



TN

Department of
**Mental Health &
Substance Abuse Services**

Announcement of Funding

Project Rural Recovery: Mobile Health Unit Expansion

Tennessee Department of Mental Health & Substance Abuse Services

Completed Proposals Due: **July 5, 2022**



Introduction

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) is requesting proposals from local community agencies to expand existing Project Rural Recovery services by implementing two (2) additional mobile health clinics, serving at least five (5) rural counties in West Tennessee (including Lauderdale, Crockett, Haywood, Fayette, Hardeman) and at least five (5) rural counties in East Tennessee (including Fentress, Scott, Campbell, Morgan, Union). These funds will be contracted to two (2) community agencies, one (1) in West Tennessee and one (1) in East Tennessee, to purchase the mobile health units and fund operational expenses. By removing access-related challenges, this mobile, integrated model of care will improve health outcomes for up to ten (10) patients per day per mobile health clinic in these, and surrounding, counties with poor health outcomes and limited access to regular care.

Program Goals and Objectives

1. Provide integrated primary care, mental health, and substance use services.
2. Provide preventative health screening and testing for TB, Hepatitis, and HIV.
3. Refer and link patients to needed services including education support, employment coaching, utility assistance, housing services, smoking cessation, and substance use disorder treatment.
4. Decrease the number of individuals seeking care at emergency departments in the counties served.
5. Provide nutrition and/or exercise interventions.
6. Assist clients with improving blood pressure, body mass index, waist circumference, and diabetes management.

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GENERAL CONDITIONS

1.1. Funding Information

1.1.1 Project Period: Funding term for selected proposals is September 1, 2022 – June 30, 2025. As funds are available and subject to provider performance, there may be additional Grant Contract periods for this service. Subject to the availability of funds, the funds for this project are expected to be recurring and future years of funding would follow the state fiscal year, July 1- June 30.

1.1.2 Funding Amount: This expansion is supported with American Rescue Plan Act (ARPA) funding. Funding is available for three (3) years and the amount eligible to proposers will be divided as appropriate between two (2) selected community providers. The maximum amount available per provider is as follows:

Time Period	Per Provider	Total Project
FY 22-23	\$1,250,000	\$2,500,000
FY 23-24	\$925,000	\$1,850,000
FY 24-25	\$975,000	\$1,950,000

The amount allocated in FY22-23 includes the purchase of the mobile health unit and operating expenses. Proposers should submit a budget based upon a full year of program implementation, for each year of contract service.

1.1.3 Allocations: Funding allocations will be awarded based on how well a Proposer addresses guidelines and criteria of this Announcement.

1.1.4 Subject to Funds Availability: Grant contracts awarded because of this announcement of funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

1.1.5. Grant Contract Requirements: Grant contracts awarded because of this announcement of funding must comply with all contract requirements and will be

subject to both programmatic and fiscal monitoring. Proposers should review the TDMHSAS Grantee Manual located on the Grants Management section of the department's website, located [here](#). This manual includes resources about the grant contracting process, highlights key contract provisions, reviews the programmatic and fiscal requirements for grant contracts, outlines the department's monitoring process, and provides resources related to grant management. Any selected Grantee will be subject to monitoring by the Department as required by [Department of General Services, Central Procurement Office Policy 2013-007](#) and state and federal regulation.

1.1.6. Cost-Reimbursement Grant Contract: This award will result in a grant, cost-reimbursement contract between the State and awarded Grantee. All invoices paid or payments made by the State are to be cost reimbursed; specifically, awarded Grantees must first pay for a given cost out-of-pocket, and then the State reimburses the Grantee for such cost.

1.2. Timelines

The following schedule of events represents the State's best estimate of the schedule that shall be followed. The State reserves the right in its sole discretion to adjust this schedule as it deems necessary. In the event such action is taken, notice of such action will be posted on the State's website located [here](#) and notice of the posting will be distributed via the proposer e-mail list.

SCHEDULE OF EVENTS:

May 27, 2022	TDMHSAS Releases Announcement.
June 3, 2022	Proposers Written Questions Regarding the Announcement due.
June 10, 2022	TDMHSAS hosts a conference call to respond to questions AND/OR TDMHSAS issues written responses to questions posted on here .
July 5, 2022	Proposals are due via email.
July 22, 2022	TDMHSAS makes announcement of accepted proposals.

September 1, 2022 Contract shall be effective upon gathering all required signatures and approvals from the State in accordance with grant contract section D.1. Required Approvals.

