

**Division of Mental Health and Addiction** 402 W. WASHINGTON STREET, ROOM W353 INDIANAPOLIS, IN 46204-2739

## REQUEST FOR FUNDING ANNOUNCEMENT – RFF-2023-001 FOR

Extended Hours for Opioid Treatment Programs

#### **Introduction:**

| This is a Req  | uest for Fur | iding annoui | ncement (RFF) issued by the Family and Social Services |
|----------------|--------------|--------------|--|
| Administration | on, Division | of Mental I  | Health & Addiction. The date for this project is       |
| 1/1/23         | _through     | 9/29/23      | months/years.  |

This RFF is intended to publicize the availability of Grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response ("proposal") submitted hereto are to be construed as a legal offer.

Proposals can be submitted in a written format, or an oral format. The oral format (in person or virtual) must be requested by email (Cam Drury, Charles.drury@fssa.in.gov) by the due date listed below. Please see below for Written and Oral Proposal formats and submission requirements.

The eligibility requirements for this RFF include: Must be an operating Opioid Treatment Program in good standing with DMHA. Must be in good standing with: Substance Abuse and Mental Health Administration (SAMHSA), Drug Enforcement Agency (DEA), Indiana Professional Licensing Agency (IPLA) standards, Board of Pharmacy and Regulations.

### **Submission Requirements:**

Written Proposals- should be submitted by email no later than 4:30pm EST on (12/8/2022) to (Cam Drury)'s email: (Charles.drury@fssa.in.gov).

- Proposals received after 4:30pm EST will not be considered.
- The email subject line must be: RFF-2023-01
- Email must include the following:
  - A cover letter indicating the principle contact name, telephone number and email are required for each proposal. This must be the first page of the proposal.



- Attachment of respondent information to include organization information, such as UEI, agency address and contact information for agency respondent.
- o Must use Times New Roman 12-point font for all pages of the proposal
- All supporting documents for the proposal must be attached to the email as one PDF file.
- O Submit one proposal per applicant. Agencies that are not the lead applicant, may be included in multiple proposals.

Oral Proposals- should be requested by email no later than 4:30pm EST on (12/8/2022) to (Cam Drury)'s email: (Charles.drury@fssa.in.gov).

- Requested oral proposals received after 4:30pm EST will not be considered.
- The email subject line must be: RFF-2023-01
- Email must include the following:
  - o A cover letter indicating the principle contact name, telephone number and email are required for each proposal. This must be the first page of the proposal.
  - Attach a cover letter, outline, budget, and a copy of visual presentation (ex. PowerPoint)
  - o Must use Times New Roman 12-point font for all pages of the proposal
  - o Indicate if this presentation will be onsite or virtual
- Failure to submit an email that includes all the above documents will result in no presentation being scheduled.
- (<u>Cam Drury</u>) will schedule a date and time for the oral presentation within 5 business days.
- Oral Proposals may be face to face, teleconference (i.e., Microsoft Teams, Zoom).
- Presentations are limited to 30-minutes.

### **Ouestions Regarding this RFF:**

Questions regarding this RFF must be submitted via e-mail to (<u>Cam Drury</u>: charles.drury@fssa.in.gov) no later than 4:30 p.m. EST on 11/18/2022.

- Questions received after 4:30p.m. EST will not be included on the Q&A form posted on the website and may not be answered timely if at all.
- Email subject line for questions must be: **Questions for RFF-2023-01**

Questions received by the due date will be answered by <u>11/21/2022</u> and posted to the DMHA funding webpage (<a href="https://www.in.gov/fssa/dmha/funding-information/">https://www.in.gov/fssa/dmha/funding-information/</a>)

All questions and inquires must be directed to <u>ONLY</u> Cam Drury at Charles.drury@fssa.in.gov). Failure to follow this expectation disqualifies the application from this RFF.

## **Project Description:**

The Indiana Division of Mental Health and Addiction (DMHA) is granting funds for qualified vendors to offer additional, extended hours of operation as Opioid Treatment Programs. Specifically, a total of \$500,000 is available for at least two, and up to three, qualified Opioid Treatment Programs to expand services starting on January 1, 2023 and concluding September 29, 2023. Qualified Opioid Treatment Programs should expand total operating hours by at least 3 hours per day, 5 days a week, for a total of 15 additional hours per week over and beyond current facility's current hours of operation. This grant should be used for dosing and other routine, typical actions currently occurring in OTPs. Funding should be used to hire necessary staff to effectively extend facility hours in a responsible manner. This grant is open to operating OTPs in good standing with all relevant licensing entities.

This grant will be funded beginning January 1, 2023 through September 29, 2023. Funding is made available through the State Opioid Response 3 Grant. Allowable costs will include staff time, fringe and supplies.

