REQUEST FOR FUNDING
DIVISION OF MENTAL HEALTH AND ADDICTION
RFF 2022-020

CRISIS RECEIVING AND STABILIZATION SERVICES GRANT PROGRAM

COMPETITIVE GRANT PROGRAM
GRANT APPLICATIONS DUE: DECEMBER 16, 2022 AT 5:00PM EST
RFF DATE ISSUED: OCTOBER 21, 2022

RFF Contact:
crssgrants@fssa.in.gov

TABLE OF CONTENTS

I. INTRODUCTION

This is a Request for Funding ("RFF") issued by the Indiana Family and Social Services Administration, Division of Mental Health and Addiction ("DMHA" or "State"). As a Grant Program, the Crisis Receiving and Stabilization Services RFF seeks to strengthen Indiana's Crisis Response Network by providing funds to qualifying entities for new or expanded programs that currently meet and/or strive to meet the Substance Abuse and Mental Health Services Administration ("SAMHSA") National Guidelines for Behavioral Health Crisis Care[1].

This RFF requests responses from Community Mental Health Centers (CMHCs) operating within the state of Indiana. Respondents must be one of the 24 active CMHCs that are recognized by the State of Indiana. Other organizations may apply as subgrantees – only CMHCs may be prime grantees.

A. NEED FOR THIS RFF AND DMHA MISSION

Across the State, there is an unprecedented demand for mental health and substance use supports, and the COVID-19 pandemic has magnified gaps in the existing continuum of care. Notably, Indiana was ranked 42nd across all 50 states and the District of Columbia for higher prevalence of mental illness and substance use disorder and lower rates of access to care.[2] More specifically, Indiana was ranked 18th for Adults with Substance Use Disorder[2] and preliminary data showed a 47% increase in overdoses in 2020 compared to 2019.[3] Indiana's suicide rates and need for crisis intervention supports have steadily increased over the last several years, evidenced by Indiana's ranking as 7th for the highest percentage of adults reporting serious thoughts of suicide.[2] These statewide challenges disproportionately impact certain demographic groups and geographic areas. Thus, it is essential that the State improves its services to better support those experiencing mental health, suicidal, or substance use crises.

DMHA's goal is to support and sustain the development of an integrated crisis response system that provides people experiencing a mental health and/or substance use crisis someone to contact, someone to respond, and a safe place for help. Crisis receiving and stabilization services will be funded to function as part of the safe for help pillar in Indiana's Crisis Response Network. Crisis receiving and stabilization services are critical to providing crisis services and accomplishing DMHA's vision of being able to provide quick, competent, and nation-leading crisis response services for every Indiana resident.

CMHCs have historically been embedded within the community and, therefore, understand the nuances of their community's needs for crisis response services. These factors make CMHCs uniquely positioned to provide crisis stabilization services and strengthen Indiana's Crisis Response Network. Through this Crisis Stabilization Grant Program and the federal funding which makes it possible, the State has the opportunity to invest in locally and community-driven crisis receiving and stabilization services to build out a comprehensive Crisis Response Network that offers high quality, accessible, and integrated care for Hoosiers.

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[1] See https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf.

[2] Mental Health America Report: The 2022 State Of Mental Health In America. Measures that make up a state's overall ranking include: (1) Adults With Any Mental Illness (AMI), (2) Adults With Substance Use Disorder in the Past Year, (3) Adults With Serious Thoughts of Suicide, (4) Youth with At Least One Major Depressive Episode (MDE) in the Past Year, (5) Youth With Substance Use Disorder in the Past Year, (6) Youth With Severe MDE, (7) Adults With AMI Who Did Not Receive Treatment, (8) Adults With AMI Reporting Unmet Need, (9) Adults With AMI Who Are Uninsured, (10) Adults With Cognitive Disability Who Could Not See a Doctor Due to Costs, (11) Youth With MDE Who Did Not Receive Mental Health Services, (12) Youth With Severe MDE Who Received Some Consistent Treatment, (13) Children With Private Insurance That Did Not Cover Mental or Emotional Problems, (14) Students Identified With Emotional Disturbance for an Individualized Education Program, (15) Mental Health Workforce Availability.

[3] Preliminary numbers are reported from Indiana Public Health Emergency Surveillance System's Emergency Department Visit Data.

