



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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May 20, 2026

To: All Interested Organizations

From: Department of Children and Family Services

REQUEST FOR INFORMATION RELATED TO PEER MENTOR PROGRAM

The County of Los Angeles (County), through its Department of Children and Family Services (DCFS), is issuing this Request for Information (RFI) to gain familiarity with the current array of service providers, and gather general information related to the experience and cost to support DCFS youth by connecting them with mentors who have had similar experiences.

Organizations with two (2) year experience in connecting DCFS youth between the ages of 10 to 17 years old, with adult mentors with lived experience who help the youth to discuss their lives and opportunities, strengthen family and other social connections, and differentiate between short-term stability and long-term permanency, are encouraged to submit an RFI Response.

The release of this RFI is for planning purposes and does not commit the County to contract for any services. Pending the results, the County reserves the right to collaborate with qualified organizations, either to negotiate contracts, release a solicitation, or to take no further action.

Interested organizations are highly encouraged to submit a Response, as specified below by **12:00 p.m. Pacific Daylight Time (PDT) on June 11, 2026.**

"To Enrich Lives Through Effective and Caring Service"

**COUNTY OF LOS ANGELES
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

REQUEST FOR INFORMATION #26-0045

PEER MENTOR PROGRAM



Issue Date: May 20, 2026

Responses Due By:

June 11, 2026, at 12:00 p.m., Pacific Daylight Time

**Department of Children and Family Services
Contracts Administration Division
510 South Vermont Avenue, 14th Floor
Los Angeles, CA 90020**

PURPOSE

The Department of Children and Family Services (DCFS) is gathering information for Peer Mentor Program to understand the existing array of service providers in Los Angeles County to address the complex and unmet needs of youth, between the ages of 10 to 17 years old, through a peer mentorship model grounded in shared lived experience, authenticity, and trust. DCFS is seeking information on Service Planning Area (SPA)-based organizations that operate structured peer mentorship programs in which individuals with lived experience provide one-on-one or group-based guidance, support, and system navigation assistance to youth. The Peer Mentor Program proposed by DCFS involves adult mentors who are close in age to the youth and have experienced similar life circumstances and systems of care. These mentors will: (1) provide in-person mentoring services to youth on a weekly basis; (2) offer coaching to staff as needed; (3) ensure individualized service connections that go beyond engaging youth in placement; and (4) supply data to measure success.

The Peer Mentor Program should have an established network comprised of service providers capable of delivering peer mentor services throughout the County or in selected Services Planning Areas.

The services will include but are not limited to the following: weekly in-person engagement with youth, creating a safe space for youth to discuss their lives and opportunities with someone who has had similar experiences; help youth understand the importance of family and social connections and the difference between short-term stability and long-term permanency; and connect with youth in a way that will help them feel comfortable, share their feelings, challenges, goals and plans, support youth in identifying family members or other supportive adults in their lives that the child welfare system may not be aware of, receive ongoing support and connection. The success of the Peer Mentorship Program will be based on timely connections with youth and improved outcomes for youth living in out-of-home care.

The Peer Mentor Program should integrate a comprehensive Holistic six (6) Pathway Framework for mentors, particularly benefiting youth transitioning out of care.

1. Education
2. Mentorship and Supportive Relationships
3. Economic Mobility and Financial Literacy
4. Workforce and Vocational Training
5. Housing
6. Health and Wellness

As youth transition into adulthood, they face the challenge of navigating multiple systems simultaneously, such as education, employment, housing, health, and financial independence. Addressing these needs separately often leads to service gaps that can hinder long-term stability and success. A holistic approach acknowledges that progress in one area is interconnected with stability in others.

By addressing these pathways together, we can achieve stronger outcomes for youth, facilitate smoother transitions out of care, and promote greater self-sufficiency. This framework will support more coordinated, youth-centered responses and enhance the effectiveness of programs serving youth and Transition-Age Youth (TAY) across the County.

