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## **Request for Grant Applications #5487**

### **Increasing Access to Veteran and Military Peer Support Specialist Training**

See Attachments 2 & 3 for additional resource information available to Applicants.

**Posted Date: July 14<sup>th</sup>, 2022**

**Deadline: Applications will be received ongoing until 10:00 PM August 31<sup>st</sup>, 2022.**

#### **1. Introduction and Background**

The Oregon Health Authority (OHA) Health Systems Division (HSD) is pleased to announce this solicitation of Applications for funding Peer Support Specialist Trainings. The intention is to make in-person Peer Support Specialist Trainings more accessible to military veterans living in communities designated as Rural or Frontier by the Oregon Office of Rural Health.

OHA is calling for Applications from organizations who are well positioned to provide services to military veterans and have the capacity to grow the peer-delivered services workforce in their communities.

This funding opportunity is being offered in response to the 2019 Oregon Veterans Behavioral Health Services Improvement Study, feedback received at community forums, and requests made by organizations serving veterans in counties identified as predominantly Rural and/or Frontier.

The total not-to-exceed amount OHA HSD may award under this solicitation is \$1,000,000. The not-to-exceed amount for each Application is capped at \$75,000 and OHA may award multiple Grants under this Request For Grant Applications (RFGA). For a copy of the Grant Agreement terms, please see Attachment #4. These terms may be different for Tribal or Intergovernmental Awards made as a result of this RFGA.

OHA is a state governmental agency with a single overarching strategic goal: to eliminate health inequities in Oregon by 2030. OHA's Health Equity definition is as follows:

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity,*

*language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.*

*Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to:*

- *Address the equitable distribution or redistribution of resources and power; and*
- *Recognize, reconcile, and rectify historical and contemporary injustices.*

Please be sure your completed Application is aligned with OHA's strategic goal and Health Equity definition.

## **2. Program Goals and Objectives**

- a. **Workforce Development:** To increase the skill set of individuals who have served in the military by growing the pool of trained Peer Support Specialists in Oregon. This may include:
  - a. Increasing knowledge of substance use disorders, Peer Delivered Services, and behavioral health risk factors through the delivery of an approved training;
  - b. Providing tools and education for military veterans to learn how to assist other individuals through the delivery of Peer Delivered Services;
  - c. Increasing the availability of approved trainings in communities designated as Rural or Frontier; and
  - d. Increasing educational and competitive employment opportunities for individuals who identify as having lived experience serving in the military and living with a behavioral health diagnosis.
- b. **Reducing Isolation & Promoting Wellness:** To reduce a known risk factor for suicide in military veterans by created a safe space to learn and foster community. This may include:
  - a. Improving access and reducing barriers to military veterans seeking training and learning opportunities;
  - b. Promoting natural peer supports and increasing opportunities to reduce isolating behaviors;
  - c. Building community and promoting collaborations through participation of the approved training; and
  - d. Promoting health and recovery supports services for individuals with behavioral health needs.
- c. **Additional Information**
  - a. **Training Details**

(1) Training opportunity should be available to all individuals who served in the military **and** have lived experience specific to a mental health

diagnosis or substance use disorder. For the purposes of this funding opportunity, participants must be at least 18 years of age.

Recognizing each person's experience with recovery is unique, OHA encourages thoughtful selection of program participants and may wish to review the guidance, located on OHA's web page, regarding who can become a Peer Support Specialist or Peer Wellness Specialist: <https://www.oregon.gov/oha/HSD/AMH-PD/Pages/Training-Certification.aspx>

- (2) Class size may range from a minimum of 10 to a maximum of 20 (or at the discretion of an approved trainer).
- (3) **Funds may only be used for allowable trainers.** Allowable trainers are those who are listed under the "Find an Approved THW Training Program" on the OHA website **and** have an addiction focus listed under the "program" column. **Trainings that do not include the addiction specialty are not considered allowable trainers under this funding opportunity.** The training list can be found here: <https://www.oregon.gov/oha/OEI/Pages/THW-Training-Programs.aspx>

b. **Technical Assistance**

OHA program staff may provide limited technical assistance and support for the development of Applications. Please contact the RFGA SPC with your questions, and the RFGA SPC will put you into contact with the appropriate OHA subject matter expert.

c. **Reporting Requirements**

- (1) The Recipient will submit two brief reports over the funding period. The first report shall outline the progress of the project. The second report will be submitted to OHA via an OHA provided template.
- (2) A REALD form must be offered to each training participant. Partially or fully completed REALD forms are to be included in the final report.
- (3) An end of course survey will be offered to each training participant via an OHA provided template. Partially or fully completed surveys are to be included in the final report.

