FAQ's for CURES Act Prevention RFPs:

(MHA-18-PW-Expansion EBP-014, MHA-18-Community Impact-015, MHA-18-Statewide Community Impact-016)

1. We are in the process of planning and implementing the PAX evidenced-based good behavior program in Huron County. We have not yet started PAX in our area schools but are planning on doing so during FY18. Can the schools still apply for this grant if they have not yet implemented PAX?

- No, the EBP must already be in implementation and the funds should address how you will expand the EBP.

2. South Community is a contract agency with the Montgomery County ADAMHAS Board, and we are exploring the present RFP's from the 21st Century Cures Act. We need some clarification as to whether or not we can apply directly through Ohio MHAS or do the RFP's go through our local Board. Thank you for providing this information.

- All applicants apply directly through Ohio MHAS.

3. Are ADAMHS Boards eligible to apply for this funding?

- *Eligible Applicants for expanded EBPs:* Applications will be accepted from educational entities, certified prevention providers and/or coalitions providing an established evidence based program.

4. If the answer to the previous questions is NO, will the ADAMHS Boards be the fiscal agent for these grants?

- No, these will be direct funded grants.

5. What is the total amount to be awarded under this announcement?

- Applicants may ask for up to $30,000 per organization.

6. What it the anticipated number of awards under this announcement?

- It is anticipated there will be up to 30 awards.

7. May a single ADAMH or CMH provide a letter of support to two or more applicants within its jurisdiction? If so, are there any restrictions on those letters of support? For example, may an ADAMH support more than one proposal for the same school system as long as they are for different schools?

- Yes

8. May a single applicant submit more than one proposal?

- An applicant may not submit more than one proposal for the same RFP.

9. What is the indirect rate for this funding opportunity and how is it determined (e.g., SAMHSA)? is there a cap?

- All Indirect cost must be broken out into the line item budget.

10. What is the meaning of "funds must be obligated," the term used in the section "D. Award"? May funds which are obligated by April 30, 2018, such as to the salary of a staff position, be carried forward beyond June 30, 2018?

- All funds must be spent by April 30, 2018. Funds may not be carried forward.

11. What is the expected timeline for completion of the project work and for expenditure of funds?

- April 30, 2018

12. Hello, we are looking at the OMHAS Collective impact model RFP and ask if we need a dedicated full time employee already in place to submit on this project or if we hire a consultant who has expertise on collaboration/collective impact working with our Board staff?

- For sustainability purposes, there should be a dedicated employee who will continue the work beyond this, one-year, funding opportunity.

13. Is the RFP available in Word format?

- A word version of the RFPs will be posted to the OhioMHAS website.

14. The PDF includes Attachment 7 – OCBF Assurance Statement for OCBF Funding – is this an error? Is there a different assurance statement that should be there for this RFP?

- The Department has one set of assurances that reflects all areas of the Department work.

15. The PDF includes Attachment 8 – FCFC Assurance Statement for FCSS Funding – is this an error? Is there a different assurance statement that should exist for this RFP?

- The Department has one set of assurances that reflects all areas of the Department work.

16. Proposal Guideline Questions? Is there any details that should be on the cover sheet? Is there an actual cover sheet that should be used? If so, where would we locate this?

- The cover sheet should include organization name, address, point of contact for project, with email and phone number, funding opportunity being applied for and amount of funding being requested.

17. Selection Process and Criteria Guidelines Questions:
There is a recommendation to describe anticipated/existing members from the twelve community sectors – where are these defined?

- All coalitions should be familiar with the Community Sectors as defined by Community Anti-Drug Coalitions of America. http://www.cadca.org/

18. Self-Assessment – it is listed as Attachment 1 – do we just answer yes or no or is there detail that needs to be included? Are we to presume that this is part of the project proposal (within the 12 page limit?)

- Please include responses beyond yes or no. The self-assessment is not part of the 12 page limit.

19. Scope of Work - how are we to address these components within the project proposal? Are we supposed to just agree to commit and/or describe our functions/activities, timelines?

- The scope of work should be addressed within the proposal.

20. Scope of Work – the first item is to participate in all training, t/a , support and coaching opportunities – that training and coaching opportunities will be available to communities? What is the time and resource commitment? Do we need to budget anything in the budget sections for these?

- The required training and coaching opportunities will take place throughout the funding period and will be local and or regional as much as possible. There will be limited travel expenses.

21. The backbone organization responsibilities describe the need to maintain a full time presence in the community requiring committed staff person(s)(suggested 1 fte) sustained over 3-5 years – should this be a budgeted position?

- Yes, this should be a budgeted position that will need to be sustained beyond the funding period.

22. Could we use some of the RFP grant to secure a consultant with expertise in collaboration/collective impact for our community? If so, what would be needed where in the submission?

- This is not necessary as extensive training, technical assistance and coaching will be provided by Collective Impact experts to selected communities.

