REQUEST FOR APPLICATION - Multiple Awards
Peer Personnel Training and Placement
RFA # 15-8274
Notice to Prospective Applicants

March 30, 2016

You are invited to review and respond to this Request for Application (RFA), entitled Peer Personnel Training and Placement. In submitting your application, you must comply with these instructions. Failure to comply with any of the requirements may result in rejection of your application. By submitting an application, your organization agrees to the terms and conditions stated in this RFA and your proposed Grant Agreement.

This solicitation is published online in the California State Contracts Register at https://caleprocure.com/pages/Events-BS3/event-search.aspx. To ensure receipt of any addenda that may be issued, and answers to questions posed, interested parties must register online at https://www.caleprocure.ca.gov/pages/.

The Office of Statewide Health Planning and Development (OSHPD) deadline for receipt of application submission is **May 17, 2016, no later than 3:30 p.m. All late, faxed, and/or emailed applications will be rejected** and returned to the applicant. Applications must be received on or before the date and time specified herein (See Section E "Application Requirements and Information" for application submission details).

In the opinion of OSHPD, this RFA is complete and without need of explanation. However, if you have questions, notice any discrepancies or inconsistencies, or need any clarifying information, you must submit your questions via e-mail at OSHPD.MHSAWET@oshpd.ca.gov or directly to the CaleProcure website, no later than the date stated in Section E, Item 1 "Key Action Dates". Please note that no verbal information given will be binding upon the State unless such information is issued in writing as an official addendum, or as answers to questions at the CaleProcure website.

Agreements entered into with non-State of California entities will be completed as Grant Agreements.

Agreements entered into with State of California agencies will be completed as Interagency Agreements and shall be governed by the Terms and Conditions, for Interagency Agreements Appendix 1.

Negotiation of either version of the State of California Terms and Conditions will not be allowed.

This solicitation may result in multiple awards of Grant Agreements. See Section E, Item 4 "Evaluation Process" for the evaluation criteria.

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A. Background

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). Sections 2 and 3 of the MHSA provide increased funding, personnel and other resources to support public mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Workforce, Education and Training (WET) Program is one of the components of MHSA and is administered by the Office of Statewide Health Planning and Development (OSHPD).

The WET Program is charged with administering a $2,000,000.00 yearly appropriation outlined in the Budget Act of 2013 which states "shall be provided for peer support, including families, training in crisis management, suicide prevention, recovery planning, targeted case management assistance, and other related peer training and support functions to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel". In addition, The WET program is funded through appropriations in the State Budget and promotes among other things: (i) the employment of mental health consumers and family members in the Public Mental Health System (PMHS), and (ii) the inclusion of mental health consumers and incorporation of their viewpoints and experiences in training and education programs. This RFA will result in Grant Agreement(s) with public, private, and/or non-profit organizations, including faith based and community organizations to fund training and support that facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel. Activities funded shall include support, training and placement of individuals who are currently or seeking to be employed and/or volunteer as peer personnel including families; by engaging in recruitment and outreach, career counseling, training, placement, and support activities with a priority focus on peer personnel placement (employment or volunteer), or in the public mental health system (PMHS).

B. Purpose and Description of Services

The Budget Act of 2013 provided a yearly appropriation of $2,000,000.00 for peer personnel support and The WET Five-Year Plan 2014-2019 appropriated $8,000,000.00 for activities that aim to increase and support consumer and family member employment in the PMHS. OSHPD is issuing this RFA with a minimum of $2,000,000.00 to fund organizations to support, train and place individuals who are currently or seeking to be employed and/or volunteer as peer personnel by engaging in recruitment and outreach, career counseling, training, placement, and support activities with a priority focus on peer personnel placement in the PMHS. Training provided should be regarding issues that may include: crisis management, suicide prevention, recovery planning, targeted case management assistance and other related peer training and support functions to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel. For purposes of this RFA, peer personnel can be individuals with experience as a mental/behavioral health services consumer, family member, and/or parent/caregiver placed in designated peer positions within the PMHS as defined in the sample Grant Agreement, page 28 of this RFA. The goal of this RFA is to enter into Grant Agreement(s) that will engage the Grantee in the implementation of a peer personnel training and placement program that shall contain all of the following components:

1. <u>Recruitment and Outreach</u>: The Grantee shall engage in activities to recruit individuals who are either currently employed/volunteering or are seeking employment/volunteering in the PMHS as peer personnel to participate in Grantees' training and support program. Recruitment activities shall target individuals with lived experience who could address the

cultural and language needs of the diverse community they will serve. Recruitment efforts may target individuals with lived experience in high schools, adult education programs, regional occupation programs, community colleges, and those already working and/or volunteering in the PMHS. Outreach tools may include but not be limited to presentations, personal outreach, information sharing sessions, and social media such as Facebook and Twitter.

2. Career Counseling: The Grantee shall assist recruited participants in the development of individualized career plans that identify courses to take for a defined peer personnel position type/category and includes short-term and long-term goals for entering, re-entering or advancing in the public mental health workforce. The Grantee shall also assist participants by providing information on educational courses of study or training needed to advance in career plans and information on additional financial and training resources beyond those offered directly by the Grantee.

3. Training: The Grantee shall provide training to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel. Training provided should be regarding issues that may include:

    - Crisis management;
    - Suicide prevention;
    - Recovery planning;
    - Targeted case management assistance; and
    - Other related peer training and support functions necessary to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel.

    Training shall include field work in the PMHS (such as internships, volunteer work experience, or other on-the-job training). Training shall reflect and align with the communicated needs of PMHS, provide exposure to PMHS and mental health careers, and align with MHSA's vision of wellness, recovery, resilience, consumer and family member driven services, cultural competence, community collaboration, and integrated service experiences. The peer personnel training program shall be no longer than one academic year or nine consecutive months in length. Training of individuals shall be consistent with the identified career pathway/plan developed during career counseling. A Grantee may provide participants financial assistance to attend the training. Financial assistance shall only be provided for costs, other than tuition or admission fees, incurred by individuals to enable their participation in the activities sponsored by the proposing organization and may include, but not be limited to: transportation costs, uncompensated time-off, and child care.

4. Placement: For purposes of this RFA, "Placement" means assignment in a peer personnel position as an employee or volunteer that can be paid or un-paid in the PMHS. Placement activities are a priority focus in this peer personnel training and placement program. Successful completion of the training program will enable entry into a peer personnel position in the PMHS as well as encourage career progression. The Grantee shall assist the training program participants in finding placement in the PMHS as peer personnel to provide an effective and necessary service to clients and family members, and as triage and targeted case management personnel. Placement shall be in positions that match the skills provided by the Grantee's peer personnel training program.

5. Support: The grantee shall continue to support placed participants for six months after placement by engaging in activities that may include mentorship, self-help/support groups,

retraining, among other support activities. If program participants are unsuccessful in gaining and/or maintaining placement after six months following completion of training, the contractor shall work with the participants to develop a revised individual career plan to address shortcomings in the design or execution of prior individual career plan. The Grantee(s) shall provide a detailed explanation as to the reasons for any inability of program participants to gain or maintain placement in the PMHS.

6. Evaluation: The grantee shall evaluate the peer personnel training and placement program at the completion of contract activities. Evaluation should include a summary of all program activities and outcomes using the progress report found in Attachment 7, sample Grant Agreement, a comprehensive survey for program participants and employers where participants were placed, and highlight any major successes and/or challenges in completing all program activities.

While providing services to recruit, support, train, and place peer personnel who are currently or seeking to be employed or are volunteering in the PMHS, the Grantee shall:

- Include individuals with lived experience including consumers, family members and parent/caregivers in the design and delivery of program activities.
- Ensure there is continued engagement and coordination with other County, CBO (Community Based Organizations), and education institutions/entities partners included in the application.
- Ensure County, CBO, consumers and family members are part of the development of peer personnel position types and training required for each type.
- Ensure focus on innovative, evidence-based and community-identified strategies to achieve the goal of training and placing peer personnel in the PMHS.
- Ensure all program activities are consistent with MHSA values and priorities including wellness, recovery and resiliency principles.

The Grantee(s) shall use the progress report template in Attachment 7 “Sample Grant Agreement” when reporting their outcome data on a no more than quarterly basis.

Subject to the availability of funds, the period of this Grant Agreement will be from **June 30, 2016** through **June 30, 2018**.

Carefully review and consider the Scope of Work located in Attachment 7 “Sample Grant Agreement” in order to complete your application.

