Request for Funding: Subgrant Application to Support Providers to Expand Rehab Day Services
Arkansas Department of Human Services

Purpose of funding opportunity: Support providers and strengthen the delivery of community-based services to adults with serious mental illness (SMI), with a focus on peer support as part of an interdisciplinary team.

Eligible providers: Providers currently delivering rehabilitative day services to adults; it is not necessary to have existing peer support staff to receive funding.

Use of funding: Funding can support training, recruitment, retention, supervision activities, operational support, delivery of services that are not paid for by PASSEs, and other activities that improve a provider's ability to use peer supports. Organizations must clearly define the roles and responsibilities of peer support workers to foster inclusion and an understanding of their crucial role within an interdisciplinary team. Funding can also be used to hire outside consultants.

Subgrant schedule, technical support, and ongoing monitoring:

- *Information session.* Providers interested in submitting a subgrant application are invited to participate in an information session on February 9, 2024.

- *Quarterly subgrantee meetings.* Subgrantees will attend quarterly meetings facilitated by DHS to discuss their experience with peer support related activities. These sessions will also provide a forum to identify areas requiring additional technical support or assistance, discuss clinical supervision strategies, provide feedback on the suitability of the approach for their organization, and address other relevant topics as needed or appropriate.

- *Ongoing monitoring.* Subgrantees will be required to submit progress reporting on the activities in which funding is received (e.g., costs incurred to date, short narrative summary by major activity). Providers will also be required to report on (1) the total number of peer specialists and peer support supervisors within their organization over time, and (2) the percentage of time that staff spend on PASSE versus non-PASSE services for staff time included in the subgrant request. Continued receipt of funding is not contingent on the number of peer specialist or peer support supervisors hired or retained.

Timeline for Funding: The time period for using funding is May 15, 2024, through August 1, 2025.

- *Disbursement of funding.* The first subgrant payment will encompass startup costs for the first six months of the program (as identified by the provider in their application and approved by DHS). The remaining funding will be divided in equal amounts over three additional payments, unless otherwise negotiated with the provider. For example, if a provider is approved for $50,000 in total funding with $20,000 identified as startup costs, the payment amounts would be as follows:

    - 1st subgrant payment: $20,000

    - 2nd subgrant payment: $10,000

    - 3rd subgrant payment: $10,000

    - 4th subgrant payment: $10,000

    Funding will be distributed according to the timeline and payment schedule noted on the following page, subject to participation in quarterly meetings, fulfilment of progress reporting requirements, and demonstrated progress on funded activities.

    This will be a one-time subgrant. Contracts will be awarded at the discretion of DHS solely based on how well eligible providers can demonstrate proof of the criteria requested in this notice. Funding is contingent upon review and acceptance of application. Funding must be used in accordance with the budget provided. DHS reserves the right to determine allowable and non-allowable costs. DHS reserves the right to accept or reject applicants, and shall have the sole right to award or not award a grant, if it is in the best interest of the State to do so.

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<u>Please note, total sub-grant payments will be subject to the maximum funding amount determined by DHS after reviewing all provider requests.</u>

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*Anticipated Peer Support Subgrant Timeline and Payment Schedule	
Peer support subgrant application released	February 8, 2024
Subgrant information session for interested providers	February 9, 2024
Subgrant applications due	February 23, 2024
*Subgrant awards announced	April 2024
*Subgrant kick-off meeting for subgrantees	April 2024
Subgrant payment #1	May 15, 2024
Quarterly meeting and progress reporting	July 2024
Quarterly meeting and progress reporting	September 2024
Subgrant payment #2	November 15, 2024
Quarterly meeting and progress reporting	January 2025
Quarterly meeting and progress reporting	March 2025
Subgrant payment #3	May 15, 2025
Quarterly meeting and progress reporting	July 2025
Subgrant payment #4	August 1, 2025

*Pending formal legislative review

Application process: Interested providers should complete the application form within this document. Questions regarding the application may be submitted to Bridget Atkins at Bridget.Atkins@dhs.arkansas.gov.

The deadline for this application is the close of business on **February 23, 2024**. Applications must be sent electronically to Bridget.Atkins@dhs.arkansas.gov by 4:30 p.m. Central Daylight Time. Late submissions will not be accepted.

In the event a provider determines a need to change or adjust how they intend to use their funding relative to what was expressed in their original application, they will be asked to submit an amended application to DHS for review and approval.

Resources: The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) offers a range of resources that may be helpful as you complete your application. Examples of such resources are below.

- SAMHSA Video Trainings
- SAMHSA Peer Support Workers for those in Recovery
- University of North Carolina, Gillings School of Public Health - Retention and Turnover of Peer Supporters
- SAMHSA Supervision of Peer Workers
- SAMHSA Peer Support Core Competencies
- University of North Carolina, Gillings School of Public Health - Ongoing Monitoring, Supervision and Support
- SAMHSA Integrating Peer Support Workers in Interdisciplinary Teams

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Request for Funding: Peer Support Subgrant Application

Date of request		
Name of agency		
Name of primary contact		
Contact information of primary contact	**Email**	
	Phone	
Current number of peer support specialists	**Full time**	
	Part time	
Current number of peer support supervisors	**Full time**	
	Part time	
Current number of individuals receiving rehabilitative day services or therapy plus support services, including peer support, adult life skills and medication management		

Does your agency provide rehabilitative day services across multiple sites?

