties \_\_\_\_\_\_\_\_\_\_\_ to increase the number of referrals to our agency for family peer support services. If allowed we will set up an information table in the waiting room to educate parents about the services at our agency.

Scheduled monthly participation with health homes and care management agencies to be part of their regular staff meetings to generate referrals, deliver presentations along with written materials and contact info about our agency and the services that are provided.

**(Alternative Chart) Target Partner: Schools**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QTR** | **Catchment Area** | **Audiences Subgroups** | **Activity** | **Information delivery (Mode)** |
| 4 | We will target X Schools in the counties we serve. | Administrators, Social Workers Special educators, Guidance Counselors, Psychologists, Teachers | Request time on agenda, | Brochures & presentations about agency/services Introductory Meetings |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quarter | 4th Oct – Dec | 1st Jan - March | 2nd April -June | 3rd July - Sept |
| # of activities |  |  |  |  |
| Type of outreach |  |  |  |  |
| # new referrals received |  |  |  |  |
| # of families on Medicaid |  |  |  |  |
| # of children on Medicaid |  |  |  |  |
| # of newly employed FPA |  |  |  |  |
| Milestones achieved |  |  |  |  |

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

Criteria for Youth Peer Support Readiness Grants

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In 2017 **(Name of Agency)** provided youth peer support services (YPSS) to (# youth served) which were delivered by a youth peer advocate. We provide YPSS services in \_\_\_\_ counties.

Currently we employ \_\_\_\_\_ full time \_\_\_\_\_ part time \_\_\_\_\_ per diem \_\_\_\_\_ contracted youth peer advocates.   
# waiver trained \_\_\_\_\_\_\_\_\_\_\_

**(Name of Agency)** aims to prepare the agency for employing Youth Peer Advocates (YPAs) and expanding the number of YPAs within our agency by creating and executing the following workplan and networking activities.

**(Brief plan for the development of a comprehensive workplan including, but not limited to: organizational readiness for the inclusion of YPAs; supervision design and preparing supervisors for YPAs; agency plans for training and education on the role of YPAs and working collaboratively with YPAs; YPA recruitment strategies; YPA retention strategies. )**

**Timeline of activities by quarter:**

* Quarter 4 (Oct-Dec)
* Quarter 1 (Jan-Mar)
* Quarter 2 (April-Jun)
* Quarter 3 (July-Sept)

**(Overview of how agency will network with other agencies who are employing YPAs, youth peers, in collaboration with YOUTH POWER!’s Regional Youth Partners.)**

*Example:* (Name of Agency) will partner with YP! to attend the (“**The How to’s of Youth Guided Practice**) to assist the organizational readiness of integrating YPAs. We will attend the (**Youth Peer Advocate Leaders (YPAL)**) meetings to ensure that we are involved with ongoing networking and technical assistance opportunities. We will share lessons learned with the learning collaborative for YPA Workforce Development.

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quarter | Organizational Readiness for inclusion of YPAs | Supervision Design and Preparation | Training/Education on role of and collaboration with YPA’s | YPA Recruitment Strategy | YPA Retention Strategy |
| 4th Oct – Dec |  |  |  |  |  |
| 1st Jan - March |  |  |  |  |  |
| 2nd April -June |  |  |  |  |  |
| 3rd July - Sept |  |  |  |  |  |

* For 4th Quarter 2018 (October – December 2018); the Comprehensive Workplan must be submitted by December 31st, 2018
* 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:

4th Quarter 2018 - Submission of comprehensive workplan with time line to expand the number of YPAs within an agency

Remaining Three Quarters: Report on -

* Description of Implemented Timeline and Workplan Activities
* Networking Activities