

Family Peer Support Grant Scoring Criteria

Level One – Eligibility Compliance Review | Meets all basic requirements |

Eligible/Ineligible

- Is the application complete?
 - Were all requested documents submitted?
 - Were all questions answered?

- Is the requester one of the current Family Peer Support pilots under contract with the Montana Department of Public Health and Humans Services through Near-term Initiative #6?

- Did the requester conduct Family Peer Support with at least 20 families from Jan. 1 – March 31, 2026?

- Does the requester attest that it will continue its pilot project for an additional 5 months, starting from the end of the original Family Peer Support pilot on Jan. 5, 2027?

- Does the requester attest that all Family Peer Support Specialists serving under this grant are either currently certified in Montana as an FPS through the Montana Department of Labor and Industry's Board of Behavioral Health or will be certified by the same entity before the end of the grant extension period?

- Does the requester confirm that its organization serves families raising children under the age of 21 who require behavioral health services or who are believed to have an SED?

- Does the requester attest that its FPS specialists will oversee a caseload of no fewer than a minimum average of 20 families per site throughout the grant extension period?

- Does the requester confirm that it will adhere to evidence-based and/or evidence-informed Family Peer Support models?

- Does the requester commit to ongoing training, retention, and oversight of its Family Peer Supporter(s)?

- Does the requester attest to having the administrative support infrastructure to meet the grant criteria?
- Does the requester commit to meeting reporting requirements in the format and timeline set forth by DPHHS?
- Does the requester attest to being in good financial standing?
- Does the requester attest to being able to comply with all state and federal laws, regulations, and policies applicable to the program?
- Does the requester attest that the information provided in this application is true and correct to the best of the authorized official's knowledge and understanding?
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TOTAL: Eligible/ Ineligible

If all these criteria are met, then the application can move on to other rounds of review. If these basic requirements are not met, then the provider is not eligible for funding.

Level Two – Budget Review | Budget is allowable and covers the five-month period following the original Family Peer Support grant period. | 0-1 points for entire section | 0 = no budget provided or was incomplete, 1 = adequate response |

- Did the requester include allowable costs in the provided budget?
- Do the costs cover the full five-month period?

TOTAL:

If the budget receives a point, the application can move on to Final Compliance Review.

A total of \$63,182.13 is available under this grant program. The Department anticipates funding two grants of \$31,591.06, which will be distributed to the first two requesters who meet all non-competitive eligibility criteria.

TOTAL:

MINIMUM THRESHOLD: 1

MAX TOTAL: 1