

Office of Prevention & Wellness SFY 2017
Strategic Prevention Framework Partnership for Success
Sub-Recipients Request for Proposal (RFP) – 7/19/16

Purpose

The Department of Mental Health and Addiction Services (OhioMHAS) is offering grant funds to support the Partnership for Success initiative through this competitive request for proposal (RFP).

The purpose of this opportunity is to fund rural and Appalachian communities for up to three years to engage in the Strategic Prevention Framework Partnership for Success (SPF-PFS) initiative. Funded communities will establish a community stakeholder team and will engage in the Strategic Prevention Framework (SPF) to select evidence-based programs, practices, policies, and strategies to address the prevention or reduction of consequences of underage drinking for persons aged 12 to 20 and the reduction of prescription drug misuse and abuse among persons aged 12 to 25.

SPF-PFS Overview

Ohio's SPF-PFS initiative is a five-year grant awarded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) and administered by OhioMHAS. SPF-PFS will help build an integrated public health infrastructure that more efficiently leverages prevention resources to support the alignment of prevention priorities from multiple systems at the community and state levels. This expanded infrastructure and increased workforce capacity will lead to an increased use of evidence-based practices and ensure that Ohio's rural and Appalachian populations have equitable access to culturally competent prevention services.

**Deadline for submission of all proposals is Friday, September 2, 2016,
by 12:00 p.m. (noon) to: MHAS-OPWGRANTS@mha.ohio.gov**

Funding Opportunity

Sub-recipients in rural & Appalachian communities

The purpose of these funds is to implement the SPF in Ohio's rural and Appalachian communities (see Attachment 4 for a map) to focus on building a sustainable, culturally, and linguistically competent alcohol and other drug (AOD) prevention infrastructure at the community level. This RFP is for the selection of sub-recipients in Ohio's rural and Appalachian communities to implement Ohio's SPF-PFS initiative. This initiative will enhance the capacity of the local community infrastructure by developing workforce capacity, which will lead to an increased use of evidence-based programs, practices, policies, and strategies to ensure that Ohio's rural and Appalachian populations have equitable access to culturally competent prevention services.

The goals of Ohio's SPF-PFS initiative are to:

Goal 1: Prevent or reduce consequences of underage drinking for persons aged 12 to 20.

- Objective A: Increase the capacity of community-level partnerships to make data-driven decisions.
- Objective B: Increase utilization of evidence-based programs, policies, practices and strategies to impact individual and community-level change.

Goal 2: Reduce prescription drug misuse and abuse among persons aged 12 to 25.

- Objective A: Increase the capacity of community-level partnerships to make data-driven decisions.

- Objective B: Increase utilization of evidence-based programs, policies, practices and strategies to impact individual and community-level change.

Eligible Applicants:

ADAMHS/CMH/ADAS Boards, providers, coalitions, local governments, faith-based organizations, and educational entities (non-profit/501c3 or a fiscal agent who is a 501c3) from rural or Appalachian communities. OhioMHAS expects only one organization/entity will be awarded per county. Previous SPF-SIG sub-recipient counties are ineligible.

Grant Period:

This grant will be awarded for an initial period, 10/1/16 – 6/30/17 and may be renewable for up to two subsequent state fiscal years, dependent on the availability of federal funds and on demonstrated progress toward outcomes.

Funding Range:

Proposals will be awarded for up to \$80,000 and budget forms should reflect the proposed costs for 10/1/16 – 6/30/17. Opportunities for subsequent funding will be based on project performance including all programmatic, fiscal and data reporting requirements and demonstrated progress toward outcomes as identified by SAMHSA.

Permissible Use of Funds:

Costs related to (1) development of the community stakeholder team, (2) engagement in the SPF, and (3) collection community outcomes data as outlined in the Proposal Guidelines Section 7 as required by SAMHSA. OhioMHAS anticipates that year 1 funding activities will focus on assessment, capacity building, and planning.

