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State of Indiana

Division of Mental Health and Addiction
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REQUEST FOR FUNDING (RFF-2021-009) ANNOUNCEMENT for

Substance Misuse Prevention and Mental Health Promotion Services for Populations Disparately Impacted by COVID-19

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 Coronavirus Response and Relief Supplement Appropriations Act, 2021 funding through the Substance Abuse and Prevention and Treatment (SABG) Block Grant Program. One of the aims of this funding is to increase substance use prevention services to some of the populations that have been hardest hit and impacted by COVID-19. This grant aims to make funding available to grassroots agencies that already have well-established relationships with these populations, which include Black, Indigenous, People of Color (BIPOC), and members of the LGBTQ+ community. Ideally, the successful agencies will be spearheaded, owned, and/or operated by a member of these groups. Successful implementation of prevention initiatives and strategies will be responsive to the unique needs of these communities, especially in terms of cultural acuity.

To aid in the implementation of community-level and individual-level changes, DMHA will fund agencies to implement prevention activities and projects that fall under at least one of the following strategies. Agencies can, however, propose projects in more than one. Please note that Mental Health Promotion initiatives can be implemented in concert with each of the following, but not as a stand-alone project.

Strategy 1	Primary Prevention/Education focusing on Black individuals and/or their communities
Strategy 2	Primary Prevention/Education focusing on Latino/Latina individuals and/or their communities
Strategy 3	Primary Prevention/Education focusing on Native American individuals and/or their communities
Strategy 4	Primary Prevention/Education focusing on LGBTQ+ individuals and/or their communities
Strategy 5	Primary Prevention/Education focusing on people of color and/or their communities that are not designated above.

Please see Appendix A for a comprehensive list of previously funded allowable activities.

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 isn't 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/schools especially if planning to work with youth, public health, health care, behavioral health, etc. Please choose partners that are culturally responsive and experienced with working with the populations you plan to serve.

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, local Client Consultation Boards, 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 quarterly reports (template provided) to DMHA; 2) participate in the evaluation of this program; and 3) provide periodic oral updates, as requested by DMHA.

Project Timeline

Subject to change

October 12, 2021	RFF released.
October 19, 2021	RFF questions due.
October 22, 2021	RFF answers sent to respondents.
November 17, 2021	RFF proposals due back.
December 10, 2021	Notify Grantees of Awarded Funds.
January 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 October 19, 2021.

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 fourteen months commencing on **January 1, 2022** (or from date of final State approval of grant), and terminating on **February 28, 2023**, and may be renewed through reapplication and new proposal, based upon available funding.

Funding

The total funding amount available for this RFF is \$500,000. Each of the five strategies is funded at \$100,000 each.

PROPOSALS

Applicants interested in providing these services to FSSA/DMHA should submit an electronic proposal no later than **November 17, 2021 @ 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-2021-009: Prevention Services for COVID Disparate Populations.”***
- Ensure that all supporting documents are attached to the e-mail.
- Although not mandatory, pdf file format is preferred.
- No more than one proposal per applicant should be submitted. However, an applicant can address more than one strategy within a single proposal. 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.**

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) 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, Population(s) of focus (Strategy number), targeted ages, proposed catchment area, and proposed numbers to be served. Include name, email, and phone number for the primary program contact. 	2
<p>Organizational Information / Two (2) page maximum</p> <ul style="list-style-type: none"> • Tell us about your organization - who are you? Describe your mission/goals and/or your area(s) of focus. What makes your agency unique especially in the substance use prevention and mental health promotion space for disparate populations or historically underserved populations? Describe your ability to provide services to the special population(s) you have chosen-describe existing relationships. • Explain the make-up of your organization. Does the leadership group/owner represent the special population you will serve? • Provide the resume of Key Personnel involved with the program [Note: Resumes are not counted toward page maximum]. • Provide “Attachment A - Respondent Information” [Note: Not counted toward page maximum]. 	25
<p>Current and Past Program Experiences; Gaps / Two (2) page maximum</p> <ul style="list-style-type: none"> • Provide a thorough explanation of experience in implementing community projects, prevention programming, and/or community health initiatives. • Highlight at least one program you are especially proud of and why. What outcomes were achieved? • What gaps exist and how will this funding help? • Are any of the initiatives you’ve implemented considered evidence-based? If so, which ones? 	18