d. **Payment Schedule**

The Recipient will submit invoices three times over the course of the project. The anticipated payment schedule is as follows:

<b>Anticipated Payment Schedule</b>		
Payment #1	1/3 of funds	Payment will be approved upon Agreement execution and receipt of 1 <sup>st</sup> invoice
Payment #2	1/3 of funds	Payment will be approved upon review of 2 <sup>nd</sup> invoice, receipt, and approval of first report
Payment #3	1/3 of funds	Payment will be approved upon review of 3 <sup>rd</sup> invoice, receipt, and approval of final report

### 3. Eligibility

To apply, Applicant must meet the following eligibility requirements:

- a. Be a nonprofit organization, with a current registration with the Oregon Secretary of State; or be a Federally Recognized Tribe within Oregon; or be the Urban Indian Health Program in Oregon;
- b. Be an organization serving a community/communities designated as Rural or Frontier by the Oregon Office of Rural Health, or be able to deliver the training in a location designated as Rural or Frontier; and
- c. Abide by [OHA's Nondiscrimination Policy](#), and state and federal civil rights laws, unless otherwise exempted by federal or state law.
- d. Complete and submit Attachment #1 to the Sole Point of Contract identified in Section 8.

### 4. RFQA Process and Timeline

- a. Application Opening Date: **July 14, 2022**
- b. Application Closing Date: **August 31, 2022**
- c. Estimated OHA Evaluation Results Released: **September 16, 2022**
- d. Estimated Agreement Start Date: **October 7, 2022**
- e. Estimated Agreement End Date: **February 28, 2023**

### 5. Application Materials

Application materials can be found on the OHA Veterans Behavioral Health website:

<https://www.oregon.gov/oha/HSD/AMH/Pages/Veterans.aspx>

Materials on the website may include the Application documents, announcements, technical advisories, and Questions/Answers (Q&As). Applicant is expected to complete the Application by responding to each of the questions completely.

## **6. Minimum Application Submission Requirements**

If you are interested in submitting an Application for funding, please provide the required information see Attachment #1 Parts 1 & 2, by attaching a Word, Excel, and/or PDF file by August 31<sup>st</sup>, 2022 by 10:00 PM via email to [Emily.E.Watson@dhsosha.state.or.us](mailto:Emily.E.Watson@dhsosha.state.or.us)

## **7. Evaluation Process**

Upon closing of this RFGA opportunity:

- a. An Application received prior to Application Closing Date will be reviewed to determine if it is Responsive to all RFGA requirements. If the Application is unclear, the SPC may request clarification from the Applicant. If the SPC finds the Application non-Responsive, the Application may be rejected. OHA may waive or allow correction of mistakes in accordance with OAR 137-047-0470.
- b. The SPC may reject an application for any of the following reasons:
  - i. Applicant fails to submit required materials by the due date as outlined in Section 6: Minimum Application Submission Requirements
  - ii. Applicant fails to substantially comply with all prescribed RFGA procedures and requirements
  - iii. Application is submitted on the condition of acceptance of OHA's terms and conditions or rights to negotiate any alternative terms and conditions expressly authorized for negotiation in the RFGA or any Addenda
  - iv. Applicant makes any contact regarding this RFGA with State representatives such as State employees or officials other than the SPC, or those the SPC authorizes, or inappropriate contact with the SPC.
- c. Evaluation Process
  - i. Once the SPC determines that an Application is Responsive, the SPC will forward the Application to the review team.
  - ii. The review team will evaluate Responsive Applications to determine whether they meet Program Goals and Objectives.
  - iii. The review team may request, through the SPC, that Applicants provide clarifications or additional information as needed to complete evaluation.
  - iv. Applicants who meet Program Goals and Objectives will be issued a notice of intent to award.
  - v. Negotiations with awardees of the final statements of work to be included in the Agreement will then take place, resulting in a formalized Agreement.
- d. Evaluation Criteria

Each Responsive Application will be independently evaluated by persons serving on the review team (“Evaluators”). Evaluators may change. Evaluators will assign a pass or fail score for each evaluation criterion.

SPC or designee may request further clarification to assist the Evaluators in gaining additional understanding of Application. A response to a clarification request must be to clarify or explain portions of the already submitted Application and may not contain new information not included in the original Application.

The items listed below will be scored on an initial pass/fail basis by the person indicated:

- Did the Application meet all submission requirements?
- Does the Application meet the described Program Goals and Objectives?  
This will be determined by the Evaluators, using Evaluation Criteria listed in Attachment 3.