Proposal Guidelines

Number each element of your proposal to correspond with the sections below. The proposal (sections 2 through 7) may not exceed 8 pages, excluding the letters of commitment in section 6b and the table in Section 7a. Proposals must be single-spaced, in 12-point font with 1” margins. Proposal must include the following:

1. Cover page
 - a. Applicant organization name, address, phone number
 - b. Executive Director name and email
 - c. Anticipated project coordinator name, title, email, and phone
 - d. Applicant organization fiscal officer name, email, and phone
 - e. Federal Tax ID
 - f. List collaborative partners and affiliated agency (name and organization)
 - g. Total amount of funding requested
2. Background about your community
 - a. Describe your community demographics, and include available information about the number of youth and young adults ages 12 to 25, percent by gender and race/ethnicity, economic data, average education, and any other relevant information.
 - b. What population do you intend to serve through this grant process? Include the zip code(s) of the priority population(s).
 - c. Describe issues related to underage drinking among 12 to 20 year olds affecting your community. Please include any relevant data in your narrative, citing the data source and year.

- d. Describe issues related to prescription drug misuse among 12 to 25 year olds affecting your community. Please include any relevant data in your narrative, citing the data source and year.
3. Current efforts around substance abuse issues in your community
 - a. What efforts are currently occurring in your community to prevent or reduce:
 - i. Underage drinking among 12 to 20 year olds?
 - ii. Prescription drug misuse among 12 to 25 year olds?
 - b. What resources has your community used to support these efforts? Think broadly about resources available in your community including volunteers.
 - c. What are the primary obstacles to community-based efforts to address substance abuse prevention in your community?
 4. Community collaboration or coalition history
 - a. Describe a project on which your community has collaborated in the past to address a community issue or to meet a community need.
 - b. What were the strengths of this process and what did your community learn as a result of this partnership/collaboration?
 - c. How has your community used the Strategic Prevention Framework (SPF) process to plan or implement prevention strategies in your area? If you have not used the SPF, how has your community used another planning process to address community needs or issues?
 5. Proposed community engagement

This grant will require you to use the SPF to address underage drinking among 12 to 20 year olds or the misuse of prescription drugs among 12 to 25 year olds.

 - a. Describe your plan to pull your community together to engage in a data-driven process to select evidence-based prevention strategies to address one of these issues.
 - b. What are some strengths of this proposed approach?
 - c. What challenges can you foresee in mobilizing your community around these substance use prevention efforts?
 6. Community stakeholders
 - a. In your proposal, please provide a table of the community stakeholders that will be collaborating on this project and identify how they will contribute to the community stakeholder team in the format shown below. ****ADAMHS/ADAS Board participation is mandatory.***

Name	Organization or Affiliation	Sector	Expected Contribution to the Community Stakeholder Team

- o Provide a letter of commitment from each community stakeholder team member in an appendix. Each letter of commitment must: (1) state a willingness to actively participate in the project components, and (2) state a commitment to attend community stakeholder team quarterly meetings through June 2019.
- b. Indicate two designees and include their contact information (title, email, phone, address) who will attend all required trainings and technical assistance meetings designated by OhioMHAS. This includes the local Project Coordinator.
- c. Share how you plan to utilize your community’s youth and young adults (ages 12-25) as key stakeholders for this project.

7. Data collection requirements

SAMHSA has required that local grantees report at least one consumption indicator, one consequence indicator, and one intervening variable for each goal (i.e., six measures per local grantee). *OhioMHAS will provide data to communities regarding consequence data.* Local grantees are required to collect *consumption indicators and intervening variables* on an annual basis.

Goal 1 Indicators: Prevent or reduce consequences of underage drinking for persons aged 12 to 20.

Type	Indicator	Measure
Consumption	Recent substance use	During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?
		During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?
Intervening Variable	Perception of parental disapproval or attitude	How do you think your parents would feel about you having one or two drinks of an alcoholic beverage nearly every day?
	Perception of peer disapproval or attitude	How do you think your close friends would feel about you having one or two drinks of an alcoholic beverage nearly every day?
	Perceived risk/harm of use	How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

Goal 2 Indicators: Reduce prescription drug misuse and abuse among persons aged 12 to 25.

Type	Indicator	Measure
Consumption	Recent substance use	During the past 30 days, on how many days did you use prescription drugs that were not prescribed for you or that you took only for the experience or feeling they caused?
		During the past 12 months, on how many days did you use prescription drugs that were not prescribed for you or that you took only for the experience or feeling they caused?
Intervening Variable	Perception of parental disapproval or attitude	How do you think your parents would feel about you using prescription drugs not prescribed to you or that you took only for the experience or feeling they caused?
	Perception of peer disapproval or attitude	How do you think your close friends would feel about you using prescription drugs not prescribed to you or that you took only for the experience or feeling they caused?
	Perceived risk/harm of use	How much do people risk harming themselves physically and in other ways if they use prescription drugs that are not prescribed to them or that they took only for the experience or feeling they caused?

