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Request for Grant Applications #5882

Veteran and Military Behavioral Health Community Grants

See Attachments #1, #2, and #3 for additional resource information available to Applicants. For a copy of the Grant Agreement terms, please see Attachment #4 posted at <https://www.oregon.gov/oha/hsd/amh/pages/veterans.aspx>

Posted Date: February 2, 2024

Deadline: Applications will be received ongoing until 10:00 PM March 29, 2024

1. Introduction and Background

The Oregon Health Authority (OHA) Health Systems Division (HSD) is pleased to announce this opportunity of Applications for community focused **efforts addressing Veteran & Military Behavioral Health** in three program areas, described below.

The intent of this behavioral health grant opportunity is to support communities in their efforts identifying and addressing needs of Service Members, Veterans, and their Families (SMVF) in Oregon.

OHA is calling for Applications from organizations and health care providers who are well positioned to provide services to military Veterans and have the capacity to address at least one of the three identified programmatic areas. Program areas are as follows:

- Suicide Postvention
- Behavioral Health Services
- Workforce Development

This funding opportunity is being offered in response to the 2019 Oregon Veterans Behavioral Health Services Improvement Study, community feedback and requests made by Tribes, community partners, and stakeholders, and program subject matter experts.

The total not-to-exceed amount OHA may award under this solicitation is \$500,000. The not-to-exceed amount for each awarded Application is capped at \$50,000. OHA may award multiple Grants under this Request For Grant Applications (RFGA). These terms may be different for Tribal or Intergovernmental Awards made as a result of this RFGA.

OHA is a state governmental agency with an overarching 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.

2. Program Goals and Objectives

- a. **Suicide Postvention:** Providing immediate and ongoing support to military connected individuals and communities impacted by a suicide loss.
 - (1) Offering evidence-based suicide postvention training in a community (including clinics and service delivery organizations).
 - (2) Implementing a suicide survivors support group following best practices such as those identified by the United States Department of Veterans Affairs (USDVA), and the Rocky Mountain Mental Illness Research, Education, and Clinical Center (MIRECC).
- b. **Behavioral Health Services:** Services addressing mental health or emotional wellbeing and/or actions that affect wellness. Behavioral health challenges include substance abuse and misuse, problem gambling and gambling disorders, mental health challenges and diagnoses as well as serious psychological distress, trauma responses, and suicidal feelings or attempts.
 - (1) Providing person directed services to a military connected behavioral health consumer, such as outpatient therapy or a culturally specific, evidence-based program by a licensed provider;
 - (2) Providing person directed Peer Delivered Services to SMVF by a Peer with current credentials and the designation of a Certified Recovery Mentor, Peer Support Specialist or Peer Wellness Specialist; and

- (3) Reducing barriers to behavioral health care to SMVF by supporting care navigation, billing and referral coordination support with the United States Department of Veterans Affairs, Department of Defense, and other government and commercial insurance programs and payers.
- c. Workforce Development:** To increase the skill set of individuals who have served in the military by growing the pool of trained individuals in Oregon. This may include:
- (1) Increasing knowledge of Peer Delivered Services and behavioral health risk factors through the delivery of an OHA approved Peer training;
 - (2) Providing additional training, tools and supports designed to support the behavioral health of Veterans who have completed an OHA approved Peer training;
 - (3) 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; and
 - (4) Providing military culture training to behavioral health providers.
- d. Health Equity:** Achieving health equity through the ongoing collaboration of all regions and sectors of the state, including tribal governments by:
- (1) Offering military specific programing addressing the equitable distribution or redistribution of resources and power;
 - (2) Offering military specific programing recognizing, reconciling, and rectifying historical and contemporary injustices; and
 - (3) Ensuring Applications are aligned with OHA’s strategic goal and Health Equity definition.

3. Additional Information

a. Training Details

- (1) Any OHA approved Peer training opportunities should be available to all individuals who served in the military and have lived experience specific to a mental health challenge and/or substance use disorder. For the purposes of this funding opportunity, participants must be at least 18 years of age.
- (2) 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>
- (3) Peer training class size may range from a minimum of 10 to a maximum of 20 (or at the discretion of an approved trainer).

(4) Funds for Peer training 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 adult addiction or mental health focus listed under the “program” column. Trainings that do not include an adult mental health, or adult addiction specialty are not considered allowable trainings 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

The Recipient will submit reports over the funding period. OHA anticipates two reporting periods with reports to be submitted to OHA via an OHA provided template.

