



Mississippi Department of Mental Health

Bureau of Behavioral Health Services
Division of Peer Recovery and Support

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

Notice of Funding Opportunity FY 2027

Request for Proposals

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.

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

The Department of Mental Health is now accepting funding applications for state fiscal year 2027 (July 1, 2026 – June 30, 2027.)

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.

Eligible Applicants: 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.

Number of Awards: Single award

Funding Amount: \$41,820

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 Personnel Form: 100-2
3. Proposed Budget Line Item Form: 100-3
4. Budget Narrative/Justification.

5. Program Narrative (not to exceed 6 pages) which addresses B – E.

B. Program Evaluation

1. Objectives

- To develop and maintain a Parent/Caregiver Peer Support training program aligned with DMH standards and national best practices.
- To recruit, train, and support placement of Parent/Caregiver Peer Support Specialists.
- To ensure program quality, compliance, and support.
- Create, execute, and maintain a retention plan for CPSSs working in our mental health system
- Create, execute, and maintain a regularly updated database of Parent Caregivers , including but not limited to dates of training, places of employment, etc.

2. Performance Metrics

- Number of individuals enrolled in training: **Target:** $\geq 85\%$ of available training slots are filled
- Number of individuals who complete training: **Target:** $\geq 90\%$ of enrolled individuals successfully complete training
- Number of individuals demonstrating competency: **Target:** $\geq 85\%$ of training participants achieve a passing score on standardized post-training competency assessments
- Number of trainings conducted annually: **Target:** ≥ 4 trainings conducted annually
- Number of supervisor trainings: **Target:** ≥ 4 conducted annually
- Development and implementation of recruitment plan:
Target: Develop and execute a strategic plan for recruitment and outreach for CPSS/PSS applicants for the fiscal year.
- Targeted in-person outreach: **Target:** ≥ 1 in-person outreach visit conducted monthly by a representative in areas identified through data as underserved or understaffed
- Outreach activities:
Target: ≥ 12 outreach/recruitment activities conducted annually
- Number of technical assistance activities: **Target:** ≥ 1 conducted monthly
- Retention plan implementation: **Target:** Retention plan developed and implemented for the fiscal year
- Placement plan implementation: **Target:** Employment placement plan developed and implemented for the fiscal year

- Employment outcomes: **Target:** $\geq 70\%$ of CPSSs employed within 6 months of training
- Placement tracking: **Target:** 100% of trained CPSSs have documented employment status
- Database implementation and maintenance: **Target:** Database established and maintained throughout the fiscal year
- Update frequency: **Target:** Database updated ≥ 1 monthly with current information (e.g., training dates, employment status, placement)
- Data completeness: **Target:** 100% of active/inactive CPSSs/PSSs have complete and up-to-date records in the database

3. Required Data

- 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.
- Training logs must include the following information for each entry:
 - 1) date 2) start and end time 3) topic and 4) presenter(s)
- 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?
- Please provide the most up to date list of names of all active Parent/Caregiver Peer Support Specialist Professionals with each monthly reporting form.
- The agency must indicate the number of proposed trainings anticipated for the fiscal year 2027.
- The agency must indicate the number of proposed individuals who will be trained and employed for the fiscal year 2027.
- 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.

C. Specific Requirements:

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 Carolyn.Scott@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.

D. Reporting Requirements:

Grantees are required to submit required data to DMH to continue funding and use data to assess progress and improve services. Additional reports may be required as specified by DMH.

The monthly report is due by the 10th of the following month and should be submitted to the Peer Support Services Project Coordinator and/or Division of Peer Recovery and Support Director.

Failure to meet reporting requirements or established metrics, unless required otherwise by federal law, shall result in:

- Immediate suspension of grant payments pending corrective action
- Agency review for potential grant termination; and
- Termination of grant award if metrics remain unmet in 120 days following the due date of annual report.

E. Other Guidelines:

1. Any travel reimbursement listed in the budget cannot exceed the current State of Mississippi reimbursement rate (currently \$0.725 per mile.)
2. Indirect/administrative costs listed in the budget cannot exceed 8% of the budget total.
3. Data reports required by this funding must be submitted monthly by the 10th of the following month.
4. 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 as required by DMH may not be eligible for future funding for this service.
5. Comply with all provisions of HB1171 as passed in the 2026 legislative session.

6. 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 NOFO.

F. Evaluation Criteria:

Applications will be evaluated based on:

- Program design, feasibility, and alignment with goals
- Capacity to deliver services
- Budget and cost effectiveness
- Impact on target population

A review panel will score applications using standardized rubric.

Parent/Caregiver Peer Support Program

Goals and Objectives

July 1, 2026 – June 30, 2027

GOAL 1:

OBJECTIVE:

ACTIVITIES	TIMELINES	DATA EVALUATION (EVIDENCE OF MOVEMENT TOWARDS GOALS OR ACCOMPLISHMENT OF GOALS)	STAFF RESPONSIBLE

GOAL 2:

OBJECTIVE:

ACTIVITIES	TIMELINES	DATA EVALUATION (EVIDENCE OF MOVEMENT TOWARDS GOALS OR ACCOMPLISHMENT OF GOALS)	STAFF RESPONSIBLE

GOAL 3:

OBJECTIVE:

ACTIVITIES	TIMELINES	DATA EVALUATION (EVIDENCE OF MOVEMENT TOWARDS GOALS OR ACCOMPLISHMENT OF GOALS)	STAFF RESPONSIBLE



Date Completed: _____ Agency/Organization Name: _____

Contact Staff: _____ Reporting Month/Year: _____

Marketing/Recruiting:	
	<ol style="list-style-type: none"> 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?
Training:	
	<ol style="list-style-type: none"> 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?
Support/Technical Assistance:	
	<ol style="list-style-type: none"> 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: _ to_ Times: Date: _ to_ Times: Date: _ to_ Times: Date: _ to_ Times: Date: Times: to
Active Specialists:	Support
	8) Total number of active Parent/Caregiver Specialist Professionals reportedly providing services in the state mental health system at time of reporting?
Employment:	
	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?

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	Professionals reportedly providing services in the state mental health system at time of reporting?
Employment:	
	<p>8. During this fiscal year, total number of employed Certified Parent/Caregiver Specialist Professionals within DMH Certified Provider agencies? _</p> <p>9. Total number of DMH Certified Provider agencies currently employing Certified Parent/Caregiver Specialist Professionals?</p>

Revised: 5/11/2023