Other Indicator:

Type	Indicator	Measure
Intervening Variable	Family communication around drug use	During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.

- a. In your proposal, please provide a table (found in Attachment 3) that provides baseline information on your community's status with respect to data collection requirements. *(This table is not included in the 8 page limit).*
 - b. If your community is not currently collecting all of these indicators **on an annual basis**, please describe your community's commitment to collect these required indicators **on an annual basis** during the funding cycle.
 - c. Describe any training or technical assistance needed to help your community meet the data collection requirements outlined by SAMHSA.
8. Budget table and justification (found in Attachments 1 and 2)

Proposal Submission

1. At least one collaborative partner from each entity/county applying is HIGHLY ENCOURAGED to attend an Intent to Apply Session, detailed in the RFP timeline below.
2. The RFP is posted on the OhioMHAS website <http://mha.ohio.gov/Default.aspx?tabid=725>.
3. All proposals must be submitted electronically to: MHAS-OPWGRANTS@mha.ohio.gov by **Friday, September 2, 2016 at 12:00 p.m. (noon)**
4. Incomplete, late, faxed, mailed or hand-carried applications will NOT be accepted.
5. Questions and answers:
 - a. All questions must be submitted electronically no later than **Friday, August 19, 2016 by 12:00 p.m. (noon)** to OhioMHAS at: MHAS-OPWGRANTS@mha.ohio.gov. No questions will be answered after the deadline.
 - b. Responses to questions will be posted to the OhioMHAS website at <http://mha.ohio.gov/Default.aspx?tabid=725> and will be updated every Friday.
 - c. You may NOT contact any OhioMHAS staff member directly with questions regarding this RFP. Contacting staff directly with questions could result in disqualification of a proposal.
6. Awards:
 - a. Awards are expected to be announced in early October 2016, for project implementation to begin mid-October, 2016.
 - b. All initial year funds must be obligated by **June 30, 2017**.
7. Once awarded all grants must be entered into the Grants Financial Management System (GFMS) online system by 12:00 p.m. (noon) on Friday, November 4, 2016, or the applicant will forfeit the funding opportunity. A training webinar on GFMS will be provided to awardees.

RFP Timeline:

Intent to Apply Sessions	Tuesday, August 2, 2016 – Ohio University Chillicothe Campus (10a-12p) 101 University Dr, Chillicothe, OH 45601 – Bennett Hall Room 110 See the registration link for parking information Register at http://www.eventzilla.net/web/event/spfpfs-intent-to-apply--chillicothe-2138850248
	Thursday, August 4, 2016 – Delaware County Board of Elections (10a-12p) 2079 U.S. Hwy 23 N #4, Delaware, OH 43015 (The building is behind McDonald's and next to Big Lots) Register at http://www.eventzilla.net/web/event/spfpfs-intent-to-apply--delaware-2138850280
	WEBINAR date and Time To be Announced
Question period ends	Friday, August 19, 2016
Proposals due	Friday, September 2, 2016
Projects begin	Mid-October, 2016

