

**Staff Person for Submission:** Ms. Jody Fortenberry

**PowerForm Link:** <https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=d55e5c4b-a120-4f37-961e-d07d6e2319d6&env=na3&acct=f03caff0-d8b6-4e91-ba70-c12592a3e516&v=2>



Mississippi Department of Mental Health

Bureau of Behavioral Health Services

**Family (Parent/Caregiver) Peer Support Development and  
Program Maintenance**

Request for Applications

Due Date:

**June 9, 2023**

**Please note that all grants are contingent on the funding by the Mississippi State Legislature and/or the Federal Government. The submission of this application to the Department of Mental Health is not a guarantee of funding.**

**The Department of Mental Health, Bureau of Behavioral Health Services/ Division of Peer Recovery and Support is now accepting funding proposals for the state fiscal year 2024. This proposal application is eligible to all Mississippi Department of Mental Health (DMH) certified providers in good standing. However, DMH certification is not a guarantee of funding. All submitted proposals will be evaluated by a panel of reviewers using the posted competitive grant scoring rubric. Not all submitted proposals may be funded, but comprehensive feedback will be provided to all providers, particularly if their application was not funded for the current fiscal year.**

**The funding associated with this grant opportunity is meant to defray a proportion of operational costs for the service.**

**Cash requests will only be signed and processed for payment after the Department of Mental Health has received required data outcomes and/or metrics specific to the respective grant.**

## **Family (Parent/Caregiver) Peer Support Development and Program Maintenance**

The Parent/Caregiver Peer Support Program will need to be developed and maintained by the selected agency in alignment with national best practices and standards and approved by the MS Department of Mental Health.

(Certified) Peer Support Specialist Professional- Parent/Caregiver is a biological parent, adoptive parent, or relative caregiver with permanent legal custody who is raising or has raised a child with an emotional, social, behavioral, and /or substance use disability. The Specialist Professional provides support and guidance to parents/caregivers in navigating the child serving systems and advocating with them to help their child/youth.

### **Specific activities/responsibilities required include:**

1. To develop and maintain a Parent/Caregiver Peer Support program and cumulative curriculum model. The Bureau of Behavioral Health Services/Division of Peer Recovery and Support will maintain authority and oversight of all peer support models and trainings. The selected agency will be tasked with development and maintenance of the Parent/Caregiver Peer Support program and training; however, the DMH Division of Certification will have oversight over credentialing/certification standards and related matters. Additionally, DMH

- Division of Peer Recovery and Support will provide administrative oversight and guidance of the Parent/Caregiver designation of the Peer Support Specialist Professional Program as needed and/or requested.
2. To develop and maintain a Parent/Caregiver designation of the Peer Support Specialist Professional Training and assure it aligns with the national best practices and standards, with appropriately updated training modules to reflect current policies, statistics, and other relevant information.
    - a. Develop training modules aligned with current national best practices and standards as indicated by the National Federation of Families and relevant empirical research.
    - b. Provide trainers and materials for all trainings.
    - c. If the training is virtual, must provide the training platform.
    - d. All training materials and/or module revisions, must be sent to the Peer Support Services Project Coordinator and Division Director of Peer Recovery and Support to maintain up to date files.
  3. To develop and implement a marketing, recruitment, and retention strategy for Parent/Caregiver Peer Support.
    - a. The selected agency will be responsible for recruiting individuals into the Parent/Caregiver designation of the Peer Support Specialist Professional Training program.
  4. The Parent/Caregiver Peer Support Program must be credentialed through Division of Certification and follow all guidelines and expectations as a credentialed program. The Division of Certification will be responsible for certification visits to programs/agencies employing Parent/Caregiver Peer Support Specialist Professionals.
  5. DMH Division of Peer Recovery and Support will be responsible for maintaining records and all related matters of individuals trained as Peer Support Specialist Professionals. The selected agency will also be responsible for maintaining a copy of all records submitted on behalf of all trained individuals. Documentation must be sent via email to [kathy.smith@dmh.ms.gov](mailto:kathy.smith@dmh.ms.gov).
  6. To develop a model and build a network to place trained Parent/Caregiver Peer Support in employed roles at state mental health agencies within 6-9 months of training.
  7. Provide follow-up support, additional training and technical assistance for trained Parent/Caregivers as needed via webinars, monthly phone calls, or other activities.
    - a. A list of names and email addresses of active Parent/Caregivers will be provided to DMH staff on a monthly basis.
  8. The selected agency should work closely with the Interagency Coordinating Council for Children and Youth (ICCCY) to ensure integrity of the program.
  9. Based on recruitment and retention of CPSSP-Parent/Caregiver trainees employed at DMH certified providers/agencies, the selected agency will participate in compliance and fidelity checks scheduled by Division of Peer Recovery and Support.
  10. The selected agency will participate in training and provide technical assistance to supervisors of parent peer support specialists upon request from DMH and DMH certified providers/agencies.

