



Allegheny County Department of Human Services

RFP Response Form

RFP for Community-Led and Community-Operated Informal Mental Health Supports

PROPOSER INFORMATION

Proposer Name: Allegheny Family Network

Authorized Representative Name & Title: Ruth Fox, Chief Executive Officer

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Telephone: 412-246-2030

Email: rfox@alleghenyfamilynetwork.org

Website: www.AlleghenyFamilyNetwork.org

Legal Status: For-Profit Corp. Nonprofit Corp. Sole Proprietor Partnership

Date Incorporated: June 26, 2009

Partners included in this Proposal: UPMC Western Psychiatric Hospital, resolve Crisis, CACTIS

How did you hear about this RFP? *Please be specific.* AFN became aware of this RFP through discussions of seeking funding for family peer support services with WPH, as well as other mental health stakeholders in Allegheny County. AFN subscribes to the DHS Solicitations website page and emails.

Does your organization have a telecommunications device to accommodate individuals who are deaf or hard of hearing? Yes No

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Ruth Fox	412-246-2030	Rfox@alleghenyfamilynetwork.org
Deputy Chief Executive Officer	Joyce Blackburn	412-246-2030	Jblackburn@alleghenyfamilynetwork.org
Contract Processing Contact	Maria Silva	412-246-2030	Msilva@alleghenyfamilynetwork.org
Chief Information Officer	Misty Woody	412-246-2030	Mwoody@alleghenyfamilynetwork.org

RFP for Community-Led and Community-Operated Informal Mental Health Supports

Chief Financial Officer	Ruth Fox	412-246-2030	rfox@allegHENYfamilynetwork.org
MPER Contact*	Nicholas Chavara	412-246-2030	Nchavara@allegHENYfamilynetwork.org

* *MPER* is DHS's provider and contract management system. Please list an administrative contact to update and manage this system for your agency.

BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.

See ATTACHMENT AFN BOARD MEMBERS

Board Chairperson Name & Title: Lisa Stefanko, Vice President of Human Resources and Parent

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [REDACTED]

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization. *Please do not use employees of the Allegheny County Department of Human Services as references.*

Christine Michaels, NAMI Keystone PA, CMichaels@namikeystonepa.org, [REDACTED]

Millie Sweeney, Family Run Executive Director Leadership Association (FREDLA), msweeney@fredla.org, [REDACTED]

James Phillips, M.Ed., Deveraux TCV Services, Manager of SAP and Preventative Services, James.Phillips@tcv.net, [REDACTED]

PROPOSAL INFORMATION

Date Submitted 8/8/2022

Amount Requested: \$464,902

CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

RFP for Community-Led and Community-Operated Informal Mental Health Supports

I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania's Right-to-Know Law.

By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Choose one:

My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

My Proposal does not contain information that is either a trade secret or confidential proprietary information.

ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

- Partner commitment letters, if applicable
- MWDBE and VOSB documents
- Allegheny County Vendor Creation Form
- Audited financial reports or other financial documentation for the last three years
- W-9
- At least one letter of support from a community-based organization or community member

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 125 points. Your response to this section should not exceed 12 pages. (Pages 1-3 are not included in the page count).

RFP for Community-Led and Community-Operated Informal Mental Health Supports

Experience and Leadership (25 points possible)

1. Describe your organization's experience providing services to/in communities that have been marginalized by mainstream systems.

Allegheny Family Network (AFN) has been providing services directly in marginalized communities and homes through Family Peer Support services for the past 15 years. Focusing on bridging gaps between parents and caregivers of children with behavioral health concerns and mental health supports and services a family needs, requires connecting with families where they are at and helping them get to where they need to be. Currently, AFN offers individual support throughout Allegheny County in homes in areas designated as Extreme Need or High Need in the Community Need Index, as well as those with higher rates of behavioral crisis as indicated by 911 dispatch data. AFN's Family Support Partners – trained parents with lived experience raising a child with mental health or behavioral health challenges –travel to the preferred location where a parent feels most comfortable and provide one-to-one support with a strengths-based and empathetic approach. The goal is to help parents identify their concerns and challenges, find natural supports in the family or community, research and connect to mental health service providers or supports in systems they are involved in, and assist them in following through with the care that best matches their Family Voice and Choice. This includes introducing the family to already existing informal mental health supports in their community. AFN services are designed to increase access to mainstream behavioral health services by helping, in particular, families in black and brown communities with little access or knowledge of the services available to understand their options, apply for insurance benefits, explore service and therapeutic options available for their children, secure transportation to offices or arrange for telehealth and the required technology for it, and educate parents on the language and processes of treatment and service and how to communicate their desired outcomes to providers. Family Support Partners currently work directly in the LGBTQIA+ communities through a partnership with Allegheny County CYF and DHS in the Steps2Connect Program. Family Support Partners have been trained in SOGIE and Affirm and work with parents of children who identify as or who are exploring their identity as LGBTQIA+ to keep families connected and work through the affirmation and acceptance process that can often lead to higher rates of mental health issues and suicidal ideation if these supports in the family do not exist. FSPs with lived experience as parents of a child who identifies as LGBTQIA+ assists the family in finding supports in the community for their child, exploring treatment and service providers who are LGBTQIA+ friendly or whom the child and family are comfortable with, and work with child-serving systems the child is involved in to communicate the identity, language and choices the child and family prefer. Children without CYF involvement in this community who are experiencing mental health or behaviors associated with their identity are supported through our Behavioral Health Service to find and connect to supports that will alleviate the stresses, connect them to community, and respect their Family Voice and Choice.

