

RFF-2019-12-2
REQUEST FOR FUNDING ANNOUNCEMENT FOR
Substance Misuse Prevention and Mental Health Promotion for Older Adults, Ages 50+

This is a Request for Funding announcement issued by the Family and Social Services Administration/Division of Mental Health and Addiction, Bureau of Substance Abuse Prevention and Mental Health Promotion.

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

Applicants 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. Applicants 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 applicant. 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 applicant upon request. The State will not determine price to be confidential information.

COMPENSATION

FSSA/DMHA encourages applicants, 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 twenty four months commencing **on July 1, 2020** (or from date of final State approval of grant), and terminating on **June 30, 2022**, and may be renewed through reapplication and new proposal, based upon applicant performance, outcomes, and compliance with guidelines within the contract and available funding.

PROPOSALS

Applicants interested in providing these services to FSSA/DMHA should submit an electronic proposal to:

Melissa Carroll
Family and Social Services Administration
Division of Mental Health and Addiction
Bureau Chief of Prevention
402 West Washington Street, Room W353
Indianapolis, Indiana 46204

Email Address: Prevention@fssa.IN.gov

The copies must be assembled in the following manner:

1. A letter of application signed by the Director or agency board president identifying the amount of funds requested.
2. Proposal
3. Budget with funds related to best practice or evidence based programs and polices clearly delineated
4. Job description for each grant position funded. *Please also include the percentage of the position to be funded by the grant*
5. Letter(s) of support from partnering local entity/ies
6. Organizational chart for overall agency with grant funded positions shown with dotted lines (Please indicate percentage of position to be funded by grant.)
7. Most recent audit report made in accordance with OMB circular A-133, if applicable.

Proposals, electronic and hardcopies, must be received no later than **4:30 p.m. Eastern Time on February 28, 2020. 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 REQUEST FOR FUNDING

Substance Misuse Prevention and Mental Health Promotion RFF-2020-00 Older Adults, Ages 50+

No more than one proposal per applicant 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 email address included.** Responses to all questions will be sent to applicants via email and other grant notification channels

Any questions regarding this RFF must be submitted in electronic format to Melissa Carroll at Prevention@fssa.IN.gov no later than 4:30 p.m. Eastern Standard **January 3, 2020. Questions received after 4:30 pm may not be considered.** Please keep questions brief and of high priority.

Please utilize the following subject heading for emails regarding questions related to this RFF:

Questions: Older Adults

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

TIME FRAME:

December 2, 2019	RFF sent to potential applicants
January 3, 2020	RFF questions due to DMHA
February 28, 2020	RFF proposals due to DMHA
April 24, 2020	Notification of Awards to Agency
July 1, 2020	Effective date of contract

Grant:

Selected applicants will be awarded a twenty four (24) month grant (*July 2020 to June 2022*) with a renewal option through reapplication and new proposal based upon DMHA funding, applicant performance, outcomes and compliance with guidelines within the contract.

Funding:

The award for fiscal years *2021-2022* will not *exceed \$250,000* for any applicant applying for this grant and can be less than the stated amount. Grant awards for this program are subject to budgetary exigencies associated with the availability of Federal and State funding. Total Federal funding award to the state of Indiana for fiscal year *2021- 2022* is unknown, as is State match, at the time of preparation of this document. It is expected that 3-5 awards will be funded.

SCOPE OF WORK

Funding is 100% from federal sources and are funded solely through the substance abuse mental health service block grant, substance abuse prevention. These incentive funds are to be used to implement evidence-based or best practice primary prevention programs for older adults (ages 50+), with the goal of integrating the program(s) into the organization's work. Prevention efforts may be universal, selective or indicated in their population focus and should align with SAMHSA's six prevention strategies (examples of activities and methods for each strategy include but are not limited to):

- Prevention education (i.e. classroom and/or small group sessions, parenting and family management classes, peer leader/helper programs, education programs for youth groups, children of substance abusers groups)
- Positive alternatives (i.e. drug free dances and parties, youth/adult leadership activities, community drop-in centers, community service activities)
- Problem identification and referral (i.e. employee assistance programs, student assistance programs, driving while under the influence/driving while intoxicated education programs)
- Community-based processes (i.e. community and volunteer training, systematic planning, multi-agency coordination and collaboration, accessing services and funding, community team-building)
- Information dissemination (i.e. clearinghouse/information resource centers, resource directories, media campaigns, brochures, radio/TV public service announcements, speaking engagements, health fairs, information line)