B. BACKGROUND

1. **Indiana's Crisis Response Network**
   In accordance with SAMHSA Best Practices, Indiana's Crisis Response Network addresses three needs: someone to contact, someone to respond, and a safe place for help. Indiana is addressing the first need by standing up five 988 Centers to answer 988 calls, chats, and texts. Eventually, these Centers will also centrally dispatch and coordinate the engagement of Mobile Crisis Teams. Mobile Crisis Teams address the need for someone to respond by offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where a person is experiencing a crisis. Through the recently awarded RFP 22-70307, the State is establishing a pilot program for Mobile Crisis Teams that are integrated into Indiana's Crisis Response Network. When deemed appropriate by DMHA, Mobile Crisis Teams will transport individuals in crisis to crisis receiving and stabilization services. These services, which this RFF attempts to streamline and establish, address the need for a safe place for help by offering the community "no wrong door" access to mental health and substance use crisis care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs.

   The 988 Centers, Mobile Crisis Teams, and Crisis Receiving and Stabilization Services will all be connected through a shared data platform that is currently under development. This software system will eventually provide many functions, but most relevant to this RFF are the following three capabilities: (1) identify available beds/chairs at Crisis Receiving and Stabilization Service facilities; (2) track Mobile Crisis Teams to transport individuals in crisis to those beds/chairs; and (3) capture and report individuals' experiences with Indiana's Crisis Response Network which may include details provided during past calls, services previously received, and follow-ups required.

2. **Crisis Receiving and Stabilization Services Spectrum**
   Crisis receiving and stabilization services are an essential part of Indiana's Crisis Response Network as it ensures all Hoosiers have a safe place to accept, support, and stabilize them regardless of clinical condition. Crisis receiving and stabilization services must therefore act as a "no wrong door" mechanism for those in crisis to receive immediate behavioral health support. **The State is interested in funding proposals that use this "no wrong door" approach and follow State and SAMHSA Best Practices.**

   To adequately respond to the varying needs of people experiencing a mental health, suicidal, and/or substance use crisis, there is a spectrum of crisis receiving and stabilization services that address different levels of acuity. On one end of the spectrum are the Long-term Crisis Stabilization Units. These Units are Peer-Operated and intended to provide a peer-staffed, restful, and voluntary sanctuary for people experiencing a crisis. They are often called Peer-Operated Respite Centers and are an outgrowth of other low-intensity supports, such as warm lines, in that they focus on providing a listening ear from peers with lived experiences. Core program activities focus on issues that have contributed to the escalation in challenges faced by the individual and/or their support system and the skills needed to succeed in their community. Long-term Units are intended for stays up to 8 days where a person experiencing a crisis can

stabilize and stay engaged as they begin the process of accessing additional treatment, services, and supports via peer-led referrals.

In the middle of the spectrum are Subacute Crisis Stabilization Units, known as Living Room Models, which intend to serve people experiencing less acute crises who are voluntary, non-violent, and motivated for help. As the name suggests, Living Room Models offer a home-like environment that features couches, artwork, and other elements that contrast starkly with medical emergency rooms. These Subacute Units promote autonomy, respect, hope, and social inclusion; and draw from the support of peers. At a minimum, Living Room Models should account for the provision of short-term (under 24 hours), subacute "chairs."

At the other end of the spectrum are Acute Crisis Stabilization Units. At a high level, these units offer a safe place to stay for people experiencing the most severe crises. People presenting at these Acute Units receive assistance accessing the appropriate level of care, including care coordination, transportation, and warm handoff.

In alignment with Indiana's Crisis Response Network, the State invites Respondents to propose new or expanded crisis receiving and stabilization services that promote holistic, outcomes-driven mental health and substance use crisis care services and enhance the continuum of care so that all Hoosiers, regardless of socioeconomic status, geographic location, race, ethnicity, gender, age, and sexual orientation receive equitable and high-quality crisis care. Proposals are encouraged to include programming that is peer-led, trauma-informed, committed to zero suicide/suicide safer care, recovery-oriented, culturally-sensitive and accessible to everyone experiencing a crisis.

C. GUIDING PRINCIPLES & DESIRED QUALIFICATIONS

The State is specifically interested in funding crisis receiving and stabilization services and associated programming **that meet or are committed to meeting**, at a minimum, the following guidelines:

1. Accept all referrals from first responders, including but not limited to police, fire, and ambulance staff;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community. This could include, depending on the nature of the services provided:
   a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
   b. Nurses
   c. Licensed and/or credentialed clinicians capable of completing assessments in the region; and
   d. Peers with lived experience similar to the experience of the population served.
6. Use Peers with lived experience to discharge individuals for the crisis receiving and stabilization services;
7. Follow-up with discharged individuals with the last staff member who was in contact with the individual (*i.e.*, the Peer who conducted the discharge);

8. Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support;
9. Offer walk-in, referral, and drop-off options;
10. Offer a dedicated first responder drop-off area;
11. Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders;
12. Provide services or connections to services that address substance use crisis issues (*i.e.*, overdose treatment, SUD treatment, detox treatment, etc.);
13. Screen for suicide risk and complete comprehensive suicide risk assessments and safety planning when clinically indicated;
14. Screen for violence risk and complete more comprehensive violence risk assessments and safety planning when clinically indicated, and;
15. Commit to working with the State and other 988 Stakeholders to establish an integrated Crisis Response Network. This includes, but is not limited to, a commitment to the following activities:
    a. Collaborate with the State's shared data platform vendor to create a real-time capacity registry, to receive referrals from within Indiana's Crisis Response Network, to coordinate connections to ongoing care, and to share critical details across the crisis network.
    b. Work with and accept individuals in crisis from all Mobile Crisis Teams dispatched by an Indiana 988 Center.
    c. Share best practices and lessons learned so that future accreditation and State administrative rules accurately, effectively, and sufficiently support Indiana's Crisis Response Network.

D. FUNDING REQUIREMENTS

One-time, federal coronavirus ("COVID-19") relief funds from the American Rescue Plan Act ("ARPA") have been made available to fund the establishment and expansion of Crisis Receiving and Stabilization Services within Indiana. The State is exploring a variety of methods to sustainably fund all aspects of Indiana's Crisis Response Network, including Crisis Receiving and Stabilization Services.

To better inform that exploration, Respondents must be willing to share with the State, in the form of status reports, details regarding the costs to establish, operate, and staff Crisis Receiving and Stabilization Services and associated programing in accordance with State and SAMHSA Best Practices. Additionally, Respondents must be willing to share with the State at an aggregate level, in the form of status reports or eventually as part of the shared data platform, details about the services provided, the crisis incidents addressed, the individuals served, and any other relevant or requested details. Below is a list of data which may be used to monitor outcomes.
1. Number served (e.g., measure of individuals served per chair daily),
2. Percentage of referrals accepted,
3. Percentage of referrals from law enforcement (hospital and jail diversion),
4. Law enforcement drop-off time,
5. Percentage of referrals from all first responders,
6. Average length of stay,
7. Percentage of discharge to the community,
8. Percentage of involuntary commitment referrals converted to voluntary,
9. Percentage not referred to emergency department for medical care,
10. Readmission rate,
11. Percentage completing an outpatient follow-up visit after discharge,
12. Total cost of care for crisis episode,

13. Guest service satisfaction and trust in services (e.g., would they come back again? Why or why not?),
14. Percentage of individuals reporting improvement in ability to manage future crisis.

1. Adolescent Focused CRSS Funding

In addition to ARPA funds, the State also has Coronavirus Response and Relief Supplemental Appropriations ("CRRSA") Mental Health Block Funds available for funding part or all of a grant(s) for Crisis Receiving and Stabilization Services that serve adolescents in crisis. Accordingly, please indicate in your application if your proposal meets this description.

II. GRANT APPLICATION DETAILS

A. RFF OBJECTIVES

A Respondent can meet the Objectives of this RFF by proposing Crisis Receiving and Stabilization Services that address mental health, suicidal, and substance use crisis needs within the Indiana Crisis Response Network while striving to meet State and SAMHSA Best Practices. The State encourages proposals that are innovative and propose new approaches to service delivery in order to enhance the continuum of care.

1. Key Considerations

Proposals will be evaluated with the following considerations:

1. Adherence and/or demonstrated commitment to State and SAMHSA Best Practices (Please See Section IC and https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf on page 22 for more detail)
2. Integration into and alignment with the State's vision of Indiana's Crisis Response Network
3. Approach to and enactment of "No Wrong Door" Philosophy
4. Plan to serve community needs which includes but is not limited to the following populations:
   a. The Black, Indigenous, or People of Color (BIPOC) Community
   b. The Lesbian, Gay, Bisexual, Transgender, Queer + (LGBTQ+) Community
   c. The Rural Community
   d. Adolescent youth

The RFF aims to solicit proposals from CMHCs to accomplish these Objectives.

Respondents deemed eligible per Section II.B are encouraged to apply. Respondents are encouraged to carefully review this RFF before submitting an application and consider enhancing their narrative responses related to how their proposal and included budget items meet the Objectives of the RFF.

Respondents may plan on beginning their projects after the signed grant agreement has been executed and the grant is effective on approximately February 8, 2023. (see Section II.I for the RFF timeline). The funds available through this grant expire on April 7, 2025. The grant may be effective beyond this time at the discretion of the State; however, Respondents should focus their projects on the established time frame of this grant. Respondents must be prepared to track and show how State objectives, including but not limited to the RFF Objectives, were met as a result of the funding received.

B. ELIGIBLE RESPONDENTS

To be eligible to receive funding under this grant, Respondents must meet and to affirm the following criteria in their application.

