**Introduction:**

The following packet contains information about mental health and suicide prevention projects. It is the Department of Social and Health Services/Division of Behavioral Health and Recovery (DSHS/DBHR) intention that selected communities will integrate these projects into future planning for services supported with funding from the DBHR.

Eligible applicants include Community Prevention and Wellness Initiative (CPWI) communities that can demonstrate an active partnership with their local School District and the Educational Service District (ESD) serving their area.

**Project Deliverables:**

* Conduct Youth Mental Health First Aid (YHMFA) training, using certified YMHFA instructors, for a minimum of 15 people (10 of whom must be coalition members) within 90 days of contract execution;
* Detailed implementation plans and final project budgets and required Memoranda of Agreement to implement the selected school-based, mental health promotion program within 120 days of contract execution;
* Actual implementation, with fidelity, of all selected mental health promotion program and all required and selected optional suicide prevention activities;
* Coalition strategic plan, logic model and budget updated to reflect the additional mental health promotion and suicide prevention work, as necessary;
* Timely and complete reporting in PBPS about the implementation of the project in local schools;
* Increase community awareness of behavioral health issues and mental health promotion (Minimum of three (3) public awareness news publications to increase community awareness of behavioral health issues and mental health promotion during contract period); and,
* Develop local or regional technical assistance capacity to provide ongoing support for implementation of the program.

***Mental Health Promotion Project Overview, Page 1***

|  |  |
| --- | --- |
| **Overall Purpose:** | Increase the capacity for delivery of effective mental health promotion and suicide prevention efforts in communities served by Community Prevention and Wellness Initiative (CPWI) coalitions. The intention of the mental health promotion project is to support one (1) implementation in each ESD service area. |
| **Eligible Applicants:** | Eligible applicants include Community Prevention and Wellness Initiative (CPWI) communities that can demonstrate an active partnership with their local School District and the Educational Service District (ESD) serving their area. If there are funds available after eligible CPWI communities are funded, applications from non-CPWI groups will be considered if they demonstrate active partnerships with their local School District and ESD. |
| **Limitations:** | 1. Applicant communities may apply for one (1)or both of these projects. If both projects are applied for, make sure that the application letters address both projects.
2. These are cost-reimbursement projects and there are no funds available for up-front costs.
 |
| **Funding:** | **Mental Health Promotion projects -** Current total available funding is $200,000 with a maximum funding request per application of $20,000. DBHR reserves the right to negotiate to change the requested funding amount. |
| **Eligible Expenses:** | 1. **Youth Mental Health First Aid** - Costs for implementing training for a minimum of 10 coalition members – and not fewer than 15 people total – up to $1,000 (includes trainer costs, materials, and all other expenses associated with the training. Training must take place in the community.
2. **Selected Mental Health Promotion Program Implementation (Appendix E)** - Costs for implementing selected program in local schools, including: consulting with program developers to ensure “best fit”, training local instructors/facilitators to ensure program fidelity, purchasing curriculum materials, ongoing technical assistance from developers, and building local/regional capacity to provide technical assistance for the program.

It is acceptable to either select and implement a new program from the list or expand implementation of a program that is on the list that is presently being implemented in the local School District.1. **Personnel** - Up to 20 percent of the total award can be used to support staff time to ensure effective implementation of the selected program.

**Note:** Costs for substitutes for teachers and other instructional staff are specifically not allowed under federal guidelines for this funding. ***DBHR reserves the right to negotiate for project scope and funding amounts.*** |

***Mental Health Promotion Project Overview, Page 2***

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| **Match:** | The letter from the coalition must demonstrate a minimum of 20 percent match of the awarded amount, e.g., if the award is for $20,000, a minimum of $4,000 match must be demonstrated. Match does not need to be cash, but additional points will be awarded for cash match. Costs associated with substitute teachers and other instructional staff are considered cash match for this project. |
| **Project Timeline:** | 1. Projects may start as soon as a contract is fully executed.
2. Conduct Youth Mental Health First Aid training (YMHFA), using certified YMHFA instructors, for a minimum of 15 people (10 of whom must be coalition members) within 90 days of contract execution;
3. A detailed implementation plan and final project budget – including the date that instruction will start in local schools with the selected program – is due within 120 days of a fully executed contract.