- Depending on the proposed project scope, REALD, demographic information and satisfaction surveys may be required. Partially or fully completed surveys are to be included in reporting.

d. Payment Schedule

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

Anticipated Payment Schedule		
Payment #1	40% of funds	Payment will be approved upon Agreement execution and receipt of 1 st invoice
Payment #2	50% of funds	Payment will be approved upon review of 2 nd invoice, receipt, and approval of first report
Payment #3	10% of funds	Payment will be approved upon review of 3 rd invoice, receipt, and approval of final report

4. Eligibility

To apply, Applicant must meet the following eligibility requirements:

- Be a nonprofit organization, with a current registration with the Oregon Secretary of State or be registered at the time of Grant award, if awarded; or one of the Nine Federally Recognized Tribes within Oregon; or be the Urban Indian Health Program in Oregon;
- Health care providers licensed by the state of Oregon, serving OHP members and SMVF who are receiving health care services in the state of Oregon;

- c. Abide by [OHA's Nondiscrimination Policy](#), and state and federal civil rights laws, unless otherwise exempted by federal or state law; and
- d. Complete and submit Attachment #1 to the Sole Point of Contract identified in Section 9.

5. RFGA Process and Timeline

- a. Application Opening Date: **February 2, 2024**
- b. Application Closing Date: **March 29, 2024**
- c. Estimated OHA Evaluation Results Released: **April 12, 2024**
- d. Estimated Agreement Start Date: **May 13, 2024**
- e. Estimated Agreement End Date: **May 30, 2025**

6. 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.

7. Minimum Application Submission Requirements

If you are interested in submitting an Application to be considered for funding, please provide the required information see Attachment #1 Parts 1 & 2, by attaching a Word, Excel, and/or PDF file by March 29, 2024, by 10:00 PM via email to SMVF.VBH@oha.oregon.gov

8. 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:
 - (1) Applicant fails to submit required materials by the due date as outlined in Section 6: Minimum Application Submission Requirements
 - (2) Applicant fails to substantially comply with all prescribed RFGA procedures and requirements
 - (3) 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

- (4) 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

- (1) Once the SPC determines that an Application is Responsive, the SPC will forward the Application to the review team.
- (2) The review team will evaluate Responsive Applications to determine whether they meet Program Goals and Objectives.
- (3) The review team may request, through the SPC, that Applicants provide clarifications or additional information as needed to complete evaluation.
- (4) Applicants who meet Program Goals and Objectives will be issued a notice of intent to award.
- (5) 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 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.

9. 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 Program Implementation Strategist: Susan Davis and
OHA Veterans Behavioral Health Liaison Emily Watson
Email: SMVF.VBH@oha.oregon.gov
Phone/Voicemail: 503.480.5538

10. Insurance

Prior to award, Applicants shall secure and demonstrate to Agency proof of insurance as required in this RFGA or as negotiated:

- (1) Commercial General Liability is required in all Agreements;
- (2) Automotive Liability is required whenever contracted work uses a licensed vehicle on public roads, or on your property; and
- (3) Professional Liability is required with any type of medical and/or medical facility.

Attachment 1

APPLICATION

Information Requested – Part One

Please provide the following information.

Organization name:

Organization address:

Physical:

Mailing (*if different than physical address*):

Tax ID, EIN, or FIN:

Oregon Secretary of State registration number:

National Provider Number (NPI) for individual provider applicants only:

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
- Health care providers licensed by the state of Oregon, serving OHP members and SMVF who are receiving health care services in the state of Oregon.

Please indicate which of the funding areas you are applying to (must select at least one):

- Suicide Postvention
- Behavioral Health Services
- Workforce Development

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

- We are an organization, or I am a health care provider that is serving a community/communities designated as Rural or Frontier by the Oregon Office of Rural Health.
- We are an organization, or I am a health care provider, delivering health care services and billing through the Oregon Health Plan.

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

Contact email and phone:

Information Requested – Part Two

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. Timeline should start no earlier than May 1, 2024. Please keep in mind all project activities, including submission of final invoices and reports must conclude by May 30, 2025. Timeline should include elements for each area of funding you are applying for (as indicated on Part One of the Application).

- g. What steps will you take to ensure any training or work environments are trauma informed and what steps will you take to support the needs of program participants or staff who may become (emotionally) activated during an event, training, while engaging in services or other program activities?

- h. Postvention programming only: How will you ensure any proposed projects or programming addressing postvention adhere to the evidence based and best practices listed on Attachment 2?