Scoring Criteria / Page Requirements	Points
<p>Program Narrative / Five (5) page maximum</p> <ul style="list-style-type: none"> • Provide a description of the activities you plan to implement for each strategy, if known. Describe the process used to come to this decision, how were the activities chosen, what data was used, who was involved, etc. • If activities have not been fully identified, describe the process you will use to decide which activities are best for your community, what data will you use, who will be involved, etc. • Provide detailed explanation of which local partners you are working with /or intend to work with for the completion of this project. (Strongly suggest: Partners should include individuals from the population(s) of focus.) List partners who have been contacted and describe what each partner will contribute to fulfill the grant requirements. • Identified activities are ideally evidence-based primary prevention initiatives. For each activity, prepare a realistic timeline for implementation. Indicate outcomes you plan to achieve. How will you measure the outcomes? • Explain potential barriers to success and ways to overcome said barriers. • Describe your contingency plans in the event you are unable to implement the activities as originally planned (i.e., consequences of Covid, closures, etc.) 	30
<p>Budget Template with Budget Justification</p> <ul style="list-style-type: none"> • Using Attachment B, develop a budget for each strategy (-ies) you have chosen. Include the associated justification. • For budget guidance, please see Appendix B for a list of activities that cannot be funded. 	15
<p>Letters of Support</p> <ul style="list-style-type: none"> • Provides letters of support from partners that are fully committed to this project and the role they will play, etc. 	10
TOTAL	100

Proposal Requirements

Please e-mail your proposal to Prevention@fssa.gov no later than **Wednesday, November 17, 2021 @ 5:00 pm ET.**

Organize Pages as follows:

1. Cover Letter - 1 Page
2. Organizational Information Section - 2 Pages
3. Current and Past Program Experiences; Gaps Section - 2 Pages
4. Program Narrative Section - 5 Pages
Total = 10 Pages Maximum for Items 1-4
5. Attachments (No Page Restrictions)

- a. Attachment A - Respondent Information
- b. Resume(s) of Key Personnel (or Job Description if not hired yet)
- c. Attachment B - Budget Template with Budget Justification
- d. Letters of Support

Appendix A: Comprehensive list of allowable activities.

The list below details possible prevention activities applicants can implement. In addition to these options, applicants can propose innovative activities of their own, but they must fit under one of the five strategies described in the Project Description section above. DMHA has the right to review all proposed activities, including innovative activities, and to approve or deny them. For such projects, applicants should provide justification of the merits of the project and include an associated cost. Applicants are allowed to hire staff to aid in the implementation of grant activities (for example a Public Health Educator or a Program Coordinator). Please review your choices carefully, as many may require adaptations to be culturally relevant to population chosen.

Primary Prevention/Education Strategies (\$100,000)

- Train community stakeholders on adverse childhood experiences (ACEs): ACEs are stressful or traumatic events occurring in childhood and are used to assess the long-term impact of abuse and household dysfunction on later-life health. Therefore, prevention of high ACE scores and early identification of people who have experienced them could have a significant impact on reducing substance use and other critical health problems.
 - An example training is the Centers for Disease Control and Prevention’s [“VetoViolence: Preventing Adverse Childhood Experiences”](#).
- Implement “The Bienvenido Program”: The Bienvenido Program is a strengths-based substance abuse and mental health promotion curriculum that focuses on building the emotional and behavioral health of Latinos and helps reduce the risk of reliance on substance abuse due to potentially living in an ongoing marginalized social status. The Bienvenido Program is one of the first prevention intervention programs in Indiana that addresses the migration experience, acculturative stressors, and substance use and mental health challenges encountered by Latino immigrants. A central strategy for the Bienvenido Program is to forge strong partnerships with other organizations, as well as to train and empower local facilitators so that the substance abuse prevention interventions can function autonomously in numerous settings. More information: contact Gilberto Perez, Jr. Ed.D., MSW - <mailto:bvdonetwork@gmail.com>
- Implement “Botvin LifeSkills”: An evidence-based substance abuse prevention program proven to reduce the risks of alcohol and drug abuse by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.
- Harm Reduction and Anti-Stigma Promotion (Faith-Based): Workshops and seminars would be put on using materials/toolkits designed by the U.S. Department of Health and Human Services specifically for faith leaders. Only efforts for prevention would be allowed (i.e., not recovery support programs, etc.)
- Education on Indiana’s Good Samaritan Law.
- Implement “Guiding Good Choices”: Evidence-based family competency training program for parents of children in middle school.
- Implement “Hip-Hop to Prevent”: Hip-Hop 2 Prevent Substance Abuse and HIV (H2P) is designed to improve knowledge and skills related to drugs and HIV/AIDS among youth ages 12-16 with the aim of preventing or reducing their substance use and risky sexual activity. The program