RFF Released

### **RFF** Timeline:

\*Subject to change\*

11/1/1/2022

| 11/14/2022   | KFF Keleased                                     |  |
|--|--|--|
| 11/18/2022   | RFF Questions Due                                |  |
| 11/21/22 RFF Answers Posted to DMHA Funding Webs                           |  |  |
|  |  |  |
| $\frac{12}{9}$ to $\frac{12}{10}$  | Oral Presentations Conducted                     |  |
| $\frac{12}{10}$ to $\frac{12}{19}$   | Submissions scored                               |  |
| 12/20/22   | Notify Applicants of Award Determination         |  |
| <b>Project Timeline</b>  |  |  |
| 1/1/23   | Project starts                                   |  |
| 1/1/23<br>9/29/23  | Project ends                                     |  |
| Funding This funding is coming from the State Opio CFDA#93.788 FAIN#_H79   |  |  |
| The total funding amount available for this awarded up to \$\$250,000 each | RFF is \$500,000 Applicants may be h.            |  |
| FSSA/Division of Mental Health and Addid                                   | ction encourages applicants to be as creative as |  |

Non-Authorized Activities: Such items may include, but not be limited to the following:

possible in their proposals regarding costs. Cost efficiency will be considered when determining

Food

grant(s) awards.

| • | Pav | for | promotional | items  |
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• Capital purchases such as buildings

| Evaluation – Total Points Available:100 |  |
|---|--|
|---|--|

Proposals will be reviewed and scored by a committee selected by the Division of Mental Health and Addiction. Proposals will be evaluated based upon the proven ability of the applicant to meet the goals of the project description in a cost-effective manner.

The following checklist is for your reference only as it indicates the maximum points available for each item required in your proposal. Each proposal should be broken down by each of the sections below.

## **Organize Proposal Pages as Follows:**

| Proposal Content/Scoring Criteria                               | Maximum<br>Points<br>Available | Applicant<br>Checklist |
|---|--------------------------------|------------------------|
| 1.) Cover Letter/Introduction: One (1) page maximum:            | 5 points                       |                        |
| Including items below:  |                                |                        |
| a.) Primary program contact information, (name, email, and      |                                |                        |
| phone number):  |                                |                        |
| b.) Signature of Director/Authorized individual:                |                                |                        |
| c.) Total Amount of funds requested:                            |                                |                        |
| d.) Population(s) of focus:                                     |                                |                        |
| e.) Proposed catchment area:                                    |                                |                        |
| f.) Proposed numbers to be served:                              |                                |                        |
| 2.) Organization/Agency Information: (1) page maximum:          | 5 points                       |                        |
| a.) What is the make-up of your organization? Does the          |                                |                        |
| leadership/staff represent the population of focus?             |                                |                        |
| b.) Describe your mission, goals, and area(s) of focus:         |                                |                        |
| c.) What makes your agency unique in working with               |                                |                        |
| individuals from your Population of Focus:                      |                                |                        |
| d.) Describe your ability to provide services to the Population |                                |                        |
| of Focus- (i.e., existing relationships.):                      |                                |                        |
| 3.) Cultural Competency/Cultural Humility: (1) page             | 10 points                      |                        |
| maximum:  |                                |                        |
| a.) Describe how your organization strives to be culturally     |                                |                        |
| competent and how you proactively and intentionally work        |                                |                        |
| to include disparate populations or those who have not          |                                |                        |
| historically been served or engaged.                            |                                |                        |

| b.) Describe the activities you will engage in to increase   |           |  |
|--|-----------|--|
| diversity, equity, and inclusion with the population being served.                                   |           |  |
| 4.) Current/Past Program Experiences:(4) pages   | 30 points |  |
| maximum (1) pugusi Esperiosiosis (1) pugus   | Сорония   |  |
| a.) Provide a thorough explanation of Organization/Agency  |           |  |
| experience in implementing an initiative of this kind:   |           |  |
| b.) Highlight at least one program you are especially proud of and why. What outcomes were achieved? |           |  |
| c.) Are any of the initiatives you've implemented considered   |           |  |
| evidence-based? If so, which ones?   |           |  |
| d.) What gaps exist and how will this funding help?  |           |  |
| e.) Identification of methods used to target services to address                                     |           |  |
| current gaps:  |           |  |
| f.) Demonstration of collaboration with community entities:  |           |  |
| g.) Qualifications of Key Personnel: Provide the resume of each                                      |           |  |
| Key Personnel [Note: Resumes are not counted toward  |           |  |
| page maximum].   |           |  |
| 5.) Program Narrative/Plan for Operation/ Program  | 30 points |  |
| Implementation: (3) Three pages maximum  |           |  |
| a.) Design/Description of the project: Please prepare a realistic                                    |           |  |
| timeline for implementation.   |           |  |
| b.) Provide detailed explanation of internal staff and/or external                                   |           |  |
| collaborations you intend to work with for the completion of   |           |  |
| this project.  |           |  |
| c.) Indicate goals/outcomes you plan to achieve. How will you measure these?                         |           |  |
| d.) Explain potential barriers to success and ways to overcome                                       |           |  |
| said barriers  |           |  |
| e.) Describe your contingency plans in the event you are unable                                      |           |  |
| to implement the activities as originally planned (i.e.,   |           |  |
| consequences of Covid, closures, etc.)   |           |  |
| 6.) Budget Template with Budget Justification: No page limit   | 20 points |  |
| a.) Develop a budget for the selected project. Include the   |           |  |
| associated justification and the total amount requested.   |           |  |
| [Note: See below for link to access a budget template].  |           |  |
| Total points   |           |  |

# Sample Budget Template - RFF-2023-01

A sample budget template is available and can be used to assist you in completing your proposal. Visit this link to download: <u>SAMHSA Detailed Budget and Narrative Justification Template</u>

#### **Confidential Information**

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 et seq., and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked "Confidential" and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.