

Peer Operated Respite Services Pre Bidder's Conference

Question	Answer
Are the funds for establishing the program, for services, or for both?	Funds are for both programmatic and service operations. DMHDDSAS hopes to establish a cost-model to sustain this service long-term. Operational costs can be used to provide additional trainings for staff, rent for the building, etc. These are federal funds; so capital improvements are restricted.
What are the requirements for ADA compliance?	DMHDDSAS will need to determine who will oversee this and approve for ADA compliance.
Can individuals can be served more than once (recurring)?	Yes, they can return to the service if they found it beneficial.
How people needed to be referred. Do they go through an LME-MCO?	They should come from any resource, any "door".
Do consumers have to be authorized for services?	The individual doesn't need to be in treatment or be pre-authorized. This is also an insurance-blind model.
Could referrals come from the community (i.e., someone she met at an AA meeting)?	Yes.
If an assessment would be required and if so, would we provide the assessment tool?	At this time, DMHDDSAS envisions this model aligning with the model by Sheryl Mead in Georgia. We want a "goal-plan" developed, inclusive of recovery activities or goals. At this time, no assessments are required, as that implies a clinical (non-peer) relationship.
Could folks use a living room with a pull out couch?	Individuals seeking support from the Peer Operated Respite should be provided privacy and security for their personal belongings. A pull out couch in a living room would not provide this, and would not be acceptable.
Can two clients share a room?	Individuals seeking support from the Peer Operated Respite should be provided privacy and security for their personal belongings. Having two individuals share a room would not provide this, and would not be acceptable.
Can funds be used to help fix up a space for the PORS?	Federal Restrictions prohibit capital improvements.
Will the 350K grant be for services only?	It will be used for startup costs and operations, not billed per individual.
Is it a requirement to be a part of an LME-MCO (contractually)?	Yes, as they are going to disseminate funds to the provider.
Where will referrals come from?	All sources in the community.
How do you define/determine "peer led or consumer run organization"?	SAMHSA defines this and the definition is on page 5 of the RFA. Also, please see http://store.samhsa.gov/shin/content/SMA11-4633CD-DVD/GettingStarted-COSP.pdf
Who will inspect property to determine federal guidelines?	This will be determined through the contractual agreement between the LME-MCO and the PORS provider. At minimum, sites will need to have and pass a fire inspection.
What type of insurance is needed for a PORS?	Liability insurance at minimum. Other requirements can be established by the LME-MCO.

What is the timeline for funding?	This year (current) with the goal to request carryover funding to next year. We will also need to define the outcomes for this service and how we'll measure it.
Are we expecting clinicians to be involved?	No, this is a Peer Operated Respite. There will not be clinicians or medical staff on-site or on call.
Can this be a co-ed environment?	Yes- but not sharing a room.
What about meals?	We encourage people to feel at home. The Peer Operated Respite should have food on hand to ensure individuals are able to eat meals and snacks (within reason.) Individuals also will have the ability to bring food from home, and will have access to food storage space, a stove/oven, and microwave.
What about people with diabetes and special diets?	Individuals with a special diet would ideally have a space to cook and store their food. Meals and snacks served at the Peer Operated Respite should also align with a whole health integration model.
Is there a maximum number of days that a person can stay? Can they come back?	7 days and yes.
How does this differ from a homeless shelter?	A homeless shelter is frequently a time unlimited center that serves a large number of individuals, frequently has a congregate sleeping area, minimal privacy, and minimal treatment services. The Peer Operated Respite will provide an array of peer delivered wellness services and supports, and focus on healthy resolution of crisis situations in a community setting. Individuals in the early stages of crisis development are the focus of this program. Peer Operated Respite will not work with more than four individuals at a time. Maximum length of stay will not exceed 7 days, and the individual must identify a place to return to once their stay has ended. Individuals will stay in private rooms.
Is there a grid as to how the RFAs will be scored?	We will update and repost to: http://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities .
What is the staff to client ratio?	There is not a "staff" or "client" mentality. There does need to be a peer on-site 24/7 and available to the individuals using the respite.
Are there restrictions on faith based organizations?	No, but the award recipient will need to be contracted with the LME-MCO to provide services.
What happens when the person served is not able to take their own medications properly?	Part of the requirement is to make sure the person using respite has a safe place to store medications. It's not up to the Peer assisting them to monitor or administer medications. They may help them to call their nurse / doctor to ensure they have questions answered.
Are there dimension requirements for the room?	Not at this time. This will be one of the questions once in meeting with Sherry.
Do they need to be a non-profit?	Yes. Federal funds cannot fund for-profit entities.

Operating expenses shown (3 month), should they be current expenses or once awarded, add those funds?	Current.
Please clarify on page 5. Re: DMHDDSAS policies and procedures.	Peer Operated Respite staff will be required to currently be Certified Peer Support Specialists (CPSS)
When will these funds not be considered “pilot” but available in a larger realm?	DMHDDSAS is not able to anticipate when this service will shift from ‘pilot’ status to established service. However, stakeholders are welcome to establish and fund additional Peer Operated Respite sites using funding streams they have available.