- Environmental strategies (i.e. promoting the establishment/review of alcohol, tobacco and drug use policies in schools; technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use; modifying alcohol and tobacco advertising practices; product pricing strategies)

For purposes of this application, applicants will be expected to provide tentative information and plans to address this vulnerable population. This may include but is not limited to community needs and resource assessments.

Applicant should present data demonstrating that older adults, ages 50+, or a sub-group of that population, is under-served and/or considered high-risk for substance use/misuse in the applicable county or area. This data should include data-based consequences of substance use/misuse, and risk and protective factors. The proposal should describe any existing prevention efforts and provide a clear description of how applicant will address gaps in services to this population. The proposal should demonstrate an understanding of the ways that one or more of the following; race, religion, ethnicity, nationality, gender, age, disability, sexual orientation, and socio-economic status impacts this population's quality of life and the community.

Applicant shall submit a logic model as a visual tool to help present the rationale behind the program and communicate and connect the proposed prevention plans and evaluation efforts. The logic model should break down the risk and protective factors within the community as well as ways to help identify the contributing influences associated with those factors. The model should provide a clear picture of each intervention that will be implemented as well as the outcomes associated with this intervention(s). The logic model will be refined with technical assistance support during the first fiscal year of funded projects. The logic model must be submitted using the table in Attachment D.

Applicant should present the program(s) or strategy proposed for implementation, describe how it aligns with the population's needs, determinants and desired outcomes, and include supporting evidence of effectiveness for positive outcomes in similar populations. Applicants should utilize evidence-based or best practice programs, practices and policies. Promising or innovative programs with strong support may be considered. Please refer to Indiana's Evidence Based Practice Guide

Applicant should describe their capacity to evaluate the effectiveness of their prevention efforts through the collection of fidelity and process data, program outcomes, changes in Alcohol, Tobacco and Other Drugs (ATOD) use, and changes in ATOD consequences and intervening variables. Applicant will also be required to collect National Outcome Measurement System (NOMS) data, as appropriate, that includes the following domains:

- Abstinence from drug and alcohol use
- Decreased symptoms of mental illness with improved functioning
- Getting and keeping a job or enrolling in school
- Decreased involvement with the criminal justice system
- Access to services
- Retention in services
- Use of evidence-based practices in treatment
- Client perception of care

If a particular strategy is found to be ineffective, applicants should be prepared to implement a different strategy. Data and program outcomes will be collected in collaboration with DMHA-designated technical assistance and evaluation partners. An evaluation plan will be developed and implemented in collaboration with the evaluation contractor during the first three months of the grant cycle.

Applicants should provide a proposed sustainability plan describing how the proposed program(s) will be integrated into the organization after the funded grant period. This plan should include future funding streams and recommendations for further work. This plan will be refined with technical assistance throughout the project.

Grantees will be expected to employ a professional older adult staff member with lived experiences to assist with the implementation of this program. Applicant shall identify current staff member or detail a plan to recruit an older adult staff member.

If other programs, practices and policies are currently being implemented in the proposed geographic area, applicants should note these efforts and clearly identify that these funds will either continue or expand these efforts. Grant funds shall not be used to supplant existing efforts in the community. These grant funds should not duplicate existing services and programs for which funding streams other than this RFF are available.

The applicant must use data to support the selection of this population, identified risk and protective factors, and proposed strategies. Throughout the funding period, applicants should be prepared to meet the following requirements and expectations:

- A. Utilize a logic model to guide program implementation. The logic model will be refined with technical assistance support during the first fiscal year of funded projects.
- B. Implement the proposed method to address substance use prevention and mental health promotion needs of older adults, ages 50+, and cultural competency issues within their communities/county. This plan will be refined with technical assistance throughout the project.
- C. Implement a plan to sustain program efforts after the grant funded period. This plan will be refined with technical assistance throughout the project.
- D. Communicate and collaborate with local partners, DMHA, and DMHA designated partners throughout the term of the grant.
- E. Participate in ongoing professional development, and participate in other training as directed by DMHA.
- F. Conduct all programs with maximum fidelity and adherence to the evidence-based or best practice model. Applicants shall be prepared to provide DMHA with justification for any adaptations made to the model.