Peer Mentor Program

Peer mentors, who are close in age and have similar life experiences, help bridge gaps across behavioral health, child welfare, probation, education, and related systems. Their consistent, culturally responsive engagement allows them to connect with youth in ways traditional models often cannot. Understanding both system functionality and limitations, these mentors provide credible, empathetic, and realistic support.

The Peer Mentor Program helps youth build meaningful relationships and lifelong support through genuine engagement. Mentors provide stable, trusted connections, aiding in restoring trust, resolving conflicts, and addressing trauma. By modeling healthy social behavior, mentors boost self-esteem, confidence, and a sense of belonging.

This approach models healthy relationships, renewing hope and fostering resilience for youth. It aims to enhance care by addressing social-emotional, relational, and developmental needs often unmet by traditional services, supporting better outcomes and long-term well-being for youth with complex needs.

I. SERVICES AND REQUIREMENTS

Organizations interested in providing Responses to the RFI shall submit their Response by completing the attached Peer Mentor Program Questionnaire (Attachment A) that includes details of the following:

- A. Demonstrate that your organization has at least two (2) years of verifiable experience mentoring youth in all of the following types of services: Employment, Education, Housing Resources, Mental Health Treatment, and Substance Use Disorder Treatment. Organizations must verify this experience using at least one of the following methods: (1) signed self-attestation, (2) third-party verification from a qualified professional, (3) redacted documentation of prior system involvement, or (4) completion of a recognized peer support training or certification program.
- B. Demonstrate your organization's capacity to deliver comprehensive operational management of services across Los Angeles County, ensuring that mentors consistently support youth throughout all county-wide placements.
- C. Demonstrate how your organization creates meaningful opportunities for youth to build and rebuild relationships and lifelong support. Provide evidence of intentional engagement practices that restore trust, support trauma-informed

healing, resolve conflict, and build self-esteem. Showcase how mentors model positive social engagement and healthy interactions, enabling youth to form stable relationships and renew hope for their future.

- D. Demonstrate your organization's approach to engaging youth through structured informal activities, both on-site and off-site, that are aligned with program objectives. Provide examples of how you prioritize the development of positive, healthy relationships between youth and supportive adults with shared lived experience. Show evidence of consistent engagement that creates safe opportunities for growth, skill building, and trust restoration. Describe implemented youth engagement activities, including but not limited to:
1. Arts and crafts
 2. Personal and leadership development
 3. Cooking and meal prep
 4. Life skills
 5. Social outings
 6. Community events
 7. Permanency and transition planning
 8. Independent living support
 9. Support during CFTMs
- E. Demonstrate support for foster youth advocacy.
- F. Demonstrate that peer mentor staff maintain a flexible 40-hour work schedule, including attendance at internal and external meetings, trainings, and site visits to engage youth onsite and continued engagement once youth have transitioned. Provide evidence that staff follow youth to their next placement until the youth's case is closed or the contract ends, if applicable.
- G. Demonstrate how your organization considers and addresses the following questions:
1. Demonstrate the level of scheduling flexibility for peer support staff and define any limits regarding their availability to serve youth.
 2. Demonstrate the modes of service delivery (virtual, in-person, community-based).
 3. Demonstrate connections to community partners and provide examples of partnerships that enhance comprehensive service delivery.
 4. Demonstrate the typical timeframe for connecting youth with peer support staff.
- H. Demonstrate how your agency supports high-risk youth during acute crises such as behavioral escalation, mental health emergencies, substance abuse relapse, housing instability, or exploitation.

