

Staff Person for Submission: Dr. LaTarsha Michael

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Mississippi Department of Mental Health

Bureau of Behavioral Health Services

PEER RESPITE WELLNESS SERVICES

Request for Funding Application (RFA)

Due Date: **June 9, 2023**

Please note that all grants are contingent on the funding by the Mississippi State Legislature and/or the Federal Government. The submission of this application to the Department of Mental Health is not a guarantee of funding.

The Department of Mental Health, Bureau of Behavioral Health Services/ Division of Peer Recovery and Support is now accepting funding proposals for the state fiscal year 2024. This proposal application is eligible to all Mississippi Department of Mental Health (DMH) certified providers who are certified in peer support services and/or recovery support services and are in good standing. However, DMH certification is not a guarantee of funding. All submitted proposals will be evaluated by a panel of reviewers using the posted competitive grant scoring rubric. Not all submitted proposals may be funded, but comprehensive feedback will be provided to all providers, particularly if their application was not funded for the current fiscal year.
The funding associated with this grant opportunity is meant to defray a proportion of operational costs for the service.

Cash requests will only be signed and processed for payment after the Department of Mental Health has received required data outcomes and/or metrics specific to the respective grant.

PEER RESPITE WELLNESS SERVICES (RESPITE SERVICES)

The Mississippi Department of Mental Health’s Bureau of Behavioral Health Services is now accepting proposals for state fiscal year 2024 (July 1, 2023 – June 30, 2024).

I. Application Guidelines – Peer Respite Wellness Services Grant

A. Required Forms

Please submit the following required forms which can be found in the MS Department of Mental Health’s Service Provider Manual.

1. Proposed Budget Summary Form: 100-1
2. Proposed Budget Personnel Form: 100-2
3. Proposed Budget Line Item Form: 100-3
4. Budget Narrative/Justification
5. Program Narrative (**not to exceed 3 pages**) which address section IV A-B.

II. Grant Description

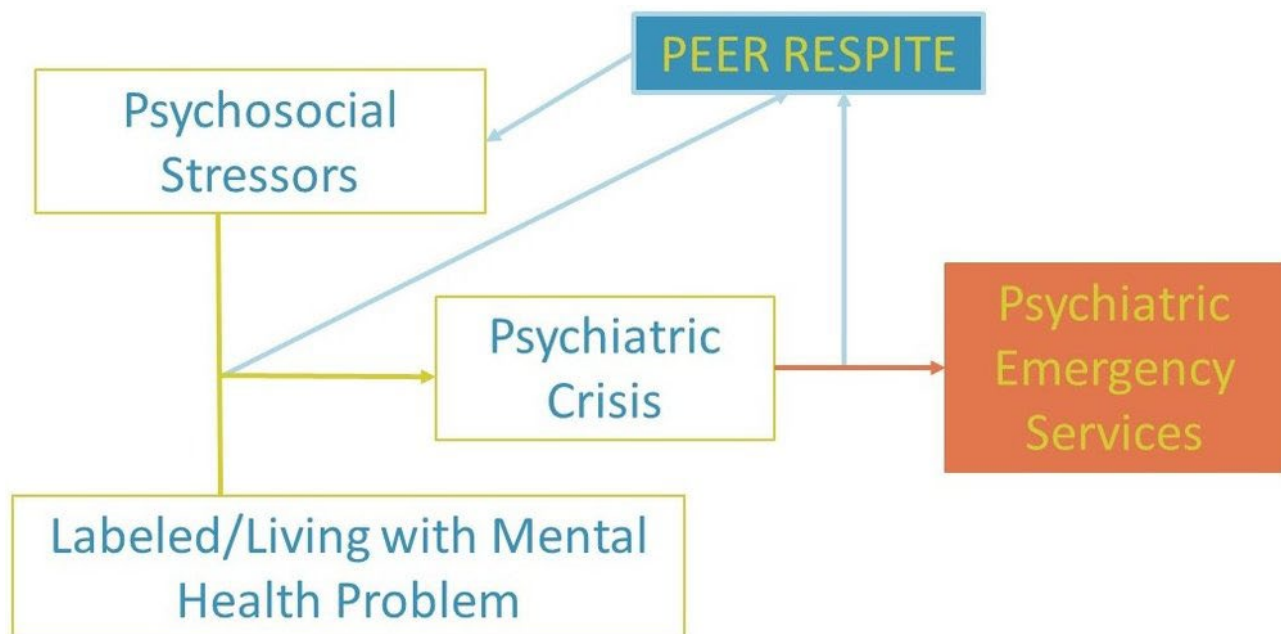
Peer respites are voluntary, short-term, overnight programs that provide community-based, non-clinical crisis support to help individuals experiencing, or at risk of experiencing, a mental or behavioral health crisis find new understanding and ways to move forward. These programs serve as voluntary alternatives to the emergency department and other crisis services staffed and operated by peers with lived experience of mental or behavioral health issues (Substance Abuse and Mental Health Services

Administration, 2021; Journal of Health Care for the Poor and Underserved, 2020; Live & Learn, Inc., 2018).