Respondent must be the following type of entity:

   A. Community Mental Health Center (CMHC)
       a.   Respondents must be a CMHC operating within Indiana.

C. GRANT FUNDING

The grant funding available in this RFF will follow a competitive grant model. The Respondent will apply for the grant per the guidelines in this RFF. If selected, the Respondent will receive a grant to implement the items agreed to in the proposal and eventual grant contract. FSSA reserves the right to make all final award decisions and to award grants based on the quality of applications and available funding.

1. Grant Payments

Funds from the grant will be provided as a combination of reimbursements and upfront payment for approved grant budget items as allowed by Indiana Code 12-8-10-7. If the awarded grant amount is $50,000 or more, Respondents can receive up to 1/6 (16.67%) of their total grant amount as an upfront payment. If the grant is under $50,000, Respondents can receive up to 1/2 (50%) of their total grant amount as an upfront payment. In both scenarios, the remainder of the grant will be provided through reimbursements by the State.

Grant payments will be disbursed directly to awarded CMHCs. Please note, as explained in Section II.D, only eligible entities may utilize grant funding to support the establishment and expansion of crisis receiving and stabilization services. All funding must be used by eligible entities to fulfill the Objectives of the RFF.

2. Key Performance Indicators (KPIs)

The grantees awarded from this RFF will be required to define and measure performance in accordance with set performance indicators for their Crisis Receiving and Stabilization Services. As such, Respondents will stipulate how they will measure and monitor outcomes specific to their proposal to ensure the Objectives are being met on behalf of the individuals who will benefit from this funding. All Respondents will be required to propose at least **two Key Performance Indicators (KPIs)**, which act as project goals that track the progress and measure the success of their plans to enhance quality, integration, and access of mental health and substance use crisis services in Indiana. These KPIs will demonstrate how the State can objectively measure the progress of the project and should relate directly to the services being proposed. In general, the Respondent's KPIs must be specific, measurable, attainable, realistic, and time-limited. KPIs should be outcome-driven metrics and measure success/progress beyond output metrics (i.e., beyond "number served" metrics).

Examples of acceptable KPIs include:

- *Divert 150 individuals from hospital emergency departments*
- *100% acceptance rate from walk-ins, ambulance, fire and police drop-offs*

- *65% of individuals experiencing a mental health and/or substance use crisis will receive a follow-up from the peer that discharged them from Crisis Receiving and Stabilization Services*
- *Establish a first responder drop-off area within six (6) weeks of Crisis Receiving and Stabilization Services stand-up*

Respondents must submit their KPIs in their response to the Grant Funding/KPIs question and detail how the KPIs will be met in their response to the Program Plan question in the Technical Proposal (See Section III.A). Final KPIs will be memorialized in each Grant Agreement with the State. **Please Note: the final KPIs may be different and more numerous from those proposed by the Respondents.**

D. USE OF FUNDS

Respondents are required to demonstrate in their application response how their requested grant funding will establish new or expand upon existing Crisis Receiving and Stabilization Services that strive to align with State and SAMHSA Best Practices.

Funds may be used for capital needs. Grant funds may be used for all costs associated with the proposed programming including capital needs.

Respondents are required to describe how these funds will be used to fund the costs associated with their proposed programming in their Grant Budget Proposal (See Section III.B).

If a grantee fails to use the grant funds in accordance with the criteria described above or comply with the agreement entered into with the State, the grantee shall repay the total amount of the grant awarded.

Please note when selecting items to include in a proposed budget that grant Respondents are required to demonstrate how the funding from their proposed project will address mental health and/or substance use crisis needs and/or support them in achieving the grant application KPIs.

Grant Respondents should demonstrate how they will sustain the proposed project after the grant cycle is completed. Further detail regarding the requirements for describing the sustainability of a Respondent's project can be found in Section III.A.

Further, it is the expectation of the State that the projects applied for through this RFF are not receiving duplicate funding from another grant or donation source. Specifically, the State expects that a Respondent not receive funding from the State and another source for reimbursement of the same expense. While Respondents can receive funding from different sources for different types of projects, the unique project submitted for this grant application may not be currently receiving funding from any other source.

DMHA reserves the right to make all final funding decisions. The State will only issue as many grants as funding allows and reserves the right not to award all of the remaining grant funding available. The State also reserves the right to issue a partial award or no award. The State reserves the right to disqualify and not score incomplete proposals that do not provide all required application components or include ineligible funding items as detailed in this RFF or those applications that DMHA determines, in its sole discretion, are not in the best interest of the State. The State reserves the right not to award funding if the State believes it is duplicating funding the Respondent has received within the past 18 months or is currently receiving elsewhere.