C. Minimum Qualifications for Applicants

Applications are invited from the following:

1. A County, or a group of counties (with one of the counties identified as the fiscal sponsor), that are: (i) able to identify Peer Personnel needs within the PMHS, (ii) able to identify partner educational institution(s), or training organization(s), and (iii) able to provide training that will prepare Peer Personnel to qualify for and obtain placement in positions within the PMHS.

2. A Community Based Organization (CBO) or a group of CBOs within the PMHS (with one of the CBOs identified as the fiscal sponsor) that are: (i) able to identify Peer Personnel needs within the PMHS, (ii) able to identify partner educational institution(s), or training

organization(s), and (iii) able to provide training that will prepare Peer Personnel to qualify for and obtain placement in positions within the PMHS.

3. An educational institution or training organization(s) that: (i) are able to identify Peer Personnel needs within the PMHS (ii) can provide the required training for Peer Personnel, (iii) can partner with identified county(ies) or CBO(s) to place Peer Personnel in positions within the PMHS.

   Additionally, applicants and/or their sub-contractors must have demonstrated experience in training and supporting individuals with lived experience as consumers, family members, and parents/caregivers.

D. Developing an Application

In order to develop a successful application, applicants will be required to be responsive to this RFA in its entirety; however, emphasis should be placed on providing the following:

1. Executive Summary: Provide an overview of your ability to provide the services detailed in Section B, "Purpose and Description of Services".

2. Detailed Work Plan and Schedules: As a part of Attachment 4, on page 21 of this RFA, the detailed work plan and a schedule for task completion should include a description of how all the program elements below will be addressed. In the work plan, the applicant shall include, in this exact order, and using the templates provided, as follows:

   a. The number of individuals the applicant proposes to be trained, placed, and supported by this program. (Please note that this number will be included in the contract and will be used to determine prorated payments across budget categories if awarded, as outlined in the rate proposal worksheet)

      #

   b. List all the organizations within the PMHS (which include but are not limited to: counties, community based organizations, others) and/or education institutions/training organizations the applicant proposes to partner with to accomplish program activities which can include recruitment and outreach, career counseling, training, placement, and support using the following table. Participation verification forms found in Attachment 3 must be submitted for every County and CBO listed below.

Type of Organization (County, CBO, Training entity)	Name of Organization	Organizations Geographic Location (County)	Description of Program Activities Partner Organization Will Support (i.e. recruitment and outreach, career counseling, training, placement, and support) Description should be no more than 6 sentences per organization.	Summary of Peer Personnel Needs (for County and CBO) as Identified in Attachment 3, Participation Verification Form

c. Identify all activities the contractor proposes to engage in to recruit participants for your peer personnel training program that meet elements detailed in Section B, “Purpose and Description of Services” using the following table.

Description of Recruitment/Outreach Activity Proposed	Population/Community that will be Targeted	Approximate Number of Individuals that will be Reached

d. Provide a description of all Career Counseling activities the applicant proposes to engage program participants in that meet elements details outlined in Section B, “Purpose and Description of Services”.
e. Provide a description of the different peer personnel position types/categories the proposer can provide training for and support placement within the PMHS.

Peer Personnel Position Type/ Category Title	Population(s) that can be served by position type/category (children, transition age youth, adults, and/or older adults)	Position Minimum Qualifications	Description of Services Position can Provide (No more than 6 sentences)	Description of how Peer Personnel Position Type/Category was Developed (i.e. existing position, discussion with Counties and CBO, etc.)

f. The applicant shall provide a description of the proposed training curricula to be used to facilitate the deployment of peer personnel as effective and necessary service to clients and family members, and as triage and targeted case management personnel as outlined in Section B, “Purpose and Description of Services”.

Course Title	Hours	Required Course (x) (if required only for certain peer personnel position types/ categories please indicate)	Elective Course (x) (if elective only for certain peer personnel position types/ categories please indicate)	Description of Course including Learning Objectives and course teaching methods	How Course Addresses MHSA values and principles

g. The applicant shall identify how this curriculum and how these courses were developed and how they will meet the needs identified by counties and CBO's in the respective Participant Verification forms.
h. The applicant shall identify the mechanism that will be used to determine successful completion of courses and entire curricula.
i. The applicant shall identify the type of field work training that will be provided and mechanism that will be used to identify and match participants to appropriate field work training.
j. The applicant shall identify the steps the applicant will engage in to assist participants in finding placement in peer positions within the PMHS as outlined in Section B, Purpose and Description of Services.
k. The applicant shall identify the steps and activities the applicant will engage in to support all program participants including those who are unsuccessful in gaining and/or maintaining placement.
l. The applicant shall identify steps and methods that will be used to evaluate the peer personnel training and placement program at completion of program activities.

3. Project Personnel: The Applicant will submit the titles, job descriptions, and roles of all personnel proposed to work on this project and:
   a. Identify any sub-contractors that are planned to assist in accomplishing the Scope of Work, including their roles, abilities to provide services, and applicable qualifications. The Grantee will clearly state the projected number of hours the sub-contractors will spend on the project.
   b. Identify project personnel including sub-contractors with lived experience and/or that have a proven track record of working with individuals of lived experience.

4. Professional References: Any application must be accompanied by: Two professional references as provided in Attachment 3 (Applicant References) that describe the applicant's ability to engage in activities outlined in Section B, "Purpose and Description of Services".

5. Cost Detail Format and Requirements:

   a. The total cost of all tasks throughout the duration of the Grant Agreement for FY 2015-16, 2016-17, and FY 2017-18 cannot exceed $500,000. A prospective Grantee may, consistent with its work plan, rate proposal, and budget category limitations, request the distribution of grant funding under this RFA, but in no event shall total funding for a Grantee under this RFA exceed $500,000.

   b. Applicants **shall use** Attachment 5 (Rate Proposal Worksheet) to prepare the cost detail for submission. The Rate Proposal Worksheet shall be consistent with the rate structure in Attachment 5.

   c. The major budget categories under this RFA shall be (i) Recruitment and Outreach; (ii) Career Counseling; (iii) Training; (iv) Financial Assistance (v) Placement; (vi) Support; (vii) Evaluation, and (viii) Indirect Program costs, which are defined below. Additionally, this is a performance based contract in which, if awarded, the contractor will be reimbursed based on completion of services per budget line item as identified in each respective budget line item section below.

      i. "Recruitment and Outreach Costs" is defined as costs that can be more directly attributed to the completion of recruitment and outreach services

which can include, but not be limited to: salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel. Recruitment and Outreach shall be no more than 5 percent of total proposed budget. If awarded, payments will be made on a prorated rate based on the number of individuals that have been recruited to the program and consistent with the number of individuals identified in the application that will be trained and supported.

ii. "Career Counseling Costs" is defined as costs that can be more directly attributed to the completion of Career Counseling services which can include but not be limited to salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel. Career Counseling costs shall be no more than 20 percent of total proposed budget. If awarded, payment will be made on a prorated rate, based on completion and submittal of individualized career plans for each individual and consistent with the number of individuals identified in the application that will be trained and supported.

iii. "Training Costs" is defined as costs that can be more directly attributed to the completion of training services which can include but not be limited to: salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel. Training costs shall be no more than 40 percent of total proposed budget. If awarded, payment will be made on a prorated rate based on individual's completion of the entire training, including field work and be consistent with the number of individuals identified in application that will be trained and supported.

iv. "Financial Assistance Costs" is defined as financial assistance for program participants to attend training which shall only be provided for costs, other than tuition or admission fees, incurred by participants to enable their participation in the activities sponsored by the proposing organization and may include, but not be limited to: transportation costs, uncompensated time-off and child care. Financial Assistance costs shall be no more than 10 percent of total proposed budget.

v. "Placement Achievement Incentive" is defined as an incentive to the completion of Placement services. Placement costs/incentives shall be no less than 35 percent of total proposed budget. If awarded, payment will be made on a prorated rate based on successful placement of participants in a position within the PMHS and the number of individuals identified in the application to be trained and supported. Contractor will receive full funding based on successful placement of individual participants in a position within the PMHS. However, Contractor will receive full funding for placement category if at least 80% of participants are placed by end of contract term and justification is provided, and accepted by OSHPD, as to why the remainder were not able to find placement.

vi. "Support Costs" is defined as costs that can be more directly attributed to the completion of post training/placement support services which can include, but not be limited to: salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and

travel. Support costs shall be no more than 20 percent of the total proposed budget. If awarded, payment will be made on a prorated rate based on the number of participants that have been receiving support during the 6 months after placement and for those that have not gained or maintained placement after 6 months following completion of training, payment will be provided based on completion of revised individual career plan to address shortcomings in the design or execution of prior individual career plan.

vii. "Evaluation Costs" is defined as cost to evaluate the peer personnel training and placement program at the completion of program activities. The program evaluation should include a summary of all program activities and outcomes using the progress report found in Attachment 7, Sample Grant Agreement, a comprehensive survey for program participants and employers where participants were placed, and highlight any major successes and/or challenges in completing all program activities. Evaluation cost shall be no more than 5 percent of total proposed budget.

viii. "Indirect Program Costs" is defined as costs that are indirectly attributed to the completion of all other program services identified above which can include, but not be limited to: Utilities, Rent, and Administrative service/payroll staff. Indirect program costs shall be no more than 10 percent of total proposed budget. If awarded, payments will be made by calculating the percentage of total indirect costs incurred that quarter based on the percentage of the direct program cost invoiced that quarter.