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, is sufficiently detailed to support the expenditures identified to achieve the work, and follows the guidance below:

- a. Training expenses: include anticipated cost of an allowable trainer, cost of training needs, cost of training facility and/or equipment.
- b. Unless identified as a behavioral health professional delivering direct services, please limit salaries to a 1 FTE project coordinator for the duration of the project cycle.
- c. Health care providers direct billing may not use grant funding to supplement claims at rates higher than Medicaid hourly rate or to supplant open or pending claims.
- d. Calculate fuel or lodging expenses at the appropriate GSA rate.
- e. There is 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. Each application is capped at \$50,000, including admin.
- f. Identify all in-kind or matching funds, including similar grants from OHA, if applicable.
- g. Vehicles are not allowable under this funding opportunity

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.

<i>Applicant</i>	
<i>By:</i>	<i>Date:</i>
<i>Authorized Signatory, Title</i>	

RESOURCES

The following resources may be helpful for Applicants

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 950-060-0010**, 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 for PSS and PWS:
<https://www.oregon.gov/oha/EI/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>

Evidenced based postvention training:

- **Connect:**
 - <https://theconnectprogram.org>
 - To request Connect training in Oregon, please contact Association of Oregon Community Mental Health Programs (AOCMHP) at
<http://www.aocmhp.org/connect/>

Additional evidence based postvention approaches and resources:

- **LOSS:** <https://losscs.org/>
- **TAPS:** <https://www.taps.org/>

- [USDVA Rocky Mountain MIRECC, Uniting for Suicide Postvention:](https://www.mirecc.va.gov/visn19/postvention/)
- US Department of Defense, Defense Suicide Prevention Office: <https://www.dspo.mil/Portals/113/Documents/PostventionToolkit.pdf>

Additional Guidelines/Best Practices for Consideration

Best Practices (Continuum of Prevention, Intervention, Postvention)

- Recognize needs and sensitivity to survivors of suicide loss;
- All communication guided by safe messaging:
 - VA - [A guide for members of the media and communications](#)
 - VA – [Safe messaging best practices](#)
- Promote awareness, availability, and use of 911, 988, 988+1 (Veterans Crisis Line) and [Lines for Life Military Helpline](#) (1.888.457.4838)
- Creation and use of safety plans
- Promote and utilize the safe storage of lethal means

Best Practices (Postvention)

- Whenever possible, utilize a culturally appropriate, postvention-trained facilitator
- Recognize exposure to a death by suicide impacts survivors and the community. This exposure can result in increased risk of suicide in survivors. Take appropriate steps to mitigate risk.
- Promote supports and follow through on offers of support, following processes and guidelines identified in Connect and other evidenced based postvention models.
- Link people to appropriate resources such as grief counseling (Dougy Center, AFSP’s Support Groups for Survivors, TAPS, etc.).
- Pay attention to social media or local rumor mill—develop one clear message about the death that can be shared in multiple settings. Prepare a “script” for notification and develop a process for breaking news to various groups. Do not discuss means in the message.
- Limit discussion of details of how death occurred, unless part of specific response such as a Suicide Mortality Review Team (SMRT).
- Utilize materials and resources from vetted sources such as the [Rocky Mountain MIRECC for Veteran Suicide](#).
- As Oregon Adapted Counseling on Access to Lethal Means (OCALM), CALM, CALM Conversations.
- Be mindful of timing of suicide prevention trainings – the best practice is NOT to offer a suicide prevention training right after a death by suicide. This is a particularly vulnerable time for survivors.
- Have a clear postvention plan developed before an incident occurs – the plan should identify key partners and the pathways for communication. For example, is there a county suicide prevention point of contact or a local crisis team to engage?
- Promote long-term healing and resilience.

EVALUATION CRITERIA

Completed Applications will be evaluated on the following items.

- 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. (10 pts.)**
 - a. Budget and project activities do not begin prior to May 1, 2024, and do not extend beyond May 30, 2025.
 - b. Responses are provided for each question asked (no blank spaces).
 - c. Responses address at least one of the three program areas and are specific to Veteran and military communities in Oregon.

- 2. Applicant has provided sufficient background information such as: experience serving the Veteran and military community, working with Peers, practicing safe messaging for suicide prevention programming, demonstrating partnerships within the community, and identifying a need for the project(s). (25 pts.)**
 - 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 any ramp-up activities, outreach activities and an estimated timeline. (25 pts.)**
 - 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. If applicable, applicant has described how projects or programming addressing postvention will adhere to the best practices and evidence base practices listed on the resource page (for postvention projects only). (0 pts.)**
 - a. Descriptions of projects or programming adhere to the best practices listed on the resource page.
 - b. Descriptions of postvention projects or programming utilize evidence base practices.

- 5. Budget request and budget narrative support project activities and align with intent of RFA; and (30 pts.)**
 - 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. (10 pts.)**
 - a. Rates are calculated within the limits provided in the Application.
 - b. Admin is calculated based on subtotal, not by line.