A Memorandum of Agreement that specifies the date of implementation for the selected program – signed by authorized representatives of the School District, Educational Service District, fiscal agent for the community coalition, and coalition - will be required to be submitted with the detailed implementation plan.1. Implementation of the selected program in local schools must begin within 180 days of a fully executed contract.
2. Reporting shall be entered into the Performance Based Prevention System (PBPS) unless otherwise noted. Deliverables must be completed by September 30, 2015 and reported monthly.
3. Billing will be required to be submitted by the 15th of the month for the previous month’s services. The final billing for the project must be submitted on or before November 30, 2015.
 |
| **Selection Criteria:** | For the purposes of this project, a complete application is one that includes all required forms with all requested information provided. Scoring for each project is further defined at the end of this packet on pages 15-16. |
| **Application Deadline:** | Application deadline is 5 PM, November 5, 2014. Submit the completed registration form and required attachments to: Scott Waller at scott.waller@dshs.wa.gov. “Overview and Q&A” GoTo Meeting is scheduled October 8, 2014, 2:30 p.m. - 4:00 p.m., <https://www2.gotomeeting.com/ojoin/227568810/100000000000450389> |

***Suicide Prevention Project Overview, Page 1***

|  |  |
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| **Overall Purpose:** | Increase the capacity to deliver for delivery of effective mental health promotion and suicide prevention efforts in communities served by Community Prevention and Wellness Initiative (CPWI) coalitions. The intention of the mental health promotion project is to provide support to one (1) CPWI community in each ESD service area. |
| **Limitations:** | 1. Applicant communities may apply for one (1) or both of these projects. If both projects are applied for, make sure that the application letters address both projects.
2. These are cost-reimbursement projects and there are no funds available for up-front costs.
 |
| **Eligible Applicants:** | Eligible applicants include Community Prevention and Wellness Initiative (CPWI) communities that can demonstrate an active partnership with their local School District and the Educational Service District (ESD) serving their area. If there are funds available after eligible CPWI communities are funded, applications from non-CPWI groups will be considered if they demonstrate active partnerships with their local School District and ESD. |
| **Funding:** | **Suicide Prevention projects -** Current total available funding is $125,000 with a maximum funding request per application of $25,000. DBHR reserves the right to negotiate with the community to change the requested funding amount. |
| **Eligible Expenses:** | **Required activities**1. **Youth Mental Health First Aid** - Up to $1,000 can be spent to implement this training for a minimum of 10 coalition members – and not fewer than 15 people total. The authorized funds include trainer costs, materials, and all other expenses associated with the training. The training must take place in the community.
2. **Selected Suicide Prevention Program Implementation (Appendix F)** - Costs for implementing selected program(s) in communities, including costs associated with consulting with program developers to ensure “best fit” for the local community, training of local instructors/facilitators as required for program fidelity, purchase of program materials and instructional supports, ongoing technical assistance with program developers, and building of local/regional capacity to provide technical assistance for implementation of the selected program.

It is acceptable to either select and implement a new program from the list or expand implementation of a program that is on the list that is presently being implemented in the local community.1. The Community Prevention and Wellness Initiative (CPWI) coalition will provide implementation oversight for the project.
 |

***Suicide Prevention Project Overview, Page 2***

|  |  |
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|  | **Optional activities**1. **Networks for Life –** As a result of ESHB1336, educational professionals who carry an ESA certification, need to receive suicide prevention training that focuses on screening, assessment and referral. Each of the state’s Educational Service Districts (ESD) has trained a number of staff to provide training to School District personnel in Networks for Life, one of two curricula that addresses all three required components, according to a recent literature review. Up to $1,000 of the authorized funds may be used for Networks for Life instruction and authorized costs include trainer costs, materials, and all other expenses associated with the training.
2. **Counselor training on suicide** - As a result of ESHB2356, substance abuse and mental health counselors need to receive suicide prevention training that focuses on screening, assessment and referral. Up to $1,000 of the authorized funds may be used for training and implementation of a curriculum identified to address counselors’ training requirements. The training must take place in the community.
3. **Means Access Reduction Training** – If the community has a hospital with an emergency room, up to $1,000 of the authorized funds may be used for training and implementation of [Emergency Department Means Restriction Education](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=15), [Emergency Room Intervention for Adolescent Females](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=33), or both. The authorized funds may be used for trainer costs, materials, and all other expenses associated with the training. The training must take place in the community.
4. **Personnel** - Up to 20 percent of the total award can be used to support staff time, as necessary, to ensure effective implementation of the selected programs.