Conditions of Award

1. Awardees will work with OhioMHAS, technical assistance providers, and evaluators to build capacity for evidence-based prevention. Awardees must be willing and have the capacity to incorporate the feedback of other grantees, participants in the planned activity, stakeholders and OhioMHAS staff into a continuous quality improvement effort.
2. At least one person from the awardee entity will attend required training and/or meetings at least quarterly. One of these events will be the annual OPEC conference in the spring/summer of 2017. Costs for attending these meetings must be included in the budget.
3. As authorized in Ohio Revised Code Section 5119.61, OhioMHAS will collect information and data from awardees. Awardees will provide required information and data electronically, through the Proving Ohio's Program Success (POPS) online reporting system. All information and data will be reviewed by project staff. Failure to comply with reporting requirements shall result in further action by OhioMHAS, which may include withholding of funds.
4. The Department reserves the right to make no award, make an award for a lesser amount, make an alternative award for the specified project or make an award for a shorter duration. The Department reserves the right to ask clarifying questions, issue conditional awards, and negotiate a best and final proposal with one or more applicants(s). The Department reserves the right to waive errors and omissions that do not materially affect the proposal. Errors and omissions may result in lower evaluation scores or rejection of the proposal.
5. Awardees will be solely responsible for reporting, withholding, and paying all employment-related taxes, payments, and withholdings for themselves and any personnel, including but not limited to: federal, state, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.
6. Awardees must execute OhioMHAS Agreement and Assurances upon notice of award. No requests for edits, additions or deletions will be considered. This is non-negotiable. Please read the OhioMHAS Agreement and Assurances prior to submission of your application and do not apply if you are unable to comply with any component. (A copy of the Agreement and Assurances can be found on our website at <http://mha.ohio.gov/Default.aspx?tabid=725> on the right hand side).

7. Funding note: Once applications have been finalized in the GFMS system, draw-down requests can be made. Awardees have some flexibility in timing and amount of draw-down requests. Requests cannot be made more than one time per month; requests can be monthly, quarterly, or on another schedule that meets awardees needs. Requests for advance funds can be made for expected expenditures within 30-days (e.g., payroll, purchase orders, etc.). Draw-down request amounts are not required to be equal across requests and can be variable based on expected expenditures.
8. The following conditions apply to deliverables provided by the awardee:
All items, products, deliverables and intellectual property developed, produced, dependent upon, derived from and/or begun as a result of this award shall:
- Identify OhioMHAS and, if applicable, the federal grant, as the funding source;
 - Reserve to OhioMHAS – and to the federal government if this sub-award includes federal funds – a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for public purposes, and to authorize others to do so;
 - Be provided to OhioMHAS as specified in the award; and
 - Be approved by OhioMHAS before dissemination.
- This paragraph does not apply to copyrighted materials purchased or licensed for use pursuant to this award except to the extent that the rights of copyright ownership were purchased with grant support.
9. Any applicant implementing prevention or treatment services, not otherwise exempted (e.g., colleges, universities, schools, local coalitions) must be an OhioMHAS certified prevention or treatment provider. (See Prevention Rules at: <http://mha.ohio.gov/Default.aspx?tabid=250#2314572-general-provisions---prevention-standards-37935-1>)

Factors and Criteria for Reviewing and Scoring Proposals

Proposals will be scored using the point values provided below.

Review Criterion		Points Possible
Project description components:		
1. Cover page		1
2. Background		3
3. Current efforts around substance use		3
4. Community collaboration/coalition history		3
5. Proposed community engagement		3
6. Participating community stakeholders		3
7. Data collection requirements		3
Budget & Budget Justification		3
Preference points given to proposals demonstrating collaboration (up to 3 points)		3
Total Possible Score		25
Rating	Explanation	
0	Is Not Addressed. Proposal does not comply with the requirement and/or does not address expectations for the criterion.	
1	Weak. Proposal does not substantially meet the requirement and/or does not substantially meet expectations for the criterion.	
2	Meets. Proposal meets the requirement, and meets expectations for the criterion.	
3	Exceeds. Proposal exceeds the requirement and exceeds expectations for the criterion.	

Resources

- OhioMHAS SPF website: <http://mha.ohio.gov/Default.aspx?tabid=643>
- Community Tool Box resource on the SPF: <http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/strategic-prevention-framework/main>
- SAMHSA website: <http://www.samhsa.gov/capt/applying-strategic-prevention-framework>
- CADCA Primers: <http://www.cadca.org/resource-types/primer>

Attachment 1
Ohio Department of Mental Health and Addiction Services
SFY 2017 Budget/Expenditure Form

Implementing Agency:	
Grant Program Area:	
Budget Period:	
State Grant:	

For OhioMHAS Internal Use Only

- Initial Application
- Budget Revision*
- Expenditure Report

Budget Summary:

Cost	MHAS Amount	Other Amount	Total
Personnel	\$0	\$0	\$0
Fringe Benefits	\$0	\$0	\$0
Travel	\$0	\$0	\$0
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Contractual	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Direct Costs	\$0	\$0	\$0
Total Indirect Costs	\$0	\$0	\$0
Grand Total	\$0	\$0	\$0

Prepared By: _____

Fiscal Signature: _____

Date: _____

*Prior written approval must be obtained from OhioMHAS before incurring costs that exceed a 10% change between Budget Categories or any change to Category IV.