Peer respites must meet three criteria in order to be deemed a peer respite: (1) the respite must be 100% staffed by people with lived experience of extreme states and/or the behavioral health system; (2) all leaders in the peer respite must have lived experience; and (3) the program must be operated by either (a) a peer-run organization or (b) an advisory group where at least 51% of the members have lived experience (Legislative Analysis and Public Policy Association, 2021).

Peer respites are sometimes referred to as “hospital diversion programs” and serve as an alternative to hospitalization. These typically operate 24 hours per day and provide a homelike environment where individuals struggling from mental health issue and/or substance use disorder can receive support from their peers. On average, guests typically stay at a peer respite between 0 to 30 days, with most guests staying an average of between five to eight days (Legislative Analysis and Public Policy Association, 2021).

Peer Respite Crisis Diversion Theory



Peer respites should offer non-clinical services including, but not limited to:

- Various support groups (e.g., suicide, alcoholics anonymous, and other self-help groups)
- Meditation and mindfulness exercises
- Arts and crafts
- Religious or spiritual services

- Wellness Recovery Action Plan (WRAP) activities
- Off-site clinical service connections (preferably with whom the respite has a partnership)

References:

- ¹Croft, B., Moyer, C., & Vincent, K. (2021, September 24). Peer Respite as a Voluntary Alternative to the Emergency Department and Other Crisis Services. *Substance Abuse and Mental Health Services Administration*. Retrieved from <https://www.youtube.com/watch?v=6VFiUSSnVeU>
- ²Fletcher, E., Barroso, A., & Croft, B. (2020). A Case Study of a Peer Respite's Integration into a Public Mental Health System. *Journal of Health Care for the Poor and Underserved*, 31(1), 218-234.
- ³Georgia Mental Health Consumer Network. (2021). *Peer Support Wellness Recovery Respite Centers of Georgia*. Retrieved from <https://www.gmhc.org/>
- ⁴Legislative Analysis and Public Policy Association. (2021, February). *Peer Respite as an Alternative to Hospitalization*. Retrieved from <https://legislativeanalysis.org/>
- ⁵Ostrow, L. (2018). Peer Respite: Action & Evaluation. *Live and Learn, Inc.*, Retrieved from <https://www.peerrespite.com/#theory>

Outcome Measures

Goals

- To reduce emergency department visits, other crisis services visits, and/or hospitalization.
- To decrease the reliance on more coercive modes of treatment.
- To increase focus on patient-centered health and wellness practices through nonclinical services.

Performance Measures

- Number and percentage of individuals served and diverted from needing a higher level of care (or “more intensive services”) (i.e., emergency departments, behavioral health programs, Crisis Stabilization Units, MCoRT/CIT involvement, or other hospitalizations).
- Number of days individual resided in peer respite program.
- Number and percentage of follow up appointments scheduled at their local CMHC
- Number and percentage of off-site clinical service connections on behalf of the individual.

Reporting on Performance Measures

DMH grant recipients must review the performance of data submitted to DMH, assess the agency's progress, and use this information to improve the management of the grant services. Grant recipients are also required to report on their progress addressing the goals by submitting monthly reports on the performance measures of the grant. See **Peer Respite Wellness Services Monthly Outcome Measures Tracking Form** for FY 24.

Subgrantees are required to submit the agency's Peer Respite Wellness Services Grant End of Year Service Data Report for FY 24 (July 1, 2023 to June 30, 2024) to the Bureau of Behavioral Health Services before the close of business Friday, July 30, 2024.

III. Specific Requirements & Funding Criteria

A. Peer Respite Wellness Services – Expectations:

The priorities for each provider receiving funds for Peer Respite Wellness Services are to promote a more effective, humane, and cost-efficient approach to treating mental and/or behavioral health issues through non-clinical services.

