

RFGA 114: Peer Leadership, Advocacy, and Peer Support

TO: Applicants and Interested parties
FROM: Department of Mental Health (DMH)
DATE: May 29, 2024
RE: RFGA Questions and Responses

ISSUE DATE: 05/03/2024

QUESTIONS DUE: 05/22/2024, 4:30pm ET

RFP RESPONSES DUE BY: 06/10/2024, 4:30pm ET

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1. For Requirement C, what is the definition of "local"? How small or large of a service area is expected to be covered?
 - The word 'local' is used in this context to describe a project that primarily serves the needs of a particular place or region, rather than a statewide approach.
 2. For Requirement C, can an organization that is awarded this grant also submit proposals for review for funding? To alleviate that conflict of interest, will multiple organizations be awarded this part to ensure an organization is not reviewing and awarding funds for its own proposals?
 - The local peer-operated project scope of work is not intended to be spent by the applicant, rather this initiative is to manage the process of sub-granting funds to other organizations for peer-operated projects/initiatives.
 3. For Requirement C, what is the expectation on soliciting and developing proposals given the conflict of interest concern for self-review?
 - See above response. That would be a conflict-of-interest as stated. The intent of this scope is to administer the program for other organizations not the awardee of this scope of work through the RFGA.
 4. For Requirement C, What is the extent of technical assistance expected to be provided to funded initiatives?
 - This would depend on the scope of the initiative. Applications should highlight what the program would look like and how the RFGA applicant would be able to provide support for the work.
 5. For Requirement E, can this scope be limited to a specific region or service area?
 - The goal is to provide these services statewide. An applicant can choose how they respond to this initiative, meaning limited to an area or statewide, but the intent is for statewide coverage. This can also be about the coordination to ensure coverage is provided statewide, which may mean partnering with others to ensure distributed coverage.
 6. For Requirement E, with patients being from all over the State, is there an expectation that a regional group would continue to support a patient after they are discharged and return to a place outside of the provider's service area?
 - Similar to the previous question, this could be about coordination to ensure that follow up peer support services are available and provided. The approach to achieving this goal should be outlined in the application submission.

7. Is a price schedule template attached to the RFGA?

There was no specific template for the budget and price schedule, but the submission should outline the budget breakdown. This [Budget Template](#) may be used but was not required as part of the submission.

8. Is filling out a template of the Standard Grant Agreement required for the application, or should it be completed after an award has been made?

The Standard Grant Agreement template will be completed after an award is made based on the application and associated requirements.

9. In paragraph 1.2, it states that “[a]pplicants can submit proposals to one, some, or all the scopes of work described in section 2.1.” However, on page 5, it states that patient representatives “will coordinate with the community outreach program” and “the grantee will operate a peer support outreach program in coordination with the work of the Patient Representatives.” Does the required coordination between the patient representatives and the community outreach peer support program mean that applicants may not submit a proposal for solely patient representatives or solely for the community outreach peer support program but must submit a proposal for both patient representatives and community outreach peer support program?

No. But it is expected that the application will address coordination between these two programs.

10. A 23-day turnaround is unreasonable. Although RFGA114 is dated May 3, 2024, it was distributed to the psychiatric survivor community by email dated May 6, 2024. Is it possible to extend the deadline by at least one week?

Yes, the deadline is extended to June 10, 2024.

11. RFGA114 states the responsibilities of the Grantee will include “provision of supervision/co-reflection for Patient Representatives, including individual support at least every two weeks and as needed.” First, what type of “individual support” is contemplated? Second, is both supervision and co-reflection required? Is the Grantee required to provide co-reflection or may patient representatives participate in statewide co-reflection?

The applicant is expected to describe the supervision and support they will provide to their staff in the performance of their job expectations. One form of supervision is the practice of co-reflection, which may occur in a statewide forum. It is expected that individualized support will occur at least every two weeks.

12. RFGA114 states that the supervisor of the Patient Representative must be an “experienced, trained, adult mental health peer support specialist.” What type of training is contemplated? How much experience is required? Is supervisory experience required and/or peer support provider experience required? Is the supervisor required to be a “certified peer support provider”? If not, does the use of the term “peer support specialist” carry any meaning beyond a peer support provider?

It is important that the peer support workers receive support from someone who has skills and experience in providing peer support services.

Currently, Vermont does not certify peer support specialists or peer supervisors. In the future, certification may be expected for all peer support specialists. At present, Vermont’s peer community has identified Intentional Peer Support and WRAP as essential trainings for peer support workers.

13. Does RFGA114 mandate training in Intentional Peer Support and WRAP/Taking Action for Whole Health & Wellbeing for Patient Representative or rather does RFGA114 mandate that Patient Representatives receive the training that the Grantee deems useful in supporting the work of the Patient Representatives?

It is expected that Patient Representative will complete the Intentional Peer Support training and WRAP/Taking Action for Whole Health & Wellbeing. If the applicant deems other training more useful or effective, that should be described in the submitted proposal.

- 14. A new organization will be unable to make payroll in the first months of operation without receiving an advance. Will it be possible under RFGA114 to negotiate an advance (rather than reimbursement) for the first one or two months of operation pursuant to paragraph 4.2.4, Exceptions to Agreement Terms and Conditions?**

It may be an option to include a startup phase in the grant and should be called out in your applications as a requirement (or a preference if it would not be a deal breaker for you). This may or may not be possible given the circumstances. A grantee would need to be able to provide all backup documentation for expenses incurred during this initial period and reconciliation would be done to ensure accurate spending. Invoices will be paid out at Net00 so funding should be reimbursed sooner than they may have in prior experiences with Net30 billing.

- 15. On the Pre-Award Risk Assessment – Preparatory Checklist, what grant number and grant title/description should be entered on the Checklist?**

You can list RFGA 114 as the grant number and use the title of the RFGA. If a grant is awarded, DMH will assign a grant number.

- 16. The Application Delivery Instructions state that the applications must be submitted in a single, digitally searchable PDF attachment containing all components of the application and the Risk Assessment Checklist must remain in Excel format. How is it possible for the Risk Assessment Checklist to remain in Excel format and submit a single, digitally searchable PDF attachment containing all components of the application?**

The application materials themselves should be submitted as a single PDF. The RA Checklist can then be attached as a separate Excel file. The checklist does not have to be incorporated into the PDF but must be submitted along with the application.

- 17. RFGA114 requires the submission of a W-9 Tax Form Signed (non-electronically) in the past six months. What does “non-electronically” mean?**

This needs to be hand-written ink signature on the W-9, which can then be scanned in to be used as part of the application. The State cannot accept a typed, DocuSign, or other electronic signature on this form.

- 18. Are applicants required to obtain a Unique Entity Identifier (UEI) before submitting a response to RFGA 114?**

A valid UEI must be obtained prior to receiving a grant award, but it would be OK to state that your UEI request is in process at the time of the application submission.

- 19. On the Pre-Award Risk Assessment – Preparatory Checklist, there are questions that ask about the entity’s experience. Is it acceptable for a new organization to respond to the question based on the experience of the entity’s leadership even if that experience was obtained while working for a different entity?**

You should be entering the information based on the organization submitting the application. A new organization should be reflected as such. The risk assessment is not about the personnel at an organization, but rather the organization itself.