E. Application Requirements and Information

1. Key Action Dates:

Event	Date	Time
RFA available to prospective Applicants	March 30, 2016	4:00 PM PDT
Written Question Submittal Deadline	April 5, 2016	4:00 PM PDT
Written responses, if any, to be posted	April 12, 2016	5:00 PM PDT
Mandatory Pre-Application Conference Date	April 14, 2016	3:00 PM PDT
Questions & Answers from Mandatory Pre-Application Conference Posted	April 20, 2016	4:00 PM PDT
Final Date for Application Submission	May 17, 2016	3:30 PM PDT
Notice of Intent to Award	May 31, 2016	4:00 PM PDT
Proposed Grant Agreement Start Date	June 30, 2016	N/A

2. Mandatory Pre-Application Conference:

a. A mandatory pre-application conference is scheduled on **April 14, 2016** 3:00 PM, PDT for the purpose of clarifying the content of this RFA. The mandatory pre-

application conference will be available through conference call: (888) 278-0296, Code 233068 or in the OSHPD Sacramento, California office:

OSHPD Offices
400 R Street, Suite 330
Sacramento, California 95811

b. Only one authorized representative from each potential applicant is required to attend the mandatory pre-application conference. In the event a potential applicant is unable to attend the mandatory pre-application conference, an authorized representative may attend on their behalf. Subcontractors may not represent a potential applicant at a mandatory pre-application conference. No application will be accepted unless the applicant or his/her authorized representative is in attendance. The representative may only sign in for one potential applicant.
c. Assistance for applicants requiring reasonable accommodation due to a physical, mental or emotional impairment for the mandatory pre-application conference will be provided by OSHPD upon request. The applicant(s) must call OSHPD at (916) 326-3781 no later than the fifth working day prior to the scheduled date and time of the mandatory pre-application conference to arrange for reasonable accommodation.

3. Submission of Application:

a. Applications should provide straightforward and concise descriptions of the applicant's ability to satisfy the requirements of this RFA. The application must be complete and accurate. Omissions, inaccuracies or misstatements may be cause for rejection of an application.
b. All applications must be submitted under **sealed** cover and received by OSHPD by the date and time shown in Section E "Application Requirements and Information", Item 1 "Key Action Dates". Applications received after this date and time will not be considered.
c. A minimum of one (1) original must be submitted. The original proposal must be marked "ORIGINAL COPY". All documents contained in the original application package must have original signatures and must be signed by a person who is authorized to bind the applying entity. All additional application sets may contain photocopies of the original package. In addition, applicant **MUST** submit an electronic copy of the application either by e-mail to Wesley.Salter@oshpd.ca.gov or include a CD of the application with the submission materials.
d. Due to limited storage space, the application package should be prepared in the least expensive method (i.e., cover page with staple in upper left-hand corner, no fancy bindings: spiral binding, 3-hole punch, etc.).
e. The application envelopes **must** be plainly marked with the RFA number and title, your firm name and address, and must be marked with "DO NOT OPEN", as shown in the following example:

Office of Statewide Health Planning and Development
Attn: Wes Salter, Program Analyst
Healthcare Workforce Development Division
400 R Street, Suite 330
Sacramento, CA 95811
RFA #15-8274
Peer Personnel Training and Placement
DO NOT OPEN

f. You are advised that you are responsible for ensuring that your application is received by the above listed contact person by the time and date required. Any application reaching the contact person after the deadline date and time will be returned unopened.
g. If the application is made under a fictitious name or business title, the actual legal name of applicant must be provided.
h. Applications not submitted under sealed cover and marked as indicated may be rejected.
i. All applications shall include the documents identified in Attachment 1, Required Attachment Checklist. Applications not including the proper required attachments shall be deemed non-responsive. A non-responsive application is one that does not meet the basic application requirements.
j. Applications must be submitted for the performance of all the services described herein. Any deviation from the work specifications will not be considered and may cause an application to be rejected.
k. An application may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. The State may reject any or all applications and may waive an immaterial deviation in an application. The State's waiver of an immaterial deviation shall in no way modify the RFA document or excuse the applicant from full compliance with all requirements if awarded the Grant Agreement.
l. Costs incurred for developing applications and in anticipation of award of the Grant Agreement are entirely the responsibility of the applicant and shall not be charged to the State of California.
m. An individual who is authorized to bind the applying firm contractually shall sign the Application/Applicant Certification Sheet, Attachment 2. The signature must indicate the title or position that the individual holds in the firm. An unsigned application may be rejected.
n. An applicant may modify an application after its submission by withdrawing its original application and resubmitting a new application prior to the final date for application submission as set forth in the Key Action Dates. Application modifications offered in any other manner, oral or written, will not be considered.
o. An applicant may withdraw its application by submitting a written withdrawal request to the State, signed by the applicant or an authorized agent in accordance with (c) above. An applicant may thereafter submit a new application prior to the application submission deadline. Applications may not be withdrawn without cause subsequent to application submission deadline.
p. OSHPD may modify the RFA prior to the date fixed for submission of application by the issuance of an addendum to all parties who received an application package.
q. OSHPD reserves the right to reject all applications. OSHPD is not required to award an Grant Agreement and will not award an Grant Agreement if budget authority is not granted.
r. Before submitting a response to this solicitation, applicants should review, correct all errors and comply with the RFA requirements.
s. Where applicable, the applicant should carefully examine work sites and specifications. No additions or increases to the Grant Agreement amount will be made due to a lack of careful examination of work sites and specifications.
t. The State does not accept alternate Grant Agreement language from a prospective Grantee. An application with such language will be considered a counter offer and will be rejected. The Terms and Conditions outlined in Attachment 7, Sample Grant Agreement are not negotiable.
u. No oral understanding or agreement shall be binding on either party.

4. Evaluation Process:

Multiple Grant Agreements may be awarded under this RFA. Final award by OSHPD will include consideration of the following elements:

a. At the time of application opening, each application will be checked for the presence or absence of required information in conformance with the submission requirements of this RFA.
b. Applications that contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the applicant may be rejected.
c. The final awards will be to the highest scored applications. OSHPD intends for this RFA to support multiple Counties in California by providing a distribution of awards throughout the State. Applications seeking to support underserved geographic regions, which are not addressed by other similarly scored applications, may receive preference. The following evaluation tool will be used to score applications:

Evaluation Tool	
Technical Merit Scoring Criterion	**Maximum Points**
Strength of the Program Explain and/or demonstrate how the program will be/has been created and/or strengthened to support, train, and place individuals in peer personnel positions to be an effective and necessary service to clients and family members, and as triage and targeted case management personnel. Priority areas include: • Identifying training curricula that will used to facilitate the deployment of peer personnel as effective and necessary service to clients and family members, and as triage and targeted case management personnel. • Identifying how the program will meet the peer personnel needs of PMHS employer partners. • Identifying actions proposer will engage in to assist participants in finding placement in the PMHS. Identifying steps and activities the proposer will engage in to support all program participants including those who are unsuccessful in gaining and/or maintaining placement in the PMHS.	**40**
Detailed Work Plan and Schedules Identify how the Work Plan (tasks the applicant would be implementing) is consistent with services as described in the Scope of Work of this RFA and the schedule (time frame) for task completion is sufficient to effectively accomplish the tasks.	**30**
Project Personnel • Identify the titles, job descriptions, and roles, of each of individual/contractor/sub-contractor proposed to be working on the project. • Identify the extent to which the listed personnel proposed to work on the project have lived experience and/or a proven record of effectively working with individuals that have lived experience.	**15**
Budget Rates	**10**

OSHPD will score the cost effectiveness to effectively and successfully implement and administer the Peer Personnel program in relation to how many individuals are proposed to be trained and supported and activities that are proposed to engage them.	
References References will verify the applicant's capacity to provide the services described in Section B "Purpose and Description of Services" and the applicant's ability to: • Work in partnership with a set of counties, community-based organizations, and other PMHS employers, and training organizations.	**5**
Total Possible Points	**100**

Final selections will be made by OSHPD on the basis of which applications best fit the criteria above and provide a geographic representation of awardees across the state of California.