23. How do we address the components of the backbone organization roles and responsibilities in the RFP? Are these just a statement that we will adhere to these or is further narration required? (if so, how, where?)

- The Backbone organization must adhere to the identified roles and responsibilities.

24. Do the certified providers have to be certified through OHMAS? Or simply ran by licensed professionals? Would Supreme Court Certified Drug Courts be eligible for the EBP expansion RFP?

- Certified Drug Courts could apply if they are implementing a prevention EBP.

*25. Under item 2 of the Proposal Guidelines – it indicates. Responses to the questions below should address the applicant's approach to founding, operating and sustaining a Backbone organization that fulfills the roles and responsibilities described in **Section 2.** – my question – where in the RFP is Section 2?*

- Please reference the Backbone Organization Roles and Responsibilities.

26. Another question – the Selection Process and Criteria – complete Organizational Self Assessment – where/how in the application does this get completed? There is an Attachment 1 Self Assessment- do we just place checkmarks (or y/n) on each item or do we narrate these?

- Please include responses beyond yes or no. The self-assessment is not part of the 12 page limit.

27. On the cover page it notes that the "Funding period SFY 2018: July 1, 2017-April 30, 2018". However, in the "Award" section on page 4 it states that "Awards are expected to be announced in August for project implementation to begin no later than September 1, 2017." Would you clarify what project period should be used for budgeting and project timeline purposes?

- September 1, 2017 through April 30, 2018.

28. Is it required that RfP attachment 3 (and associated attachments 2-4 of that document) be completed, signed and submitted with the proposal by July 14th?

- Yes.

29. Please describe the intensive training component of this grant: Who gets trained, the Backbone organization staff or the entire Collaborative? How many individuals can be trained? Where will the training occur? How many trainings will be conducted?

- Extensive training, technical assistance and coaching will be provided by Collective Impact experts to selected communities. Details will be provided after the statewide entity is identified.

30. In the proposal guidelines, it requires applicants to describe members from the 12 community sectors. Are you referring to the DFC 12 community sectors?

- Yes.

31. Will there be RFPs issued in the coming years to sustain these collective impact activities/positions as required?

- All of the RFP's are one time funding.

32. Where may we find a specific list of the "the twelve community sectors ... subcommittees and targeted initiatives/areas of focus," mentioned in RFP Section A, Proposal Guidelines?

- All coalitions should be familiar with the Community Sectors as defined by Community Anti-Drug Coalitions of America. http://www.cadca.org/

33. Should the assurance signature pages accompany the proposal after the budget forms or are these pages only applicable if funded?

- The assurances should accompany the proposal.

34. How is evidence-based defined as it relates to this RFP? For example, must the program be listed in a registry, or would published in a community journal with statistically significant outcomes constitute EBP? Is a written "curriculum" required to demonstrate and EBP for the purposes of this RFP?

- SAMHSA Criteria is used for defining an intervention as evidence-based.- please see the criteria below:

Published on *Prevention Training and Technical Assistance* (http://captus.samhsa.gov)

SAMHSA has identified these criteria for defining an intervention as evidence-based:
It is included in Federal registries of evidence-based interventions
It is reported (with positive effects on the primary targeted outcome) in peer-reviewed
Journals. It has documented evidence of effectiveness, based on guidelines developed
bySAMHSA/CSAP and/or the State. These guidelines include the following:

- **Guideline 1:** The intervention is based on a theory of change that is documented in a clear logic or conceptual mode; AND
- **Guideline 2:** The intervention is similar in content and structure to interventions thatappear in registries and/or the peer-reviewed literature; AND
- **Guideline 3:** The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; AND
- **Guideline 4:** The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

Experts in the field agree that *the nature of evidence is continuous*. The strength of evidence, or "evidence status," of tested approaches will fall somewhere along a continuum from weak to strong.*Strong evidence* means that the approach "works"—that it generates a pattern of positive outcomes attributed to the approach itself, and that it reliably produces the same pattern of positive outcomes for certain populations under certain conditions.
Experts agree that evidence becomes "stronger" with replication and field testing in various circumstances. However, *experts do not agree on a specific minimum threshold of evidence* or cutoff point below which evidence should be considered insufficient. Nor do they agree whether little evidence is equivalent to no evidence at all. Even evidence from multiple studies may be judged insufficient to resolve all doubts about the likely effectiveness of an approach designed for a different population or situation.
When deciding between two approaches, experts suggest choosing the one for which there is stronger evidence of effectiveness if the approach is similar, equivalent, and equally well-matched to the community's unique circumstances.

35. Can you direct me to where I can download the Budget Expenditure Form (Appendix 1), and the Budget Narrative (Appendix 2).

- Budget Expenditure form will be in the accompanying word document of the RFP.

36. Please clarify if a "for-profit" entity meets the eligible criteria for this RFP.

- Yes.