

RFF # 2020-02
REQUEST FOR FUNDING ANNOUNCEMENT
FOR
Disbursement of State Opioid Response Grant Funding

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

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.

COMPENSATION

FSSA/*Division of Mental Health and Addiction* encourages respondents, 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 six months commencing on *April 1, 2020* (or from date of final State approval of grant), and terminating on *September 29, 2020*, and may be renewed through reapplication and new proposal, based upon available funding.

PROPOSALS

Respondents interested in providing these services to FSSA/*DMHA* should submit proposals in the following manner: **one original and five copies and one in electronic format to:**

Mark Loggins

Family and Social Services Administration
Division of Mental Health and Addiction

Email Address: *mark.loggins@fssa.in.gov*

The print 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
4. Job description for each grant position funded.
5. Organizational chart for overall agency with grant funded positions shown with dotted lines. (Please indicate percentage of position to be funded by grant)
6. 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 *March 1, 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 RFF #2020-02

Disbursement of State Opioid Response Grant Funding

No more than one proposal per respondent 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 electronic mailing address included.**

Any questions regarding this RFF must be submitted via email to Mark Loggins (mark.loggins@fssa.in.gov) no later than **4:30 p.m. Eastern Standard Time on *February 17, 2020***. **Questions received after 4:30 p.m. may not be considered. Please keep questions brief and of high priority.** Responses to all questions will be promptly prepared and emailed to group.

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

SCOPE OF WORK

The moments after a person is revived from an opioid overdose are crucial to engaging the person into entering treatment for an opioid use disorder. If this small window of time is not managed carefully, the person is at risk of leaving the hospital and continuing high risk behavior that could lead them to experience another overdose and possible death.

The Virtual Bridge to Care project will require an addiction treatment provider to partner with at least one local hospital to provide a Telehealth connection to a person in the emergency department who has suffered from an opioid overdose. A peer recovery coach must be present in the emergency department to facilitate the Telehealth link. The addiction treatment provider will be on the other end of the Telehealth link to assess the patient, write a bridge prescription for buprenorphine, set up the patient's intake appointment, and consult on the patient's next steps. This program must be in compliance with Indiana Medicaid's Telehealth rules.

The addiction treatment provider must be amenable to prescribing buprenorphine and naltrexone, as well as providing a referral to the nearest opioid treatment provider for methadone at the patient's request.

Allowable costs will include equipment for telehealth set-up between provider and hospital, reimbursement for recovery coaching in emergency department, initial medication assisted treatment costs, and other program costs associated with this project.

TIME FRAME:

<i>February 10, 2020</i>	RFF sent to potential applicants
<i>February 17, 2020</i>	RFF questions due.
<i>February 21, 2020</i>	RFF answers sent
<i>March 2, 2020</i>	RFF proposals due back
<i>March 10, 2020</i>	Notify Grantees of Awarded Funds
<i>April 1, 2020</i>	Grant effective date

Funding:

The maximum award for this funding opportunity *is \$1,000,000 with individual contracts not to exceed \$100,000 for a period of 6 months*. However, should more funding become available, DMHA reserves the right to add the total amount (\$1,000,000) amongst the number of respondents based on needs. Grant awards for this program are subject to budgetary exigencies associated with the availability of Federal and State funding.

Eligible Respondents:

Addiction treatment providers with an existing infrastructure for prescribing buprenorphine for treating opioid use disorder in partnership with a local hospital emergency department. The partnering hospital must have a peer recovery coach on staff or contracted to provide services. Addiction provider must be amenable to prescribing buprenorphine and naltrexone, as well as providing referrals to the nearest opioid treatment provider for methadone. If a provider has a current model with documented success, the policy manual for current model can be submitted in lieu of RFF response, but must meet the minimum project expectations.

SELECTION PROCESS AND CRITERIA

Proposals will be reviewed and scored by a committee selected by the *Division of Mental Health and Addiction* or designee. Proposals will be evaluated based upon the proven ability of the respondent to meet the goals of the Program in a cost-effective manner. Proposal narratives should not exceed **5** pages in length (does not apply to additional document requests). Specific criteria are:

Evaluation Criteria

Each proposal will be evaluated on eight criteria.

1. Extent of the need for the project. (40 points)

The following standards will be considered when evaluating this criterion.

- a. The needs addressed by the project
- b. How the applicant identified those needs, including data on number of overdoses in the area
- c. How those needs will be met by the project
- d. The benefits to be gained by meeting those needs
- e. Serving previously unserved or marginally served counties in the state

2. Plan of Operation (25 points)

The following standards will be considered when evaluating this criterion.

- a. The scope of persons reached by proposed program
- b. A timeline for implementation
- c. The quality of applicant's plan for incorporating a peer recovery coach into the emergency department for this program
- d. Identification of barriers and policy changes that will need to occur in order to effectively implement this program.
- e. The extent to which the plan of management ensures proper and efficient administration of the project
- f. A summary of goals and expectations for the implemented program
- g. The quality and adequacy of the applicant's plan to use its resources and personnel to achieve each objective.

3. Applicant Experience and Quality of Key Personnel (5 points)

The following standards will be considered when evaluating this criterion.

- a. Experience in partnering with hospitals to treat persons with opioid use disorder
- b. Qualifications of the project director
- c. Qualifications of each of the management and decision-making personnel to be used on the project.
- d. The amount of or percentage of time key personnel will commit to the project
- e. Experience and training in fields related to the scope of the project.

4. Budget and cost effectiveness. (20 points)

The following standards will be considered when evaluating this criterion.

- a. The budget is adequate to support the project

- b. Costs are reasonable in relation to the objectives of the project

5. Likelihood of sustaining the program (10 points)

The following standards will be considered when evaluating this criterion.

- a. Likelihood that the service program will be sustained after the completion of the grant assistance
- b. Extent to which to the applicant intends to continue to operate the service program through cooperative agreements and other formal arrangements.
- c. Extent to which the applicant will identify and to the extent possible use comparable services and benefits that are under other programs for which project participants may be eligible.

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

**ATTACHMENT C
Budget Summary**

Respondent Name: _____

Twelve 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)	

State will provide reimbursement for 100% of cost.