Attachment 2
Ohio Department of Mental Health and Addiction Services
SFY 2017 Line Item Budget Form

Personnel:

Direct Costs	Annual Salary	Level of Effort	MHAS	Narrative	Other	Narrative
Name, Title	\$0	0 FTE	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Name, Title	\$0	0 FTE	\$0	Insert explanation	\$0	Insert explanation
Total Personnel			\$0		\$0	

Fringe Benefits:

Direct Costs	MHAS	Narrative	Other	Narrative
Name, Title	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Name, Title	\$0	Insert explanation	\$0	Insert explanation
Total Fringe	\$0		\$0	

Travel:

Direct Costs	MHAS	Narrative	Other	Narrative
Mileage	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Airfare	\$0	Insert explanation	\$0	Insert explanation
Lodging	\$0	Insert explanation	\$0	Insert explanation
Meal Per Diem	\$0	Insert explanation	\$0	Insert explanation
Total Travel	\$0		\$0	

Equipment:

Direct Costs	MHAS	Narrative	Other	Narrative
Computer/ Equipment	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Furniture	\$0	Insert explanation	\$0	Insert explanation
Total Equipment	\$0		\$0	

Supplies:

Direct Costs	MHAS	Narrative	Other	Narrative
Printing/ Copying	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Subscription/ Publication	\$0	Insert explanation	\$0	Insert explanation
Total Supplies	\$0		\$0	

Contractual:

The cost of consultants and other independent contractors (including their invoiced support costs), temporary help, and task and deliverables based sub-contracts (if described in the grant’s proposal or subsequently approved by OhioMHAS).

Direct Costs	MHAS	Narrative	Other	Narrative
Personal Service Contracts	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Honorarium	\$0	Insert explanation	\$0	Insert explanation
Total Contractual	\$0		\$0	

Other:

Direct Costs	MHAS	Narrative	Other	Narrative
Conference/ Training	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Registration	\$0	Insert explanation	\$0	Insert explanation
Food	\$0	Insert explanation	\$0	Insert explanation
Total Other	\$0		\$0	

TOTAL DIRECT COSTS:

Direct Costs	MHAS		Other	
Total Direct	\$0		\$0	

Indirect Costs:

Indirect Costs	MHAS	Narrative	Other	Narrative
Rent/Lease	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Fleet	\$0	Insert explanation	\$0	Insert explanation
Maintenance/ Repair	\$0	Insert explanation	\$0	Insert explanation
Insurance	\$0	Insert explanation	\$0	Insert explanation
Phone Bill/ Utilities	\$0	Insert explanation	\$0	Insert explanation
TOTAL INDIRECT COSTS	\$0		\$0	

Costs	MHAS		Other	
GRAND TOTAL	\$0		\$0	

*Prior written approval must be obtained from OhioMHAS before incurring costs that exceed a 10% change between Budget Categories or any change to Category.