☐ Yes (rehabilitative day services are provided in more than one location)

If yes, please indicate the number of locations providing rehabilitative day services: _____

☐ No (rehabilitative day services are only provided in one location)

Directions for completing the application:

- *Section 1*: Check the boxes under each category (1-5) indicating the activities for which you are requesting funding. Under Category 6 you will input context/narrative in the operational support and program monitoring and evaluation comment boxes. Each category has additional context/narrative boxes for any additional information believed to be relevant/supportive of the application in the comment box.

- *Section 2*: Input a dollar amount for your anticipated costs (i.e., funding request) for the different activities.

- *Section 3*: Provide any additional information or details believed to be relevant/supportive of the application in the comment box.

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Section 1: Activities to be supported by subgrant funding

Select all that apply, leaving blank any that are not relevant.

1. External Consultants: Select the activity categories for which you anticipate seeking support from an external consultant. Please only consider costs not already covered by DHS and/or another state agency (not to include meals).

☐ Training and Education

☐ Recruitment

☐ Retention

☐ Program monitoring and evaluation

Optional: Other activities not mentioned above and/or additional information you would like to provide.

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2. Peer Support Training: Select the training activities for which you anticipate using the funding to support. Please only consider costs not already covered by DHS and/or another state agency (not to include meals).

☐ Arkansas Peer Training and Certification

☐ Other external peer training and certification (e.g., webinars, online training, attendance of a national conference)

☐ Updating or enhancement of existing internal peer support training

☐ Development of new internal trainings

☐ Training for supervisors

Optional: Other training activities not mentioned above and/or additional information you would like to provide.

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3. Peer Support Recruitment: Select the recruitment activities you anticipate using funding to support.

☐ Staff time for recruiting (e.g., job fairs, social media, design a referral program, employee referrals)

☐ Publishing job announcements/placing job advertisements

☐ Staff interview time

Optional: Other recruitment activities not listed above and/or additional information you would like to provide.

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4. Peer Support Retention: Select the recruitment activities you anticipate using funding to support. Please only consider costs not already covered by DHS (not to include meals).

☐ Retention bonuses

☐ Mentor initiatives (e.g., new peer support staff being mentored by someone with more experience)

Optional: Other retention activities not listed above and/or additional information you would like to provide.

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5. Supervisory Activities: Select the supervisory activities you anticipate using funding to support. Please only consider costs not already covered by DHS or another state agency (not to include meals).

☐ Development and modeling of strategies for peer support supervision (may include development of policies and procedures)

☐ Development and integration of peer support supervisors

☐ Clinical staff training to support the supervision of peer support workers

Optional: Other supervisory activities not mentioned above and/or additional information you would like to provide.

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6. Additional Activities. Please describe your approach to any additional activities and if/how you anticipate potentially leveraging subgrant funding to support these activities. Please only consider costs not already covered by DHS or another state agency (not to include meals).

Operational Support

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Program Monitoring and Evaluation

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Other approaches, strategies, or activities your organization may consider (optional)

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Section 2: Use of Funding. The activity categories in the below table correspond to the enumerated categories in Section 1 of this application. Please input anticipated costs (i.e., funding request) for each of the activity categories.

- *Non-PASSE Services.* These include anticipated costs related to delivering services currently *not* billable to the PASSEs.

- *PASSE Services.* These include anticipated costs related to delivering services billable to the PASSEs. These costs cannot be included in the funding request.

- *Other Costs.* These include anticipated costs related to other items such as (but not limited to) administrative and operational support for supervision and delivery of services.

- *Staffing.* If applicable, input direct care staffing positions/categories and associated costs, where indicated within activity categories 5 and 6. Examples of staffing may include certified peer specialists, peer support supervisors, administrative staffing, and supervisory/clinical staff.

Summary of Funding Request	Staffing Costs for Delivery		Other Costs (Insert dollar amount) (C)
Activity Category	**Non-PASSE Services** (Insert dollar amount) (A)	**PASSE Services** (Insert dollar amount) (B)	
1. External Consultant			
2. Peer Support Training			
3. Recruitment of peer support specialists/peer support supervisors			
4. Retention of peer support specialists/peer support supervisors			
5. Supervisory Activities			
Non-direct care staff support/other administrative costs			
(Input direct care staff category)			
(Input direct care staff category)			
(Input direct care staff category)			
(Input direct care staff category)			
6. Other Activities (if applicable)			
Non-direct care staff support/other administrative costs			
(Input direct care staff category)			
(Input direct care staff category)			
(Input direct care staff category)			
(Input direct care staff category)			
Total			

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Total Funding Request (sum of Columns A and C)	
Funding Request for Initial Six Months (a portion of the total funding request, as identified by provider)	

Section 3: Other comments/details to support application.

Optional: Please provide any additional information that has not been captured above that you believe might be supportive of your application or helpful for consideration by DHS.

Section 4: Attestation and Signature

- The applicant will use funds awarded as described and set forth in their proposal.
- The applicant will attest that funds received will not be used to supplement PASSE payments for services billed to PASSEs.
- The applicant will retain records sufficient to support how the funds were expended, for so long as may be deemed necessary, but in no case less than seven (7) years; and
- The applicant shall make such records available to the Arkansas Department of Human Services and/or any other lawful authority, upon request.

Signature of Applicant: _____

Date: _____