

This document provides answers to questions received by DBHR regarding the Request for Applications, including questions received by email and questions asked during the Webinar that was conducted on 12/12/2017.

Topic: Evaluation of Responses

1. Are final decisions based on the points earned or are there other filters that will be applied?

Decisions are based on the points earned and on the basis of the following filters: geographic distribution across the state of Washington, awarding a minimum of 60% of the overall funding for use in implementing Evidence-Based Programs (EBP) or Research-Based Programs (RBP), and community population size. All relevant detailed scoring criteria can be found in the RFA.

2. Can more than one community-based organization in a county submit an application?

Yes. There is no limitation on the number of organizations within a single county that may submit an application.

3. If we are a behavioral health agency that serves a whole county, can we apply and serve multiple communities? Or do we need to focus specifically on one community?

An organization may serve multiple communities but the total award to each organization will not exceed \$20,000.

4. Can the applicant be a school district?

Yes. Part B.2 of the RFA states, in part, that "...Applicant must be a local community-based non-profit organization, a government entity, or a public agency within the state of Washington. Examples of a public agency, for purposes of this RFA, include: a school district, law enforcement agency, county agency, educational service district, a recognized American Indian organization, an Urban Indian Health Organization, or a Tribe. Applicants are encouraged to partner with Community Prevention and Wellness Initiative (CPWI) Coalitions or other existing community coalitions when possible. However, only one legal entity may submit the Application."

Topic: Guidelines for Budget Proposals

5. Is the 8% for administration and 20% for staff time calculation taken from the total amount? Not of the amount left?

These percentages are applied to the amount of the award. For example, if an organization receives an award of \$20,000, up to 8% or \$1,600 may be applied to the organization's cost of administering the program(s), and up to 20% or \$4,000 may be used for the organization's staff time to ensure effective planning and implementation of the selected program(s).

6. The 60%- 40% (EBPs/RBPs versus Promising Programs/Innovative Programs) is a state-wide split, correct, not split within each individual grant?

Correct. It is the intent of DBHR to ensure that a minimum of 60% of the funded programs (not counting Youth Mental Health First Aid and community awareness activity requirements) will be allocated for EBP/RBP/PP. Inversely, it is our intent that no more than 40% of programs (not counting Youth Mental Health First Aid and community awareness activity requirements) across all funded communities will be awarded for innovative programs.

7. If EBP/RBP funding must be no less than 60%, is that 60% of the total \$20,000? So at least \$12,000 must be budgeted to EBP/RBP?

No. Please see the answer to question 6, immediately above. The 60% figure refers to the minimum percentage of the total available funding that will be awarded for EBP/RBP programming.

8. Is there any match involved in this grant? In the past there has been a 20% non-cash match.

No, there is no match requirement.

9. Is there a non-cash match requirement?

No. There is no match requirement, cash or non-cash.

10. So, if an organization provides the administration and staff time and YMHFA programming for less than the maximum amounts that may be spent on these categories, that leaves more funding for direct program costs.

Correct. If the organization chooses to use fewer than the maximum allowable dollars for administration, staff time and YMHFA, more dollars will remain for the direct costs of the approved program(s).

11. I'm still confused. Sorry. So if I minus YMHFA, staff time and admin, that leaves \$9,400 for EBP/RBP and community awareness activities. Can I split that any way I want?

If you are applying for \$20,000 and choose to use the maximum amounts for YMHFA, staff time and administration, you may use the remaining \$9,400 for direct program and community awareness costs. This amount would be applied to the program or programs under your selected option from page 6 of the RFA.

12. What is the ceiling amount of funds for this grant?

The maximum amount of each award is \$20,000.

13. Is this a repeatable grant? What are plans for future funding/sustainability?

DBHR does not yet know whether similar funding will be available during subsequent fiscal years.

Topic: Programmatic Options

14. Can an RFA proposal include Mental Health Promotion and Suicide Prevention programs? For example, expanding PAX GBG (Good Behavior Game) in elementary school and Sources of Strength in High School.

No. This funding is limited and you must choose one of the options listed on page 6 of the RFA.

15. Is there a list of program options that we can choose from, or do we need to find those on our own?

There is a list on Form A. You need to review the complete version of Form A which is posted as a separate document to view all options. In addition, since Innovative Programs are permitted under some of the Suicide Prevention options listed on page 6, applicants who propose Innovative Program(s) are not necessarily restricted to the programs on Form A. However, in the event Innovative Program(s) are chosen, risk and protective factors must be selected from Form A and logically linked to the intervention.

16. Please explain what you mean by Innovative Programs for youth suicide prevention. Are we eligible to apply if we are not using an evidence-based youth suicide prevention program?