1.3 Proposer Eligibility

1.3.1 The proposer, for purposes of this Announcement, must:

- Be registered with the Tennessee Secretary of State as a legal business entity in active status; must submit a copy of documentation verifying registration as an attachment to the proposal; documentation must include the entity's SOS control number;
- Have IRS Form 990 (Return of Organization Exempt from Income Tax); must submit most recently filed form as an attachment to the proposal;
- For nonprofit or 501(c)(3) organizations, must be registered with TN Department of Revenue for sales tax exemption – TDMHSAS does not reimburse sales tax expenses with grant funds to a nonprofit or 501(c)(3) organization; must submit documentation to verify registration as an attachment to the proposal. More information can be found using the following link:
<https://www.tn.gov/revenue/taxes/sales-and-use-tax/exemptions-certificates-credits.html>
- Demonstrate experience providing physical, mental health, and/or substance use services to adults (ages 18 and older) and children (ages 0-17), with co-existing or at risk of physical, Serious Mental Illness, Serious Emotional Disturbances, and/or Substance Use Disorders.
- Demonstrate good relational standing with TDMHSAS as well as stakeholders, including, but not limited to mental health treatment and/or co-occurring disorder services providing entities within Tennessee.
- Demonstrate a history of successful programmatic and financial responsibility.

Questions specific to eligibility for this Announcement may be asked in writing at any time. Please email Darren.Layman@tn.gov for all eligibility-related questions.

1.3.2 A proposer, for purposes of this Announcement, must not be:

- An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purposes of furthering the private interest or personal profit of any person; and
- For purposes of applying the requirements above, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

1.4 Scope of Services

Each mobile health unit must provide integrated mental health, substance use, and physical health services in five rural counties included in the Introduction. Services provided must include at least the following:

- Provide basic, physical health services that includes management of hypertension, diabetes, lipid disorder, weight disorders, and other issues including treatment for common colds, minor physical injuries, vaccinations, and other non-emergency issues.
- Provide health screenings such as, but not limited to, TB, HIV, and Hepatitis.
- Provide assessment of and treatment for mental health disorders and/or provide referral to appropriate community services.
- Provide assessment of and treatment for substance use disorders and/or provide referral to appropriate community services including tobacco/nicotine cessation services.
- Linkage to support services including education support, housing services, employment coaching, etc.
- Individual Placement and Support (IPS) supported employment services when available and when not utilizing the American Job Centers. Individuals can be referred to IPS from the mobile unit. IPS is a model of supported employment for people with serious mental illness (e.g., schizophrenia spectrum disorder, bipolar, depression). IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment.
- Case management services to clients, in which a case manager assists the client with navigating various life domains, including employment and education.

The scope of services will be finalized when a selection is made. Please note that the State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract. The State also reserves the right not to issue any Grant Contracts in response to this Announcement.

1.5 Communications

1.5.1 The following Coordinator shall be the main point of contact for this Announcement of Funding:

Darren Layman
Email Address: Darren.Layman@tn.gov

All proposer communications concerning this procurement must be directed to the Coordinator listed immediately above. Unauthorized contact regarding this Announcement of Funding with other state employees of TDMHSAS may result in disqualification.

1.5.2 Proposer E-Mail List: The State will create an e-mail list to be used for sending communications related to this Announcement. If you wish to be added to this list, please promptly send your contact information, including e-mail address, to Darren.Layman@tn.gov. Any delay in sending such information may result in some communications not being received. The State assumes no responsibility for delays in being placed on the list.

1.5.3 Questions and Requests for Clarification: Questions and requests for clarification regarding this announcement must be submitted in writing on or before June 3, 2022 to Darren.Layman@tn.gov. A conference call will be held to respond to questions submitted on June 10, 2022.

1.5.4 State's Response to Questions and Requests for Clarification:

Questions and requests for clarification regarding this Announcement should be submitted in writing on or before June 3, 2022 to Darren.Layman@tn.gov. A conference call will be held on June 10, 2022 to respond to questions submitted. During the call, proposers can request clarification or additional feedback. The State will offer responses

to additional requests on the call as appropriate and will add this to the official, written responses

1.6 *Proposal Preparation, Formatting, Submission, Withdrawal, and Rejection*

1.6.1 Proposal Preparation: The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

1.6.2 Proposal Formatting Requirements: The State's goal to review all proposals submitted must be balanced against the obligation to ensure equitable treatment of all proposals. For this reason, formatting and content requirements have been established for proposals.

- Proposals must be received via e-mail by the deadline of July 5, 2022.
- Proposals must address all applicable project narrative questions and label the sections accordingly within the proposal.
- Proposals must be typed, single-spaced on standard 8 ½ inch x 11-inch paper, in font size twelve (12), with 1-inch margins. The spacing and margin requirements do not apply when preparing the attachment worksheets.
- All proposal pages and attachments must include a header with Proposer name and page number.
- The Project Narrative length is limited to 10 pages.
- The proposed budget should include the summary, detail, salary, and budget justification. This may be sent as PDF or Excel. The budget narrative is limited to one page.