- I. Demonstrate your agency's recruitment of peer mentors representative of the communities and youth served, including:
 1. Outreach strategies to recruit mentors with lived experience in child welfare, juvenile justice, behavioral health, or homelessness services.
 2. Partnerships with community-based organizations, schools, workforce programs, or faith-based institutions.
 3. Strategies to ensure cultural, linguistic, racial, and gender diversity among mentors.
 4. Screening processes to assess readiness, stability, and suitability for working with high-risk youth.
 5. Steps to ensure ethical and safe use of lived experience in mentoring roles.
- J. Demonstrate how your organization provides structured supervision, trauma-informed support, self-care and resilience training, caseload management, support to manage work-related stressors and triggers and professional development opportunities for peer mentors with lived experience similar to the youth served.
- K. Demonstrate that your organization's mentors are readily available for the youth to call on them during crisis situations.
- L. Demonstrate that your organization's mentors are readily available to attend and support youth during Child and Family Team meetings.
- M. Show how your organization hires and retains bilingual mentors to overcome language barriers.
- N. Specify whether your organization's mentorship structure provides 1:1 services or a 1-to-many model.
- O. Demonstrate how your agency supports mentors during youth crises, including:
 1. Immediate response protocols and safety procedures
 2. Access to on-call supervisors or licensed clinicians
 3. Crisis de-escalation guidance
 4. Mandatory reporting procedures
 5. Clear role boundaries between mentor and clinical provider
 6. Post-incident debriefing processes
 7. Emotional and reflective supervision following critical incidents
- P. Provide the projected annual cost to provide the operational management of this program in an estimated annual line-item budget and budget narrative. Prices quoted shall include all applicable charges and costs associated with providing operational management services, administrative costs and any other costs necessary in the performance of all tasks and performance outcomes outlined in, and in accordance with this RFI.

Q. Demonstrate how your organization collects quantitative data analysis and provide examples of how your organization measures program outcomes for the following:

1. Referrals
2. Mentor contacts and frequency of meetings
3. Engagement in services
4. Social experiential activities
5. Positive outcomes for placement stability, improvements in education/employment/behavioral health, and increased social connections.

II. RESPONSE TO REQUEST FOR INFORMATION

Respondents to the RFI shall submit their response as described below. The Response shall include an Introduction Letter and a completed signed Peer Mentor Program Questionnaire (Attachment A). The Responses shall be submitted via email to Andrea “Gaby” Guaran at: GuaraA@dcss.lacounty.gov by **12:00 p.m. Pacific Daylight Time (PDT) on June 11, 2026.**

1. **Introduction Letter** – The introduction letter must be on the organization’s letterhead and include:
 - a. Organization’s full legal name
 - b. Doing Business As name, if applicable
 - c. Employer Identification Number (Federal Tax Identification Number)
 - d. WebVen Number (if not applicable, state “WebVen Number not applicable”)
 - e. 501(c)(3) status - Number, Active/In-Active or Not Applicable
 - f. Name and title of the individual authorized to make representations of behalf of the organization
 - g. Organization’s mailing address
 - h. Contact individual’s name, title, telephone, and e-mail address
 - i. Brief background of the type of services your organization provides and when each service began
 - j. List cities, zip codes, SPAs and counties where services are provided
2. **RFI Peer Mentor Program Questionnaire** – Complete Attachment A, Peer Mentor Program Questionnaire. If attachments are included, label each attachment with the corresponding question number.
3. **Electronic Submission** – The electronic Response shall be titled, **RFI for Peer Mentor Program – SPA #**, along with the name of the organization. The Response shall be compiled in the following order:
 - a. Introduction Letter
 - b. Peer Mentor Program Questionnaire (Attachment A)
 - c. Attachments

III. QUESTIONS TO THE REQUEST FOR INFORMATION

All questions regarding this RFI must be in writing and e-mailed with subject line **Questions for RFI – Peer Mentor Program** to: Andrea “Gaby” Guaran at GuaraA@dcfs.lacounty.gov. Each question shall include the references to the applicable section of this RFI or the question number of Peer Mentor Program Questionnaire (Attachment A).

IV. DEADLINE AND SUBMISSION INSTRUCTION FOR REQUEST OF INFORMATION

All Responses shall be submitted via e-mail to Andrea “Gaby” Guaran at GuaraA@dcfs.lacounty.gov by **12 p.m. PDT on June 11, 2026**.

V. RESPONSE REVIEW

1. DCFS reserves the sole right to review all responses. As a result of this RFI, the County may:
 - a. Request further information, documents, presentations, and/or conference call(s) substantiating Organization’s qualifications, experience, and ability to provide the services described in the RFI;
 - b. Develop and release a formal solicitation; or
 - c. Take no further action.