**A. Application Guideline Requirements: Please submit the following required forms which can be found in the MS Department of Mental Health’s Service Provider Manual.**

1. Proposed Budget Summary Form: 100-1
2. Proposed Budget Line Item Form: 100-3
3. Budget Narrative/Justification.
4. Program Narrative (**not to exceed 3 pages**) which addresses B – E

**B. Outcome Measures**

1. List goals and/or objectives from FY23’s application if applicable.
  - a. Provide the outcome for each goal/objective listed.
  - b. If the goal/objective was not met, describe the barrier(s) which prevented the service from meeting the goal/objective.
  - c. Describe how the barriers listed will be addressed in the upcoming fiscal year.
2. List the goals and/or objectives for FY 2024 utilizing the chart on page 6.
  - a. Describe how the service will meet each goal/objective.
  - b. Describe how you plan to evaluate the effectiveness of the service.

**C. Reporting on Performance Measures**

DMH grant recipients must review the performance data they submit to DMH, assess their progress, and use this information to improve the management of their grant. Recipients are also required to report on their progress addressing the goals and objectives identified in the grant. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made.

The agency selected will be required to submit a **monthly report** on the performance measures in specified in the grant when you submit your cash request. The monthly report is due by the 10<sup>th</sup> of the following month and should be submitted to the Peer Support Services Project Coordinator and/or Division of Peer Recovery and Support Director.

**D. Specific Requirements:**

1. List requirements for Agency staff and trained CPSSP-Parent/Caregivers who will serve as trainers.

**E. Other Guidelines:**

1. Performance Measure reports required by this funding must be submitted by the 10<sup>th</sup> of month with your cash request.
2. Agencies that are not able to meet the required goals/objectives of this service funding and are not able to submit timely and accurate data/reports as required by DMH may not be eligible for future funding for this service.
3. The selected agency must provide a copy of the National Federation of Families standards and/or guidelines for Parent/Caregiver Peer Support to DMH with RFP.

**F. Required Data Report(s):**

1. The agency must provide training logs and participant sign-in sheets. This documentation must be included with cash requests for which reimbursement is being requested.
  - a. Training logs must include the following information for each entry:
    - 1) date 2) start and end time 3) topic and 4) presenter(s)
2. The agency must report each month how many of the (Certified) Peer Support Specialist Professional- Parent/Caregivers are employed within the state mental health system.
  - a. If employed, where are the Specialists employed?
3. Please provide the most up to date list of names of all active Parent/Caregiver Peer Support Specialist Professionals with each monthly reporting form.
4. The agency must indicate the number of proposed trainings anticipated for the fiscal year 2024.
5. The agency must indicate the number of proposed individuals who will be trained and employed for the fiscal year 2024.
6. The agency will be required to complete other reporting forms highlighting outreach trainings, presentations, and events conducted on behalf of Parent/Caregiver Peer Support Program.

