

RFF-2022-016  
REQUEST FOR FUNDING ANNOUNCEMENT  
FOR  
*Local System of Care Co-Chair Coordinator*

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

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.

#### FUNDING SOURCE & COMPENSATION

Funds for this project have been secured through the Family and Social Services Administration, through the Division of Mental Health and Addiction. FSSA/DMHA encourages respondents, in their responses to the RFF, to be as creative as possible. One (1) award will be issued in the amount of \$12,000.

#### TERMS

This agreement shall be for a period of twelve (12) months with anticipated start date of **November 1, 2022** (or from date of final State approval of grant) and terminating on **October 31, 2023**

## SUBMITTING A PROPOSAL

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

### **Tanya Merritt-Mulamba**

Assistant Director of Mental Health & Wellness  
Division of Mental Health & Addiction  
Indiana Family and Social Services Administration  
Email Address: [tanya.merritt-mulamba@fssa.in.gov](mailto:tanya.merritt-mulamba@fssa.in.gov)

- The submission must include:
  1. A letter of application signed by the Director or agency board president
  2. Completed proposal
  3. All supporting documents and attachments
- Proposals must be received no later than 4:30 p.m. EST September 8, 2022. Proposals received after 4:30 p.m. will not be considered. Proposals must be delivered in electronic format with all appropriate forms. The subject heading of the email mail should state:

#### **RESPONSE to RFF-2022-016 - *Local System of Care Co-Chair Coordinator***

- No more than one proposal per respondent should be submitted. In the letter of application, you are required to indicate the principal contact for the proposal along with a telephone number and email address
- PDF files are preferred as other formats may not be accessible by state reviewers

## QUESTIONS

Questions regarding this RFF must be submitted in electronic format to:  
Tanya Merritt-Mulamba - [tanya.merritt-mulamba@fssa.in.gov](mailto:tanya.merritt-mulamba@fssa.in.gov)

Questions are to be submitted no later than 4:30 p.m. EST on August 17, 2022. Questions received after 4:30 p.m. may not be considered. Please keep questions brief and of high priority. Please utilize the following subject heading for emails regarding questions:

#### **QUESTIONS to RFF-2022-016 - *Local System of Care Co-Chair Coordinator***

All inquiries are to be directed to Tanya Merritt-Mulamba and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for DMHA grant funding.

## PROJECT DESCRIPTION/SCOPE OF WORK

The purpose of this initiative is to provide administrative assistance and special projects management to the local Systems of Care (SOC) networks that are supported by DMHA.

*Definition of SOC:* A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life.

DMHA intends to fund one (1) SOC Co- Chair Coordinator. The Co-Chair Coordinator will work in collaboration with DMHA and/or other DMHA approved vendors as assigned.

The Co-Chair Coordinator will perform the following duties:

- Maintain the statewide SOC contact list
- Participate in the development & distribution of the agenda for statewide SOC meeting
- Facilitate the statewide SOC meeting
- Take notes and distribute meeting minutes for both the SOC planning and statewide meetings
- Develop job descriptions for key positions within the SOC network
- Design and carry out a special project that focuses on gaining a better understanding of the SOCs that exist across the state and their level of functioning.

The work of the SOC Co-Chair Coordinator will assist DMHA in understanding the strengths, needs and challenges of the state SOC network, allowing DMHA to provide more targeted support and technical assistance.

Proposals must include a detailed plan including but not limited to the following:

1. Letter of support from the agency who will serve as the fiscal agent for this contract.
2. Detailed description of your local SOC and how it meets the definition of SOC as described above. Include who is involved in your SOC, the frequency of any meetings you have and all supporting meeting minutes, attendance records and other supporting documents.
3. Detailed description of the special project you plan to conduct.
4. Description of the amount of time you can devote to this project per month. Include how you will manage this time given any other work commitments you may have.
5. All supporting documents

**The time frame is as follows:**

*\*\*Subject to Change\*\**

August 8, 2022	RFF sent to potential applicants
August 17, 2022	RFF questions due
August 24, 2022	Responses due back to applicants
September 8, 2022	RFF proposals due to DMHA
September 15, 2022	Awardees notified
November 1, 2022	Grant effective date

ELIGIBLE APPLICANTS

Current System of Care Coordinators who have been in their position at least 6 months and who currently serve in a community with a fully functioning SOC as demonstrated by the following:

- Minutes from the 3 most recent local SOC meetings
- Attendance record and/or sign-in sheets from the 3 most recent local SOC meetings, including the name of the attendee, title, and agency they represent
- Cross-system participation represented in the meeting minutes/attendance records from at least four (4) different systems from this list: family or youth member, mental health, child welfare, juvenile justice, education, health, community provider.

SELECTION PROCESS AND CRITERIA

Proposals must be in written format. Proposals will be reviewed and scored by a committee selected by the FSSA/DMHA or designee. Proposal will be evaluated based on the criteria below and final selection of the grant awards will be made by the Division Director or designee.

Specific categories and criteria are:

Written Proposal Scoring Criteria	Points
<p><b>Letter of Support</b>            Letter of support from the agency who will serve as the fiscal agent for this contract.</p>	<p>10</p>
<p><b>Description of your local SOC</b>            Detailed description of your local SOC and how it meets the definition of SOC as described in this proposal. Include who is involved in your SOC, the frequency of any meetings you have and all supporting meeting minutes, attendance records and other supporting documents. Describe your role.</p>	<p>40</p>
<p><b>Description of Special Project</b>            Detailed description of special project that focuses on gaining a better understanding of the SOCs that exist across the state and their level of functioning.</p>	<p>30</p>
<p><b>Time Commitment</b>            Description of the amount of time you can devote to this project per month. Include how you will manage this time given any other work commitments you may have</p>	<p>20</p>

**ATTACHMENT A**

**RESPONDENT INFORMATION**

1) LEGAL NAME:
2) Doing Business As (if different than legal name):
3) ADDRESS:
County:
4) ELECTRONIC MAIL ADDRESS:
5) TELEPHONE:
6) DIRECTOR NAME/TITLE:
7) CONTACT PERSON:
9) TAXPAYER IDENTIFICATION NUMBER <sup>1</sup> :
10) DUNS Number:
11) Congressional District:

**RESPONDENT FACILITY INFORMATION**

- 1) Type of Facility: Private, Non-Profit, Other
  
- 2) ATTACH Proof of Non-Profit Status - 501(c)(3) CERTIFICATE if applicable

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:

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