**Note:** Costs for substitutes for educational staff and other instructional staff are specifically not allowed under federal guidelines for this funding. ***DBHR reserves the right to negotiate with applicants for project scope and funding amounts.*** |
| **Match:** | The letter from the coalition must demonstrate a minimum of 20 percent match of the awarded amount, e.g., if the award is for $25,000, a minimum of $5,000 match must be demonstrated. Match does not need to be cash, but additional points will be awarded for cash match. Costs associated with substitute teachers and other instructional staff are considered cash match for this project. |

***Suicide Prevention Project Overview, Page 3***

|  |  |
| --- | --- |
| **Project Timeline:** | 1. Projects may start as soon as a contract is fully executed.
2. Conduct Youth Mental Health First Aid training (YMHFA), using certified YMHFA instructors, for a minimum of 15 people (10 of whom must be coalition members) within 90 days of contract execution;
3. A detailed implementation plan and final project budget is due within 120 days of a fully executed contract.
4. The plan and budget must provide specific dates and costs for all required and optional elements of the project.
5. Implementation of the selected required program must begin within 180 days of a fully executed contract.
6. Reporting shall be entered into the Performance Based Prevention System (PBPS) unless otherwise noted. Deliverables must be completed by September 30, 2015 and reported monthly.
7. Billing will be required to be submitted by the 15th of the month for the previous month’s services. The final billing for the project must be submitted on or before November 30, 2015.
 |
| **Selection Criteria:** | For the purposes of this project, a complete application is one that includes all required forms with all requested information provided. Scoring for each project is further defined at the end of this packet on pages 15-16. |
| **Application Deadline:** | Application deadline is 5 PM, November 5, 2014. Submit the completed registration form and required attachments to: Scott Waller at scott.waller@dshs.wa.gov. “Overview and Q&A” GoTo Meeting is scheduled October 8, 2014, 2:30 p.m. – 4:00 p.m., <https://www2.gotomeeting.com/ojoin/227568810/100000000000450389> |

# Mental Health Promotion and Suicide Prevention Applications

To apply, submit a completed Application Face Sheet along with the following letters.

# Application Face Sheet

|  |
| --- |
| **Community Name:**  |
| **DUNS Number:** | **9-digit Zip Code:** |
| **Coalition** **Chair Name:** | **Coalition Fiscal Agent Authorized****Signer Name:** |
| **Coalition** **Chair Email:** | **Coalition Fiscal Agent Authorized****Signer Email:** |
| **Coalition** **Chair Phone:** | **Coalition Fiscal Agent Authorized****Signer Phone:** |
| **Coalition** **Chair Signature:** | **Coalition Fiscal Agent Authorized****Signer Signature:** |
| **ESD Authorized****Signer Name:** | **School District Authorized****Signer Name:** |
| **ESD Authorized****Signer Email:** | **School District Authorized****Signer Email:** |
| **ESD Authorized****Signer Phone:** | **School District Authorized****Signer Phone:** |
| **ESD Authorized****Signer Signature:** | **School District Authorized****Signer Signature:** |