1.6.3 Proposal Submission: Proposals should be submitted to the State via email to Darren.Layman@tn.gov by July 5, 2022. Proposals must be complete and comply with all requirements of this Announcement to be eligible for review.

1.6.4 Proposal Withdrawal: Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements and all deadlines of this Announcement.

1.6.5 State's Right to Reject Proposals: The State reserves the right to reject, in whole or in part, any and all proposals; to advertise new proposals; to arrange to perform the services herein, to abandon the need for such services, and to cancel this Announcement if it is in the best interest of the State as determined in the State's sole discretion. In the event such action is taken, notice of such action will be posted on TN.gov at this link, and notice of the posting will be distributed via the proposer e-mail list.

1.7 Proposal Review, Components, Scoring, and Selection

1.7.1 Proposal Review: Proposals will be scored based on the ability to demonstrate the intended success of the project. Incomplete and noncompliant proposals will not be reviewed. The State recognizes the need to ensure that funding provided for the Mobile Health Unit Expansion provides the maximum benefit to the citizens of Tennessee. Grantees are selected in accordance with state policy, department duties, department powers, and commissioner duties and powers as related to service as the state's mental health and substance abuse authority responsible for planning for and promoting the availability of a comprehensive array of high-quality prevention, early intervention, treatment, and habilitation services and supports that meets the needs of service recipients in a community-based, family-oriented system.

1.7.2 Proposal Components: Each proposal should contain the following sections. Please note, incomplete proposals will not be reviewed:

- Cover letter
- Cover sheet (Attachment A, signed by authorized representative)
- Table of Contents
- Project Narrative
- Organization Chart(s) (Attachment B)
- Proposed Budget and Budget Justification (Attachment C & D)
- Existing Agreements and Third-Party Revenue Source (Attachment E)

1.7.3 Proposal Scoring: Each proposal is allocated a maximum point value that determines a range within which reviewers will assign specific points. The number of points allocated to each component below is the maximum number of points the

reviewer may assign. Reviewed proposals may receive a total score between zero (0) and one hundred (100).

Proposal Component	Score
Cover Letter	0 points, but essential
Cover Sheet (Attachment A)	0 points, but essential
Table of Contents	0 points, but essential
<p>Project Narrative</p> <ul style="list-style-type: none"> - Statement of Need (5 points) - Relevant Experience (20 points) - Organizational/Implementation Approach (25 points) - Community Integration/Participation (15 points) - Project Sustainability (10 points) - 	75 points
<p>Organizational Chart(s) (Attachment B)</p> <p><i>Organizational chart for the entity submitting the proposal, demonstrating where the Mobile Health Unit Expansion fits within the overall structural organization of the entity submitting the proposal.</i></p>	0 points, but essential
<p>Proposed Budget and Budget Narrative (Attachment C & D)</p> <p><i>Appropriate and realistic budget must be submitted along with a narrative justifying the budget. Proposers should submit a budget based on a full year of program implementation. The budget may be prorated during the first year based on the remaining time in state FY23 (July 1, 2022 – June 30, 2023).</i></p>	20 points
<p>Existing Agreements and Third-Party Revenue Source (Attachment E)</p> <p><i>Provide documentation of any existing agreements with community stakeholders that provide additional resources to the Mobile Health Unit Expansion List any current third-party revenue sources that contribute to the long-term sustainability of the Proposing entity.</i></p>	5 points

1.7.4 Proposal Selection: The State will notify all Proposers selected for contracting by close of business July 22, 2022.

All grant proposals are reviewed and evaluated by a group of state employees selected by TDMHSAS. Based upon the evaluations, proposal selections will be made and submitted for final approval to the Commissioner of the Department of Mental Health and Substance Abuse Services and/or Commissioner's designee.

The State reserves the right to further negotiate proposals selected to be awarded funds. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.

1.8 *State's rights and obligations under this Announcement*

1.8.1 The State reserves the right to make any changes to this Announcement of Funding, timeline of events, proposals selected, the scope of services, the amount of funding, and any other aspect of this process as deemed necessary before issuing the final Grant Contract. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted [on TN.gov at this link](#), and notice of this posting will be distributed via the proposer email list.

1.8.2 The State reserves the right to cancel, or to cancel and re-issue, this Announcement. In the event such action is taken, notice of such action will be posted [on TN.gov at this link](#), and notice of the posting will be distributed via the proposer email list.