Innovative Programs are programs that do not fall into the other categories of Evidence-based, Research-based or Promising Programs. You may develop a new program or duplicate an existing program that does not fall within these categories, and if you do so, it would be considered an innovative program for purposes of this RFA. Organizations are responsible for selecting applicable risk and protective factors and for logically linking the proposed Innovative Program to those factors.

Preventing Suicide: A Technical Package of Policy, Programs, and Practices may be a useful document to reference when linking strategies to risk and protective factors.

(<https://www.cdc.gov/violenceprevention/pdf/suicide-technicalpackage.pdf>).

17. Can we propose to fund a Youth Mental Health Coordinator to work with a youth group formed by youth with mental health issues to reduce the impact of mental health on development?

We cannot approve potential programs prior to review of the full application. You need to follow the instructions in the RFA as to how funding may be used when choosing one of the options from page 6 of the RFA.

18. So for clarification - only Mental Health Promotion OR Suicide Prevention. Not both, correct?

Yes, that is correct.

19. So it is a yes that we can apply for innovative program as a stand-alone, and don't need to apply using an evidence-based program?

Yes, that is correct, only for a Suicide Prevention program.

20. On form A you have only two Evidence Based programs - Sources of Strength (SOS) and Coping and Support Training (CAST) - and one Promising Program -Question/Persuade/Refer (QPR). Is that the full list?

This is the full list of EBP, RBP and PP in the Suicide Prevention category. There are additional options in the Mental Health Promotion category.

21. Would a pilot exercise and depression program be considered for funding under this RFA?

We cannot approve potential programs prior to review of the full application. You need to follow the instructions in the RFA as to how funding may be used when choosing one of the options from page 6 of the RFA.

22. Can we combine applying for mental health promotion and suicide prevention services, or do they need to be separate?

No. Only one option may be selected – See Page 6 of the RFA.

Topic: Youth Mental Health First Aid (YMHFA) and Community Awareness Programs

23. So it does not matter what we choose (Suicide Prevention or Mental Health Promotion), we still need to conduct Youth Mental Health First Aid?

Yes.

24. Also is the YMHFA an extra \$5000 on top of the \$20,000 or just \$20,000 total with a maximum of \$5000 for YMHFA?

The \$5,000 is an amount that may be drawn from the \$20,000 award. However, you need not use awarded funds for YMHFA, but you are required to conduct at least one YMHFA. If do you choose to use awarded funds for YMHFA, you may not use more than \$5,000.

25. In the past communities have had to conduct more than one YMHFA. Is it now only one?

A minimum of one YMHFA must be conducted.

26. Also, are there stipulations/ requirements for how many people must attend, and how many of them must be coalition members?

There are no minimum attendance requirements. However, DBHR expects that organizations will use their best efforts to ensure an appropriate number of attendees in light of the time and effort that goes into the programs.

27. Is the Youth Mental Health First Aid mandatory to include in our budget?

No. It is simply mandatory that YMHFA be conducted. You may conduct it with your existing staff without charging the cost against this funding, or you may use alternate sources of funding, or you may use up to \$5,000 of this funding – the choice is up to the organization.

28. Where can we look in order to find descriptions of the various programs?

It is the responsibility of the applicant to research programs. There is a guidance document included for reference in RFA for innovative suicide prevention programs. *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* may be a useful document to reference when linking strategies to risk and protective factors. (<https://www.cdc.gov/violenceprevention/pdf/suicide-technicalpackage.pdf>).

29. Can you give some examples of community awareness activities?

One example would be a Town Hall Meeting or community gathering where speakers are brought in to discuss mental health promotion or suicide prevention. Another example could be use of new or existing media to raise awareness of mental health promotion or suicide prevention issues. Generally, efforts to raise the awareness of these issues within the community will be considered.

Topic: Procedural

30. I've looked for Form A on the website and can't find it. Can you send me a link?

<http://www.theathenaforum.org/grants>

<https://www.dshs.wa.gov/fsa/central-contract-services/procurements-and-contracting>

<https://fortress.wa.gov/ga/webs/>

31. I have looked for some of the EB programs, but some are not on Athena--primary projects, new beginnings, parent corps...where do I look for descriptions of these programs?

It is the responsibility of the applicant to research programs.

32. Will Questions and Answers be updated weekly?

It is expected that this document will cover all questions that have been received, either in writing, by phone or during the webinar.