**Required Letters**

1. **Submit letter from coalition chair that specifies the following (Template letter - Attachment A):**
2. Describe the community’s mental health and behavioral health needs and need for project resources. Describe impacts from these issues that have been seen in the community, families, individual performance or schools. (Address mental health promotion or suicide prevention in the letter if applying for one project. Address both if this is an application for both funding opportunities);
3. Statement of commitment that coalition will coordinate with ESD and the School District to identify up to five of the ten identified mental health promotion programs (Appendix E) that might be appropriate for implementation in schools in the CPWI community. This step will also include the School District identifying which of those prioritized programs it is willing – and ready – to implement. This will also be a necessary step if school-based suicide prevention programs (Appendix F) are being selected for implementation;
4. Statement of commitment that coalition will coordinate with the ESD and the School District to develop a detailed plan for implementing the selected program in the schools that will be submitted within 120 days of contract execution. The plan must include development of a Memorandum of Agreement between the School District, ESD, fiscal agent for the coalition, and coalition to implement the selected curriculum and a specific date when the program will begin being implemented in the School District;
5. Identification of funds and resources that will be leveraged at the local level to support and maintain the efforts, especially the required 20 percent match;
6. List of collaborative partners involved to support project;
7. Explain how the coalition, ESD, and the School District will work together to increase community awareness about behavioral health issues and mental health promotion;
8. Identify who from the coalition will update its strategic plan, logic model and budget to include the additional program implementation;
9. Explain how the coalition, ESD, and the School District will develop capacity to provide technical assistance capability to support ongoing implementation of the selected program in local schools.
10. Statement of understanding that payment of project billings will be contingent on timely and complete reporting of project activities in DBHR’s Performance Based Prevention System (PBPS);
11. **Submit letter from Educational Service District that specifies the following (Template letter - Attachment B):**
12. Statement of concern from the viewpoint of the Educational Service District (ESD) about behavioral health issues, impacts on the schools and community, and support from the ESD to address those issues. (NOTE: The statement of concern needs to address mental health promotion *OR* suicide prevention if the application is being submitted for only one (1) project. But the statement of concern needs to address both mental health promotion *AND* suicide prevention if this is an application for both funding opportunities.)
13. Statement of commitment that the ESD will coordinate with the coalition and School District to identify up to five of the ten mental health programs (Appendix E) that might be appropriate for implementation in schools in the CPWI community. This step will also include the School District identifying which of those prioritized programs it is willing – and ready – to implement. This will also be a necessary step if school-based suicide prevention programs (Appendix F) are being selected for implementation;
14. Statement of commitment that the ESD will coordinate with the School District and to develop a detailed plan for implementing the selected program in the schools that will be submitted within 120 days of contract execution. The plan must include development of a Memorandum of Agreement between the School District, ESD, fiscal agent for the coalition, and coalition to implement the selected curriculum, and a specific date when the program will begin being implemented in the School District;
15. Statement of commitment that the ESD will coordinate with the School District and coalition to increase community awareness about behavioral health issues and mental health promotion;
16. Statement of commitment that the ESD will work with the School District and coalition to develop capacity to provide technical assistance capability to support ongoing implementation of the selected program in local schools.
17. **Submit letter from School District that specifies the following (Template letter - Attachment C):**
18. Statement of concern from the School District’s viewpoint about behavioral health issues and mental health promotion in the district and community, and support from the School District to address those issues. (Address mental health promotion or suicide prevention if applying for one (1) project. Make sure to address both mental health promotion and suicide prevention if this is an application for both funding opportunities.);
19. Statement of commitment that the School District will coordinate with the coalition and Educational Service District (ESD) to identify up to five of the ten mental health programs (Appendix E) that might be appropriate for implementation in schools in the CPWI community. This step will also include the School District identifying which of those prioritized programs it is willing – and ready – to implement. This will also be a necessary step if school-based suicide prevention programs (Appendix F) are being selected for implementation;
20. Statement of commitment that the School District will coordinate with the coalition and ESD to develop a detailed plan for implementing the selected program in the schools that will be submitted within 120 days of contract execution. The plan must include development of a Memorandum of Agreement between the School District, ESD, fiscal agent for the coalition, and coalition to implement the selected curriculum, and a specific date when the program will begin being implemented in the School District;
21. Statement of commitment that the School District will coordinate with the ESD and coalition to increase community awareness about behavioral health issues and mental health promotion;
22. Statement of commitment that the School District will work with the ESD, and coalition to develop capacity to provide technical assistance capability to support ongoing implementation of the selected program in local schools.

**Appendix A – Coalition template letter**

Date

Scott Waller

Division of Behavioral Health and Recovery

P.O. Box 45330

Olympia, WA 98504-5330

RE: Application for funds

Dear Mr. Waller:

Please accept this application for funding from the Mental Health and Suicide Prevention Project from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_coalition that serves \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The coalition is / is not (Please circle one) currently a participant in the Division of Behavioral Health and Recovery’s Community Prevention and Wellness Initiative (CPWI).

In addition to this required letter of application, please also find – attached – letters of application from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District.

We are applying for funding for the following project(s):

**[ ]  Mental Health Promotion** (Implement one of the ten approved, evidence-based direct-service curriculum (Appendix E) in local schools and conduct Youth Mental Health First Aid training with coalition and community members. Each of the programs on the list has both substance abuse prevention and mental health promotion outcomes as detailed by NREPP) – Up to $20,000 per selected community. Up to 10 awards.

**[ ]  Suicide Prevention** (Required activities include: conducting Youth Mental Health First Aid training with coalition and community members and implementing one of the approved evidence-based suicide prevention programs. Optional activities include: training educational professionals in Networks for Life, training counselors in the community in suicide awareness and referral, and/or, implementing means access reduction training in the community or with emergency rooms and emergency service providers.) – Up to $25,000 per community. Up to 5 awards.