E.   GRANT PERIOD

All grants are expected to begin on or around February 8, 2023 and funds are to be used through April 7, 2025. Grants may be extended beyond this time at the State's discretion; however, grant proposals should contemplate how funds would be used by the end of the contemplated timeframe. Grant recipients may additionally have the option to request a no-cost extension if additional activities remain that have not been completed.

F. SAMPLE GRANT AGREEMENT

Respondents must agree to the terms and conditions of the Sample Grant Agreement in Attachment B. The grant agreement outlines the State's terms and conditions that must be followed by an awardee when receiving the grant. Each recipient's proposal will also become a component of the grant agreement.

Respondents will be required to complete the necessary paperwork for contracting in the event the Respondent is awarded. For those Respondents who may have previously contracted with the State, the Respondent should ensure the documentation and registrations are active and up-to-date and that the Respondent is in good standing with the Department of Revenue and Department of Workforce Development. Required documentation for contracting with the State of Indiana includes the following items, and all three can be completed from this link https://www.in.gov/idoa/2463.htm:

- ● Registration with Indiana Department of Administration for a BidderID
- ● Completion of payment forms with the Auditor of State for a PeoplesoftID
- ● Registration with the Indiana Secretary of State (applicable to limited liability partnerships, limited partnerships, corporations, S-corporations, nonprofit corporations, and limited liability corporations; religious organizations are exempt)

G. GRANT APPLICATION SUBMISSION INSTRUCTIONS

Any interested Respondent must submit a complete grant application, via email, **no later than 5 p.m. Eastern Standard Time on December 16, 2022, to be eligible for award.** Any Respondent that does not submit a complete and timely grant application on time may not be considered.

DMHA has set up a special purpose email account to receive grant applications for this RFF. Please note that this email address will only be capable of receiving proposal components; one-off inquiries regarding this RFF should not be submitted to this email address (note that questions may be submitted to this email using Attachment C). All components of the grant application should be submitted, in electronic format, via email to DMHA's Crisis Receiving and Stabilization Services RFF email account: crssgrants@fssa.in.gov with the subject "CRSS Grant Proposal Submission".

Respondents will be expected to answer all questions as well as submit all forms associated with the application that are provided for completion as part of this RFF package.

Respondents shall fill out each component of the application, including the Technical Proposal and Grant Budget Proposal. Respondents will be asked to submit all components of the application as detailed in the Grant Application Components table in Section II.H below.

Once the Respondent is satisfied with the application, it can be directly submitted to the aforementioned email address crssgrants@fssa.in.gov. Once the Respondent submits its application via email, the Respondent will receive an automatic reply email to the email address that the Respondent used to submit their application confirming the application has been submitted. If the Respondent does not appear to have received the confirmation email, they should 1) confirm they submitted the application via email to the correct email address and 2) check all spam and promotions folders for the email address the Respondent used to submit their application. As mentioned above, the email address for application submission will not be actively monitored; Respondents should avoid sending one-off questions to the Crisis Receiving and Stabilization Services email address. Respondents are encouraged to attend the information session, as further detailed in Section II.J below, to obtain information regarding submittal processes or this RFF. Respondents are additionally encouraged to submit any questions in writing in Attachment C – Question and Answer Template as described in Section II.K below.

H. GRANT APPLICATION SUBMISSION COMPONENT OVERVIEW

As part of the grant application, the Respondent must submit all Grant Application Components, which are listed in the following table. Instructions regarding how to complete each component are detailed in Section III.

Grant Application Components
Technical Proposal
i.   General Information
ii.   Approach to Crisis Receiving and Stabilization Services
iii.   Crisis Receiving and Stabilization Services Details
iv.   Integrations with Indiana's Crisis Response Network
v.   Grant Funding & KPIs
vi.   Sustainability and Reporting
Grant Budget Proposal
A completed Grant Budget Proposal (Attachment A) and Grant Budget Narrative must be submitted. The Respondent must describe other grant awards it has received within the past 18 months.

I. GRANT APPLICATION TIME FRAME

The overall grant application timeline can be found in the table below. Respondents must submit their grant application by the proposal deadline to be eligible for receiving a grant. Further instructions on submitting a completed grant application can be found in Section II.G and II.H.

Date	Event
October 21, 2022	RFF posted online
November 16, 2022	Application Information Webinar at 11:00 AM ET
November 18, 2022	Application questions due to State by 5 PM ET
November 28, 2022	Approximate answers to questions posted (subject to change based on volume)
December 16, 2022	**RFF proposals due at 5 p.m. ET**
February 7, 2023	*Approximate award decisions release date**
February 8, 2023	*Approximate grant effective date**

The timeline is subject to change.
Depending on how many applications DMHA receives, the award date and grant effective date may change to allow for adequate time for evaluation.