VI. COUNTY RIGHTS AND RESPONSIBILITIES

The County has the right to amend, re-issue, or cancel this RFI by written addendum. The County is responsible only for that which is expressly stated in this RFI and any authorized written addenda thereto. Such addendum shall be made available on the Internal Services Department and DCFS websites.

VII. COST OF RESPONSE PREPARATION

The cost of Response preparation shall be the responsibility of the Organization. In no event shall the County or DCFS be liable for any expenses incurred in the preparation and submission of the Response.

VIII. NOTICE REGARDING THE PUBLIC RECORDS ACT

Responses to this RFI will become the exclusive property of the County. Responses to this RFI become a matter of public record, except for those parts of each response which are justifiably defined as business or trade secrets, and, if by the Respondent, plainly marked as “Trade Secret,” “Confidential,” or “Proprietary.”

The County will not, in any way, be liable or responsible for the disclosure of any such record or any parts thereof, if disclosure is required or permitted under the

California Public Records Act or otherwise by law. A blanket statement of confidentiality or the marking of each page of the response to this RFI as confidential will not be deemed sufficient notice of exception. The Respondents must specifically label only those provisions of their respective response which are "Trade Secrets," "Confidential," or "Proprietary" in nature.

DISCLAIMER:

NOTHING IN THIS DOCUMENT SHALL BE CONSTRUED AS OBLIGATING THE COUNTY TO ISSUE A SOLICITATION OR TO NEGOTIATE A CONTRACT WITH DCFS.

**REQUEST FOR INFORMATION #26-0045
PEER MENTOR PROGRAM QUESTIONNAIRE**

Date: _____

Organization Name: _____ Phone Number: _____

Organization Address: _____

Contact Person's Name: _____ Phone Number: _____

Contact Person's E-mail Address: _____

Question Number	Question	Response
FOR EACH QUESTION YOU ANSWER "YES", IN A SEPARATE ATTACHMENT, PLEASE PROVIDE A NARRATIVE DESCRIPTION OF YOUR EXPERIENCE UNLESS OTHERWISE DIRECTED.		
A.	<p>Does your organization have at least two years of verifiable experience mentoring youth in all of the following service areas: Employment, Education, Housing Resources, Mental Health Treatment, and Substance Use Disorder Treatment?</p> <p>Organizations must verify this experience using at least one of the following methods: (1) signed self-attestation, (2) third-party verification from a qualified professional, (3) redacted documentation of prior system involvement, or (4) completion of a recognized peer support training or certification program.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B.	Is your organization's capacity able to deliver comprehensive operational management of services across Los Angeles County, ensuring that mentors consistently support youth throughout all county-wide placements.	Yes <input type="checkbox"/> No <input type="checkbox"/>
B1.	<p>Please indicate the Los Angeles County Supervisorial District(s) your organization is able to provide operational management of the services.</p> <p>Supervisorial Map: Maps and Geography – COUNTY OF LOS ANGELES</p>	<p>SUPERVISORIAL DISTRICT</p> <p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p>

B2.	Please indicate the Service Planning Area(s) (SPA/SPAs) your organization is able to provide operational management of the services. Service Planning Area Map: Maps and Geography – COUNTY OF LOS ANGELES	Service Planning Area 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
C.	Does your organization create meaningful opportunities for youth to build and rebuild relationships and lifelong support through intentional engagement practices that restore trust, support trauma-informed healing, resolve conflict, and build self-esteem, with mentors modeling positive social engagement and healthy interactions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D.	Does your organization engage youth in structured informal activities, both on- and off-site, that are aligned with program objectives and prioritize positive, healthy relationships between youth and supportive adults with shared lived experience, providing consistent engagement and safe opportunities for growth, skill building, and trust restoration, such as the following: <ul style="list-style-type: none"> • arts and crafts..... • personal and leadership development..... • cooking and meal prep..... • life skills..... • social outings..... • community events..... • permanency and transition planning..... • independent living support..... • Support during CFTMs..... 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
E.	Does your organization support foster youth advocacy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
F.	Do peer support staff maintain a flexible 40-hour work schedule, attend internal and external meetings, trainings, and site visits to engage youth onsite, and continue engagement with youth after transition, following youth to their next placement until the case is closed or the contract ends, if applicable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
G.	Does your organization consider and address the following questions (G1 through G4)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Narrative not required