## **8. RFGA Sole Point Contact (SPC)**

Interested parties shall contact the SPC regarding this RFGA. All questions must be submitted to the RFA SPC at the contact information listed below:

OHA Veterans Behavioral Health Liaison: Emily Watson

Email: [Emily.E.Watson@dhsosha.state.or.us](mailto:Emily.E.Watson@dhsosha.state.or.us)

Phone/Voicemail: 503.510.9660

## APPLICATION

### Information Requested – Part One

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Please provide the following information for your organization.

**Organization name:**

**Organization address:**

**Physical:**

**Mailing** (*if different than physical address*):

**Tax ID, EIN, or FIN:**

**Oregon Secretary of State registration number:**

**Please indicate if you are applying as:**

- ☐ A Federally Recognized Tribe or Urban Indian Health Program
- ☐ A nonprofit organization registered in the State of Oregon

**Please indicate which of the items below apply to your organization:**

- ☐ We are an organization that serves a community/communities designated as Rural or Frontier by the Oregon Office of Rural Health.
- ☐ We are an organization able to deliver the training in a location designated as Rural or Frontier by the Oregon Office of Rural Health

**Contact name** (*please provide the point of contact who can respond to questions regarding this proposal*):

**Contact email and phone:**

**Authorized signature name** (*please provide the name of the person who has the authority to sign an Agreement on behalf of your organization*):

## Information Requested – Part Two

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### 1. Program Description.

Please describe:

- a. What is your organizational mission or value(s) statement and how does it pertain to serving veterans in your community?
- b. What is your experience serving or working with the veteran population?
- c. What is your experience serving, or working with individuals with behavioral health needs? *For example, does your organization provide billable or nonbillable services such as counseling, harm reduction, case management, etc.?*
- d. What kind(s) of relationships do you have with veteran organizations in your community? *For example, do you work together to coordinate care, provide wraparound-style services, have formal or informal agreements?*
- e. How did you identify the need for a veteran and military peer support training in your community? *For example, recommendations from a community group or advisory council, or requests from veteran groups. If citing high veteran suicide rates, please be sure to include additional information to support the need for peer trainings.*
- f. Please provide a brief description of proposed project activities, including a timeline. Please keep in mind all project activities, including submission of final invoices, must conclude by February 28, 2023.
- g. How do you plan to utilize and support a newly trained veteran PSS in your community or organization? *For example, is formal peer supervision available?*
- h. It is important the peer-delivered services workforce represents individuals they are working with. How do you plan to do outreach and engagement to ensure diverse participation of veteran attendees?
- i. Where do you propose holding the PSS Training (county/city) and how will you ensure access is available to veterans living in parts of the state designated as Rural or Frontier?
- j. How will you plan for cancellations and what actions will you take to avoid cancellations? *For example, provide reminder phone calls, assist with transportation or lodging.*
- k. What steps will you take to ensure the training environment is trauma informed and what steps will you take to support the needs of participants who may become (emotionally) activated during the training?

## 2. Budget Summary.

Please provide a budget, with sufficient narrative to reflect how it aligns with the information requested in Sections 1-2 of this Application and follows the guidance below:

- a. Include anticipated cost of an allowable trainer, cost of training needs, cost of training facility and/or equipment.
- b. Limit salaries to a .25 FTE project coordinator for the duration of the project cycle.
- c. Calculate fuel or lodging expenses at the appropriate GSA rate.
- d. A one-time calculation for 10% admin is allowable to cover grant administration and reporting. Please calculate based on the subtotal, not per line item. Tribes may use their usual and customary indirect rate.
- e. Identify all in-kind or matching funds, if available.

## 3. Attestations:

Our organization abides by [OHA's Nondiscrimination Policy](#), and state and federal civil rights laws, or is otherwise exempted by federal or state law.

In addition, all contents of the Application (including any other forms or documentation, if required under this RFA) are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, fraud, or other dishonesty.