incorporates aspects of Hip-Hop culture-including language, arts, and history-as a social, cultural, and contextual framework for addressing substance use and HIV risk behaviors.

- Implement NAMI’s [“Sharing Hope: Mental Wellness in the Black Community”](#): Lack of information surrounding mental health issues can prevent people in Black communities from getting the help and support they need. Sharing Hope is a three-part video series that explores the journey of mental wellness in Black communities through dialogue, storytelling, and a guided discussion on the following topics:
 - Youth and Mental Wellness: “How Do You Heal?”
 - Community Leaders and Mental Wellness: “The Art of Healing”
 - Black Families and Mental Wellness: “Smiling On Our Journey”
- Implement NAMI’s [“Compartiendo Esperanza: Mental Wellness in the Latinx Community”](#): Lack of information surrounding mental health issues can prevent people in Hispanic/ Latinx communities from getting the help and support they need. Compartiendo Esperanza is a three-part video series that explores the journey of mental wellness in Hispanic/Latinx communities through dialogue, storytelling, and a guided discussion on the following topics:
 - Youth and Mental Wellness: “Sanando Juntos”/“Healing Together”
 - Community Leaders and Mental Wellness: “Las Raíces de Nuestra Sanación”/“The Roots of Our Healing”
 - Latinx Families and Mental Wellness: “La Mesa”/“The Table”
- Implement [PreVenture](#): A prevention program that uses personality targeted interventions to promote mental health and skill development and delay youth substance use. Designed for youth 12 - 17 years old. It incorporated the SURPS (Substance Use Risk Profile Scale) questionnaire. PreVenture’s theory of change is that substance use disorders can be prevented, by providing the appropriate prevention program, that is based on the youth’s personality type. The personality type dictates which of 4 curriculum the youth should participate in: Sensation Seeking, Anxiety Sensitivity, Impulsivity, and Negative Thinking.
- Creation of an event around [SAMHSA's National Prevention Week](#).
 - Sample events can be found on [SAMSHA’s webpage](#) on National Prevention Week.
 - 2022 NPW is May 8th - May 14th
- Implement Public Awareness campaigns: These campaigns can include billboards, newspaper, and radio ads, as well as social media use as appropriate. The effort should focus on substance use prevention and mental health awareness for the targeted population.
- Implement a primary prevention training program for students studying health professions.
- Implement [“Strengthening Families Program”](#): An evidence-based, family skills training program found to significantly improve parenting skills and family relationships; reduce problem behaviors, delinquency, and alcohol and drug abuse in children; and improve social competencies and school performance.
 - Consider partnering with local partners such as Purdue Extension who are familiar with implementing this program.
- Implement [“Too Good for Drugs”](#): An evidence-based program that develops a framework of social and emotional skills through goal setting, decision making, emotion management, and effective communication skills. In addition, the program teaches peer-pressure refusal, pro-social bonding, and conflict resolution skills.
- Implement [“WhyTry”](#) Program in middle schools: An evidence-based program that teaches social and emotional principles to youth in a way they can understand and remember. WhyTry is based on sound empirical principles, including solution-focused brief therapy, social and emotional

intelligence, and multisensory learning.

Appendix B:

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.
- The prevention of ACEs as a standalone activity. However, activities related to ACEs are allowable if they are coupled with a substance use/misuse prevention educational program or activity.
- Mental health promotion as a standalone activity. These must also be coupled with a substance use/misuse prevention educational program or activity.

Appendix C:

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.