RFF- 2022-19 Questions

1) **What data sources will be made available to conduct the analysis?**

The MIRS teams all collect data on the service delivery of their programs. This data is not uniform in nature, but should encompass 1) clients served, 2) Services provided 3) Service referrals. The evaluation team will also have access to Government Performance and Result Act (GPRA) data. This is de-identified client level data collected for the SOR grant. DMHA will supply this data upon request. All MIRS teams are contractually obligated to provide program data to the eventual program evaluation team.

2) **Does the vendor need to be registered before applying or can registration occur during contracting if needed?**

If selected, the vendor will need to complete all steps required to be a state vendor. This can occur prior to or during the contracting process.

3) **Will there be onsite requirements for the project or can the analysis be completed entirely virtual?**

For the purposes of a comprehensive analysis of each vendor, it is expected some onsite visits to the vendors will be required. Your plan for onsite/virtual meetings should be laid out in your proposal.

4) **Can the Trauma Informed – Recovery Oriented System of Care (TI-ROSC) grant recipients apply for this evaluation RFF?**

A TI-ROSC grant recipient may apply for the RFF opportunity, but only if said vendor is NOT affiliated with a MIRS program. This evaluation is meant to be independent of any specific MIRS program.

5) **Can you provide more information about the "expertise in funding mechanisms"?**

This refers to knowledge of how services can be sustained through various funding mechanisms. This can include requirements for Medicaid billing, commercial insurance, public funding, or any other sustainable funding source for substance use disorder treatment and recovery.

6) **How many total patients by intervention would you estimate would there be from September 1, 2022– July 30, 2023 or over a year's time?**

Data from September 30, 2021 to March 30, 2021 show that 3,738 people were served by the 11 MIRS teams. It should be noted that some of these interactions were brief in nature and based upon the needs of the specific client. Not all clients served are sustained in services through these MIRS teams.

7) **Approximately, how many Practitioners (EMS/MIH) from the 11 areas would there be over the year's time or to interview?**

Respondents should expect an estimated 100+ professionals to be integral to the operation of the 11 MIRS vendors. These teams are all unique and are comprised of peer recovery coaches, clinicians, wraparound facilitators, case managers, police, EMS, and prescribers.

8) **Approximately how many partners (healthcare, behavioral health, public safety, community) from the 11 areas would there be over the year's time or to interview?**

Each of the 11 MIRS vendors has a broad coalition of community partners in their system. The number of partners can be estimated in the 50-75 range.

9) **Have any evaluation surveys already been done among the 11 team areas to provide benchmarks? If so, can we have access to the surveys and results?**

No uniform surveys currently exist to provide benchmarks for all MIRS providers. Each provider does submit programmatic reports on activities including numbers served, services provided, and referred services. All MIRS providers complete GPRAs for certain clients. This is maintained by SAMHSA and available upon request from DMHA.

10) **Is there an IDC cap on this award from the federal grant? Also, is the $250k inclusive of both direct and indirect costs or just direct costs?**

Indirect will be capped at 10% and will count against the $250,000 limit.

11) **What evaluation data is already being collected from the MIRS programs and whether this would be provided to program evaluators. Also, would it be feasible to obtain individual-level service data in deidentified format so that we can link it with other state- and/or county-level datasets?**

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12) Do you allow indirect costs, and if so, is there a cap?

Indirect will be capped at 10% and will count against the $250,000 limit.

13) Is there a limitation to applications from one organization? Can an organization submit multiple applications from different units?

An organization may submit multiple proposals from different units.

14) What are the current reporting requirements for the MIRS programs?

MIRS vendors submit programmatic reports to DMHA on a monthly basis as part of contractual requirements.

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15) What programmatic data is available?

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16) Where are the 11 MIRS programs located?

Beacon Health w/ Oaklawn – St. Joseph, Elkhart, and Marshall

HealthLinc – Lake, LaPorte, Porter, Starke

The Lutheran Foundation – Allen and surrounding counties

Turning Point SOC – Howard, Tipton, Madison

HHC w/ Eskenazi Health – Marion

Integrative Wellness – Boone, Clinton, Montgomery

Valley Oaks w/ Phoenix Paramedics – Tippecanoe, White, Jasper

Good Samaritan Hospital – Knox, Pike

Daviess Community Hospital – Daviess

Choices Coordinated Care Solutions – Wayne, Fayette, Decatur, Switzerland, Jefferson, Franklin, Ripley, Ohio

One Community One Family w/Choices - Dearborn

17) Is any additional information about the existing MIRS programs available?

Each individual MIRS program is unique with limited amount of uniform data to compare the programs. This evaluation will be tasked with not only evaluating each team, but the project as a whole for the State. All other relevant information for the purposes of this RFF can be found in the RFF announcement.