5. Award and Protest:

   a. A minimum of $2,000,000.00 shall be available for the Peer Personnel Training and Placement program for FYs 2015-16, 2016-17, and 2017-18.
   b. Multiple applicants may be awarded a Grant Agreement under this Peer Personnel Training and Placement RFA. The total costs of all tasks and milestones cannot exceed $500,000.00 per Grant Agreement.
   c. OSHPD reserves the right to determine the number of Grant Agreement(s) to be awarded.
   d. In accordance with Government Code section 11256, OSHPD reserves the right to enter into an Interagency Agreement with a Grantee if the Grantee is a State agency.
   e. Notice of the proposed award shall be posted in a public place in the offices of OSHPD, 400 R Street, Room 359, for five (5) working days prior to awarding the Grant Agreement.
   f. Protest Procedures
      i. A Letter of Protest must be received at the following address not later than five (5) working days (excluding the first day and including the last day) from the date of the posting of Notice of Intent to Award:

RFA # 15-8274
Peer Personnel Training and Placement
Letter of Protest
Office of Statewide Health Planning and Development
400 R Street, Suite 330
Sacramento, CA 95811
Attn: Wes Salter

      ii. The only acceptable delivery method for the Letter of Protest is by a postal service (United States Post Office, Federal Express, etc.). The Letter of Protest cannot be hand delivered by the applicant, faxed, or sent by electronic mail. Any letter received without an original signature and/or by a delivery method other than a postal service will not be considered.
      iii. The Letter of Protest must describe the factors which caused the applicant to conclude that the Evaluation Committee did not follow the prescribed rating standards, explain why the score is in conflict with the rating standards or the Grant Agreement award process described in the RFA, and identify specific

information in the application that the applicant believes was overlooked or misinterpreted. The Letter of Protest may not provide any additional information that should have been included in the original application.

iv. If any applicant files a Letter of Protest, the Grant Agreement shall not be awarded until OSHPD has reviewed the protest.

v. OSHPD's decision will be rendered within five (5) working days of the receipt of the Letter of Protest and will be considered final.

6. Disposition of Application:

Upon application opening, all documents submitted in response to this RFA will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

7. Agreement Execution and Performance:

a. It is anticipated that the performance of the Grant Agreement will begin on **June 30, 2016**. No work shall begin until all approvals have been obtained.
b. Should the Grantee fail to commence work at the agreed upon time, OSHPD, upon five (5) days written notice to the Grantee, reserves the right to terminate the Grant Agreement.
c. All performance under the Grant Agreement shall be completed on or before the termination date of the Grant Agreement.
d. OSHPD will evaluate the Grantee(s)' performance to determine whether and to what extent they are meeting the deliverables.
e. OSHPD reserves the right to cancel the Grant Agreement should the deliverables not meet OSHPD's expectations.

F. REQUIRED ATTACHMENTS

The following pages contain additional Attachments that are a part of this RFA.

Attachment 1	Required Attachment Check List
Attachment 2	Application/Applicant Certification Sheet
Attachment 3	Applicant References and County/CBO Participation Verification
Attachment 4	Executive Summary and Detailed Work Plan
Attachment 5	Sample Rate Proposal Worksheet
Attachment 6	Payee Data Record (STD 204)
Attachment 7	Sample Grant Agreement has been included for your reference only. Grant Agreements, if any, may be entered into only with successful applicant(s), after the award determination is made. Entry into, and the terms of, any Grant Agreements(s) shall be at the sole discretion of OSHPD.

ATTACHMENT 1

REQUIRED ATTACHMENT CHECK LIST

Applicant Name: _____

A complete application or application package will include the items identified below. Complete this checklist to confirm the items in your application. Place a check mark or "✓" next to each item that you are submitting to the State. For your application to be responsive, all required attachments must be returned. This checklist must be returned with your application package also.

✓	Attachment	Attachment Name/Description
_____	Attachment 1	Required Attachment Check List
_____	Attachment 2	Application/Applicant Certification Sheet
_____	Attachment 3	Applicant References and County/CBO Participation Verification
_____	Attachment 4	Executive Summary and Detailed Work Plan
_____	Attachment 5	Sample Rate Proposal Worksheet
_____	Attachment 6	Payee Data Record (STD 204)

ATTACHMENT 2

APPLICATION/APPLICANT CERTIFICATION SHEET

This Application/Applicant Certification Sheet must be signed and returned in duplicate with original signatures.

Do not return Section E "Application Requirements and Information" or the "Sample Agreement" at the end of this RFA.

The signature affixed hereon and dated certifies compliance with all the requirements of this application document. The signature below authorizes the verification of this certification.

An Unsigned Application/Applicant Certification Sheet May Be Cause for Rejection

Company Name	Telephone Number
Address	Fax Number
Name	Title
Signature	Date

ATTACHMENT 3

APPLICANT REFERENCES AND COUNTY/CBO PARTICIPATION VERIFICATION

Submission of this Attachment is mandatory. Failure to complete and return this Attachment with your application will cause your application to be rejected and deemed nonresponsive.

List below two (2) references of similar types of services performed for other entities within the last four (4) years. If two references cannot be provided, please explain why on an attached sheet of paper.

REFERENCE 1			
Name of Firm			
Street Address	City	State	Zip Code
Contact Person		Telephone Number	
Email Address			
Dates of Service		Value or Cost of Service	
Narrative of Service Provided (include timeline and outcomes)			
What is the role of the reference/firm?			

REFERENCE 2			
Name of Firm			
Street Address	City	State	Zip Code
Contact Person		Telephone Number	
Email Address			
Dates of Service		Value or Cost of Service	
Narrative of Service Provided (include timeline and outcomes)			
What is the role of the reference/firm?			

COUNTY MENTAL HEALTH/COMMUNITY-BASED ORGANIZATION DIRECTOR or AUTHORIZED DESIGNEE PARTICIPATION VERIFICATION FORM

Date:

County/Community-Based Organization:

The Applicant Organization (see below) intends to apply for a grant from the Office of Statewide Health Planning and Development (OSHPD) to provide training and support for individuals to be deployed as peer personnel in the Public Mental Health System (PMHS).

The purpose of this participation verification form is to ensure OSHPD that the applicant organizations contacted a County or CBO (Community Based Organization) prior to submission of an application and plan to engage and collaborate with Counties or CBOs in their program area. Additionally, this allows the applicant to develop a program that meets County/CBO specific needs. By signing the letter, the County or CBO is agreeing that where applicable, the County will collaborate and engage with the applicant organization if they are awarded a grant. OSHPD encourages the County and/or CBO Director to sign only if they do plan to collaborate and engage with this organization in a manner consistent with what is described below.

To better assess the peer personnel needs in your County Mental Health Program/CBO, to the extent possible please complete the following questions:

1. Provide the number of positions that are currently filled by Peer Personnel in your organization:

2. Provide the number of open Peer Personnel Positions that are not filled in your organization:

3. Provide the number of trained Peer Personnel needed in your organization over the next year:

4. Please identify the main skills, competencies, and qualifications needed by peer personnel to obtain placement as peer personnel within your organization.

5. Please identify how your organization plans to collaborate and engage with the applicant organization.

By signing below, I confirm that _____ (Applicant Organization) has contacted my organization, my organization is part of the PMHS and, where applicable, my organization will engage with _____ (Applicant Organization) as they recruit, train, place, and support individuals with lived experience in peer personnel positions within the PMHS.