G1.	Does your organization offer scheduling flexibility for peer support staff, and are there any limits regarding their availability to serve youth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G2.	Does your organization provide services through the following modes of delivery: <ul style="list-style-type: none"> • virtual..... • in-person..... • community-based 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G3.	Does your organization have connections to community partners, and can you provide examples of partnerships that enhance comprehensive service delivery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G4.	Is there a typical timeframe for connecting youth with peer support staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H.	Does your agency support high-risk youth during acute crises for the following: <ul style="list-style-type: none"> • behavioral escalation • mental health emergencies • substance abuse relapse • housing instability • exploitation 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I.	Does your agency recruit peer mentors who are representative of the communities and youth served?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Narrative not required	
I1.	Does your agency use outreach strategies to recruit mentors with lived experience for the following: <ul style="list-style-type: none"> • child welfare..... • juvenile justice..... • behavioral health..... • homelessness services..... 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I2.	Does your agency have partnerships with the following: <ul style="list-style-type: none"> • community-based organizations..... • schools..... • workforce programs..... • faith-based institutions..... 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I3.	Does your agency implement strategies to ensure for diversity among mentors for the following: <ul style="list-style-type: none"> • cultural..... • linguistic..... • racial..... • gender 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

14.	Does your agency have screening processes to assess working with high-risk youth for the following: <ul style="list-style-type: none"> • readiness..... • stability..... • suitability 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Does your agency take steps to ensure ethical and safe use of lived experience in mentoring roles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
J.	Does your organization provide the following: <ul style="list-style-type: none"> • structured supervision..... • trauma-informed support..... • self-care and resilience training • caseload management..... • support to manage work-related stressors and triggers • professional development opportunities for peer mentors with lived experience similar to the youth served..... 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
K.	Are your organization's mentors readily available for youth to call on them during crisis situations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
L.	Are your organization's mentors readily available to attend and support youth during Child and Family Team meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
M.	Does your organization hire and retain bilingual mentors to overcome language barriers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
N.	Does your organization's mentorship structure provide the following: <ul style="list-style-type: none"> • 1:1 services..... • 1-to-many model..... 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
O.	Does your agency support mentors during youth crises, including the following questions (O1 through O7)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Narrative not required
O1.	Does your agency have immediate response protocols and safety procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
O2.	Do mentors have access to on-call supervisors or licensed clinicians?	Yes <input type="checkbox"/> No <input type="checkbox"/>
O3.	Is crisis de-escalation guidance provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
O4.	Are mandatory reporting procedures in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
O5.	Are there clear role boundaries between mentor and clinical provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>

O6.	Are post-incident debriefing processes implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
O7.	Is emotional and reflective supervision provided following critical incidents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
P.	Please provide the projected annual cost to provide operational management of this program. Prices quoted shall include all applicable charges and costs associated with providing operational management services, administrative costs and any other costs necessary in the performance of all tasks and performance outcomes outlined in, and in accordance with this RFI.	\$ _____ Provide an estimated annual line-item budget and budget narrative. Identify the number of staff.	
Q.	Does your organization collect quantitative data analysis and measures program outcomes? In the narrative, describe your organization's data collection methods, tools, and outcome measurement practices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q1.	Does your organization collect quantitative data analysis for Referrals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q2.	Does your organization collect quantitative data analysis and measure program outcomes for mentor contacts and frequency of meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q3.	Does your organization collect quantitative data analysis for engagement in services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q4.	Does your organization collect quantitative data analysis for social experiential activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q5.	Does your organization provide positive outcomes for the following: <ul style="list-style-type: none"> • placement stability..... • improvements in education..... • improvements in employment..... • improvements in behavioral health..... • increased social connections..... 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of Executive Director or designee: _____

Signature of Executive Director or designee: _____

Date: _____