- G. Adhere to evaluation requirements, participate in state-level program evaluation as determined by DMHA, and participate in ongoing refinement of evaluation methods in conjunction with DMHA designated evaluation contractor.
- H. Provide and update timeline and work plan annually. Provide progress reports monthly and include financial reports quarterly.
- I. Notify the DMHA Bureau Chief of Substance Abuse Prevention and Mental Health Promotion and any DMHA designees within five (5) business days of any changes in program staff supported with these funds.

With the State prevention regional model, you will be expected to work with the Regional Coordinator in those regions where you are providing DMHA funded services.

Region 1: (La Porte, Lake, Porter)

Region 2: (Cass, Elkhart, Fulton, Howard, Kosciusko, Marshall, Miami, Pulaski, St. Joseph, Starke, Wabash)

Region 3: (Adams, Allen, De Kalb, Huntington, Lagrange, Noble, Steuben, Wells, Whitley)

Region 4: (Benton, Boone, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White)

Region 5: (Blackford, Delaware, Grant, Hamilton, Hancock, Henry, Jay, Madison, Randolph, Tipton, Wayne)

Region 6: (Clay, Hendricks, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo)

Region 7: (Marion)

Region 8: (Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick)

Region 9: (Bartholomew, Brown, Clark, Crawford, Floyd, Harrison, Jackson, Johnson, Lawrence, Orange, Scott, Washington)

Region 10: (Dearborn, Decatur, Fayette, Franklin, Jefferson, Jennings, Ohio, Ripley, Rush, Shelby, Switzerland, Union)

SELECTION PROCESS AND CRITERIA

To be eligible to apply for this grant award, organizations must possess the following characteristics:

1. Be constituted as a private, nonprofit and community-based organization or agency possessing specialized knowledge and expertise in the field of substance abuse prevention.
2. Have demonstrated fiscal and programmatic capacity.
3. Have demonstrated capacity to maintain competent and well trained staff to carry out program task.
4. Have sufficient organizational capacity, if necessary, to organize and fund Memorandums of Understanding (MOU) with other agencies to support high quality and fidelity implementation.
5. Be willing to engage nontraditional partners for implementation of programs, policies and procedure in order to build capacity and sustainability.

6. Be willing to engage nontraditional partners in sub recipient relationships in order to build statewide prevention capacity.
7. Express a commitment to ongoing agency capacity building and training.

Each proposal will be evaluated on the basis of the submission section listed below. Scores for each section have been provided, but each section is deemed important.

Proposals shall be typewritten in 12 point font with one inch page margins.

PROPOSAL SUBMISSION SECTIONS:

Proposals will be reviewed and scored by a committee selected by DMHA or designee. The scores of each grant applicant will be averaged into a final score (*90 total possible points*). Final selection of the grant awards, however, will be made by the Division Director or designee. Contract negotiation and plan revision may be required for some proposals which are deemed fundable.

Proposals will be evaluated based upon the proven ability of the applicant to meet the goals of the program in a cost-effective manner. Specific criteria are:

Evaluation Criteria

- 1. Completed Attachment A, Applicant Information (1 point)**
- 2. Community Assessment (Not to exceed 6 pages) (12 points)**
 - a. Using pertinent data, identify community risk and protective factors or county determinants which will be addressed through this effort for older adults, ages 50+. (6 points)
 - b. Identify gaps in prevention services for older adults, ages 50+, in proposed communities. (3 points)
 - c. Identify any cultural adjustments that will need to be considered when addressing substance misuse/abuse prevention for older adults, ages 50+. (3 points)
- 3. Capacity Building Efforts (Not to exceed 4 pages) (9 points)**
 - a. Provide a description of the applicant's historical and current substance abuse prevention efforts. Describe previous efforts from both the applicant and community that have been undertaken to increase community awareness; garner key influencer (stakeholder/champion/prime-mover) support; coordinate and collaborate across agencies; and expand monetary and in-kind resources. (6 points)
 - b. Describe previous community training and substance misuse/abuse prevention awareness building (i.e. training, previous funding, and community prevention workforce) for prevention efforts. (3 points)
- 4. Logic Model (Not to exceed 8 pages) (16 points)**