RFP for Community-Led and Community-Operated Informal Mental Health Supports

AFN also provides supports to the immigrant, refugee, and linguistically diverse communities through Family Peer Support services. FSPs connect with parents raising children with mental health or behavioral health concerns who face the obstacles and stressors of being an immigrant, refugee, or non-ESL person are supported through the immigration process and provided translators during visits. Family Support Partners attend and support families during meetings, appointments and court hearings involving their children, and with their school or CYF involvement. Parents can also receive the support of a Housing Specialist or Employment Specialist who works with community-based organizations in high-immigrant communities to help parents identify and meet their goals while working through some limitations naturally experienced as an immigrant or refugee. Connecting parents to others in their community, assisting them in communicating their need for mental health supports or services for their children or themselves, educating them on the facts about mental health while respecting cultural differences, and supporting them in working towards their goals can alleviate mental health concerns and stressors in these families. AFN believes that by meeting people in the community, in their homes, amid their system involvement or in their search for supports, parents and families can be connected to services and treatments sooner, find a stronger role in their communities and experience family outcomes at a greater rate, including decreased crisis service involvement, than if they are required to seek help themselves while experiencing natural and systemic barriers.

2. Describe your organization’s experience building trust with the communities within which you work and provide at least one specific example to illustrate that experience. Attach at least one letter of support from a community-based organization or community member.

At AFN, we know that trust is essential to genuinely connect to parents who may be overwhelmed, fearful, concerned, or feel threatened by systems, services or agencies that have interacted with them due to their child’s mental health or behaviors. Oftentimes, providing support to parents during times of a child’s mental health crisis, traumatic experience, or even when interacting with the legal system due to their child’s behaviors is not considered a priority based on the intensity of need and urgency of care for the child. However, the parents are often the primary decision maker, insurance provider, financier, and transporter to the services that the child needs. When parents must interact with systems that have historically been biased or unfair to their community, the level of trust is already diminished, and parents feel defensive or helpless. These feelings can prevent them from engaging and exploring established services, programs, facilities, or mental health providers. AFN sees this every day as we provide services to families, and so it ensures that the operations of our family-based organization remain parent-friendly, approachable, relatable, and empathetic. AFN Family Support Partners have lived experience with crisis management services and resources, as well, and depending upon which community they or their children belong to, have a differing experience with them. This also extends to the parents they support. One Family Support Partner has shared a story about a family she supported through an involuntary commitment process for an 11-year-old Hispanic and black youth with a dual diagnosis of Autism and Bipolar Disorder. The mother, who is

RFP for Community-Led and Community-Operated Informal Mental Health Supports

handicapped, divorced, and often parenting alone due to the father's occupation as a truck driver, is wary of contacting police when the child elopes due to the color of her child's skin and a distrust of the juvenile justice system. Additionally, the mother has three other children in the home with their own mental health diagnoses and concerns. The FSP supported mom with the process of the 302 commitment and assisted her in organizing her thoughts to discuss the need and crisis to law enforcement and to the emergency room personnel where the youth was transported. The FSP contacted the other agencies and supports that were in place for the child with the parent's consent so that she did not have to continually repeat her story while she was engaged in a crisis. The FSP shared her personal story of having to support her own biracial child through the 302 process and hospitalization, describing the step-by-step process of entry, rules around electronics, the psychiatric evaluation process, and terminology the parent might hear. The FSP also reminded the parent to contact her natural supports, which they had identified in previous meetings when other children cycled through concerning behaviors. The mother remarked that she felt "supported, understood, and informed about what needed to be done to make sure my child was safe and received the help he needed". Additionally, the mother reported that she felt "other involved services did not make her feel as though the need for crisis care was necessary". Her FSP supported her through evaluating her situation and safety concerns and respected her knowledge and expertise of her child. The mother was able to use her planning skills to support her child through the crisis, and then connect with the FSP following the hospitalization to devise an appropriate safety plan that respected her cultural beliefs and provided a sense of safety for herself, her child, and the other members of the family; the plan included using the resolve Crisis and CACTIS resources available for youth.

3. Provide a concise statement of your organizational philosophy.

Allegheny Family Network's philosophy is to support the Voice and Choice of families in a strength-based model of change. By working with families to embrace their own strengths, AFN celebrates and cultivates the strengths of the family both as individuals and as a group. AFN utilizes a "do for, do with, and cheer on" philosophy in providing support to educate, empower, and advocate for parents raising children with mental health or behavioral health concerns or trauma.

4. List demographic information about your organization's leadership and staff, as well as the population they serve.

Allegheny Family Network is a "family run" non-profit organization serving Allegheny County. As a "family run" organization, AFN is staffed by family members (parents or caregivers) with lived experience who have raised or are raising a child with mental health or emotional needs. Sixty percent of our Board of Directors are family members, all our Parent Advisory Board are family members, and all the staff from the Chief Executive Officer to the direct support staff are family members. AFN is the largest family support organization in Pennsylvania. Our knowledgeable staff provide direct services in the home and community to parents and other primary caregivers who have children with similar challenges. We offer parent-to-parent emotional support, coordination of services across

RFP for Community-Led and Community-Operated Informal Mental Health Supports

systems, referral information for concrete goods and therapeutic services, advocacy, group support, educational programs, and leadership opportunities. Allegheny Family Network's organizational structure includes Ruth Fox as Chief Executive Officer (CEO), Joyce Blackburn as Deputy CEO, Maria Silva as Chief Operating Officer, Misty Woody as Chief Development Officer, a Chief Services Officer, and supervisors of 6 specific services that include 34 Family Support Partners and 6 administrative support staff. The CEO has been leading AFN for the past 13 years. The staff at AFN reflect the parents in the communities the agency serves, thus lending more of a personal and informal approach to its service delivery of Family Peer Support. AFN staff not only come from the communities they support, but some of them have been hired after completing services as a parent involved with AFN, rising through education and training to combine lived experience as a family member to being a member of the Parent Advisory Board, a Family Support Partner, an Administrative Assistant, or a supervisor. AFN provides services and supports to more than 450 families a year. In the past year, AFN has offered individualized support in Extreme or High Need Areas such as Clairton, McKeesport, McKees Rocks, Wilkinsburg, Harrison Township, Tarentum, Mount Oliver, Penn Hills, Braddock, Homewood, and Pittsburgh, among others. Parents throughout Allegheny County who have children with mental health or behavioral health concerns are eligible for individual supports or to participate in support groups or special events – all directly available in their own community. While AFN's service is available to all parents experiencing these concerns, a high number of families experiencing mental health, behavioral health and childhood trauma concerns are residing in lower income, minority-populated neighborhoods.

Project Details (50 points possible)

5. Describe what Informal Mental Health Support services your proposed Project will provide, and the intended outcomes you hope to achieve. Include how the Project will meet one or more of the goals listed in RFP Section 2.1.

The following true story demonstrates the need for an established family peer support service within WPH and resolve — two of Allegheny County's busiest crisis centers. Names have been changed for privacy. One afternoon in May 2019, Samantha Perry drove her 15-year-old daughter, Erin, to the WPH PES unit for the first time. They were both terrified, but Erin's depressive episode turned to anger, and her self-harming and refusal to eat created violent outbursts that Samantha could no longer handle alone. Due to the extreme circumstances of Erin's situation, they had no other choice but to seek the help of a psychiatric hospital. Samantha didn't know what to expect, and her fear escalated once they arrived at the hospital. Erin refused to leave the car, so law enforcement escorted her to the emergency room. As the mother of a biracial teenaged daughter, Samantha knew Erin had appropriate trepidation about police intervention and institutions. Samantha wondered if she did the right thing in bringing her daughter here. Would Erin be better or worse from this experience? She waited in silence, afraid and alone, as Erin received an evaluation. When the doctor came out to speak with Samantha and shared that Erin would not be admitted to the hospital, Samantha left feeling more confused than ever and guilty for not being able to get Erin immediate help. They were provided with a safety plan and an emergency crisis phone number to take home, but for Samantha, the next steps were unclear and seemed daunting to take on her own. Unfortunately, this story is not

RFP for Community-Led and Community-Operated Informal Mental Health Supports

unique. Each year in Allegheny County, thousands of parents experience this same agony and uncertainty as they accompany their children to psychiatric services. After a child is discharged, the questions, fears, and uncertainties only continue to build. It is time to support parents and caregivers during these vulnerable moments. AFN, partnering with WPH and resolve Crisis, are uniquely prepared to do just that. AFN believes this project will help bridge the gaps between communities and institutions by bringing a community of parents *inside* to provide informal service supports during a critical time for any family, and specifically for families from marginalized communities.

Funding and structural support from being awarded this RFP will allow AFN to do four things:

- 1. Hire, train, and place qualified Family Support Partners in WPH and at resolve Crisis.**
- 2. Have WPH provide training to AFN staff on emergency procedures and process.**
- 3. Train WPH staff to partner with AFN Family Support Partners.**
- 4. Provide connections to parents/caregivers outside of WPH and beyond the mental health or behavioral health crisis.**

The informal mental health support services provided by connecting family peer support with mental health and crisis support services will achieve the goals of the RFP project section 2.1 *of supporting and responding to individuals following a mental health crisis and connecting them to supports and resources, making sustained connection more likely and reducing stigma and the challenges, barriers, and hesitancy to access or become engaged with mental health services.* With AFN's Family Peer Support experience, training, and availability to parents directly in the Western Psychiatric Hospital emergency area and throughout Allegheny County via resolve Crisis, parents can receive information, supports, and assistance in contacting mental health agencies, and making referrals to comprehensive one-to-one family support following a crisis.

Specific informal mental health supports that will be provided with this partnership include: Providing supportive care to parents during times of crisis by greeting them at Western Psychiatric Hospital in the Psychiatric Emergency Services child milieu and waiting area and at the resolve Crisis Center walk-in lounge or on-site (if appropriate and requested by the resolve team) of a mobile response; providing information and education on the processes, service language, resources, service availability, and parental and patient rights during a crisis visit; providing family peer support and companionship to assist in reducing stigma, feelings of isolation or feelings of hopelessness; actively listening to the parent/caregiver's concerns, needs, circumstances and goals during the crisis visit; actively listening to and respecting the cultural preferences and non-negotiables for the care and follow-up plan for a family; offering contact information, brochures, weblinks and program/service details for follow-up care options such as therapists, DHS services, and community organizations; submitting a referral to CACTIS, if appropriate, or comprehensive Family Peer Support; assisting in applying for resources; advocating and encouraging self-advocacy to support Family Voice and Choice; sharing information about available resources such as insurance, medical benefits and school-based therapy programs or accommodations; assisting in contacting resources; participating in training from professional crisis management staff for Family Support Providers to further support

RFP for Community-Led and Community-Operated Informal Mental Health Supports

parents in the community; assisting the parent in identifying natural supports for the family; providing a follow-up contact post-crisis to offer additional support or a general check-in with the family; and training WPH and resolve Crisis staff in parent engagement and family needs. AFN staff will offer their supports after PES staff explain what AFN offers and receives permission from the parent to introduce the FSP.

6. Describe where and to whom you will provide your Project, and why that community needs the proposed Project.

We hope to implement Allegheny Family Network’s family peer support services in two locations: Western Psychiatric Hospital Psychiatric Emergency Services (PES) and resolve Crisis Services / Child and Adolescent Crisis Team Intervention Services (CACTIS). Both locations will have one Family Support Partner (FSP) on-site during peak hours. Peak hours are defined as the eight-hour period during which most youths receive emergency psychiatric services. According to WPH data, that period is 12 pm – 8 pm. At resolve, it’s 6 am – 9 am and 3 pm – 7 pm. In each location, the FSP will be stationed close to the waiting room, allowing them to easily engage with parents after the child arrives.

The following dialogue shows how this initial engagement may unfold:

FSP: *Hi, I’m Emilie, I work here at the hospital. My job is to look out for you and support you during this difficult experience. My daughter has mental health challenges, and I was in the hospital with her not too long ago. I know how hard this can be. How are you holding up?*

Parent: *Honestly? Not well. Today has been miserable.*

FSP: *I’m sorry to hear that. Can you tell me more about what’s going on?*

Parent: *My son stopped taking his meds last week against his doctor’s orders. He tried to hurt me today, and that spiraled into a massive fight between him and his stepdad. Things got physical, and Cameron threatened to kill himself. Now we’re here.*

FSP: *I’m so glad you were able to manage the situation and get him to a safe place. Is this your first time in a psychiatric hospital?*

Parent: *Yes. I never thought I’d be at a place like this. What are they doing back there?*

FSP: *That’s a great question. Before I answer, is there anything I can get for you? I have water, coffee, snacks, and blankets in my office. Would any of those be helpful?*

Parent: *I could certainly use a coffee. It’s been a long day.*

FSP: *I know how overwhelming this can all feel. Luckily, he’s in good hands. The doctors and nurses will keep you up to speed on how he’s doing. What typically happens is that the doctor will perform an evaluation to learn more about your son. Just like any other medical visit, he’ll want to understand his medical history. They’ll work out a plan that may include new medications or a referral to a new therapist. He’s safe, he’s receiving great care, and I’ll make sure you leave here with clear next steps.*

Prior to the parent leaving, the FSP would gauge the parent’s interest in receiving continued AFN support. If the parent welcomes further support, the FSP would send an internal referral to AFN’s intake specialist, who would enroll the parent in services and organize a warm handoff involving crisis FSP, long-term FSP, and the family receiving

RFP for Community-Led and Community-Operated Informal Mental Health Supports

services (see the “Warm Handoff” section below). While the crisis FSP does not carry a traditional caseload, their timely support will help families navigate the initial turmoil of the crisis. By building rapport at this early stage, crisis FSPs will prepare families to take advantage of the long-term, stabilizing supports that AFN has to offer. Resolve Crisis Services currently dispatch mobile crisis teams throughout Allegheny County as part of its Child and Adolescent Crisis Team Intervention Services (CACTIS) program. The resolve Crisis-based FSP can also accompany resolve mobile crisis teams when the family situation necessitates family peer support, the resolve team requests the Crisis FSP’s attendance, or it is deemed helpful and appropriate for the Crisis FSP to attend. Teams provide face-to-face support for youth and arrange for care and stabilization. While clinicians engage the youth, an FSP can engage the parent(s) and provide personalized support as described throughout this proposal. Resolve Crisis/CACTIS team members will ask the family if they would like AFN staff to accompany resolve Crisis or CACTIS staff. Resolve Crisis response vehicles are not large enough to accommodate additional team members, so the FSP will use his or her vehicle and dispatch from resolve Crisis to assist with cases involving youth. Youth crises happen around the clock. To help parents receive support on weekends and during non-peak hours, FSPs will be on-call to engage with families via secure video call or phone call. On-call FSPs will provide the same personalized support they offer all other families. Throughout the engagement process, they will invite families to participate in long-term AFN support programs. Should a family desire further assistance, the on-call FSP will refer their information to AFN’s intake specialist who will ensure prompt follow-up from an FSP. AFN’s team of FSPs will manage on-call coverage for overnight family crisis visits. If a family desires to engage with long-term AFN services, the FSP will organize a highly personalized “warm handoff” to take place the next business day. This is an important transition that we are well-prepared to execute. It begins after the family’s discharge and becomes a home-visit service or a service that can be offered within the community. The Crisis FSP records case notes and relays all necessary information to the new FSP. The following business day, the FSPs will call the family. Having both FSPs participate in the warm handoff ensures that parents feel seen, understood, and important. These highly personalized interactions will build upon the momentum and positive rapport established in the emergency setting. That conversation will unfold like this:

Crisis FSP: *Hi Samantha, this is Emilie from Allegheny Family Network. You sound well-rested. How are you holding up today?*

Samantha: *I’m doing okay. I slept well once we got home from the hospital, and Erin is still in bed. Thank you for being with me last night.*

Crisis FSP: *Of course. I’m so glad you and Erin are safe and rested. You have so many reasons to be hopeful and having ongoing support will make a big difference. In fact, I mentioned last night that I’d connect you with a long-term family support partner.*

Samantha: *I remember that. I think that would be amazing.*

Crisis FSP: *Wonderful. Well, I have Shirley on the phone with us right now. She’s my coworker at Allegheny Family Network, so I happen to know that she’s really good at what she does. She’s been supporting parents like you for over 15 years.*

RFP for Community-Led and Community-Operated Informal Mental Health Supports

Samantha: *That's impressive.*

Crisis FSP: *I told Shirley all about you and your daughter, and how impressed I was with how you handled yourself at the hospital. I think you two will get along well.*

New FSP: *Hi Samantha, this is Shirley. It sounds like you have a lot going on. I'm eager to be on this journey with you, and I know we can get through it together. Is there a time this week I can come by with coffee? I'd love to meet you face-to-face.*

AFN understands that mental health, behavioral health, and trauma affect families of all races, income levels, sexual and gender identities, and neighborhoods. AFN believes that our families belong to a community of families that share similar concerns and that with the appropriate supports, families can become informed, educated, and empowered to support their children to live successful lives.

7. Describe any formal or informal partnerships your Project will require and your plan to develop those. Include a description of how you envision DHS supporting you. (Consider describing how you prefer to communicate with DHS about any system or other barriers your Project encounters, and about any opportunities for system improvements you may identify.) **This project will require a formal partnership with Western Psychiatric Hospital PES, resolve Crisis Service and CACTIS for shared space, collaborative support for families and professional development and training. These are partners that the staff at AFN are very familiar with personally and professionally, and both administrative teams are in agreement that positive outcomes, reduced crisis service needs and follow-up care coordination and navigation will result from combining efforts to support parents raising children with mental health, behavioral health or trauma in Allegheny County. Already established partnerships between AFN and mental health and community-based organizations will continue. AFN will also continue to rely on DHS for resources for families, referrals, and system improvement feedback / issues, when appropriate. While this proposal could be considered two projects, we are responding with it as one because of the wonderful opportunity to create a continuity of care for the child and support for the parents and caregivers throughout the mental health crisis system, from psychiatric evaluation and potential hospitalization to returning back home and using the resolve Crisis and CACTIS resources, among other resources, as a part of a family plan and as preventative action for repeated hospitalizations or psychiatric emergency room visits.**

8. Provide a concise project timeline listing when certain activities (e.g., planning, hiring, implementation) and milestones will begin and end.

The project timeline will begin after the contract is awarded in September with a three-month period of hiring staff, training staff, and coordinating with WPH and resolve Crisis administration and teams for detailed planning. At one year, the teams from all partners involved will convene to identify gap times in scheduling support or to adjust peak times and to make program adjustments, as needed. At 18 months the team will begin to evaluate and assess data, program needs, participant numbers, and potential for expansion. Throughout this first 12-month period, training and professional development will be

RFP for Community-Led and Community-Operated Informal Mental Health Supports

arranged for all relevant staff. At two years, AFN and WPH will be prepared to discuss the efficacy and outcomes from the program. Once the program is implemented, parents/caregivers will be offered the opportunity to provide feedback about their experiences with family peer support and mental health services which will be used at the one-year program meeting.

9. Describe your proposed staffing plan, role descriptions and any training requirements. Include whether or not staff will have or obtain certification as peer specialists, and why.

This pilot program involves five new AFN staff members: a supervisor and four Family Support Partners and oversight from the Chief Services Officer. Their roles will closely resemble those of existing AFN employees.