1.8.3 The State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

1.8.4 The State reserves the right to not issue any Grant Contracts in response to this Announcement.

1.8.5 The State reserves the right to further negotiate proposals selected to be awarded funds prior to entering into a Grant Contract.

1.8.6 State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the Grantee and the State and after the Grant Contract is

approved by all other Tennessee officials in accordance with applicable laws and regulations. The State shall have no obligation for services rendered by the Grantee which are not period within the specified Grant Contract term.

1.8.7 Grant contracts awarded as a result of this Announcement of Funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

2. PROPOSAL NARRATIVE

Proposal narrative responses should address each of the following items, as applicable. The narrative should be structured and titled consistently according to these narrative selections. There is a maximum of 10 pages for the proposal narrative section.

- 2.1. Statement of Need:** Provide a clear and succinct statement of need relative to the targeted region. Describe the need for quality and affordable primary, preventative, mental health, and substance use disorder treatment in rural communities in the targeted region. Additionally, describe the ability to meet that need.
- 2.2. Relevant Experience:** Briefly describe your organization's experience, capacity, and commitment to providing appropriate primary care, mental health, and substance use services, to Tennesseans in rural communities in a mobile, integrated model of care.
- 2.3. Organizational/Implementation Approach:** Describe the organizational approach to implementing and marketing the proposed project. This should include the purchase of the mobile health unit, the staff that will be hired, positions they will occupy, and the primary roles and responsibilities individuals within the organization will fill to ensure successful implementation.
- 2.4. Community Integration/Participation:** Describe the strategy/plan to outreach to the community members to educate about and encourage to utilize the

mobile health units. Also included should be a sample schedule of how the community organization intends to reach all target areas consistently and effectively.

- 2.5. Project Sustainability:** Detail any organizational plans for sustainment of this project once project funding has been exhausted. Further, please detail any additional funding sources that will be used for the planning, construction, services, and/or sustainment of this project.

Attachment A

COVER SHEET | Mobile Health Unit Expansion

Legal Name of Proposer	
Federal ID#	
Edison Vendor ID#	
Targeted Coverage of Program (County/Counties and Region)	
CONTACT INFORMATION	
Name of Contact Person	
Title of Contact Person	
Address of Contact Person	
E-mail Address of Contact Person	
Phone Number of Contact Person	
AUTHORIZED REPRESENTATIVE INFORMATION	
Name of Authorized Representative <i>(For Non-Profit, if someone other than the Board Chairperson is named as the Authorized Representative, a signed copy of the resolution of appointment must be submitted.)</i>	
Title of Authorized Representative	
Address of Authorized Representative	
E-mail Address of Authorized Representative	
Phone Number of Authorized Representative	

Signature of Authorized Representative

Date

Attachment B

ORGANIZATIONAL CHART AND BOARD OF DIRECTORS

Provide an organizational chart for the entity submitting a proposal, demonstrating where the Mobile Health Unit Expansion grant will fit into the overall structural organization of the entity submitting the proposal.

Provide an updated list naming each member of the entity's board of directors and their contact information.

Attachment C

PROPOSED BUDGET | Mobile Health Unit Expansion

Please download the Excel budget template available at this [link](#) to complete a proposed budget. The budget template has four tabs: Instructions, Summary, Detail, and Salaries. Summary, Detail and Salaries tabs must be included. Please review the Instructions tab before completing the proposed budget. Proposers should submit a budget based on a full year of program implementation. The budget may be prorated based on the funding period if selected for contracting.

GRANT BUDGET SUMMARY				
Agency Name: Enter on Detail Tab				
Program Code Name: Enter on Detail Tab				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period:		BEGIN: Enter on Detail Tab	END: Enter on Detail Tab	
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1,2	Salaries, Benefits & Taxes ²	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee, Grant & Award ²	\$0.00	\$0.00	\$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications ²	\$0.00	\$0.00	\$0.00
11, 12	Travel, Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance ²	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost ²	\$0.00	\$0.00	\$0.00
24	In-Kind Expense ²	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$0.00	\$0.00	\$0.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>)

² Applicable detail follows this page if line-item is funded.

Attachment D

BUDGET JUSTIFICATION | Mobile Health Unit Expansion

Please include a written budget justification of funds needed to support the Mobile Health Unit Expansion grant proposal.

The justification summary should provide detail to support the Grant Contract funds included in each line-item.

The budget justification should be no longer than one page, single spaced.

Attachment E

EXISTING AGREEMENTS AND THIRD-PARTY REVENUE SOURCE(S)

Provide documentation of any existing agreements with community stakeholders that provide additional resources to support the Mobile Health Unit Expansion grant.

List any current third-party revenue sources that contribute to the long-term sustainability of the Proposing entity.