**Parent/Caregiver Peer Support Program**  
**Goals and Objectives**  
**July 1, 2023 – June 30, 2024**

**GOAL 1:**  
**OBJECTIVE:**

<b>ACTIVITIES</b>	<b>TIMELINES</b>	<b>DATA EVALUATION (EVIDENCE OF MOVEMENT TOWARDS GOALS OR ACCOMPLISHMENT OF GOALS)</b>	<b>STAFF RESPONSIBLE</b>

**GOAL 2:**  
**OBJECTIVE:**

<b>ACTIVITIES</b>	<b>TIMELINES</b>	<b>DATA EVALUATION (EVIDENCE OF MOVEMENT TOWARDS GOALS OR ACCOMPLISHMENT OF GOALS)</b>	<b>STAFF RESPONSIBLE</b>

**GOAL 3:**  
**OBJECTIVE:**

<b>ACTIVITIES</b>	<b>TIMELINES</b>	<b>DATA EVALUATION (EVIDENCE OF MOVEMENT TOWARDS GOALS OR ACCOMPLISHMENT OF GOALS)</b>	<b>STAFF RESPONSIBLE</b>



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Date Completed: \_\_\_\_\_ Agency/Organization Name: \_\_\_\_\_

Contact Staff: \_\_\_\_\_ Reporting Month/Year: \_\_\_\_\_

<b>Marketing/Recruiting:</b>	
	1) Total number of marketing/recruiting efforts conducted during this reporting month? _____  2) Total number of Parent/Caregiver Peer Support Specialist Professionals successfully recruited during marketing/recruiting efforts during this reporting month? _____
<b>Training:</b>	
	3) Total number of designation trainings conducted during the reporting month? _____ 4) Total number of Parent/Caregiver Peer Support Specialist Professionals successfully trained during this reporting month? _____
<b>Support/Technical Assistance:</b>	
	5) Total number of support and/or TA meetings/calls occurred during the reporting month? _____ 6) Total number of participants during the reported meetings/calls this reporting month? _____ 7) Please list the dates and times of support and/or TA meetings/calls below: Date: _____ Times: _____ to _____ Date: _____ Times: _____ to _____ Date: _____ Times: _____ to _____ Date: _____ Times: _____ to _____ Date: _____ Times: _____ to _____ Date: _____ Times: _____ to _____ Date: _____ Times: _____ to _____
<b>Active Support Specialists:</b>	
	8) Total number of active Parent/Caregiver Specialist Professionals reportedly providing services in the state mental health system at time of reporting? _____
<b>Employment:</b>	
	9) Total number of employed Certified Parent/Caregiver Specialist Professionals within DMH Certified Provider agencies? _____  10) Total number of DMH Certified Providers currently employing Certified Parent/Caregiver Specialist Professionals? _____

Revised: 5/11/2023



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## Parent/Caregiver Peer Support Program

### *End Year Report*

Date Completed: \_\_\_\_\_ Agency/Organization Name: \_\_\_\_\_

Contact Staff: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

<b>Marketing/Recruiting:</b>	1) Total number of marketing/recruiting efforts conducted this fiscal year? _____  2) Total number of Parent/Caregiver Peer Support Specialist Professionals successfully recruited during marketing/recruiting efforts this fiscal year? _____
<b>Training:</b>	3) Total number of designation trainings conducted this fiscal year? _____  4) Total number of Parent/Caregiver Peer Support Specialist Professionals successfully trained this fiscal year? _____
<b>Support/Technical Assistance:</b>	5) Total number of support and/or TA meetings/calls occurred this fiscal year? _____ 6) Total number of participants during the reported meetings/calls this fiscal year? _____
<b>Active Support Specialists:</b>	7) Total number of active Parent/Caregiver Specialist Professionals reportedly providing services in the state mental health system at time of reporting? _____
<b>Employment:</b>	8) During this fiscal year, total number of employed Certified Parent/Caregiver Specialist Professionals within DMH Certified Provider agencies? _____ 9) Total number of DMH Certified Provider agencies currently employing Certified Parent/Caregiver Specialist Professionals? _____

Revised: 5/11/2023