

# Nurse Family Partnership Mental Health Request for Application



## Purpose:

The Indiana Department of Health, Maternal and Child Health is accepting applications to fund Nurse Family Partnership's (NFP) mental health initiatives, starting from Oct. 1, 2026 through Sept. 30, 2030. Indiana's Mental Health Services Grant will serve individuals with mental health conditions that cannot be met as easily. The vision for this project is to work collaboratively with internal and external partners to provide mental health services and consultation together with NFP programming.

<b>Funding opportunity title:</b>	Nurse Family Partnership – Mental Health
<b>Due dates for application:</b>	Friday, March 20, 2026
<b>Anticipated total available funding:</b>	Up to \$500,000 annually
<b>Estimated number and type of awards:</b>	Number of awards may vary
<b>Estimated award amount:</b>	Amounts vary
<b>Cost sharing/match required:</b>	No
<b>Period of performance:</b>	Oct. 1, 2026 – Sept. 30, 2030
<b>Eligible applicants:</b>	Nurse-Family Partnership National Service Office, Changent, approved in-good standing or conditionally approved local agencies

You (the applicant organization) are responsible for complying with instructions included in [Application Information](#) section of this Request for Applications (RFA).

## Submission details:

To be considered for this competitive funding, a completed application must be received by IDOH by **no later than** 5 p.m. EDT Friday, March 20, 2026

**Submit applications via email to:** [IDOHhomevisiting@health.in.gov](mailto:IDOHhomevisiting@health.in.gov)

## Summary of Indiana Nurse-Family Partnership Mental Health funding

Indiana's Mental Health Services Grant will provide services to meet the mental health needs of Nurse-Family Partnership clients identified using a validated mental health screening tool. The vision for this project is to work collaboratively with internal and external mental health partners to provide mental health services and consultation together with NFP programming. Specifically, these services aim to address the needs of perinatal home visiting clients with identified mental health concerns. Funding will support programs to improve mental health outcomes, reduce barriers to care, and strengthen community linkages. Applicants should explain and justify why communities are chosen for their service region.

## Program Goals:

The specific goals of Indiana's Mental Health Services grant are to:

1. Provide mental health services and consultation to improve the health and wellbeing of families and healthcare professionals in partnership with Nurse-Family Partnership programming
2. Increase linkages to community resources and treatment to enhance the coordination of mental health services

Through this grant, the recipient will meet these objectives:

- Assess the need for mental health services for at least 90% of perinatal home visiting clients using a validated mental health screening tool (for both depression and anxiety)
- Refer at least 80% of clients that screen positive for a mental health condition to a mental health provider (either internal or external provider)
- Provide appropriate mental health services to NFP clients residing in the proposed agency's service region
  - Establish policies and procedures for any mental health contractors providing services in collaboration with the NFP implementing agency
  - and/or
  - Establish policies and procedures for mental health services provided by within the NFP implementing agency
  - Monitor and track the number of clients' visits with mental health providers
  - Improved mental health outcomes for NFP clients receiving mental health services

### **Program Activities and Expectations:**

Funds must be used to serve NFP enrolled families to support and address the needs of clients with mental health concerns. Mental health providers must provide services within the scope of their licensure and practice. Clients must be referred to external mental health providers for services outside the scope of practice of providers. Funds can also be used to help support the mental health needs for programmatic staff through consultation and services. Funding will support programs to improve mental health outcomes, reduce barriers to care, and strengthen community linkages. Applicants should explain and justify why communities are chosen for their service region.

### **Referral Coordination and Collaboration:**

Recipients must monitor and track the referrals and receipt of services of eligible families to mental health services. Agencies must also ensure there are established appropriate linkages and referral networks to other community resources and supports related to mental health.

### **Information, Eligibility and Requirements:**

To be eligible for funding, applicants who are currently implementing Nurse Family Partnership in Indiana must be in good standing with the National Service Office, Changent. For a new implementing agency, applicants must have a letter of support from Changent that supports new implementation of



NFP. The applicant must also submit an application for the Nurse-Family Partnership SFY27 RFA in conjunction with the Mental Health RFA.

**The applicant organization:**

- Must be a health department, hospital, other healthcare related entity, or not-for-profit organization (as defined by the IRS Tax Determination)
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the budget section and budget template
- Must collaborate with traditional and non-traditional agencies or organizations
- Must submit an application in conjunction with the NFP RFA

**Application and review information:**

Applications will be evaluated, and funds will be awarded, based upon:

1. Applicant's proposed target area has demonstrated need and justification for mental health services.
2. Applicant's proposed mental health screening, referral and service strategies demonstrate the ability to meet the objectives of this grant.
3. Applicant approved by NFP Changent to provide NFP services in Indiana and complies with all fidelity criteria for the NFP model.
4. Applicant provides a comprehensive budget included in the RFA and demonstrates capacity to manage the program financially.
5. Availability of state or other funding supporting NFP services in the proposed county.

**Reporting And Performance Criteria:**

Recipients must collect data in accordance with IDOH requirements. Recipients will utilize the electronic medical record system, Disease Management Coordination Network (DMCN), to improve the quality of service offered to NFP clients.