**The individual signing on behalf of Applicant below certifies that Applicant meets the certification requirement described above. Applicant must provide evidence of a wet signature through scanned documentation or include a verified electronic signature through a program such as DocuSign or Adobe.**

**Applicant**

By:

*Authorized Signatory, Title*

Date:

## RESOURCES

The following resources may be helpful for Applicants

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National Association of State Mental Health Program Directors (NASMHPD)

**Engaging Women in Trauma-Informed Peer Support: A Guidebook:**

<http://www.nasmhpd.org/content/engaging-women-trauma-informed-peer-support-guidebook>

Oregon Administrative Rules (OAR):

- **Chapter 309-018-0105**, definitions for Peer Delivered Services, including OARs for the definition of Peer, Peer Delivered Services, Peer Support Specialists, Peer Supervision, Peer Wellness Specialists, and more  
<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=285589>
- **Chapter 410-180-0305**, definitions for Traditional Health Workers, including OARs for the definitions of Peer Support Specialists, and more  
<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=288125>

Oregon Health Authority Pages:

- **Peer Delivered Services**, main landing page:  
<https://www.oregon.gov/oha/HSD/AMH-PD/Pages/index.aspx>
- **Peer Delivered Services, How to become a Peer Support Specialist (PSS) or Peer Wellness Specialist (PWS)**, including who can become a PSS or PWS:  
<https://www.oregon.gov/oha/HSD/AMH-PD/Pages/Training-Certification.aspx>
- **Traditional Health Worker (THW) Training Programs**, including table of Approved THW Training Programs:  
<https://www.oregon.gov/oha/OEI/Pages/THW-Training-Programs.aspx>

Oregon Office of Rural Health - Geographic Definitions:

- **Rural and Frontier definitions:**  
<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>
- **Rural/Urban Designations** – Spreadsheet of Oregon Zip Codes, Towns, Cities and Service Areas and their ORH Urban/Rural/Frontier Designation  
<https://www.ohsu.edu/sites/default/files/2021-01/Oregon%20Zip%20Codes%20Towns%20Cities%20and%20Service%20Areas>

[%20and%20their%20ORH%20Urban%20Rural%20Frontier%20Designation%202.xlsx](#)

- **Map of ORH Urban/Rural/Frontier Designation Areas**, static map:  
<https://www.ohsu.edu/media/881>

Substance Abuse and Mental Health Services Administration (SAMHSA) Pages:

- **Evidence Based Practices Kit** – Peers developing mental health services:  
<https://store.samhsa.gov/product/Consumer-Operated-Services-Evidence-Based-Practices-EBP-KIT/SMA11-4633>
- **Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center**, main landing page:  
<https://www.samhsa.gov/smvf-ta-center>

Trauma Informed Oregon

**Resource Library:**

<https://traumainformedoregon.org/resources/trauma-informed-care-resource-library/>

United States General Services Administration

**Travel Resources** – Per diem, hotel, and mileage rates:

<https://www.gsa.gov/travel-resources>

## EVALUATION CRITERIA

**Completed Applications will be evaluated on the following items.**

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- 1. Applicant has followed instructions, responded to each question in Part 1 and Part 2, and has followed guidance regarding allowable expenses and implementation timelines.**
  - a. Budget and project activities do not begin prior to October 1, 2022, and do not extend beyond February 28, 2023
  - b. Responses are provided for each question asked (no blank spaces)
  - c. An allowable trainer has been identified or is tentatively identified and pending upon submission of Application
- 2. Applicant has provided sufficient background information such as: experience serving the veteran and military community, working with peers, demonstrating partnerships within the community, and identifying a need for the training.**
  - a. Responses provided respond the question(s) asked
  - b. Mission and/or organization's activities align with intent of RFGA
  - c. Community partner(s) have been identified
  - d. Information has been provided to indicate need. For example, was information provided by stakeholders, consumers, community meeting, etc.?
- 3. Applicant has provided a sufficient description of project activities, including outreach activities and an estimated timeline.**
  - a. A timeline is included and adheres to the funding cycle
  - b. Outreach activities have been described
  - c. Project activities are in alignment with OHA's strategic goal regarding health equity
  - d. Project description and intent is in alignment with descriptions and definitions provided in the resource materials (Attachment 2)
- 4. Applicant has provided a description of how newly trained Peers will be supported and may be utilized by the organization or with partner organizations**
  - a. Descriptions of peer roles are in alignment with Peer Delivered Services as described by the Traditional Health Worker and Peer Delivered guidance and Application indicates an understanding of roles and responsibilities appropriate for certified Peers
  - b. Supports for Peers have been identified, or a plan is in place to develop supports
- 5. Budget request and budget narrative support project activities and align with intent of RFA; and**
  - a. Budget is accompanied by brief narrative aligning with line items
  - b. Budget items reflect project costs as described in the project description and align with project activities (example: cost of facility rental for training vs. rent at organization regardless of training event)

- 6. Budget request follows guidance, including appropriate estimate of GSA rates, FTE, and/or admin.**
- a. Rates are calculated within the limits provided in the Application
  - b. Admin is calculated based on subtotal, not by line