33. Is there a link to the grant application?

Yes. The Request for Applications and related forms and information can be found at any of the following sites:

<http://www.theathenaforum.org/grants>

<https://www.dshs.wa.gov/fsa/central-contract-services/procurements-and-contracting>

<https://fortress.wa.gov/ga/webs/>

34. Can you please advise if the webinar for this RFA has taken place already?

Yes. However, the questions and answers from the webinar are summarized in this document. The brief presentation that was provided is also summarized at the end of this document. In addition, a copy of the Powerpoint that was displayed during the webinar is posted on the website.

35. Will the Powerpoint slides used for the webinar be made available?

Yes, they are posted at www.theathenaforum.org/grants.

Topic: CPWI Coalitions; Form Completion

36. Where may I get information about the Community Prevention and Wellness Initiative (CPWI) Coalitions meetings?

http://theathenaforum.org/cpwi_coalitions. The list found at this link is being updated at this time. If you are looking for a coalition for a community not found on the list, please email Prevention@dshs.wa.gov.

37. If we selected the Approved Programs (Project STAR and SPORT Prevention Plus Wellness), would we just indicate (or write the name) of the program under Implementation b?

Yes. You would indicate the program on Form A, and list the selected programs under Implementation on Form B. Note that Applicants must provide complete answers to each question and may not simply reference text found in answers to other questions.

38. If we selected the Approved Programs (Project STAR and SPORT Prevention Plus Wellness), would we also need to describe in detail, citing references when appropriate, the logical connection between the identified risk/protective factor and how the proposed program will impact it in a positive way under Implementation b?

No. Form B, under the heading "Implementation (16 points)" states: "Indicate which Approved Program(s), from Form A OR; if you are not using Approved Program(s) from Form A, please provide the name of the Innovative suicide prevention program(s) your organization is proposing and describe in detail, citing references when appropriate, the logical connection between the identified risk/protective factor and how the proposed program will impact it in a positive way. (4 Points)" (Emphasis Added). So, you would indicate the program from Form A, and list the selected programs in your Form B Project Narrative Response under Implementation. If you are not using an Approved Program from Form A, you need to provide the logical connection between the identified risk/protective factor and how the program will impact it in a positive way.

Summary of DBHR Webinar Presentation

Introduction. Sarah Mariani (Behavioral Health Administrator), Billy Reamer (Prevention Systems Integration Manager) and Helen Haynes (BHA Contract Manager) participated in Webinar on behalf of DSHS/BHA/DBHR. Sarah expressed DSHS' appreciation of suicide prevention funding contributed by DOH which resulted in DBHR's ability to offer this funding opportunity. Sarah noted that in addition to a summary of the questions and answers exchanged during today's webinar, any questions received through the close of business on Thursday 12/14/2017 will also be responded to in writing in a "Q and A" Amendment that will be posted on the RFA Websites on or before 12/19/2017.

Overview of RFA. Billy Reamer provided a brief overview of the RFA document and requirements, using a slide presentation. A copy of the slide presentation is posted on TheAthenaForum.org/grants. The funding available through this opportunity is up to \$20,000 per award, with up to \$200,000 in total funding presently available. A single award can be used to serve one or multiple communities. All funded organizations must conduct at least one youth mental health first aid training (<https://www.mentalhealthfirstaid.org/>) and may use awarded funds for this purpose, up to \$5,000. All funded organizations must conduct at least 3 community awareness raising activities, and may use up to 20% of the funds to support staff time for planning and implementation (not program delivery) and up to 8% of the funds for administration. Only one of the options from page 6 of the RFA may be chosen. Funded organizations must perform required reporting, participate in DBHR learning community meetings and participate in check-in calls as needed.

Applications are due on January 8, 2018 by 5:00 p.m. Pacific Time and must be submitted to Prevention@dshs.wa.gov with the subject line: RFA #18/19-006 - MHPSP Grant Application – [Community or CBO Name]. The application should include a short submittal letter together with forms A, B, C, D and E and any letters of support, using the forms provided (do not modify or recreate the forms). Please double check calculations within the budget sheet before submitting and contact the RFA coordinator if you have questions or problems with the forms.

Applications will be scored as described in the RFA, but the scored points are only a portion of the selection process. Final determination of selected grantees is dependent on application scores, state distribution of geographic location and community population size. Additionally, it is the intent of DBHR to ensure that a minimum of 60% of funded programs (not counting Youth Mental Health First Aid and community awareness activity requirements) will be allocated for EBP/RBP/PP. Inversely, it is our intent that not more than 40% of programs (not counting Youth Mental Health First Aid and community awareness activity requirements) across all funded communities will be awarded for innovative programs.

Questions may be submitted until 5 pm on 12/14/2017. This document provides written answers and will be posted on the RFA Websites, including <http://www.theathenaforum.org/grants>.