**Required Responses:**

1. Please describe the community’s mental health and behavioral health needs based on elevated depression and/or suicide indicators as demonstrated through Healthy Youth Survey and other information that demonstrates elevated mental health problems among the community’s youth currently available data and need for project resources. Pay special attention to impacts of these issues that have been seen in the community, families, individual performance or schools. (Address mental health promotion or suicide prevention if applying for one project. But address both mental health promotion and suicide prevention if this is an application for both funding opportunities);
2. **[ ]** Check here to indicate that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition will coordinate with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESD and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District to identify up to five of the ten identified mental health promotion programs (Appendix E) that might be appropriate for implementation in schools in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District. This step will also include the School District identifying which of the prioritized programs it is willing – and ready – to implement.

**[ ]** If this application is also for support of suicide prevention funding, check here to indicate that the coalition will coordinate with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESD and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District to identify and implement suicide prevention strategies that are appropriate for community.

***Please describe what mechanisms are in place (or will be developed) to ensure this will occur:***

1. **[ ]** Check here to indicate that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition will coordinate with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESD and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District to develop a detailed plan for implementing the selected program in the schools that will be submitted within 120 days of contract execution. The plan must include development of a Memorandum of Agreement between the School District, ESD, fiscal agent for the coalition, and coalition to implement the selected programs and specific dates when school-based program(s) will begin being implemented in the School District;

***Please describe what mechanisms are in place (or will be developed) to ensure this will occur:***

1. Please identify funds and resources that will be leveraged at the local level to support and maintain the efforts, especially the required 20 percent match. For the Mental Health Promotion Projects there is a maximum award of $20,000, so the match requirement would be $4,000. For the Suicide Prevention Projects, the maximum award is $25,000, so the match requirement is $5,000. Please provide names of agencies and individuals that will contribute resources for the project;
2. Please list the collaborative partners involved to support this/these project(s);
3. Please explain how the coalition, ESD, and School District will work together to increase community awareness about behavioral health issues and mental health promotion;
4. Please identify who from the coalition will update its strategic plan, logic model and budget to include the additional program implementation;
5. Please explain how the coalition, ESD, and School District will develop capacity to provide technical assistance capability to support ongoing implementation of the selected program in local schools.
6. **[ ]** Check here to indicate that you understand that payment of project billings will be contingent on timely and complete reporting of project activities in DBHR’s Performance Based Prevention System (PBPS).

Thank you for consideration of this application.

If you have any questions, or need additional information, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone Number) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Email address).

Sincerely,

Coalition Chair Name

Coalition Name

**Appendix B – Educational Service District template letter**

Date

Scott Waller

Division of Behavioral Health and Recovery

P.O. Box 45330

Olympia, WA 98504-5330

RE: Application for funds

Dear Mr. Waller:

Please accept this application for funding from the Mental Health and Suicide Prevention Project.

In addition to this required letter of application, please also find – attached – letters of application from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition.

**Required Responses:**

1. Statement of concern from viewpoint of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District (ESD) about behavioral health issues, impacts on the schools and community, and support from the ESD to address those issues.

(Address mental health promotion or suicide prevention if applying for one project. But address both mental health promotion and suicide prevention if this is an application for both funding opportunities);

1. **[ ]** Check here to indicate that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District will coordinate with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District to identify up to five of the 10 identified mental health promotion programs (Appendix E) that might be appropriate for implementation in schools in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District. This step will also include the School District identifying which of those prioritized programs it is willing – and ready – to implement.

**[ ]** If this application is also for support of suicide prevention funding, check here to indicate that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District will coordinate with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition to identify and implement suicide prevention strategies that are appropriate for community.

***Please describe what mechanisms are in place (or will be developed) to ensure this will occur:***

1. **[ ]** Check here to indicate that the you understand that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District is required to coordinate with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District to develop a detailed plan for implementing the selected programs that will be submitted within 120 days of contract execution. The plan must include development of a Memorandum of Agreement between the School District, ESD, fiscal agent for the coalition, and coalition to implement selected programs and must include specific dates when the school-based program(s) will begin being implemented in the School District;

***Please describe what mechanisms are in place (or will be developed) to ensure this will occur:***

1. **[ ]** Check here to indicate that the ESD will work with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition to increase community awareness about behavioral health issues and mental health promotion;
2. **[ ]** Check here to indicate that the ESD will work with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition to develop capacity to provide technical assistance capability to support ongoing implementation of the selected program in local schools.
3. **[ ]** Check here to indicate that you understand that payment of project billings will be contingent on timely and complete reporting of project activities in DBHR’s Performance Based Prevention System (PBPS).

Thank you for consideration of this application.

If you have any questions, or need additional information, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone Number) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Email address).

Sincerely,

Name of ESD authorized signer and title

**Appendix C – School District template letter**

Date

Scott Waller

Division of Behavioral Health and Recovery

P.O. Box 45330

Olympia, WA 98504-5330

RE: Application for funds

Dear Mr. Waller:

Please accept this application for funding from the Mental Health and Suicide Prevention Project.

In addition to this required letter of application from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District, please also find – attached – letters of application from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District.

**Required Responses:**

1. Statement of concern from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District’s viewpoint about behavioral health issues and mental health promotion in the district and community, their impact on the community’s schools and support from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District to address those issues.

(Address mental health promotion or suicide prevention if applying for one project. But address both mental health promotion and suicide prevention if this is an application for both funding opportunities)

1. **[ ]** Check here to indicate that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District will coordinate with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District to identify up to five of the ten identified mental health promotion programs (Appendix E) that might be appropriate for implementation in schools in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District. This step will also include the School District identifying which of those prioritized programs it is willing – and ready – to implement.

**[ ]** If this application is also for support of suicide prevention funding, check here to indicate that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District will coordinate with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District to identify and implement strategies appropriate for the community.

***Please describe what mechanisms are in place (or will be developed) to ensure this will occur:***

1. **[ ]** Check here to indicate that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District will coordinate with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District to develop a detailed plan for implementing the selected program(s) in the schools to be submitted within 120 days of contract execution. The plan must include a Memorandum of Agreement between the School District, ESD, fiscal agent for the coalition, and coalition to implement the selected program and must specify dates when implementation will begin.

***Please describe what mechanisms are in place (or will be developed) to ensure this will occur:***

1. **[ ]** Check here to indicate that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District will coordinate with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District to increase community awareness about behavioral health issues and mental health promotion;
2. **[ ]** Check here to indicate that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District will coordinate with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coalition and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Service District to develop capacity to provide technical assistance capability to support ongoing implementation of the selected program in local schools.
3. **[ ]** Check here to indicate that you understand that payment of project billings will be contingent on timely and complete reporting of project activities in DBHR’s Performance Based Prevention System (PBPS);

Thank you for consideration of this application.

If you have any questions, or need additional information, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone Number) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Email address).

Sincerely,

Name of School District authorized signer and title

**Appendix D - Scoring Criteria**

Scoring for all projects: Application Form shall be completed and accompanied by requested information. Narrative is expected to be brief, yet complete. If applicant receives a “no” in any of the scoring questions, the application may be disqualified. If applications score the same, and the number of applications exceeds the amount of funding available, preference will be given to the applications with the earliest date and time submitted. Special selection consideration will include community geographic location(s) to provide for equal project distribution statewide. DBHR reserves the right to follow up with applicants to obtain more information about the application.

## Mental Health Promotion and Suicide Prevention Projects

Community Coalition Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are all three required letters (Coalition, ESD and School District) submitted? Yes [ ]  No [ ]

(Yes = 6 Points; No = 0 Points)

1. Do they contain all of the required elements? (Yes = 6 Points; No = 0 Points)

Coalition letter (Items A-I) Yes [ ]  No [ ]

Educational Service District letter (Items A-E) Yes [ ]  No [ ]

Local School District letter (Items A-E) Yes [ ]  No [ ]

Please specify any missing items.