_____
Director (or authorized designee), County Mental Health Program/Community-Based Organization (Print)

_____
Director (or authorized designee), County Mental Health Program/ Community-Based Organization (Signature)

_____
Date

ATTACHMENT 4

Required Application Components 1 and 2 as defined in Section D "Developing an Application"

(Attachment 4 should include the Executive Summary, Detailed Work Plan and Schedule for Task Completion)

ATTACHMENT 5

SAMPLE RATE PROPOSAL WORKSHEET

Applicant Name: _____

Applicant hereby proposes to furnish all services and to perform all work required in accordance with the conditions and scope of services as set forth in the Scope of Work, and in applicant's application. If awarded, the rates and budget line items outlined in this proposal worksheet shall be contractually binding and used when invoicing OSHPD for services provided under the Agreement.

Total Proposal Budget $_____

1. Summary of Costs by Budget Line Item:

   The major budget categories under this RFA shall be (i) Recruitment and Outreach; (ii) Career Counseling; (iii) Training; (iv) Financial Incentive; (v) Placement; (vi) Support; (vii) Evaluation and (viii) Indirect Program costs, which are defined as shown below. Please use the table on the next page to provide a budget for each line item within the limitations provided below.

   a. "Recruitment and Outreach Costs" is defined as costs that can be more directly attributed to the completion of recruitment and outreach services which can include but not be limited to salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel. Recruitment and Outreach shall be no more than 5 percent of total proposed budget.

   b. "Career Counseling Costs" is defined as costs that can be more directly attributed to the completion of Career Counseling services which can include but not be limited to salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel. Career Counseling costs shall be no more than 20 percent of total proposed budget.

   c. "Training Costs" is defined as costs that can be more directly attributed to the completion of training services which can include but not be limited to salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel. Training costs shall be no more than 40 percent of total proposed budget.

   d. "Financial Assistance Costs" is defined as financial assistance for program participants to attend training which shall only be provided for costs, other than tuition or admission fees, incurred by participants to enable their participation in the activities sponsored by the proposing organization and may include, but not be limited to: transportation costs, uncompensated time-off, and child care. Financial Assistance costs shall be no more than 10 percent of total proposed budget

e. "Placement Achievement Incentive" is defined as an incentive to the completion of Placement services. Placement costs/incentive shall be no less than 35 percent of total proposed budget.

f. "Support Costs" is defined as costs that can be more directly attributed to the completion of post training/placement support services which can include but not be limited to salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel. Support costs shall be no more than 20 percent of total proposed budget.

g. "Evaluation Costs" "is defined as cost to evaluate the peer personnel training and placement program at the completion of program activities. The Program evaluation should include a summary of all program activities and outcomes using the progress report found in Attachment 7, sample Grant Agreement, a comprehensive survey for program participants and employers where participants were placed, and highlight any major successes and/or challenges in completing all program activities. Evaluation cost shall be no more than 5 percent of total proposed budget.

h. "Indirect Program Costs" is defined as costs that are indirectly attributed to the completion of all other program services identified above which can include but not be limited to Utilities, Rent, and Administrative service/payroll staff. Indirect program costs shall be no more than 10 percent of total proposed budget.

Budget Line Item	Funding
Recruitment and Outreach (Shall be no more than 5% of total proposed budget)	$
Career Counseling (Shall be no more than 20% of total proposed budget)	$
Training (Shall be no more than 40% of total proposed budget)	$
Financial Assistance (Shall be no more than 10% of total proposed budget)	$
Placement Achievement Incentive (Shall be no less than 35% of total proposed budget)	$
Support (Shall be no more than 20% of total proposed budget)	$

Evaluation (Shall be no more than 5% of total proposed budget)	$
Indirect Program Cost [Indirect Cost Line item 1] [Indirect Cost Line item 2] [Indirect Cost Line item 3] Total Indirect Cost (Shall be no more than 10% of total proposed budget)	 $ $ $ $

2. Summary of Proration Rate for Cost by Budget Line Item:

This performance driven contract is paid by the completion of activities. In the event the applicant is awarded, payments will be made based on the following prorated rates by completion of activities in relation to the individuals **identified in the application** that will be trained, placed, and supported as specified below.

Budget Line Item	Number of Individuals that will be trained and supported (as identified in the application)	Total direct Program Cost Per Line Item	Prorated Rate for each Individual per Line Item
Recruitment and Outreach (Payments will be made based on the number of individuals that have been recruited to the program)	#	$	$
Career Counseling (Payment will be made based on completion and submittal of individualized career plan for each individual)	Same as above	$	$
Training (Payment will be made based on participants completion of entire training including field work)	Same as above	$	$
Financial Assistance (Payment will be made based on total financial assistance distributed each quarter as identified in the progress report)		$	

Placement Achievement Incentive (Payment will be made based on successful placement of individual participants in a position within the PMHS. However, Contractor will receive full funding for placement category if at least 80% of participants are placed by end of contract term and justification is provided, and accepted by OSHPD, as to why the remainder were not able to find placement.)	Same as above	$	$
Support (Payment will be made on a prorated rate based on the number of participants that have been receiving support during the 6 months after placement and for those that have not gained or maintained placement after 6 months following completion of training, payment will be provided based on completion of revised individual career plan)	Same as above	$	$
Evaluation (Payment will be made based on submittal and approval of final evaluation report and will be due within 60 days after completion of all program activities)		$	

Indirect Cost payments will be made by calculating the percentage of total indirect costs incurred that quarter based on the percentage of the direct program cost invoiced that quarter. The indirect cost calculation can be made using the following table.

Column 1: Total Indirect Cost outlined in the Application	*Column 2:* Total Direct Cost outlined in the Application	*Column 3:* Total Direct Cost being invoiced	*Column 4:* Percentage of Indirect Cost paid in invoice (Divide Column 3 by Column 2)	*Column 5:* Actual Indirect Cost paid in invoice (Column 1 multiplied by Column 4)
$	$	$	%	$

ATTACHMENT 6

PAYEE DATA RECORD (STD 204)

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1

INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this **fully completed** form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.

NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.

2

PAYEE'S LEGAL BUSINESS NAME (Type or Print)

SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)

E-MAIL ADDRESS

MAILING ADDRESS

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): __ – _____

☐ **PARTNERSHIP**

☐ **ESTATE OR TRUST**

CORPORATION:

- ☐ **MEDICAL** (e.g., dentistry, psychotherapy, chiropractic, etc.)
- ☐ **LEGAL** (e.g., attorney services)
- ☐ **EXEMPT** (nonprofit)
- ☐ **ALL OTHERS**

☐ **INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER:** ___ – __ – ____

(SSN required by authority of California Revenue and Tax Code Section 18646)

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

4

PAYEE RESIDENCY STATUS

☐ California resident - Qualified to do business in California or maintains a permanent place of business in California.

☐ California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.

- ☐ No services performed in California.
- ☐ Copy of Franchise Tax Board waiver of State withholding attached.

5

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)

TITLE

SIGNATURE

DATE

TELEPHONE

( )

6

Please return completed form to:

Department/Office: _____

Unit/Section: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: (___) _____ **Fax:** (___) _____

E-mail Address: _____

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003)(REVERSE)(CA ST PKS, EXCEL 9/22/2004)

1	**Requirement to Complete Payee Data Record, STD. 204** A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies. Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code
2	Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.
3	Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a). The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).
4	**Are you a California resident or nonresident?** A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California. A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident. For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident. Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are $1,500 or less for the calendar year. For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov
5	Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.
6	This section must be completed by the State agency requesting the STD. 204.
	Privacy Statement Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to $20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business. All questions should be referred to the requesting State agency listed on the bottom front of this form.

ATTACHMENT 7
SAMPLE GRANT AGREEMENT

GRANT AGREEMENT BETWEEN THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND
«Grantee_Name»
For The
PEER PERSONNEL TRAINING AND PLACEMENT PROGRAM GRANT AGREEMENT NUMBER
«Grant_Number»

THIS GRANT AGREEMENT ("Agreement") is entered into on «TermStart» ("Effective Date") by and between the State of California, Office of Statewide Health Planning and Development (hereinafter "OSHPD") and «Grantee_Name», (the "Grantee").

WHEREAS, the Budget Act of 2013 outlined that "a total of $2,000,000 shall be provided for peer support, including families, training in crisis management, suicide prevention, recovery planning, targeted case management assistance, and other related peer training and support functions to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel".

WHEREAS, Welfare and Institutions Code Section 5822(g) statutorily authorizes OSHPD to engage in activities that promote the employment of mental health consumers and family members in the mental health system.