Family Support Partner responsibilities

- **Provide comfort and engagement at the earliest stages of crisis.**
- **Explain emergency service processes and terminology; relay and translate information in understandable terms.**
- **Begin support for system navigation; help parents connect to the recommended treatment options or continuum of care; describe insurance options and information.**
- **Provide other crisis resources and information.**
- **Provide follow-up support as caseload permits with existing team.**
- **Follow up after crisis engagement with a warm handoff to AFN FSP.**
- **Support basic needs (tangible goods, transportation, etc.).**
- **Support compliance with clinical services.**

Supervisor and Chief Services Officer responsibilities:

- **Oversee all FSP operations.**
- **Offer supportive, strengths-based supervision to each FSP.**
- **Provide training and ongoing support to all other FSPs participating in on-call family peer support.**
- **Coordinate with other AFN supervisors to ensure proper workload management.**
- **As necessary, adjust FSP shifts to match fluctuation in WPH and resolve peak hours.**
- **Ensure effective evaluation of the pilot program.**
- **Provide AFN, WPH, resolve Crisis, DHS and other stakeholders with regular program updates.**
- **Be responsible for the success and implementation of this pilot program.**

AFN staff are required to have lived experience navigating service systems, obtaining resources, and advocating for Family Voice; they have the required background clearances and trainings required of Allegheny County and Pennsylvania employees; they are trained as Certified Parent Peer Support Providers in the national FREDLA-based model for Family Peer Support and credentialed in Strength-Based Family Workers training through Temple University. AFN staff complete hours of training annually about system and resource navigation, family supports, trauma-informed supports, gender/sexual identity, cultural awareness and understanding, and mental health diagnosis and treatment options.

RFP for Community-Led and Community-Operated Informal Mental Health Supports

Community Involvement and Trust (30 points possible)

10. Describe how you included community members in planning and designing your Project. **Community members have been involved in the planning and design of the project as it is based on real life experiences and need as described by parents from communities across the county that Allegheny Family Network currently provides comprehensive supports to, as well as from the shared experiences of those parents, caregivers and providers who participate in support group discussions virtually and in-person with AFN. Additionally, the project planning and design, as it develops more in detail, will be reviewed by the AFN Parent Advisory Board, a panel of parents who have received family peer support as parents, have participated in additional training and meet monthly to ensure that projects maintain a family-centered objective, are understandable and relatable to parents, and are reflective of the communities we serve.**

11. Describe how you will include community members in the implementation/ staffing/ assessment of your Project.

Once the program is implemented, parents/caregivers will be offered opportunities such as surveys, panel meetings, and supervisor check-ins to provide feedback and insight to the family peer support services and the mental health resources, which will be reviewed and discussed in six-month intervals in order to ensure the program is effective for parents. AFN will conduct informal surveys in the communities we are currently in to solicit suggestions and need from parents who have experienced crisis management services or have supported their children through mental health crises. WPH and Resolve staff will also have the opportunity to contribute to the project implementation and design based on the experiences and needs they have identified in their work.

12. Explain why you are the appropriate provider of this Project, specifically addressing why your community will trust you to provide this Project. (Consider describing the length of time in the community and years in operation, prior successful programs, the community's involvement in current programs, other examples of leadership in your community or other information you think would be helpful.)

Allegheny Family Network (AFN) is the right agency to operationalize this program for several reasons. For over 15 years, Allegheny Family Network (AFN) has been a national leader in family peer support. AFN excels at delivering strengths-based parent support in a range of environments, from homes to communities to hospitals. Our Behavioral Health Family Peer Support service has been in operation since a 2007 System of Care grant, which has successfully continued to provide much-needed family peer support into homes, schools, neighborhoods, and other partnering organizations, when appropriate. AFN Family Support Partners (FSPs) are especially skilled in the following areas: Comforting and engaging parents during times of crisis and throughout all stages of a child's mental health journey; walking beside parents while navigating the journey; supporting parents from a perspective of lived experience; connecting parents and children with essential resources across family-serving systems and with tangible goods (e.g., IEP support,

RFP for Community-Led and Community-Operated Informal Mental Health Supports

provider recommendations, employment assistance, food, housing supports, etc.); encouraging compliance with clinical services and eliminating barriers to full participation (e.g., reducing missed appointments); and ensuring all other family members (siblings, caretakers, etc.) have stabilizing resources following crisis or disruption. With these competencies, AFN offers exactly what parents need: hope. As doctors and nurses provide diagnostic and therapeutic solutions, AFN provides consistency, validation, and the strength to carry on. AFN is often recognized for its unwavering focus on family well-being. When AFN is involved, families experience positive outcomes.

Data Collection and Reporting (10 points possible)

13. Describe what data you currently collect on your programs.

AFN currently collects data on its programs and services such as general demographics, system involvement, family goals, interventions, units of service, outcomes planned for and outcomes achieved, crisis service use, and employment and housing information. AFN uses multiple measurement tools to gauge a parent's wellbeing over time, including the FANS Assessment and the Caregiver Strain Survey. By continuing to implement these surveys, AFN will build upon a dataset that shows the positive impacts of family peer support. In addition to continuing these measurements, AFN hopes to further evaluate how the effectiveness of family peer support changes under varying conditions by sharing datasets, survey results and outcome reports with WPH and resolve Crisis / CACTIS. We anticipate finding outcomes supporting the positive effects of family peer support while engaging families in the context of youth psychiatric crisis. This pilot program will provide an abundance of unique information and possible research avenues.

14. Describe how you will know if your Project is effective in achieving its goals and what data you will collect to track its effectiveness.

AFN and its partners will know if the project is effective in achieving its goals if the data collected from families show reduced strain on the caregiver, reduced rates of repeat crisis hospital or center visits, increased referrals to community-based mental health supports and increased continuation of care post-crisis. Data from this project can be utilized in mental health advocacy using a whole-family approach and to incorporate informal mental health supports into county systems and policies. This project anticipates accomplishing these goals by tracking the following:

- 1. Offer in-person support to 75% of parents/caregivers who bring children to WPH during peak hours.**
 - a. Establish a long-term relationship with 3 of every 5 families who engage with an AFN Family Support Partner.**
- 2. Offer on-call support to 75% of parents/caregivers who bring children to WPH during on-call hours.**
 - a. Establish a long-term relationship with 3 of every 5 families who engage with an AFN Family Support Partner.**
- 3. Develop an effective partnership with intake staff at WPH and resolve Crisis.**
 - a. Equip intake staff with the tools and competencies needed to link families to AFN services via on-call support.**

RFP for Community-Led and Community-Operated Informal Mental Health Supports

4. Prepare AFN Family Support Partners to succeed in on-call engagement.
5. Evaluate Family Peer Support in crisis settings.
 - a. Use AFN's Caregiver Strain Survey, FANS Assessment, and Family Outcomes Survey to track family well-being.
 - b. Determine differences in effectiveness between the following engagement strategies:
 - i. On-site family peer support
 - ii. Mobile response team family support
 - iii. On-call family peer support (via phone call)
 - iv. On-call family peer support (via video call)

Other data that will be collected will include information such as narrative summaries of service provided, impact of services, number of unique individuals or families served, number of services/trainings provided, number of referrals to formal behavioral health services, number of referrals to non-behavioral health services, parent reports regarding follow through, and survey data concerning beliefs about behavioral/mental health resource and service awareness.

Budget (10 points possible)

15. Provide a detailed line-item budget that reflects a realistic estimate of the costs associated with planning, implementing, and sustaining the Project. Please remember that Project staff must earn no less than \$15/hour and you may include language assistance services costs in the budget. *****SEE BUDGET ATTACHED*****

16. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget.

Included in this budget are amounts for a Project Director, and three Crisis Family Support Partners with an additional Crisis FSP included after implementation, as well as costs associated with On-Call FSP services during non-staffed hours. Additional personnel costs include consultant fees for staff training, shared professional development, administrative support and evaluation support for the conclusion of the two-year pilot program. Purchase personnel costs will cover expenses for WPH staff and data collection and analysis costs. Operating costs include transportation dollars for the supervisor and the Family Support Partners for travel to family's homes for follow-up, meetings, informal partnership development, or quality checks in the field; AFN occupancy costs; technology for FSPs and for devices to have on-hand for sharing information and resources with parents, database costs, and communications costs for FSPs. Additionally, startup costs are included for office supplies and to purchase or supplement furniture for family-friendly meeting space in the facilities, as well as insurance and other legal costs. This budget includes dollars for supportive services, educational and social events for families such as parent training opportunities, support group opportunities, welcoming social interactions, and supplies to be made available for parents while at crisis service locations.

AFN WPH and resolve Proposed Annual Budget

<u>Personnel</u>	<u>Annual Income</u>	<u>Percentage</u>	<u>Budget Amt.</u>
AFN Supervisor	53,000	100%	53,000
Chief Service Officer	65,000	25%	16,250
Family Support Partners	38,000	300%	114,000
Family Support Partner	38,000	75%	28,500
FSP On- Call (estimated)			17,043
Wages			211,750
Benefits		35%	74,113
Total Wages			285,863
<u>Purchase Personnel</u>			
Consultant	1,000	475%	4,750
Staff Development	2,000	475%	9,500
Purchase Personnel (WPH)	36,000	100%	36,000
Administrative	422,639	10%	42,264
Total Misc. Personnel			92,514
Total Personnel Costs			378,376
<u>Operating Expenses</u>			
Transportation Supervisor	875	100%	875
Transportation FSP	1,200	375%	4,500
Occupancy	5,912	475%	28,082
Technology	2,240	475%	10,640
Database (updates for project)	5,000		5,000
Communications	1,012	475%	4,807
Supportive Serv. Ed./ Social	1,000	475%	4,750
Start-Up Costs - one time cost	2,500	475%	18,125
Office Supplies	700	475%	3,325
Insurance, legal & misc. costs	1,352	475%	6,422
Total Operating Costs			86,526
 Total Annual Budget Costs			 464,902

Justifications

Purchase Personnel: _WPH project dereddtor, resolve program manager, additional time from charge nurse

Transportation Supervisor: Travel to meetings, trainings, conferences, and quality checks in the field

Transportation FSP: Travel to WPH and Resolve, to families home for Resolve, meetings, trainings, etc.

Occupancy: Rent and utilities (total cost divided by number of AFN employees)

Technology: Cost per user (1,500 per user per year with lisencing, updates and IT costs - Resolve & PES - service fees for tablets)

Database: Build out for the evaluation process

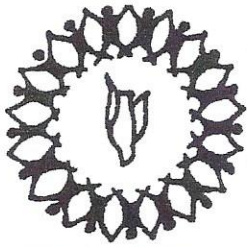
Communications: Pstage, phones, internet, cell service, copier service (total cost divided by number of AFN employees)

Start-up Costs: laptop and equipment to use, desk & chair - tablets for PES & Resolve

Office Supplies: Paper, desk supplies, binders, other office suppllies (total costs divided by number of AFN employees)

Supportive Services Ed/Social: welcoming social interactions with families, educational events, trainings, meeting in community

Insurance, legal & misc. costs: Board insurance, general liability ins., legal, & Misc.



ALLEGHENY VALLEY ASSOCIATION OF CHURCHES

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Karen Snair, Executive Director

August 5, 2022

Allegheny County Department of Human Services
Re: Community Led Mental Health Supports RFP

Dear Review Committee:

On behalf of the Allegheny Valley Association of Churches (AVAC), I submit this letter in support of the Allegheny County Department of Human Services (DHS) proposal for the Community Led Mental Health Supports solicitation. The proposed project will strengthen and increase Family Peer Support services across Allegheny County through promoting and sustaining supports for parents in the community, particularly those with children experiencing mental health or behavioral health challenges, and expanding parent and whole-family supports available within communities, homes and hospitals.

AVAC is specifically in support of DHS's proposal due to its alignment with Allegheny Family Network (AFN). AFN has operated in Allegheny County since 2007 and is an established "Family Organization" supplying peer-to-peer support to fathers and families. AFN supports families from our own lived experiences raising children with behavioral concerns and with at least one credential and many staff have two or more. AFN is currently serving 450 families a month and approximately 90 to 140 are fathers. All AFN staff are mandated reporters so the safety and welfare of the child is of the utmost importance. AFN is also pleased to say that the diversity of our staff lends to supporting the parents in the communities of Allegheny County. AFN helps parents and community members with issues such as navigating child-serving systems, behavioral health and mental health resources and treatments, helping families through teen pregnancy, dropping out of school, alcohol and drug use, criminal activity and much more. AFN Family Support Partners work with parents to eliminate all the barriers to working towards the best outcomes for a family's children.

AVAC currently refers parents to AFN who can benefit from supports – and the lived experience of AFN's staff – and are currently receiving services from us for their children. We additionally utilize AFN to refer parents to support groups, parent trainings, and one-to-one supports for families. We also partner with AFN as an agency in our various partnership networks, including the Highlands Partnership Network and others, to brainstorm, network and combine resources to support families in the communities we serve, as a whole.

If this grant is awarded it would give AFN the opportunity to enhance services to parents and families in the communities, homes and hospitals. Most important is that many parents and children will be actively connected to programs, services, trainings, and local community-based resources that can assist in overcoming challenges experienced from mental and behavioral health issues.

The Allegheny Valley Association of Churches is in support that Allegheny Family Network's work with parents can improve in the advancement of connecting parents and children experiencing mental health or behavioral health challenges to community-based resources, services, treatments and hospitals practices and skills, ultimately enhancing and contributing to the overall goal of Allegheny County, and the many organizations and agencies' within the county, of supporting families and children with these challenges to receive the supports and services they need to succeed in life.

Sincerely,

Karen Snair
Executive Director

August 2, 2022

Dear Selection Panel,

First, thank you for the services the Department of Human Services renders across Allegheny County. Western Psychiatric Hospital (WPH) and Allegheny Family Network (AFN) rely on your providers and staff as we serve families throughout this region. We could not fulfill our respective missions without your demonstrated commitment to the health and well-being of our community.

WPH always looks for ways to improve its services to families and individuals. For this reason, we've partnered with Allegheny Family Network, a non-profit organization with a unique mission and a life-changing service model. AFN offers highly personalized peer support to parents who are raising children with mental and behavioral health challenges.

With your support, we hope to introduce AFN's peer support programming directly into WPH's psychiatric emergency services.

More than ever, parents and caregivers experience secondary trauma when a child experiences mental health crisis. In 2020 alone, 1,300 youth across Allegheny County had 4,500 crisis care visits, many of which took place at WPH. While WPH offers world-class psychiatric care to its young patients, countless parents leave the hospital feeling lost and alone. This distress negatively affects a parent's mental health, leaving the family more susceptible to disarray and future crisis.

Something we often hear from parents is, "I wish I knew about supports sooner." Research shows that early intervention can, in fact, make all the difference. By pairing AFN's support staff with families in the earliest stages of crisis, families will be empowered with the tools and resources necessary to process, heal, and advocate for their children once they leave the hospital or work through a mental health crisis.

Because AFN specializes in engaging with and supporting parents in these situations, we feel confident that a pilot program would yield positive results for families and their children, all while reducing the burden placed on hospitals and providers.

We support this response to the recent DHS solicitation for Community Led Mental Health Supports because we have seen the work AFN does in the communities where our parents and caregivers come from. Your support for this project will not only directly affect the well-being of families in Allegheny County but will also aid an ongoing effort to validate the efficacy of family peer support.

Should this project come to fruition, we feel confident that it will be beneficial for youth, their families, and the providers at WPH, resolve Crisis Center and the CACTIS Program. We appreciate your consideration.

Yours in community care,

Sincerely,

A handwritten signature in cursive script that reads "Camellia Herisko".

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