Recipients must submit narrative quarterly and annual progress reports including descriptions of the scope of activities in the categories outlined and consistent with those purposes, including updates on progress in achieving project goals and objectives. These reports will be submitted through email.

Quarterly reporting periods are defined as follows. Reports will be due no later than 15 days after the end of each reporting period:



- **Q1 – Oct. 1 – Dec. 31**
- **Q2 – Jan. 1 - March 31**
- **Q3 – April 1 - June 30**
- **Q4 – July 1 – Sept. 30**

Quarterly reports will assist in tracking this information at the state-level for grants oversight and monitoring purposes and to be better able to target technical assistance resources, as necessary.

Annual reports will assist in tracking information at the state-level for grants oversight and monitoring purposes.

## **Indiana Nurse Family Partnership Mental Health: Application**

### **Summary of Funding**

This program will provide funding in federal fiscal year (FY) 2026 and 2030. Approximately \$500,000 annually is expected to be available to fund mental health services.

### **Requesting Funds**

Funds should be requested to support anticipated number of NFP clients provided mental health services by region. Based on review of the application, IDOH staff will either approve or request clarification to the anticipated number of clients by fiscal year. The funding award is dependent upon the approved, agreed upon plan.

Recipients should remember that inability to meet proposed caseloads may result in de-obligated funds, which may impact future funding.

### **Funds**

Recipients will not receive more than the total grant award ceiling estimated. Recipients are required to comply with all state reporting requirements, fiscal oversight and guidelines as necessary.

### **Application Instructions**

The application **must be completed using the application template** provided and returned to IDOH by **5 p.m. EDT Friday, March 20**. The template provided should not be changed and will serve as the page limit. Please ensure font is legible and application is concise. Any applications received that are not on the template or past the deadline will not be accepted for review. During the review process, IDOH may request additional information from applicant organizations.

### **Section 1: Primary Information**

List the name, title, and contact information of the following individuals within the applicant agency:

- Program name



- Organization name
- Project director
- Primary contact
- Signatory contact

## **Section 2: Project Overview**

This section must provide a brief description of the proposed program, funding amount requested, regions served, and the anticipated reach. Applicants must indicate the estimated number of families that will be screened and referred for mental health services, as well as the estimated number of families that will receive services over the course of the identified project period.

Please reference the NFP Region Map for defined regional service areas. Applicants must provide services to an entire region but may add additional proposed individual counties. Applicants may propose to serve one or more regional service areas. Applicants do not need to propose mental health services for their entire proposed NFP service area and can target mental health services to specific counties or regions. Justification for the proposed service area will be provided in Section 3-A.

## **Section 3: Program Overview**

### **Section 3-A: Community Need:**

This section must provide a clear picture of the proposed community to be served through this NFP mental health services grant. This section should demonstrate a clear understanding of challenges and gaps to mental health services in the region. Describe the community needs for mental health services:

- Description of the service region and identified at-risk communities where you intend to provide mental health services
- Data demonstrating mental health needs (include full citation for data source)
- Identified gaps in existing mental health services

### **Section 3-B: Program Description:**

This section must provide a clear picture of the proposed mental health services, including screening, referrals and receipt of services. Describe how the proposed NFP mental health program will be implemented to serve the proposed region(s):

- Describe your agency's screening process to ensure 90% of NFP clients are screened for mental health conditions using a validated screening tool (for both depression and anxiety)
- Describe how the agency will refer clients to mental health services that have screened positive using a validated screening tool
  - Policies the organization will utilize to address referrals disengagement, and re-engagement of eligible participants



- Describe how you will reach the target population and provide them with information about the services offered
  - Describe how you will monitor timely receipt of services after a referral is made
- Identify the current capacity of the agency to provide mental health services effectively to NFP clients
  - Describe how services will be provided on a no-cost and voluntary basis to eligible families, including any policies and procedures
  - Describe client engagement strategies to promote acceptance of services and retention of clients
- Describe the process and criteria for disenrolling a client from mental health services
  - Describe how you will support the client needs at the completion of NFP services or mental health services, whichever comes first
- Describe how you will meet previously described program activities and expectations (as listed in the [Program Goals](#) section), including those related to:
  - Identifying target population for mental health services
  - Improving mental health outcomes for NFP clients
- Describe any major barriers to providing mental health services in the selected counties and plans to address those barriers
  - Briefly discuss any difficulty engaging families and any steps taken to address this difficulty
- Discuss technical assistance that may be requested from IDOH staff, IDOH-supported technical assistance providers, and/or another provider to support resolution of named challenges

### **Section 3-C: Project Goals:**

This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives. The goals and outcomes should reflect those seen in the [work plan](#).

- Provide the overall project goals, outcomes, and objectives for the proposed program(s). Ensure SMART objectives are used: Specific, Measurable, Achievable, Realistic, and Time-bound
- Describe how achievement of the goals will produce meaningful and relevant results
- Identify how the program will support the needs of the identified regions



### **Section 3-D: Partnerships:**

This section should include a description of how this program will partner with mental health professionals, clinics, and organizations in the community.

- What established relationships/partnerships do you currently have in the proposed community?
  - Describe the linkages and referral networks the organization currently utilizes to support the needs of families. Identify how the organization plans to continue to establish these linkages and referral networks.
  - Describe any key activities that promote coordination of services for eligible families
- What new relationships/partnerships are you planning to make to support this work?

### **Section 3-E: Mental Health Outcome Barriers and Gaps:**

The purpose of the section is to describe how you will address potential barriers and gaps to program participation.

- Describe the unique needs and mental health gaps of the community in which you plan to serve. What data supports these? How does this program address those needs and gaps?
- Describe how the program will plan to meet the language needs of clients
- Describe how you will specifically reduce barriers to service access to help improve mental health outcomes in the community
- Describe the potential barriers to the success of the project and how these barriers will be addressed

### **Section 3-F: Data and Evaluation:**

In this section, describe your organization's ability to collect data to adequately demonstrate progress being made to achieve project goals and objectives and meet all reporting requirements, including:

- The plan for data collection, entry and management and any analysis or dissemination data to stakeholders
- Explain the program's staffing capacity to submit quarterly and annual reports on time

## **SECTION 4: Required Attachments**

### **Section 4-A: Work Plan**

Complete the provided work plan document and complete the following:

- Ensure the project goals and objectives match those stated in the application.



- List in chronological order the activities to occur within the project period (October 2026 – September 2027).

\*If awarded funding, an updated work plan will need to be submitted on an annual basis

## **Section 4-B: Budget**

The budget worksheet must be submitted with the application as a separate Microsoft Excel document.

**Do NOT substitute a different format.** The budget must correlate with project duration:

- Oct. 1, 2026 through Sept. 30, 2030

Create separate budgets for each fiscal year (FY) using the appropriate tabs for each worksheet:

The budget is an estimate of what the project will cost. In this section, demonstrate that:

- All expenses are directly related to project
- The relationship between budget and project objectives is clear
- The time commitment to the project is identified for staff categories that are **directly** involved in the project and is adequate to accomplish project goals

In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Please check for consistency among all budget information. In completing the budget, remember that all amounts should be rounded to the nearest penny.

## **Use of Grant Funds**

Grant funding will:

- Pay salary and fringe for the staff listed. This includes mental health professionals and support staff as needed.
- Pay for office supplies (includes, but is not limited to chart files, scales, file folders, newsletter/communications printing, binders, pens, pencils, markers, stationery, etc.)
- Pay mileage for mental health staff to do home visits per the Indiana State Travel Policy
- Pay for mental health related training and professional development for mental health staff and/or NFP staff to enhance services
- Pay for translation and interpretative services for implementation of mental health services

## **Examples of expenditure items that will not be allowed**

- Construction of buildings, building renovations
- Depreciation of existing buildings or equipment
- Contributions, gifts, donations
- Entertainment, food
- Automobile purchase
- Interest and other financial costs
- Costs for in-hospital patient care
- Fines and penalties
- Fees for health services
- Accounting expenses for government agencies





- Bad debts
- Contingency funds
- Executive expenses (car rental, car phone, entertainment)
- Fundraising expenses
- Legal fees
- Legislative lobbying
- Equipment, unless prior approval from IDOH
- Out of State travel, unless prior approval from IDOH
- Dues to societies, organizations, or federations
- Incentives

#### **Section 4-C: Organizational Chart**

Include an organizational chart showing all staff that are planned to work in this program.

#### **Section 4-D: Position and Job Descriptions**

Include short bio-sketches for key personnel currently in positions that will be funded by this program and job descriptions for all key positions.

#### **Section 4-E: Other State Funding Synopsis**

Include an overview and amount of what other state agency, Indiana Department of Health, MCH, and/or private funding you currently hold to support mental health services for NFP programming and when those funds expire. Please provide a general synopsis of what the funding is being used for and who your contract is with. Format as a PDF. If private funding is used, please provide a sustainability plan.

#### **Additional Information**

##### **Summary of Timeline**

To be considered for this competitive funding, a completed application must be received by IDOH by **no later than 5 p.m. EDT Friday, March 20, 2026**

**Submit applications via email to:** [IDOHhomevisiting@health.in.gov](mailto:IDOHhomevisiting@health.in.gov)

Posting a Request for Applications (RFA)	Feb. 2, 2026
Webinar/open office for Q&A	Feb. 9, 2026
Deadline to Submit Written Questions	March 13, 2026
<b>Application due date</b>	<b>March 20, 2026</b>
Anticipated Award Announcements	June 1, 2026
Home Visiting Begins	Oct. 1, 2026
Project Concludes	Sept. 30, 2030



**An informational webinar will be held from 1-2 p.m. EDT Monday, Feb. 9, 2026** to discuss the application and answer questions.

Frequently Asked Questions (FAQs) will be posted on the [IDOH Maternal and Child Health Funding Opportunities webpage](#).

To ensure fair and thorough consideration to all applicants, questions about the requirements or the application process must be **submitted via email by 5 p.m. EDT March 20, 2026 to [IDOHhomevisiting@health.in.gov](mailto:IDOHhomevisiting@health.in.gov)**

### **Points of contact:**

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