- a. Submit a logic model (Attachment D) to support the rationale behind the proposed program efforts. Applicant must use the provided table (Attachment D) to present within the problem; data-based consequences of use, risk and protective factors and other determinants, as well as behaviors that need to be addressed, factors that contribute to these stated problems, strategies/ interventions, along with the short-term and long-term outcomes proposed are clearly linked to these contributing factors and proposed measures. The logic model will be refined with technical assistance support during the first funded fiscal year of the project. (10 points)
- b. Propose at least one best practice or evidence based program for implementation which aligns with the applicant's logic model's stated contributing factors, embeds the stated strategies and has been documented to achieve similar or related outcomes stated in the logic model as these contributing factors, strategies/interventions, and outcomes relates to older adults, ages 50+. (3 points)
- c. Highlight key staff and/or agency capacity to carry out proposed strategies and interventions described in the logic model. Describe as well proposed workforce development training for staff and possible subcontractors of the project. Applicant may propose training and workforce development activities and is expected to comply with ongoing technical assistance offered by DMHA. (3 points)

5. Implementation (Not to exceed 4 pages) (12 points)

- a. Quarterly timeline for program activities through June 30, 2022. (3 points)
- b. Propose best practice or evidence based program prevention strategies for program dollars. These programs should link clearly to the proposed logic model. (6 points)
- c. Estimate numbers served for this population during State Fiscal Year 21 and State Fiscal Year 22. Identify cost per person served. These costs should be reasonable for this population. Provide a rationale of why this number served is of good value to the State of Indiana with limited prevention funds. Activities and numbers served should be reasonable and expected to, over time, prevent substance misuse and abuse. (3 points)

6. Evaluation Capacity (Not to exceed 3 pages) (4 points)

- a. Describe how you have monitored program fidelity and program outcomes in the past. (2 points)
- b. Describe past data collection and project evaluation efforts and current capacity to collaborate with the DMHA evaluation contractor to develop and implement an evaluation plan. (2 points)

7. Sustainability Plan (Not to exceed 3 pages) (10 points)

- a. Propose a plan to sustain planning activities and program efforts beyond the grant period for the areas listed below: (10 points)
 - i. Community assessment
 - ii. Capacity building efforts

- iii. Strategic planning
- iv. Implementation of program activities
- v. Evaluation of program

8. Cultural Competence (Not to exceed 2 pages) (2 points)

- a. Describe the applicant's capacity to deliver culturally competent prevention programming to older adults, ages 50+, along with the ability to involve diverse groups in coalition building and service delivery. (2 points)

9. Description of Key Staff (Not to exceed 10 pages) (5 points)

- a. Provide a description of key staff, if available, or submit a proposed job description, including at least one older adult (50+). At least one full time equivalency is required for the project. Additional staff positions may be included dependent upon proposed plan of action. Include a hierarchical employment chart along with resumes of key prevention staff. (5 points)

10. Proposed Budget (Complete Attachment B and Budget Summary Narrative for both State Fiscal Year 2021 and 2022. (18 points)

- a. Complete attached forms. Sites should submit completed forms for FY21 and FY22 separately. Include budget for proposed training and staff attendance at semiannual business meetings with DMHA or DMHA's designee. (6 points)
- b. Attach a separate document detailing the implementation of best practice or evidence based programs. Staff time should be allocated to the program in addition to materials, training or other costs. (6 points)
- c. Proposed budget should be reasonable and match the narrative and logic model. (6 points)

Potential applicants shall develop a budget appropriate to their organization's capabilities to deliver quality services. Submitted budget amount is subject to review by DMHA and can be modified for those applicants selected to receive an award.

