

REQUEST FOR FUNDING ANNOUNCEMENT
RFF 2021-002
Disbursement of State Opioid Response 2 Grant Funding

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration/*Division of Mental Health and Addiction, Addiction and Forensic Treatment Team*

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.

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.

COMPENSATION

FSSA/*Division of Mental Health and Addiction* encourages respondents, in their responses to the RFF, to be as creative as possible regarding cost to the State, as cost efficiency for the State will be a consideration in determining whether a grant(s) will be awarded based on responses to the RFF.

TERMS

This agreement shall be for a period of sixteen (16) months commencing on *June 1, 2021* (or from date of final State approval of grant), and terminating on *September 29, 2022*, and may be renewed through reapplication and new proposal, based upon available funding.

PROPOSALS

Respondents interested in providing these services to FSSA/*Division of Mental Health and Addiction* must submit electronic proposal to:

Kari Jones, SOR Grant Manager
Email Address: *kari.jones@fssa.in.gov*

Proposals must be received via email no later than **4:30 p.m. Eastern Time on April 2, 2021**. **Proposals received after 4:30 p.m. will not be considered.** Proposals must be delivered in electronic format with all appropriate forms and in the subject heading of the electronic mail should state:

RESPONSE TO RFF #2021-002
Disbursement of State Opioid Response Grant Funding

No more than one proposal per respondent should be submitted. In the cover letter please indicate the principal contact for the proposal along with a telephone and fax number. **All proposals must have an electronic mailing address included.**

Any questions regarding this RFF must be submitted via email to Kari Jones (kari.jones@fssa.in.gov) no later than **4:30 p.m. Eastern Standard Time on March 8, 2021. Questions received after 4:30 p.m. may not be considered. Please keep questions brief and of high priority.** Responses to all questions will be promptly prepared and emailed to group.

All inquiries are to be directed to *Kari Jones* and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for a grant as a result of this RFF.

Proposals must be assembled in the following manner:

1. Cover letter with contact information
2. Narrative
3. Budget
4. Letters of cooperation from partner agencies
5. Job description for each grant position funded
6. Most recent audit report made in accordance with OMB circular A-133 if applicable submitted in separate PDF file

SCOPE OF WORK

The Indiana Division of Mental Health and Addiction (DMHA) is granting funds to qualified community/governance partnerships focused on affecting addiction outcomes to implement a multi-faceted, integrated approach to treating opioid use disorders in the various regions of Indiana. The elements of these programs will require cooperation and integration of the following:

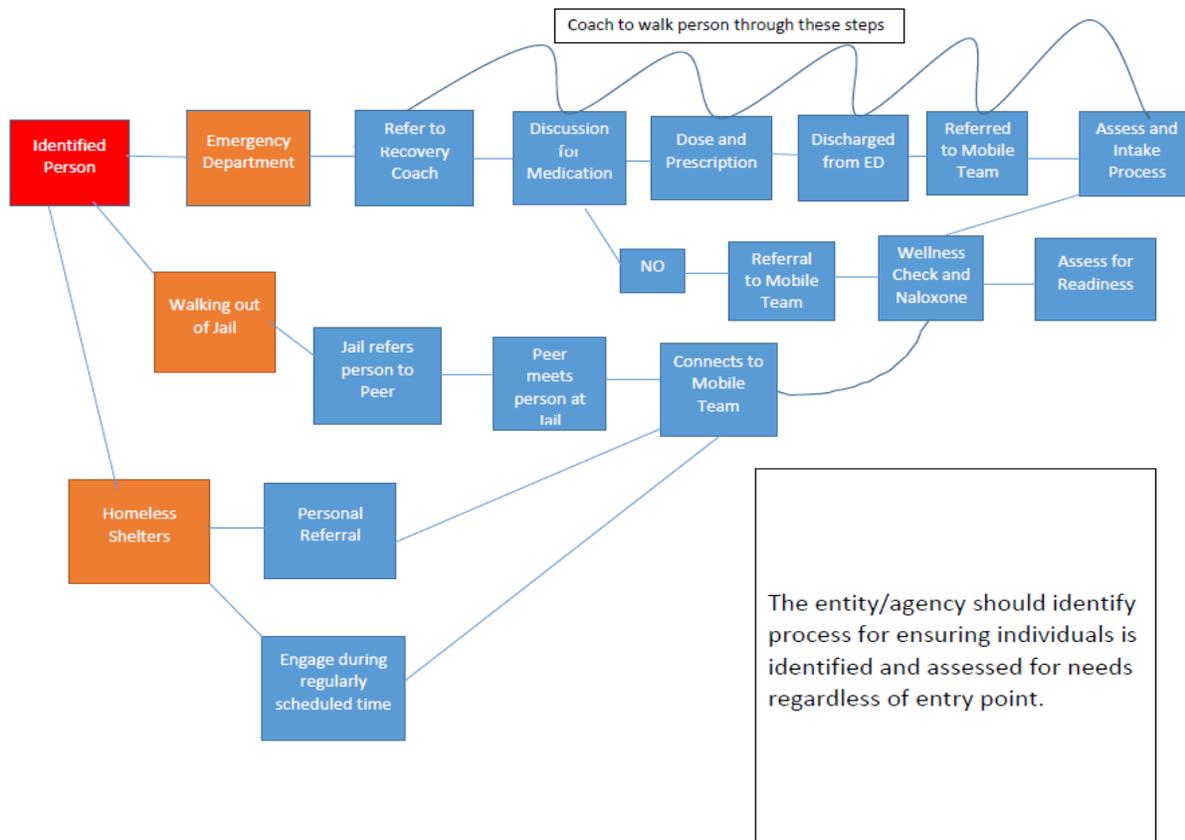
- 1) A mobile response team comprised of at least one licensed clinician with an addiction credential, one peer recovery coach, one prescriber, and one law enforcement official;
- 2) The peer recovery coach will meet patient in location of need (Emergency Department of a local hospital, jail release, homeless shelter, community area, etc.);
- 3) Cooperation of one Emergency Department (ED) prescriber who has a DATA 2000 Waiver to prescribe Buprenorphine and will induce in the ED;
- 4) Cooperation with local Community Mental Health Center, Federally Qualified Health Center, and other certified healthcare entities to refer patients and their families, and;
- 5) A service provider to organize and offer wraparound services to patients and their families based on screening and assessments completed during intake process.