To remain current with any updates to this timeline, it is recommended Respondents check the following DMHA website frequently where any amendments to this RFF will be posted: https://www.in.gov/fssa/dmha/funding-information/.

J. INFORMATION WEBINAR

One optional online webinar will be held to walk prospective Respondents through how to complete and submit applications via email, provide application tips, and answer any questions. The webinar will be held on November 16, 2022 at 11:00 AM ET. The webinar can be accessed at this link: https://us02web.zoom.us/j/84016960399?pwd=WFFoR252MWljU2M4TXd2NFlpK2V0dz09 All Respondents should sign in as a guest using their name. The webinar audio will be part of the online program, so webinar participants will need to use speakers or headphones to hear the presentation. Participants will have the opportunity to submit questions during the webinar to be answered.

Prior to the webinar, Respondents can visit this link to test their connection and ensure all needed updates or add-ins are downloaded: https://zoom.us/test. This link will prompt the user with any needed updates or add-ins. For Respondents who cannot attend, the webinar will be recorded and posted on the DMHA website: https://www.in.gov/fssa/dmha/funding-information/.

K. SUBMISSION OF APPLICATION QUESTIONS

All questions regarding the content of this RFF must be submitted to crssgrants@fssa.in.gov by November 18, 2022 at 5 p.m. EST. Please use the provided Question and Answer Response Template (Attachment C) to submit your questions. The State reserves the right not to address questions about the RFF submitted after the deadline.

The State will post a document with answers to Respondent questions on the RFF website on or around November 28, 2022. Respondents are encouraged to check the website for amendments to the RFF when answers to Respondents' questions are posted: https://www.in.gov/fssa/dmha/funding-information/.

III. GRANT APPLICATION COMPONENTS

The section provides specific instructions related to each application component. Respondents must review the requirements for each component thoroughly.

A. TECHNICAL PROPOSAL
The Technical Proposal narrative should be below 12,500 words. Respondents should use their discretion in allocating word counts to each narrative section. All sections outlined below must be addressed thoroughly. Respondents are expected to adequately answer and provide specific details and examples to demonstrate the thought that went into crafting the response. Please note that requested attachment (Attachment A - Budget Narrative) will not be counted towards the Technical Proposal word count.

i. GENERAL INFORMATION

a. Respondent Information

   1. Respondent Name
   2. Year Founded
   3. Number of Employees
   4. Counties Served

b. Title of Application

c. Single Point of Contact for all Communication Regarding the RFF

   1. Contact Name
   2. Contact Title
   3. Contact Phone
   4. Contact Email Address
   5. Contact Mailing Address

d. Signature of Authorized Representative
   The authorized representative must provide an electronic signature certifying that the information contained in the application is correct and that the Respondent agrees to the terms and conditions of the FSSA Sample Grant Contract (Attachment B).

   1. Designated Representative (Printed Name)
   2. Designated Representative Title
   3. Date

e. Overview of Program Information

   1. Describe whether you propose establishing new Crisis Receiving and Stabilization Services or enhancing/expanding existing ones.

   2. Please provide a high-level description of the proposed Crisis Receiving and Stabilization Services and associated programming
   3. As described in Section IB2, Crisis Receiving and Stabilization Services exist on a spectrum that includes Acute, Subacute and Long-term Units. Please describe where along that spectrum your proposed Crisis Receiving and Stabilization Services fall. It is expected that you may fall in-between or on multiple places along this spectrum. As such, please be sure to include how you conceptualize your offerings.

   4. Please indicate if your Crisis Receiving and Stabilization Services focuses uniquely on serving adolescents. Regardless of your focus, describe how you will ensure the safety of minors and how you will keep them separate from the larger Crisis Receiving and Stabilization Services.

ii. **APPROACH TO CRISIS RECEIVING AND STABILIZATION SERVICES**

   a. Provide a narrative explaining your approach to establishing and operating Crisis Receiving and Stabilization Services. Highlight, at a high-level, how this approach impacts the following aspects

of your organization: structure, staffing, services offered, populations served, and community engagement.

b. Describe specific steps you are taking and/or plans you have to meet State and SAMHSA Best Practices. Be sure to mention the ways you are already meeting any of those best practices. Describe any gaps and barriers you foresee in meeting specific best practices, and your plans to address and overcome those obstacles.

c. Please include how your approach aligns with a "No Wrong Door" philosophy. Please detail specific policies and/or practices you will enact when working with law enforcement and other first responders, especially regarding drop-offs and referrals. Please be sure to mention your approach to walk-ins, referrals, and other ways individuals access your care.