WHEREAS, the Healthcare Workforce Development Division ("HWDD") supports healthcare accessibility through the promotion of a diverse and competent workforce while providing analysis of California's healthcare infrastructure and coordinating healthcare workforce issues.

WHEREAS, counties and community stakeholders have identified the need to train, support, and place consumer and family members in in peer personnel positions in the public mental health system.

WHEREAS, supporting consumer and family member employment is included as a priority strategy under the Mental Health Services Act (MHSA) Workforce Education and Training (WET) Five-Year Plan 2014-2019 which was approved by the California Mental Health Planning Council.

WHEREAS, the Grantee applied to participate in the Peer Personnel Training and Placement program, by submitting an application in response to the Peer Personnel Training and Placement Request for Application.

WHEREAS, the Peer Personnel Training and Placement program shall support, train and place individuals who are currently or seeking to be employed and/or volunteer as peer personnel including families by engaging in recruitment and outreach, career counseling, training, placement, and support activities with a priority focus on peer personnel placement/employment in the public mental health system.

WHEREAS, the Grantee was selected by OSHPD to receive grant funds through procedures duly adopted by OSHPD for the purpose of administering such grants.

NOW THEREFORE, OSHPD and the Grantee, for the consideration and under the conditions hereinafter set forth, agree as follows:

A. Definitions:

1. "Application" means the grant application/proposal submitted by Grantee.

2. “Consumer” means as referred to as Client in *Title 9, CCR, Section 3200.040,* is an individual of any age who is receiving or has received mental health services. The term “client” includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.

3. “Caregivers” means adoptive parents and their partners, foster parents and their partners, grandparents and their partners who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.

4. “Director” means the Director of the Office of Statewide Health Planning and Development or his designee.

5. “Family Member” means siblings, and their partners, kinship caregivers, friends, and others as defined by the family who is now or was in the past the primary caregiver for a child, youth, adolescent, or adult with a mental health challenge who accessed mental health services.

6. “Grant Agreement/Grant Number” means Grant Number «Grant_Number» awarded to Grantee.

7. “Grantee” means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified on the grant application.

8. “Grant Funds” means the money provided by OSHPD for the project described by Grantee in its application and Scope of Work.

9. “Parents” means biological parents and their partners, who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.

10. “Peer Personnel” means individuals with experience as a mental/behavioral health services consumer, family member, and/or parent/caregiver placed in designated peer positions within the Public Mental Health System.

11. “Placement” means assignment in a peer personnel position as an employee or volunteer that can be paid or un-paid in the public mental health system.

12. “Public Mental Health System (PMHS)” means publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the State Departments or county. It does not include programs and/or services administered, in whole or in part by federal, state, county or private correctional entities.

13. “Program” means the Grantee’s training program(s) listed on the grant application.

14. “Program Representative” means the representative of the Grantee for which Agreement funds are being awarded.

15. “Project” means the activity described in the Grantee’s application and Scope of Work to be accomplished with the grant Funds.

16. “State” means the State of California and includes all its Departments, Agencies, Committees and Commissions.

B. Term of the Agreement: This Agreement shall take effect on the <Effective Date> and shall terminate on «TermEnd».

C. Scope of Work:

1. Consistent with the RFA, Grantee agrees to perform all activities specifically identified in Grantee's application and submitted by Grantee in response to the RFA. RFA #15-8274 and Grantee's application, including the work plan prepared and submitted by Grantee, are incorporated herein by reference.

2. While performing the Scope of Work activities outlined in Section C-1, the Grantee shall:

   a. Include individuals with lived experience including consumers, family members and parent/caregivers in the design and delivery of program activities.
   b. Ensure there is continued engagement and coordination with other County, CBO, and education institutions/entities partners.
   c. Ensure focus on innovative, evidence-based and community-identified strategies to achieve the goal of placing and training peer personnel in the PMHS.
   d. Ensure all program activities are consistent with MHSA values and priorities including wellness, recovery and resiliency principles.
   e. Ensure that all services are consistent with the work plan and schedule outlined in the application.
   f. Not conduct lobbying activities as part of this Agreement.

D. Program Reports:

1. Grantee shall complete no more than quarterly progress reports each Fiscal Year using the progress report template found in Exhibit 3, progress report, to demonstrate completion of Scope of Work activities and evaluate the program's effectiveness. Grantee shall submit a quarterly progress report only in quarters where they have engaged in activities that were outlined in the Grantee's application for which Grantee will be submitting an invoice. Grantee shall submit progress when Agreement activities are engaged as provided below:

	FY 2016-17	**FY2017-18**
Progress Report #1	July-September, due by October 30	July-September, due by October 30
Progress Report #2	October-December, due by January 30	October-December, due by January 30
Progress Report #3	January -March, due by April 30	January-March, due by April 30
Progress Report #4	April-June, due by July 30	April-June, due by July 30
Final Evaluation Report	Due within 60 days of completion of all program activities	

2. Email the electronic copy of the progress reports to OSHPD.MHSAWET@oshpd.ca.gov

3. OSHPD reserves the right to cancel this Agreement in accordance with Section I, Terms and Conditions, if, in any fiscal year, the deliverables do not meet OSHPD's expectations.

E. Invoicing:

1. For services satisfactorily rendered in accordance with the Scope of Work and activities outlined in the application, and upon receipt and approval of the invoices, OSHPD agrees to compensate the Grantee in accordance with the rates specified in Section F. Budget Detail.

2. The Grantee shall not invoice OSHPD for work performed under this Agreement until the Grantee receives confirmation from OSHPD that the progress reports reflected in the invoice has been completed to OSHPD's satisfaction.

3. Invoices shall be submitted not more frequently than quarterly in arrears.

4. Invoices will not be paid until the progress report is reviewed and approved.

5. The total amount payable to the Grantee under this Agreement shall not exceed «Amount» («Amt_Spelled»).

6. The following items are required on all invoices:

   a. Invoice should be on Grantees printed letterhead with Grantee name and address;
   b. Costs incurred shall be itemized in accordance with Section F. Budget Detail;
   c. Date(s) of services or Progress reports provided;
   d. OSHPD Agreement number 15-8274;
   e. Invoice date;
   f. Invoice total; and
   g. Authorizing signature.

7. To expedite the processing of invoices submitted to OSHPD for payment, all invoices shall be submitted in triplicate to OSHPD Accounting at the following address:

   Office of Statewide Health Planning and Development (OSHPD)
   Attn: Accounting
   400 R Street, Suite 359
   Sacramento, CA 95811

8. OSHPD will withhold the final payment due to the Grantee under this Agreement until the Grantee submits a final report to OSHPD that provides a summary of major outcomes, successes, trends, and lessons learned from Agreement activities. OSHPD will notify the Grantee of approval of final report in writing.

F. Budget Detail:

1. OSHPD shall reimburse the Grantee for the expenses incurred in performing the Scope of Work and activities specified in the Grantee's application.

2. The reimbursement shall not exceed the following per budget line item costs:

Budget Line Item	Funding
Recruitment and Outreach	$
Career Counseling	$
Training	$
Financial Assistance	$
Placement Achievement Incentive	$
Support	$

Evaluation	$
Indirect Costs	$

3. This performance driven contract is paid by the completion of activities. In the event the applicant is awarded, payments will be made based on the following prorated rates by completion of activities in relation to the individuals identified in the application that will be trained and supported as specified below

Activity	Number of Individuals Identified in Application that will be trained	Total direct Program Cost Per Line Item	Prorated Rate for each individual per Line Item
Recruitment and Outreach (Payments will be made based on the number of individuals that have been recruited to the program)	#	$	$
Career Counseling (Payment will be made based on completion and submittal of individualized career plan for each individual)	#	$	$
Training (Payment will be made based on participants completion of entire training including field work)	#	$	$
Financial Assistance (Payment will be made based on financial assistance provided each quarter as identified in the progress report)		$	
Placement Achievement Incentive (Payment will be made based on successful placement of individual participants in a position within the PMHS.	#	$	$

However, Contractor will receive full funding for placement category if at least 80% of participants are placed by end of contract term and justification is provided, and accepted by OSHPD, as to why the remainder were not able to find placement)			
Support (payment will be made on a prorated rate based on the number of participants that have been receiving support during the 6 months after placement and for those that have not gained or maintained placement after 6 months following completion of training, payment will be provided based on completion of revised individual career plan)	#	$	$
Evaluation (Payment will be made based on submittal and approval of final evaluation report and will be due within 60 days after completion of all program activities)		$	

4. Indirect program costs will be made by calculating the percentage of total indirect costs incurred that quarter based on the percentage of the direct program cost invoiced that quarter. The indirect cost calculation can be made using the following table:

Column 1: Total Indirect Cost outlined in the Application	*Column 2:* Total Direct Cost outlined in the Application	*Column 3:* Total Direct Cost being invoiced	*Column 4:* Percentage of Indirect Cost paid in invoice (Divide Column 3 by Column 2)	*Column 5:* Actual Indirect Cost paid in invoice (Column 1 multiplied by Column 4)
$	$	$	%	$

G. Budget Contingency Clause:

1. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the OSHPD shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.

2. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the OSHPD shall have the option to either cancel this Agreement with no liability occurring to the OSHPD, or offer an Agreement amendment to Grantee to reflect the reduced amount.

H. Budget Adjustments:

1. All requests to change the budget shall be submitted in writing for OSHPD approval and shall include an explanation for the reallocation of funds by the Grantee. An accounting of how the funds were expended will also be submitted with the final report.

2. All requests for extending the grant period shall be submitted in writing to OSHPD for approval. Requests for a time extension must be made to OSHPD no later than ninety (90) calendar days prior to the expiration of the Agreement. There shall be no activity on an Agreement after its expiration.

I. Terms and Conditions:

Except as provided in Exhibit 1, Terms and Conditions for Interagency Agreements, the following terms and conditions shall apply to all Grantees. Agreements with the State, the Regents of the University of California and the California State University system shall be treated as Interagency Agreements and the language in Exhibit 1 shall replace the language in this Section I. General Terms and Conditions. The Terms and Conditions in this Section I. shall apply to all Grantees except the State of California, University of California and California State University. In the event the State of California, University of California and California State University is awarded a grant the language in Exhibit 1 shall replace the Terms and Conditions found in this Section I.

1. Time: Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.

2. Final Agreement: This Agreement, along with the Grantee's Application, exhibits and forms constitutes the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.

3. Ownership and Public Records Act: All reports and the supporting documentation and data collected during the funding period which are embodied in those reports, shall become the property of the State and subject to disclosure under the Public Records Act.
4. Additional Audits: Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right

of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. tit. 2, §1896).

5. Provisions Relating to Data.

   a. "Data" as used in this Agreement means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Agreement. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.

   b. "Generated data" is that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Agreement at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data.

   c. "Deliverable data" are that data which, under terms of this Agreement, are required to be delivered to the State. Such data shall be property of the State.

   d. Prior to the expiration of any legally required retention period and before destroying any data, Grantee shall notify the State of any such contemplated action; and State may within thirty (30) days of said notification determine whether or not the data shall be further preserved. The State shall pay the expense of further preserving the data. State shall have unrestricted reasonable access to the data that are preserved in accordance with this Agreement.

   e. Grantee shall use best efforts to furnish competent witnesses to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Agreement.

6. Independent Grantee: Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

7. Non-Discrimination Clause: During the performance of this Agreement, Grantee and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. Grantee and its subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.

8. Waiver: The waiver by OSHPD of a breach of any provision of this Agreement by will not operate or be construed as a waiver of any other subsequent breach by OSHPD expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.

9. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.

10. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.

11. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of OSHPD in the form of a formal written amendment.

12. Indemnification: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all Grantee's, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.

13. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:

    a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.

    b. The Deputy Director shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and reasons for it.

    c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee's letter. The Director's decision will be final.

14. Termination For Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.

15. Potential Subcontractors: Nothing contained in this Agreement shall create any contractual relation between the State and any subcontractor of the Grantee, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be as fully responsible to the State for any and all acts and omissions of its subcontractors and of persons either directly or indirectly employed by the Grantee. The Grantee's obligation to pay its subcontractors is an independent obligation from OSHPD's obligation to disburse funds to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any money to any subcontractor.

16. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.

17. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

J. Project Representatives: The project representatives during the term of this Agreement are listed below.

Direct all Grant Agreement inquiries to:

State Agency: Office of Statewide Health Planning and Development	Grantee: «Grantee_Name»
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training	
Name: Wes Salter, Program Analyst	Name (Main Contact): «CO_First_Name» «CO_Last_Name» «Grantee_Officer_Title»
Address: 400 R Street, Suite 330 Sacramento, CA 95811-6213	Address: «Grantee_Street_Address», «Grantee_Ste» «Grantee_City», «State» «Zip»
Phone: (916) 326-33781	Phone: «Grantee_Phone»
Email: Wesley.Salter@oshpd.ca.gov	Email: «Grantee_Email_»

The project representatives during the term of this Agreement will be:

State Agency: Office of Statewide Health Planning and Development	Program Representative:
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training	
Name: Wes Salter, Program Analyst	Name of Representative: «lblProgramDirector»,
Address: 400 R Street, Suite 330 Sacramento, CA 95811-6213	Address: «Address» «City», «State1»«Zip»
Phone: (916) 326-3781	Phone: «PR_Phone»
Email: Wesley.Salter@oshpd.ca.gov	Email: «PR_Email»

IN WITNESS WHEREOF, the parties hereto have executed or have caused their duly authorized officers to execute this Agreement as of the date first written above.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT	GRANTEE: «Grantee_Name»,
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____

Appendix 1

TERMS AND CONDITIONS FOR INTERAGENCY AGREEMENTS

1. Time: Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.

2. Final Agreement: This Agreement, along with the Grantee's Application, exhibits and forms constitutes the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.

3. Additional Audits: Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. Tit. 2, §1896).

4. Provisions Relating to Data.

   a. "Data" as used in this Agreement means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Agreement. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.

   b. "Generated data" is that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Agreement at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data.

   c. "Deliverable data" are that data which, under terms of this Agreement, are required to be delivered to the State. Such data shall be property of the State.

   d. Prior to the expiration of any legally required retention period and before destroying any data, Grantee shall notify the State of any such contemplated action; and State may within thirty (30) days of said notification determine whether or not the data shall be further preserved. The State shall pay the expense of further preserving the data. State shall have unrestricted reasonable access to the data that are preserved in accordance with this Agreement.

   e. Grantee shall use best efforts to furnish competent witnesses to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Agreement.

5. Waiver: The waiver by OSHPD of a breach of any provision of this Agreement by Grantee will not operate or be construed as a waiver of any subsequent breach by OSHPD expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.

6. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.

7. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.

8. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:

    a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.

    b. The Deputy Director shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and the reasons for it.

    c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee's letter. The Director's decision will be final.

9. Termination For Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.

Appendix 2

PARTICIPANT DEMOGRAPHIC INFORMATION SURVEY

This demographic survey is being administered by the Office of Statewide Health Planning and Development (OSHPD) who funds your participation in this program. In efforts to collect data that enables the evaluation of the program's effectiveness towards serving diverse populations, this survey aims to collect data on the wide range of demographics of our program participants. While this survey is optional, OSHPD kindly requests your completion of this anonymous survey.

Please identify your County of residence: Name of County

Please identify your Race/Ethnicity:

- ☐ African American/Black/African
- ☐ American Indian/Native American/Alaskan Native
- ☐ Asian
  - ☐ Cambodian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Indian
  - ☐ Japanese
  - ☐ Laotian/Hmong
  - ☐ Korean
  - ☐ Pakistani
  - ☐ Thai
  - ☐ Vietnamese
  - ☐ Other Asian
- ☐ Caucasian/White/European
- ☐ Latino/Hispanic
  - ☐ Central American
  - ☐ Cuban
  - ☐ Mexican
  - ☐ Puerto Rican
  - ☐ South American
  - ☐ Other Hispanic
- ☐ Middle Eastern
- ☐ Pacific Islander
  - ☐ Fijian
  - ☐ Guamanian
  - ☐ Hawaiian
  - ☐ Samoan
  - ☐ Tongan
  - ☐ Other Pacific Islander
- ☐ Decline to State

Please select any languages you speak in addition to English:

- ☐ American Sign Language
- ☐ Arabic
- ☐ Armenian
- ☐ Cambodian
- ☐ Cantonese
- ☐ Farsi
- ☐ French
- ☐ German
- ☐ Haitian Creole
- ☐ Hebrew
- ☐ Hindi
- ☐ Hmong
- ☐ Italian
- ☐ Japanese
- ☐ Khmer
- ☐ Kiswahili
- ☐ Korean
- ☐ Laotian
- ☐ Mandarin
- ☐ Other Chinese
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Samoan
- ☐ Spanish
- ☐ Tagalog
- ☐ Thai
- ☐ Turkish
- ☐ Urhobo
- ☐ Vietnamese
- ☐ Other (specify): _____

Not everybody uses the same labels, however, which BEST describes your current gender:

- ☐ Androgynous
- ☐ Female
- ☐ Female/Transwoman/MTF Transgender
- ☐ Male
- ☐ Male/Transman/FTM Transgender
- ☐ Questioning my Gender
- ☐ Decline to State

Not everybody uses the same labels to describe their sexual orientation, however, which BEST describes your sexual orientation:

- ☐ Bisexual/Pansexual
- ☐ Gay
- ☐ Heterosexual/Straight
- ☐ Lesbian
- ☐ I'm questioning whether I'm straight or not straight
- ☐ Queer
- ☐ Decline to State

Please identify if you are a consumer and/or a family member:

- ☐ Consumer
- ☐ Family Member
- ☐ Decline to State
- ☐ Both
- ☐ None

Do you identify as having a disability*?