11. Attachments (Not to exceed 3 pages) (1 points)

- a. Most recent financial audit or other documentation of organizational financial capacity. (1 point)

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

Attachment A
Form of Proposal

1. Complete Attachment A, Applicant Information
2. Community Assessment
3. Capacity Building Efforts
4. Strategic Plan
Include other training and workforce development activities and intention to comply with ongoing technical assistance
5. Implementation Proposal
6. Evaluation Capacity
7. Sustainability Plan
8. Cultural Competence
9. Description of Key Staff
10. Proposed Budget
11. Attachments

**ATTACHMENT B
APPLICANT INFORMATION**

1) LEGAL NAME:
2) Doing Business As (if different than legal name):
3) ADDRESS:
County:
4) EMAIL ADDRESS:
5) TELEPHONE:
6) DIRECTOR NAME/TITLE:
7) CONTACT PERSON:
8) COUNTIES TO SERVED:
9) TAXPAYER IDENTIFICATION NUMBER ¹ :
10) DUNS Number:
11) Congressional District:

APPLICANT FACILITY INFORMATION

1) Type of Facility:

Private –
 Non-Profit ()
 Other ()

2) ATTACH Proof of Non-Profit Status - 501(c)(3) CERTIFICATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

To the best of my knowledge and belief, the information in this proposal has been duly authorized by the governing body of the applicant.

SIGNATURE:
NAME/TITLE: (Typed)
DATE SIGNED:

¹ Employer I.D. number or Social Security number, as appropriate, whichever is used for Federal Income Tax purposes.

**ATTACHMENT C
Budget Summary**

Applicant Name: _____

24 Month Figures (100%)

	AMOUNT REQUESTED
Personnel	
1) Staff Salaries	
2) Staff Fringes	
Non-Personnel	
3) Staff Travel	
4) Staff Training	
5) Equipment	
6) Participant Travel	
7) Other	
*****	*****
Total Project Costs (100%) (1+2+3+4+5+6+7)	

Should include but not limited to the following above. State will provide reimbursement for 100% of cost. Training cost should include all trainings throughout the contract term of two years as required to perform all contractual obligations.

**Personnel Budget
Staffing Detail Sheet**

Applicant Name: _____

Staff Position *	(100%) Salary (a)	(100%) Fringe Benefits (b)**	% of Time on Project (c)	Total Amount of Salary Requested (a x c)	Total Amount of Benefits Requested (b x c)
TOTAL					

Salary and fringes are to be shown as 12 month figures

* Include Job Description for each staff position

SALARIES: Show title, salary, and time commitment for all staff positions under this project. Staff positions must be new positions. If existing staff are hired for these positions, their previous positions must be filled by a new staff position.

** Include detail of Fringe Benefit amounts

FRINGE BENEFITS: Include contributions for Social Security, employee insurance, pension plans, etc.

**Non-Personnel Budget
Equipment Detail Sheet**

Applicant Name: _____

Item Description	Quantity (a)	Estimate (100%) Cost Per Item (b)	Total (100%) Cost (a x b)	% Assigned to Project	Total Funds Requested
TOTAL					

List non-expendable personal property that has an acquisition of \$50.00 or more.

NOTE: Use additional sheets as needed. (Number each additional page.)

NARRATIVE JUSTIFICATION FOR EQUIPMENT:

Submit detailed justification for each equipment item and how it will be used to achieve objectives of the project.

ATTACHMENT D

Substance Misuse Prevention Logic Model

Use this table present the problems, contributing factors, interventions, short-term and long-term outcomes for your proposed prevention program. Highlight key staff and/or agency capacity to carry out proposed activities.

What is the Problem?	What are the Contributing Factors to the problem?	What are the Strategies/Intervention that will be used to combat or get in front of the problem?	What is the short-term outcomes (i.e. what do you hope to see happen / what do you want to see in 6 months to a year?)	What are the Long-term outcomes (i.e. more than 1 year)?
<i>(Example)</i> <i>Ages 50+ misuse of prescription drugs</i>	<i>Pain manageability</i> <i>Anxiety</i>	<i>Educate on effects of Rx drugs and potential harm to body (use pre/post-test)</i> <i>Key Staff: Program Coord.</i>	<i>Increased knowledge of the risks of misusing Rx drugs</i>	<i>Decrease in prescription drug misuse for this age group</i>