iii. CRISIS RECEIVING AND STABILIZATION SERVICES DETAILS
Provide your plan for the Crisis Receiving and Stabilization Services proposed in your RFF respondent. Please be sure to respond to all of the following components:

a. Provide a detailed plan to establish new and/or enhance existing Crisis Receiving and Stabilization Services. Please be sure to highlight, at a high-level, details regarding the following aspects of Crisis Receiving and Stabilization Services: structure, staffing, services offered, and any other relevant details.

b. Describe, in detail, how your proposed programming will address the community you will be serving. Describe how your proposed programming would improve outcomes for the population(s) you will be serving. Describe any research- or evidenced-based practices you will employ.

c. Describe how your proposed Crisis Receiving and Stabilization Services will provide or connect individuals to overdose, detox, and/or substance use recovery and treatment services when necessary.

d. Describe how your proposed Crisis Receiving and Stabilization Services will provide or connect individuals with acute health challenges to appropriate medically staffed services when necessary.

e. Describe how your proposed Crisis Receiving and Stabilization Services will serve justice involved individuals. Please detail specific policies and practices for providing crisis care to individuals known to be sexual offenders, arsonists, or others who may pose a risk to other patients and staff.

f. Describe what tools and assessments your proposed Crisis Receiving and Stabilization Services will use to determine the appropriate pathway or response based on an individual's acuity level. One example of such a tool is the Level of Care Utilization System (LOCUS) or the Child and Adolescent Level of Care Utilization System (CALOCUS).

g. Describe any plans to improve the equitable provision of crisis care, including culturally competent care, for the population(s) you will serve.

h. Describe how your organization will leverage and utilize certified Peers with Lived Experience. Please highlight their role during discharge and follow-up procedures.

i. Describe your plans to leverage data to measure success, specifically relating to the outcome metrics listed in Section I.D. Describe any plans to increase the use of outcomes data within your community.

j. Describe any plans to forge new partnerships or enhance existing partnerships to improve the provision of holistic, integrated care.

k. Describe any barriers you foresee to implementing your program plan and how you may overcome them.

l. Include a timeline for implementing your plan, achieving your KPIs you propose in Section iv below, and achieving the RFF Objectives. The timeline should have key dates you plan to meet and include descriptions for how you will reach these dates and complete the goals of your project.

Please be sure to include specific descriptions and dates for how and when the RFF Objectives will be achieved. A thorough response will demonstrate how each budget item is supporting the program plan and will lead to achieving the RFF Objectives and furthering State Priorities.

iv. INTEGRATION WITH INDIANA'S CRISIS RESPONSE NETWORK
a. Describe how your Crisis Receiving and Stabilization Services will work with the State and other 988 Stakeholders to establish an integrated Crisis Response Network.

b. Explain how you will collaborate with any and all Mobile Crisis Units and other Crisis Receiving and Stabilization Services in Indiana's Crisis Response Network. Please highlight specific policies and practices regarding drop offs, referrals, and follow ups to create a seamless continuum of care.

c. Elaborate on your commitment to working with the State's Shared Data Platform Vendor to create a real-time capacity registry, to receive referrals from within Indiana's Crisis Response Network, to coordinate connections to ongoing care, and to share critical details across the crisis network.

d. How do you propose to share best practices and lessons learned with the State and the rest of Indiana's Crisis Response Network?

e. Describe your vision for the evolution and growth of your Crisis Receiving and Stabilization Services within Indiana's Crisis Response Network.

v. GRANT FUNDING & KPIs

a. Describe how you will ensure your grant funding is spent effectively and accurately.

b. Propose two measurable Key Performance Indicators (KPIs) based on your project type that you will be expected to meet by the end of your grant to demonstrate how you are improving mental health, suicidal, and/or substance use crisis care services in your community. You must describe how your KPIs will ensure your use of grant funding improves services in your community and how these KPIs will be measured. Ideally, KPIs should address the outcomes you aim to achieve and how success towards achieving those outcomes will be measured, as it relates to the specific population or geographic area your programming will address.

vi. SUSTAINABILITY & REPORTING

As mentioned in Section ID, the funding is from one-time, federal coronavirus ("COVID-19") relief funds from the ARPA and CRRSA. The State is currently exploring options for future funding. To better inform that exploration, Respondents must be willing to share a variety of information with the State in the form of status reports.

a. Describe how you will provide details regarding the costs to establish, operate, and staff your Crisis Receiving and Stabilization Services and associated programing in accordance with State and SAMHSA Best Practices. Please be sure to include a frequency, format, and method that the State may consider.

b. Describe how you will provide details regarding details about the services provided, the crisis incidents addressed, the individuals served, and any other relevant or requested details. Please be sure to include a frequency, format, and method that the State may consider.

c. Describe your process for responding to ad hoc report requests.

d. Provide any relevant example reports, if available.

e. Describe your plan to ensure the longevity and sustainability of your project beyond the grant period, if necessary.

f. If you are proposing capital expenses in your grant application, please describe how ongoing costs for Crisis Receiving and Stabilization Services will be funded beyond this RFF.