- ☐ Yes
- ☐ Decline to State
- ☐ No

*A disability is defined as an individual who: 1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; 2) has a record or history of such impairment or medical condition; or 3) is regarded as having such an impairment or medical condition.

Please select your age group:

- ☐ Under 18
- ☐ 18-24
- ☐ 25-39
- ☐ 40-64
- ☐ 65 years and over
- ☐ Decline to State

Are you a Military Veteran?

- ☐ Yes
- ☐ No

Appendix 3

PEER PERSONNEL TRAINING AND PLACEMENT PROGRESS REPORT

Purpose: This quarterly progress report describes the deliverables for which the Grantee is invoicing for this quarter.

Date:

Program Name:

Agreement # and executed date:

Progress Report # since Agreement was executed:

I. Contact Information

Name	Position/Title	Phone	E-mail

II. Revision to Work Plan Activities

A. Please describe only if this has changed since you submitted your last progress report.

- Provide a brief description of any changes in your work plan activities.
- Briefly describe how these changes align with the intent of the Peer Personnel Program. *(no more than four sentences per change)*

III. Summary Programs Progress Toward Meeting all Deliverables

A. Outline the total number of individuals that will participate in the program using the table below:

Total number of individuals that will be recruited, trained, placed, and supported via Contract as identified in Application
#

B. Outline the progress made by participants in completing program components using the table below:

Progress Report #	**A Total number of participants that have been recruited into the Program**	**B Total number of participants that finalized Individualized Career Plans (ICP)**	**C Total Number of participants that have not started training**	**D Total number of participants that are currently in training but are not placed**	**E Total number of participants that are currently in training and are placed**	**F Total number of participants that have completed training but are not yet placed**	**G Total number of participants that have completed training and are placed**	**Addition of columns C-G** (should equal total number Table III A above
1	#	#	#	#	#	#	#	#
2	#	#	#	#	#	#	#	#
3	#	#	#	#	#	#	#	#
4	#	#	#	#	#	#	#	#

C. Outline each participant's progress in completing different program phases using the table below:

Participant Identifier	**Completed ICP (Yes)**	**Peer Personnel Position Type/ Category Participant is being trained for.**	**Status of Participant** (A- has not started B- In training not placed C- In training and placed D- Completed Training Not Placed E- Completed training and placed	**Percentage of Training Completed** (courses required vs courses completed)	**County and site of Field Training/ Internship**	**Expected Training Completion Date**	**County and site of placement and position title** (If placed. If not placed keep blank)	**If placed are they in a paid or non-paid position?**

IV. Recruitment and Outreach Activities

A. Describe your program's outreach to identified groups using the table below:

Date Range	Type of Outreach Provided	Population/Community Targeted	Where Outreach Occurred	Estimated Number Individuals Reached

B. Outline the total number of individuals that have been successfully recruited into the program using the table below:

Progress Report #	Total Number of Individuals that have been recruited to the program
1	
2	
3	
4	

C. Outline Demographic Information for Recruited Participants (as self- identified using Exhibit 2 Participant Demographic Information Survey) using the table below:

Participant Unique Identifier	County of Residence	Race/Ethnicity	Speaks a Language in Addition to English (list languages)	Consumer and/or Family Member	Gender	Disability (Yes/No)	Age Group	Veteran (Yes/No)

V. Career Counseling Activities

A. Provide a brief summary (no more than 8 sentences) of career counseling activities, success and/or challenges.

B. Outline the total number of participants that have completed career counseling activities using table below:

Progress Report #	Total Number of Participants that have Finalized Individualized Career Plans per progress report
1	
2	
3	
4	

VI. Training

A. Provide the courses your education program has developed to train participants for defined Peer Personnel Position Type/Category (PPPT/C) using the table below:

Courses (Title)	Hours	Required (X) for PPPT/C			Elective (X) for PPPT/C			Course Learning Objectives	How Course Addresses MHSA values, principles and/or practice skills
		1	2	3	1	2	3		

B. Outline training provided including course titles (should match those identified above), and number of participants that attended using the table below:

Date(s)	**Courses Title**	**Number of Participants that Attended**

C. Outline the progress made by program participants in completing required training including field training using the table below:

Participant Identifier	**Peer Personnel Position Type/ Category Participant is being trained for**	**Percentage of Training Completed** (based on courses required vs courses completed)	**County and Site of Field Training/ Internship**	**Expected Training Completion Date**	**Total Financial Assistance Provided**
					$
					$
					$
					$
					$

D. Provide (in no more than 8 sentences) any major successes and/or challenges to training and finding field training/internships for program participants**.**

VII. Placement

A. Outline the program participant's progress towards being placed as peer personnel in the Public Mental Health System using the table below:

Participant Identifier	Training Program Status (in progress/ Completed {date})	County and Site of Placement	Placement Start Date	Position Title and Payment Status (paid or non-paid)	Position Duties	Average Hours Worked per Week

B. Please describe (in no more than 8 sentences) any major successes and/or challenges to finding placements for program participants.

VIII. Support

A. Outline activities completed to support program participants

Date Range	Support Activity Summary	Number of Participants Supported

B. Please describe (in no more than 8 sentences) any major successes and/or challenges to supporting for program participants.

C. Using the table below, outline programs success in retaining program participants

Participant Identifier	**Did participant gain and/or maintain placement after 6 months of program completion (Yes/No)**	**If No, was revised individual career plan to address issues completed? (Yes/N)**	**If applicable, provide an explanation as to why program participant was unable to gain and/or maintain placement.**

D. Use the table below to provide survey results of program participants after 4 months of having completed the peer education program and secured placement:

Participant Identifier	**Employer (County and Site Name)**	**Position in Which Program Participant is Employed**	**Did the Training Program Prepare you for your current Position? (Y/N)**	**Program Greatest Strength**	**Program Greatest Challenge**

E. Use the table below to provide survey results of employers after 4 months of having program participants being placed:

Participant Identifier	**Employer (County and Site Name)**	**Position in Which Program Participant is Employed**	**Was Program Participant Well Prepared for the Position? (Y/N)**	**Program Participant's Greatest Strength**	**Program Participant's Greatest Challenge**

IX. Budget Information

A. Provide number of activities completed this progress report for purposes of invoicing for payment using the table below:

Activity Budget Category	Prorated Rate for each participant per Line Item	Total number of participants completing budget activities for this Progress Report	Total Amount Invoiced for this Progress Report (multiplication of prior two columns)
Recruitment and Outreach	$	#	$
Career Counseling	$	#	$
Training	$	#	$
Financial Assistance			$
Placement Achievement Incentive	$	#	$
Support	$	#	$
Total invoice (not including indirect)	$		$

B. Complete the table below to calculate indirect costs incurred during the progress report period for purposes of invoicing:

Column 1: Total Indirect Cost outlined in the Application	*Column 2:* Total of non-indirect costs outlined in the Application	*Column 3:* Total of non-indirect being invoiced	*Column 4:* Percentage of Indirect Cost paid in invoice (Divide Column 3 by Column 2)	*Column 5:* Actual Indirect Cost paid in invoice (Column 1 multiplied by Column 4)
$	$	$	%	$

Additional Documents

Attach additional documents you feel are pertinent to further explaining information provided as part of this progress report.

- Individualized career plans