



Intensive and Sustained Engagement Teams (INSET) Q and A List

1. Can you tell us what role the RFP is looking for the Social Worker and the Nurse Practitioner to play?

ANSWER:

The Social Worker and Nurse Practitioner serve as a part of the interdisciplinary INSET Team with roles that complement and bolster the peer-led engagement model. The agency is encouraged to define the role of the Social Worker and Case Manager as OMH does not provide a full description of these roles in the RFP.

2. What are the responsibilities of the qualified health professionals? Are they just expected to diagnose and prescribe medications as needed?

ANSWER: The qualified health professionals compliment other members of the peer-led interdisciplinary INSET Team. There is no defined role in the INSET model that is expected to act solely as a diagnostician or prescriber. Applicants are expected to define the roles of qualified health professionals to reflect the needs of the unique needs of their region.

3. Are the social workers expected to be part of the mobile team in the field with peers?

ANSWER: The agency is encouraged to define the role of the Social Worker and Case Manager as OMH does not provide a full description of these roles in the RFP. Team members should work collaboratively and in partnership to enhance the program's ability to meet the unique needs of their region.

4. The RFP states the INSET is comprised of a multi-disciplinary team that includes a licensed Social Worker and a Nurse Practitioner. Can you please specify what activities of the INSET require execution by a licensed Social Worker and the Nurse Practitioner?

ANSWER:

5. Assuming the NP is not part of the 24-hour cycle, is there a minimum amount of time to have them available?

ANSWER:

The RFP does not place a minimum time requirement for the Nurse Practitioner role and the applicant agencies are encouraged to outline job tasks that align with their community needs.

6. For Eligibility, the RFP indicates a 'preponderance of staff must be people with lived experience....', our first question is how an organization would represent this eligibility, as requiring affirmative disclosure of this nature, for purposes of employment, is not allowed. Second question, what cohort of staff should be considered? To be clear, is the cohort defined as the staff to be employed by this project, staff employed in the division of the organization that will be executing this project, staff in the entirety of the organization that provide direct services, etc.?

ANSWER: This RFP is restricted to peer-run agencies with a preponderance of staff with lived experience. Agencies are designated as peer-run accordingly; to find your agency, 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

Staff to be considered for peer roles on INSET should maintain or be eligible for the New York Peer Specialist Certification. It is appropriate for programs that deliver peer support and shared lived experience to require the person to

disclose their peer status as part of a bonafide occupational requirement. See www.nypsc.org for more details. Additional INSET staff, such as qualified health professionals and administrative support should meet the criteria of their role as defined by the applicant agency and while it is not a requirement, 'lived experience' is preferred.

7. Regarding the requirement below,
" 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." Can we count Board members and staff who themselves do not have a MH challenge, but who are raising/caring for an individual with a MH challenge, among those with lived experience? Or must they all have a MH diagnosis to be included in the 51%, and "preponderance" for staff?

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 co-optation and losing its unique status in the continuum of care, we require applicants to be a peer-run agency. People who serve as board members in peer-run agencies must publicly be willing to disclose their status as peers.

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8. How is OMH defining "peer run agency" for the purposes of this RFP? Does it suffice to have board members who have family members with lived experience to fulfil the peer run agency requirement? Would it be sufficient to have the leadership staff who would oversee and design the program not only identify as peers but are also state experts in the peer model and implementation/supervision?

ANSWER: A peer-run agency is defined as an agency with a preponderance of staff and at least 51% of its governing body as identifying with the peer role as defined in the New York Peer Specialist Certification Board www.nypscb.org. 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. If you would like technical assistance to become a peer-run program, please **contact: tony.trahan@omh.ny.gov**.