B. TECHNICAL PROPOSAL POINTS

A breakdown of the maximum points each section of the Technical Proposal can receive is outlined in the table below.

Section	Title	Maximum Points Available
i.	General Information	5 Points
ii.	Approach to Crisis Receiving and Stabilization Services	25 Points
	Crisis Receiving and Stabilization Services Details	25 Points
iv.	Integrations with Indiana's Crisis Response Network	25 Points

Section	Title	Maximum Points Available
v.	Grant Funding & KPIs	5 Points
vi.	Sustainability and Reporting	5 Points
Total Technical Proposal Points:		**90 Points**

C. GRANT BUDGET PROPOSAL

This section provides instructions for the completion of the Grant Budget Proposal and the Grant Budget Narrative explaining the request for funds.

Allowable Expenses: Project funds must be used for activities that directly support the accomplishment of the RFF Objectives. All expenditures must be consistent with applicable state and federal laws, regulations, and guidance. Please refer to Section II.D for more information on the allowed use of funds.

1. Grant Budget Proposal: Complete a detailed budget for the total grant amount you are requesting by submitting a completed Attachment A – Grant Budget Proposal. The Respondent shall fill out the yellow cells in this document (all other cells have been locked by DMHA and Respondents shall not try to modify them). The completed Grant Budget Proposal, including the amount of the grant match, shall be submitted with the Technical Proposal directly onto the online application platform. The grant amount requested will not be scored. Respondents may submit supplemental documentation to support their requested grant amount.

2. Grant Budget Narrative: Provide a narrative explaining how you created your budget and why the items in your budget will help you achieve the RFF Objectives and implement your program plan. The Grant Budget Narrative should be below 2,500 words. Your Grant Budget Narrative should describe your business plan, including how the requested items and amounts will result in the successful implementation of your programming, why the requested items and amounts were included and are necessary for successfully carrying out the programming, and how these items will support improved mental health, suicidal and/or substance use crisis care services in your community. The Grant Budget Narrative will be worth **10 points**.

IV. EVALUATION CRITERIA

Proposals will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the RFF. Each of the evaluation criteria categories is described below with a brief explanation of the basis for evaluation in that category. The points associated with each category are indicated following the category name (total maximum points = 100). If any one or more of the listed criteria on which the responses to this RFF will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations, or policies, the specific criteria will be disregarded and the responses will be evaluated and scored without taking into account such criteria or disqualified altogether.

The State reserves the right to make all final award decisions, including selecting recipients based on the State's evaluation, total evaluation score, and other factors to be determined by the State. The State may incorporate strategic considerations when making award decisions. The State will only issue as many grants as funding allows and reserves the right to issue a partial award or no award. Finally, the State reserves the right to disqualify and not score incomplete proposals that do not provide all the required items as detailed in this RFF.

A. RFF EVALUATION CRITERIA

Step 1: Review for Mandatory Requirements and Complete Application
In this step, proposals will be evaluated to ensure that they adhere to all grant requirements, including Respondent eligibility and county eligibility. Respondents must submit all information required by this RFF. Incomplete proposals may be disqualified. Further, any applications received after the deadline set forth in the RFF may be disqualified.

Step 2: Qualitative Review (Technical and Grant Budget Proposals)
Complete proposals will be scored based on the specifications set forth in Section III.A and Section III.B. This scoring will have a maximum possible score of 100 points (90 Technical Proposal points and 10 Grant Budget Proposal points). Step 2 may include one or more rounds of grant proposal clarifications or discussions (oral and/or written) between the State and the Respondent focused on the details of the Technical and/or Grant Budget Proposal. Note that Grant Budget Proposals will not be scored based on the grant funding amount requested. Grant Budget Proposals will be scored based on the narrative provided in the Grant Budget Narrative.

Step 3: Award Recommendation and Notification
All proposals will be ranked on the basis of their scores. The committee responsible for reviewing the proposals will make grant award recommendations informed by the scores. The State reserves the right to make all final award determinations and to determine the budget line items included in the award. FSSA intends to notify grant Respondents of award when evaluations are completed.

B. APPLICATION POINTS
The following table demonstrates the maximum points available for each grant application.

Criteria	Maximum Points Available
1. Adherence to Grant Requirements	Pass/Fail
2. Technical Proposal	90 Points
3. Grant Budget Proposal	10 Points
Total Points:	**100 Points**