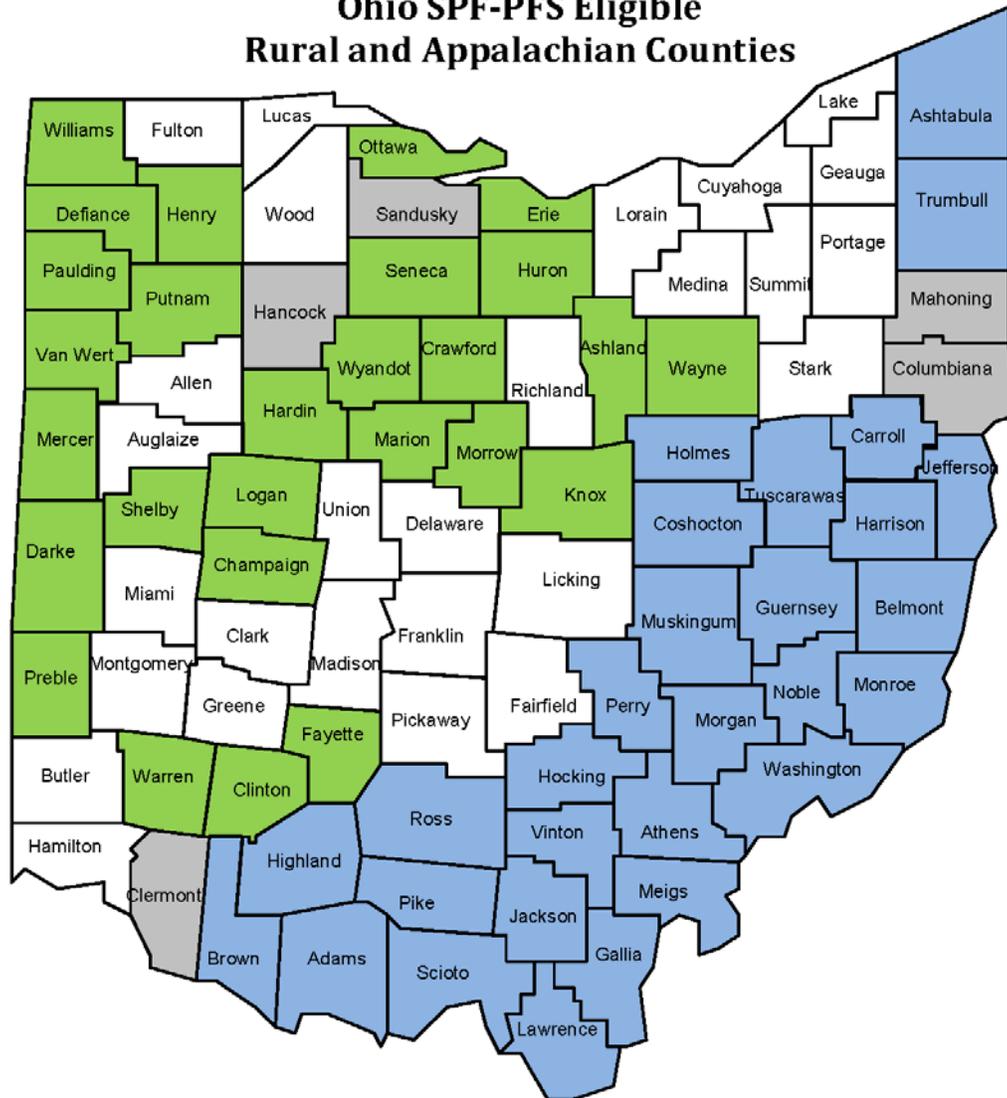
Attachment 3 Required Data Collection

Directions: Please complete the entire table and include it in your proposal. It is important to note that your community is still encouraged to apply for funding even if it currently is not meeting the data collection requirements. Training and technical assistance will be available to help meet the data collection requirements.

Goal	Indicator	Does your community have a local survey that collects this indicator? Please respond yes or no.	What is the name of the survey(s) that collects the data? <i>If this indicator is not available, please write N/A.</i>	Where is/are the survey(s) administered? Please be as specific as possible. If the survey is administered in the schools, please write the name of the school district(s). <i>If this indicator is not available, please write N/A.</i>	In what year was /were the survey(s) most recently administered? <i>If this indicator is not available, please write N/A.</i>	When will the survey(s) be administered again? Please write the year. <i>If this indicator is not available, please write N/A.</i>	How often is/are the survey(s) administered? Please write the general timeframe: ex: annually, every other year, every three years, etc. <i>If this indicator is not available, please write N/A.</i>
Goal 1: Underage Drinking (12-20 year olds)	Recent substance use						
	Perception of parental disapproval or attitude						
	Perception of peer disapproval or attitude						
	Perceived risk/harm of use						
Goal 2: Prescription Drug Misuse (12-25 year olds)	Recent substance use						
	Perception of parental disapproval or attitude						
	Perception of peer disapproval or attitude						
	Perceived risk/harm of use						
Other	Family communication around drug use						

Attachment 4

Ohio SPF-PFS Eligible Rural and Appalachian Counties



-  Counties shaded green are rural according to the Standard Metropolitan Statistical Area classifications.
-  Counties shaded blue are Appalachian according to the Appalachian Regional Commission.
-  Counties shaded Gray are designated as Rural or Appalachian; they received SPF-SIG funds and are not eligible for PFS subgrants.