1. The success of Peer Respite Wellness Services hinges on the provider's ability to identify, hire, and retain qualified staff. **Qualified staff must have current MS DMH Peer Support Specialist Professionals– Adult & Recovery Certification (CPSSP-A/R) status.**

NOTE: Providers that wish to hire staff currently without this status, may submit a waiver request to the Division of Certification. If request is granted, CPSSP-A/R status **MUST BE OBTAINED** within sixty (60) days from date of hire. CPSSP-A/R status is obtained by successfully completing the Certified Peer Support Specialist Professional (CPSSP) Training provided through the MS Department of Mental Health (DMH). Waiver requests will be assessed on a case-by-case basis and reviewed by the DMH Peer Recovery & Support Division. **Waiver requests are to be approved prior to non-status peer being hired.**

2. Peer respite program must offer non-clinical services proven to promote patient-centered health and wellness practices (e.g., self-help groups, meditation/exercise, WRAP activities, etc.).
3. Peer respite program: (1) must be 100% staffed by people with lived experience of extreme states and/or the behavioral health system; (2) all leaders in the peer respite must have lived experience; and (3) the program must be operated by either (a) a peer-run organization or (b) an advisory group where at least 51% of the members have lived experience of extreme states and/or behavioral health system.
4. Peer respite program should operate 24 hours per day and offer self-advocacy education, self-help training, and group and one-on-one activities with a long-term goal of 24 hours a day.
5. Qualifications for Admission: Potential guests (1) must have a Proactive Interview on file; (2) must be at least 18 years of age; (3) must self-identify as a consumer of mental health services; and (4) experiencing or anticipating a mental or behavioral health crisis.
6. Guests should be allowed to continue their regular activities (such as work and outside appointments) and have visitors.

7. Eligibility of Stay: Peer respite program are to request/maintain verification of services from a licensed mental health provider on behalf of the guest. Peer respite program can also offer referrals if needed.

B. Additional Requirements & Grant Criteria

1. Every Provider approved for this grant agrees to provide reports, service information, and fiscal information to the MS Department of Mental Health as required and requested.
2. Services funded through grants administered by the MS Department of Mental Health must follow the most recent version of the MS DMH Operational Standards of Service (DMH Operational Standards, Rule 42.1-2).
3. All services must be provided non-discriminately regardless of race, sex, age, creed, national origin, disability, or the ability to pay (DMH Operational Standards, Rule 10.7.B.1).
4. Providers approved for this grant must have qualified staff by implementation date or the grant may be rejected.
 - a. The provider must provide the name, phone number, email address, and credentials of the peer respite program staff.
 - b. The provider is required to notify the DMH Peer Recovery & Support Director within 10 days of vacancies or staff changes, and name and contact information for the person who will assume the role and responsibilities of the position in the interim.
5. This grant will be a **COST REIMBURSEMENT** only.
 - a. Travel: Travel reimbursement listed in the budget cannot exceed the current State of Mississippi mileage reimbursement rate, currently \$0.655 per mile. Mileage reimbursement rates are located on the Mississippi Department of Finance and Administration website: [Privately Owned Vehicle \(POV\) Mileage Reimbursement Rates | GSA](#).
6. It is the responsibility of the providers to check the website frequently to ensure compliance.
 - a. In-State conference and trainings should be clinically oriented in an Evidence-Based modality.
 - b. All conferences and trainings must receive permission and authorization from the Peer WellnessSupport Project Coordinator and/or DMH Peer Recovery & Support Director.
 - c. Out of State Travel: Out-of-State is **not** allowed.

IV. Programmatic Components

A. Programmatic Questions – Peer Respite Wellness Services

Please list the question before each response. Limit responses to questions 1 thru 5 to no more than THREE pages total.

1. Provide a brief overview of the proposed Peer Respite Wellness Services program. Include, at minimum, the identified program needs and goals, describe implementation strategies with timelines, and projected total number of individuals to be served in FY 24.
2. Provide job descriptions/duties/responsibilities of all Peer Respite Wellness Services program staff and/or advisory group. Highlight their educational background, credentials (licenses and certifications earned), and related experience in the field [NOTE: see mandatory requirements in introduction section].
3. Identify the non-clinical services to be provided at Peer Respite Wellness Services program during FY 24 (i.e., self-advocacy education, self-help training, and group and one-on-one activities). Why were these non-clinical services chosen?
4. Describe the program's process for monitoring fidelity and quality assurance for the Peer Respite Wellness Services program. Explain how this process will be support.

Peer Respite Wellness Services Acknowledgements:

Initial Below:

_____ The agency will comply with all regulations set forth in this document.

_____ I understand that upon receipt of award announcement, the agency will sign an Assurances Agreement with the MS Department of Mental Health for funds received in fiscal year (FY) 24: July 1, 2023 – June 30, 2024.

Sign and Date Below:

Name of Agency:

Executive Director:

Date:
