



Eric Holcomb, Governor
State of Indiana

Division of Mental Health and Addiction
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REQUEST FOR FUNDING (RFF-2022-001) ANNOUNCEMENT for

Substance Misuse Prevention and Mental Health Promotion Services for Older Adult Populations (50+)

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

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) because 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.

Project Description:

The Division of Mental Health and Addiction has been awarded a grant through the American Rescue Plan Act of 2021 (ARP) funding through the Substance Abuse and Prevention and Treatment (SAPT) Block Grant Program. One of the aims of this funding is to increase substance use prevention and mental health promotion services for those over the age of 50. The risk for severe illness with COVID-19 increases with age, with older adults at highest risk. Especially vulnerable are those in institutional settings (i.e., Nursing Homes, Assisted Living, etc.) who during times of isolation and quarantine were susceptible to mental health and substance use problems.

This grant therefore aims to make funding available to implement evidence-based or best practice primary prevention programs for older adults (ages 50+). Mental Health Promotion initiatives can be implemented in concert with primary prevention programs, but not as a stand-alone project.

Grantee Requirements

Activity 1: Grant recipients are asked to work with a local cross-functional team. The implementation and subsequent sustainability of prevention initiatives are enhanced if a community-wide approach is taken. If a multidisciplinary team has already been formed in your community, it is acceptable to join that group. If there is not one, please consider the following disciplines for inclusion; the faith-based community, community members from the population you plan to serve, agencies that work with the population you plan to serve, educators/universities, public health, health care, behavioral health, etc. Please choose partners that are culturally responsive and experienced with working with the senior citizen population.

Activity 2: Grantees will interface with other agencies/groups working within the substance use prevention and mental health promotion space in their community. Examples include the Local Coordinating Councils (LCC's), Tobacco Prevention and Cessation (TPC), Drug Free Communities (DFC) grant recipients, Minority Health Coalitions, National Alliance on Mental Illness (NAMI), DMHA Regional Prevention Coordinators and local Client Consultation Boards, Triad, AARP, Meals on Wheels, University of Indianapolis Center for Aging & Community, other State or Federal

prevention grand awardees, etc.

Activity 3: Grantees will attend DMHA-sponsored training on the Strategic Prevention Framework (SPF) and other foundational prevention skills and mental health promotion training throughout the grant period. Technical assistance and training will be made available to ensure successful outcomes.

Activity 4: Evaluation and reporting requirements. Grantees must: 1) provide monthly and quarterly reports to DMHA; 2) participate in the evaluation of this program; and 3) provide periodic oral updates, as requested by DMHA.

Activity 5: Innovation & Creativity required. Although the senior population has experienced dire consequences due to COVID and are one of the sub-populations in greatest need of substance use prevention services and mental health promotion activities, they can be one of the hardest groups to reach. Contributing factors such as isolation, depression, anxiety, diminished physical abilities, being quarantined, etc., can limit an agency's access to these individuals. Therefore, grantees are expected to offer non-traditional, creative approaches for engaging those 50 and over.

Activity 6: Program Coordinator. Organizations will be expected to employ a professional older adult staff member with lived experiences to assist with the implementation of this funding initiative.

Project Timeline

Subject to change

January 7, 2022	RFF released
January 19, 2022	RFF questions due
January 26, 2022	RFF answers sent to respondents
February 11, 2022	RFF proposals due back
March 1, 2022	Notify Grantees of Awarded Funds
July 1, 2022	Grant effective date

Any questions regarding this RFF must be submitted in electronic format to Prevention@fssa.IN.gov no later than 5:00 p.m. Eastern Standard Time January 19, 2022.

Point of Contact:

Vera Mangrum, MBA, PhD
Substance Misuse Prevention Program Director
Vera.Mangrum@fssa.in.gov - (317) 232-7804

Please do not direct questions/inquiries to any other staff member of FSSA/DMHA, as this action may disqualify the applicant from further consideration for this RFF.

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 proposals for this RFF, to be as creative as possible regarding costs, as cost efficiency will be considered when determining grant(s) awards.

Terms

This agreement shall be for a period of twenty-four months commencing on **July 1, 2022** (or from date of final State approval of grant), and terminating on **June 30, 2024**, and may be renewed through reapplication and new proposal, based upon available funding.

Funding

The total funding amount available for this RFF is \$1,500,000. It is anticipated that 6 proposals will be awarded \$250,000 each for the 24-month period (\$125,000 per year).

Eligible Applicants

Any nonprofit organization that is qualified as exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code. Agencies currently receiving funding from DMHA for 50+ prevention services are ineligible to apply.

PROPOSALS

Applicants interested in providing these services to FSSA/DMHA should submit an electronic proposal no later than **February 11, 2022 @ 5:00 pm ET** via email to:

Email Address: Prevention@fssa.IN.gov

- Proposals received *after 5:00 p.m. ET will not be considered.*
- The email subject line should state: ***“RESPONSE to RFF-2022-001: Prevention Services for Older Adults Populations.”***
- Ensure that all supporting documents are attached to the e-mail.
- 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 number and email address. **All proposals must have an electronic mailing address included.**

Awardee Selection

- 1) Following the application deadline, each proposal will be examined to determine compliance with the format and specified information requirements. Incomplete proposals or those exceeding the page limit or violating the requirements stated below will not be considered.
- 2) Proposals will be evaluated based on the criteria outlined below. Scores for each section have been provided, and each section is deemed important.
- 3) 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.
- 4) Proposals shall be written in 12-point font with one inch page margins.

Scoring Criteria / Page Requirements	Points
<p>Cover Letter / One (1) page maximum</p> <ul style="list-style-type: none"> • A letter of application signed by the Director or agency board president identifying the amount of money requested, proposed catchment area, and proposed numbers to be served. • Include name, email, and phone number for the primary program contact. 	2
<ul style="list-style-type: none"> • Provide “Attachment A - Respondent Information” • Attach Proof of Non-Profit Status - IRS 501(c)(3) Certificate 	2
<p>Utilizing the Strategic Prevention Framework (SPF) describe each of the following.</p> <p><i>Source: “A Guide to SAMHSA’s Strategic Prevention Framework”</i></p>	
<p>Assessment - Two (2) pages maximum</p> <ul style="list-style-type: none"> • What is the problem? Assess the needs of the seniors in your catchment area, include data that measures the levels of substance misuse and related problems, contributing factors (risk/protective), etc. 	10
<p>Capacity - Two (2) pages maximum</p> <ul style="list-style-type: none"> • What do you have to work with? What makes your agency unique especially in the substance use prevention and mental health promotion space for senior citizens? • Describe your community’s additional resources and readiness to support prevention services for senior citizens. • Provide the resume of Key Personnel involved with the program [Note: Resumes are not counted toward page maximum]. 	10
<p>Planning - Two (2) pages maximum</p> <ul style="list-style-type: none"> • Prioritize the risk and protective factors (from the Assessment Phase), and to the extent possible select prevention interventions that are evidence-based, describe the activities you plan to implement. (See Appendix A for examples). • Develop a logic model (using Attachment B), to support the rationale for the prevention interventions selected. (See Appendix B for examples of a logic model). [Note: The Logic Model is not counted toward page maximum]. • Explain potential barriers to success and ways to overcome said barriers. Include your contingency plans in the event you are unable to implement the activities as originally planned (i.e., consequences of COVID, closures, etc.) 	10

Scoring Criteria / Page Requirements	Points
<p>Implementation - Two (2) pages maximum</p> <ul style="list-style-type: none"> • Lay out exactly how you will implement the selected programs or practices and describe what you expect to accomplish, the specific steps you will take to get there, and who will be responsible for doing what. • For each prevention intervention, estimate the number of people you plan to serve for the 24-month project period. • Include a timeline for implementation for the 24-month project period. 	10
<p>Evaluation - Two (2) pages maximum</p> <ul style="list-style-type: none"> • Propose at least two SMART (Specific, Measurable, Achievable, Realistic, and Timely) goals for your proposal. The goals should be outcomes-driven metrics and measure success/progress beyond output metrics (i.e., beyond “number served” metrics). • Describe how outcome evaluation data will be collected, who will collect it, where will it be stored, and how it will be used to improve prevention programming. 	10
<p>Cultural Competency/Cultural Humility - Two (2) pages maximum</p> <ul style="list-style-type: none"> • 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 with prevention initiatives. • Describe the activities you will engage in to increase diversity, equity, and inclusion with those 50 and over. 	10
<p>Sustainability - Two (2) pages maximum</p> <ul style="list-style-type: none"> • How will you ensure the successes you obtained during the implementation of your prevention initiatives and activities will be ongoing? Describe your plan for sustaining prevention outcomes after the grant funded period ends. 	10
<p>Community Partners - Two (2) pages maximum</p> <ul style="list-style-type: none"> • Provide a list of local community partners you are working with /or intend to work with for the completion of this project. Partners should include individuals from the senior population, as well as agencies that serve seniors. • List partners who have been contacted and describe what each partner will contribute to fulfill the grant requirements. • Provide letters of support from partners that are fully committed to this project where their letters not only 	20

Scoring Criteria / Page Requirements	Points
indicate their support, but also the specific role they will play in the proposed activities, etc. [Note: The Letters of Support are not counted toward page maximum].	
Budget Template with Budget Justification <ul style="list-style-type: none"> • Using Attachment C, develop a budget for your proposal. • Budgets should be reasonable given the number of people that will be served. • Please see Appendix B for a list of activities that cannot be funded. 	15
TOTAL	109

Proposal Requirements

Please e-mail your proposal to Prevention@fssa.IN.gov no later than **February 11, 2022 @ 5:00 pm ET**

Organize Pages as follows:

1. Cover Letter - 1 Page
2. Respondent Information (Attachment A)
3. IRS 501(c)(3) Certificate
4. Strategic Prevention Framework (SPF) Phases:
 - a. Assessment - 2 Pages maximum
 - b. Capacity - 2 Pages maximum
 - i. Resume(s) of Key Personnel (or Job Description if not hired yet)
 - c. Planning - 2 Pages maximum
 - i. Logic Model (Attachment B)
 - d. Implementation - 2 Pages maximum
 - i. Timeline
 - e. Evaluation - 2 Pages maximum
 - f. Cultural Competency/Cultural Humility - 2 Pages maximum
 - g. Sustainability - 2 Pages maximum
5. Community Partners - 2 Pages maximum
 - a. Letters of Support
6. Budget Template with Budget Justification (Attachment C)

Appendix A: The Center for Substance Abuse Prevention (CSAP) Strategies

Prevention strategies have been categorized in a variety of different ways. SAMHSA/CSAP (Substance Abuse and Mental Health Services Agency / The Center for Substance Abuse Prevention) promotes the following six strategies (1):

Information dissemination This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. [Note: Information dissemination alone has not been shown to be effective at preventing substance abuse.]

Examples of methods used for this strategy include the following:

- Clearinghouse and other information resource centers
- Resource Directories
- Media Campaigns
- Brochures
- Radio and Television Public Service Announcements
- Speaking Engagements
- Health Fairs

Prevention Education This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

Examples of methods used for this strategy include the following:

- Classroom and Small Group Sessions
- Parenting and Family Management Classes
- Peer Leader and Peer Helper Programs
- Education Programs for Youth Groups
- Groups for Children of Substance Abusers

Alternative Activities This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to--or otherwise meet the needs usually filled by--alcohol and drugs and would, therefore, minimize or obviate resort to the latter. [Note: Alternative activities alone have not been shown to be effective at preventing substance abuse.]

Examples of methods used for this strategy include the following:

- Drug-free Social and Recreational Activities (i.e., Dances or Parties)
- Youth and Adult Leadership Activities
- Community Drop-in Centers
- Community Service Activities
- Mentoring Programs

Problem identification and referral This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

Examples of methods used for this strategy include the following:

- Driving-while-intoxicated Education Programs
- Employee Assistance Programs
- Student Assistance Programs
- Teen Courts

Community-based process This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Examples of methods used for this strategy include the following:

- Community and Volunteer Training (i.e., neighborhood action training, training of key people in the system)
- Systematic Planning
- Multi-Agency Coordination and Collaboration (i.e., leveraging resources, developing strategic partnerships)
- Accessing Service and Funding
- Community Team building

Environmental Strategies This strategy establishes, or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

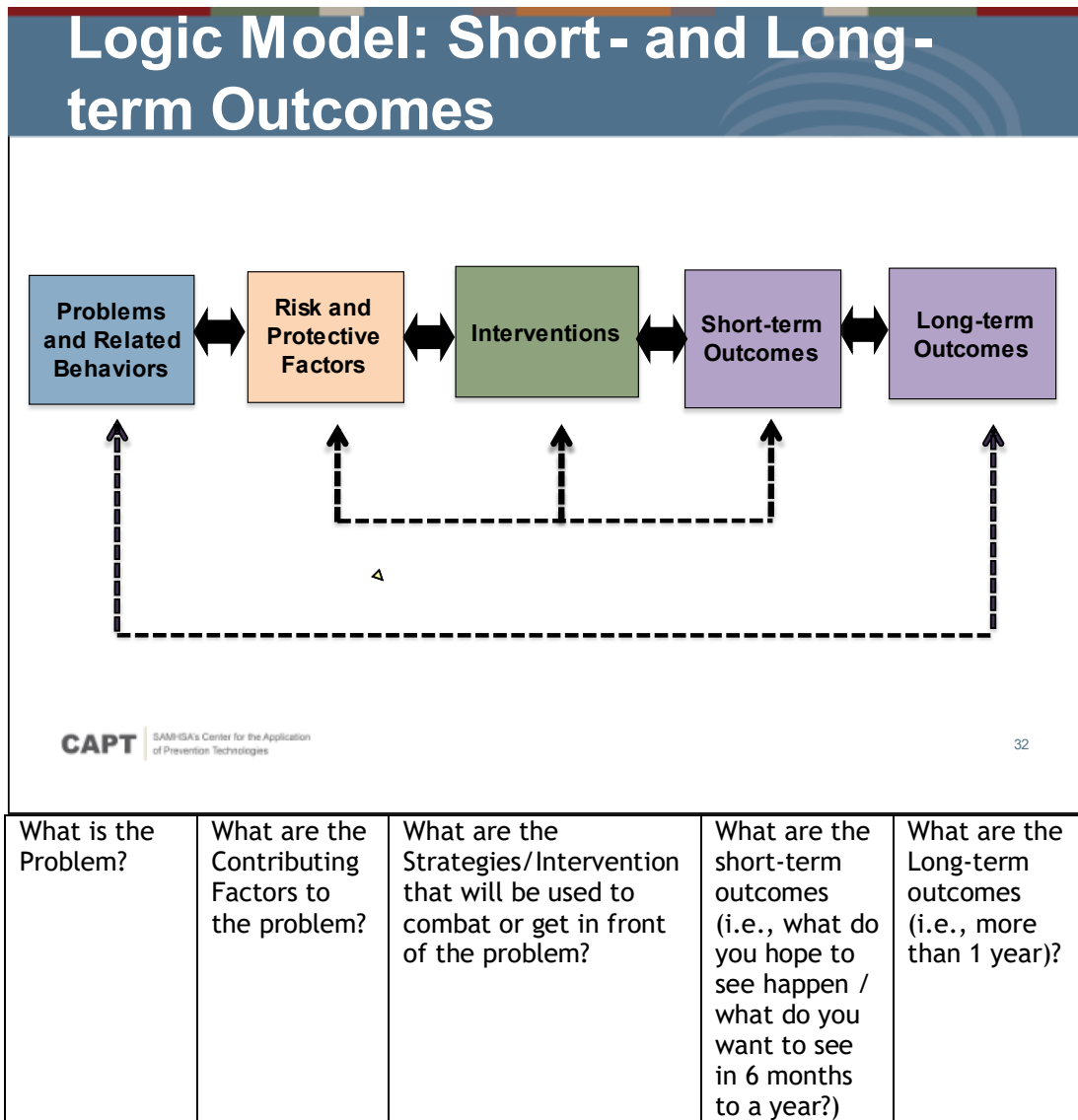
Examples of methods used for this strategy include the following:

- The Establishment and Review of Drug Policies in Schools
- Technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs.
- The review and modification of alcohol and tobacco advertising practices
- Product pricing strategies
- Social norms strategies
- Media literacy

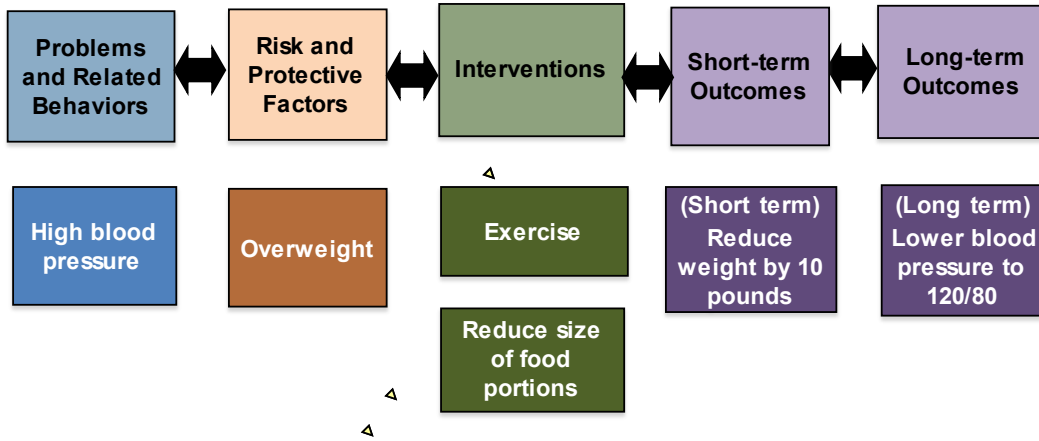
(1) These definitions are taken from the Federal Register, Volume 58, Number 60, March 31, 1993.

Resource: [Moving “The CSAP 6” Strategies to Virtual Settings](#)

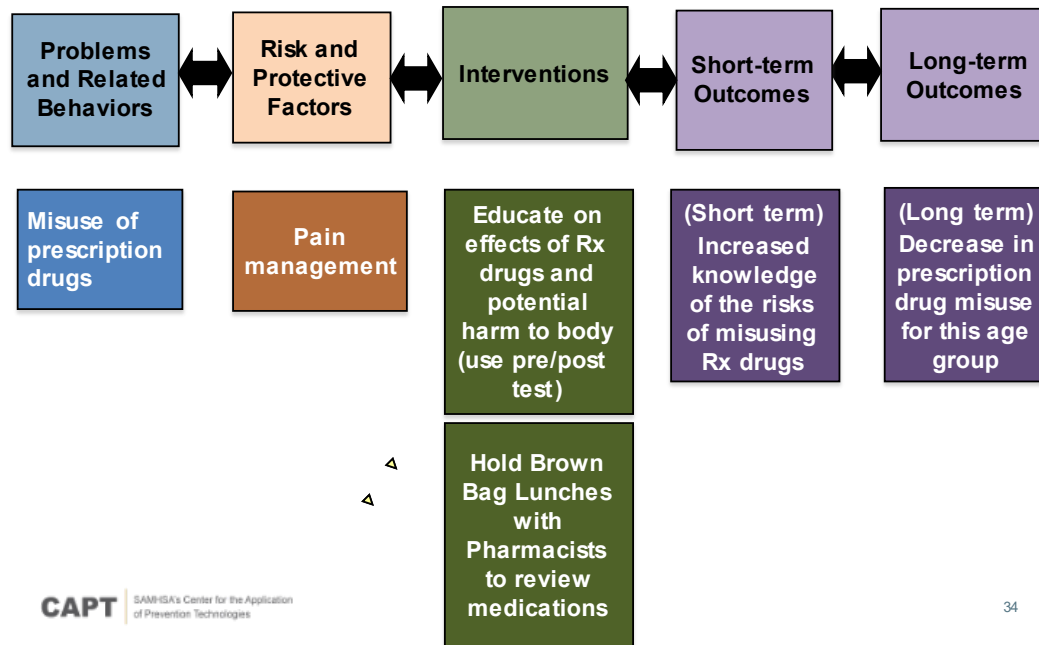
LOGIC MODEL RESOURCE



Example: High Blood Pressure



Example: Ages 50+ misuse of prescription drugs



Appendix C:

Activities not authorized to be covered by this funding opportunity:

- Prohibited purchases: Naloxone/Narcan, syringes, furniture, and equipment (equipment is defined as a single item that costs more than \$5,000).
- Drug disposal. This includes implementing or expanding drug disposal programs or drug take back programs, drug drop boxes, and drug disposal bags.
- The provision of medical/clinical care.
- Research.
- Food is typically not an allowable expense, except when specified in a prevention curriculum/program by the program developer.
- Direct funding for the provision of substance use disorder treatment.
- Mental health promotion as a standalone activity. These must also be coupled with a substance use/misuse prevention educational program or activity.

Appendix D:

If you are new to doing business with the State of Indiana, the following documents/items are needed before a contract can be executed.

1. New Vendors need to complete the [W9](#) and [Direct deposit form](#). The completed forms should be emailed to Claimsinfo.fssa@fssa.in.gov
2. New Vendors will need to complete a Bidder Registration at: <https://www.in.gov/idoa/3258.htm>
3. New Vendors also need to confirm the following. The DMHA Contracting team will do a Clearance Check when a contract is ready for signatures, and all three below need to be up-to-date and in good standing.
 - a. The Indiana Secretary of State information (checking and updating the business entity for the correct name). www.sos.in.gov.
 - b. The Department of Revenue is in good standing 317-232-5977.
 - c. The Department of Workforce development is in good standing 800-437-9136.