Each element of the system should be designed to allow a warm handoff to the next appropriate intervention and step towards recovery. In order to be eligible for this funding, the proposed system must allow access to all three forms of FDA approved medications (methadone, buprenorphine, and naltrexone) for the treatment of opioid use disorder, utilization of Indiana’s referral system through IN211/OpenBeds, and utilization of telehealth for screening or assessments when individual is identified through the ED, jail release or homeless shelter and in need of immediate access to treatment.

The geographical scope of this project can include up to three contiguous counties for each applicant. Communities with an existing Mobile Integrated Response System are not eligible. Special consideration will be given for communities in the southwestern quadrant of the State.

As part of receiving these funds, all participants will comply with data requirements of the State Opioid Response Grant, which entails an adjusted GPRA assessment for each patient.

Sample Flowchart:



TIME FRAME:

March 1, 2021
March 8, 2021
March 15, 2021
April 2, 2021

RFF sent to potential applicants
 RFF questions due
 RFF answers sent
 RFF proposals due back

April 9, 2021
June 1, 2021

Notify grantees of awarded funds
Grant effective date

Funding:

The maximum award for this funding opportunity *is \$2,600,000 with individual contracts not to exceed \$1,500,000 (or \$500,000 per county) for a period of 16 months.* However, should more funding become available, DMHA reserves the right to add the total amount (\$2,600,000) amongst the number of respondents based on needs. Grant awards for this program are subject to budgetary exigencies associated with the availability of Federal and State funding.

Eligible Respondents:

Community partnership/governance that is a partner in a Trauma Informed-Recovery Oriented System of Care with partnership and cooperation with the agencies required for this program. Communities with an existing Mobile Integrated Response System are not eligible. Special consideration will be given for communities in the southwestern quadrant of the State.

SELECTION PROCESS AND CRITERIA

Proposals will be reviewed and scored by a committee selected by the *Division of Mental Health and Addiction* or designee. Proposals will be evaluated based upon the proven ability of the respondent to meet the goals of the Program in a cost-effective manner. Proposal narratives should not exceed **10** pages in length (does not apply to additional document requests). Specific criteria are:

Evaluation Criteria

Each proposal will be evaluated on the following criteria.

1. Definition of need for the project (10 points)

The following standards will be considered when evaluating this criterion.

- a. The needs addressed by the project.
- b. How the applicant identified those needs, including data on number of overdoses, naloxone deployment, lack of resources, and prevalence of opioid use disorder in the 3 county area.
- c. How those needs will be met by the project.
- d. The benefits to be gained by meeting those needs.
- e. Serving previously unserved or marginally served counties in the state.

2. Plan of Operation (25 points)

The following standards will be considered when evaluating this criterion.

- a. The scope of persons and communities reached by the proposed programs.
- b. Actions that have been taken and/or will be taken to make health equity a strategic priority regarding Black, Indigenous, and People of Color (BIPOC) in service area.
- c. A timeline for implementation.
- d. Adherence and detail of all 5 requirements to program.
- e. Identification of barriers and policy changes that will need to occur in order to effectively implement this program.
- f. The extent to which the plan of management ensures proper and efficient administration of the project.
- g. A summary of goals and expectations for the implemented program.

- h. The quality and adequacy of the applicant's plan to use its resources and personnel to achieve each objective.
- i. Plan to share data with the local [Trauma-Informed, Recovery-Oriented System of Care](#).
- j. Flow chart of system and assigned agencies within scope of project.

3. Applicant Experience and Quality of Key Personnel (15 points)

The following standards will be considered when evaluating this criterion.

- a. Experience in coordinating multi-faceted systems of care in the 3 county area, or Marion County by itself.
- b. Qualifications of the project lead for each participating agency.
- c. Qualifications of each of the management and decision-making personnel to be used on the project.
- d. Qualifications or Training Standards for key members of the Mobile Response Team.
- e. The amount of or percentage of time key personnel will commit to the project.
- f. Experience and training in fields related to the scope of the project.

4. Budget and cost effectiveness (20 points)

The following standards will be considered when evaluating this criterion.

- a. A detailed budget including: Personnel Salaries, Fringe, Travel, Equipment, Supplies, and Program costs. Construction and food costs are not permissible under this grant.
- b. The budget is adequate to support the project.
- c. Costs are reasonable in relation to the objectives of the project.

5. Adequacy of resources (25 points)

- a. Letter of cooperation of each cooperating agency; to include project contact for each agency; including 1) mobile response team organizing agency, 2) Provider/supervisor of Peer Recovery Coaching contractor, 3) Emergency Department physician and administration, 4) local CMHC, FQHC, or local healthcare provider, and 5) wrap-around service provider manager.

6. Likelihood of sustaining the program (5 points)

The following standards will be considered when evaluating this criterion.

- a. Likelihood that the service program will be sustained after the completion of the grant assistance.
- b. Extent to which to the applicant intends to continue to operate the service program through cooperative agreements and other formal arrangements.
- c. Extent to which the applicant will identify and to the extent possible use comparable services and benefits that are under other programs for which project participants may be eligible.

Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of the proposal in a cost-effective manner.