1. Is there financial need demonstrated for support Yes [ ]  No [ ] of this project in the Coalition letter, Item A? (Yes = 6 Points; No = 0 Points)
2. Use the scale below to indicate how fully community need is demonstrated in the Coalition letter, Item A? (Circle the appropriate number in the scale below.)

|  |  |  |
| --- | --- | --- |
| Not demonstrated from narrative | Suggested, but narrative is not convincing | Fully demonstrated from narrative |
| 0 | 3 | 6 |

1. Use the scale below to indicate how fully the Educational Service District (ESD) letter demonstrates an understanding of the importance of dealing with behavioral health issues (ESD letter, Item A)? (Circle the appropriate number in the scale below.)

|  |  |  |
| --- | --- | --- |
| Not demonstrated from narrative | Suggested, but narrative is not convincing | Fully demonstrated from narrative |
| 0 | 3 | 6 |

1. Use the scale below to indicate how fully the School District letter demonstrates an understanding of the degree of behavioral health issues in the district and the need to address them (School district letter, Item A)? (Circle the appropriate number in the scale below.)

|  |  |  |
| --- | --- | --- |
| Not demonstrated from narrative | Suggested, but narrative is not convincing | Fully demonstrated from narrative |
| 0 | 3 | 6 |

1. Are community partnerships identified in Coalition letter, Item E? Yes [ ]  No [ ]

(Yes = 6 Points; No = 0 Points)

1. Use the scale below to describe how fully the applicant demonstrates the match requirement demonstrated in Coalition letter, Item D? (Circle the appropriate number in the scale below.)

|  |  |  |
| --- | --- | --- |
| No match demonstrated | There is a 20 % match demonstrated and cash match makes up less than 50% of the total match | There is a 20 % match demonstrated and cash match makes up more than 50% of the total match |
| 0 | 3 | 6 |

1. Date and time application was submitted to DBHR:

Total score, Items 1-9: \_\_\_\_\_\_\_\_

**Appendix E – List of Eligible Evidence-based Programs for Mental Health Promotion Project (Arranged by NREPP score)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | **WSIPP rated** | **NREPP score** | **IOM** | **Violence/Bullying Prevention Outcome** | **Elementary School focus** | **Middle School focus** | **School-based implementation** | **Setting** | **Native Americans in service population of research studies** |
| [**Early Risers (Skills for Success)**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=304) |  | **3.34** | SelectiveIndicated |  | **** |  | **** | UrbanSuburbanRuralFrontier |  |
| [**PAX Good Behavior Game**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=351) |  | **3.34** | Universal | **** | **** |  | **** | UrbanSuburbanRuralFrontier |  |
| [**Primary Project**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=39) |  | **3.28** | UniversalIndicated | **** | ****(4-9 year olds) |  | **** | UrbanSuburbanRuralFrontier | **** |
| [**Good Behavior Game**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=201) | **** | **3.18** | Universal | **** | **** |  | **** | Urban | **** |
| [**Say It Straight**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=186) |  | **3.12** | Universal |  | **** | **** | **** | UrbanSuburbanRuralFrontier |  |
| [**Fourth R (Skills for Youth Relationships)**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=207) |  | **2.8** | Universal |  |  | **** | **** | SuburbanRuralFrontier |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | **WSIPP rated** | **NREPP score** | **IOM** | **Violence/Bullying Prevention Outcome** | **Elementary School focus** | **Middle School focus** | **School-based implementation** | **Setting** | **Native Americans in service population of research studies** |
| [**Lions Quest Skills for Adolescence**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=24) |  | **2.71** | Universal |  | **** | **** | **** | UrbanSuburbanRuralFrontier | **** |
| [**Positive Action**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=78) |  | **2.48** | UniversalSelective |  | **** | **** | ****CommunityHome | UrbanSuburbanRuralFrontier | **** |
| [**Second Step**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=66) |  | **2.4** | Universal | **** | **** |  | **** | UrbanSuburbanRuralFrontier | **** |
| [**All Stars**](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=28) |  | **2.2** | UniversalSelective |  |  | **** | **** | UrbanSuburbanRuralFrontier |  |

**Appendix F – List of Eligible Evidence-based Programs for Suicide Prevention Project (Arranged by NREPP score)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | **IOM** | **NREPP Evidence Score - If Available** | **Adolescent-focused** | **Adult-focused** | **Community****Implementation** | **School****Implementation** | **Involves Emergency or First Responders** | **Setting** | **Native Americans in service population of research studies** |
| [**CAST (Coping and Support Training)**](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=51) | SelectiveIndicated | **3.54** | **** | **** (Young adults, 18-25) |  | **** |  | UrbanSuburban | **** |
| [**Sources of Strength**](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=248) | Universal | **3.02** | **** | **** (Young adults, 18-25) |  | **** |  | UrbanRural Frontier |  |
| [**QPR Gatekeeper Training**](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=299) | Universal | **2.68** |  | **** | **** | **** | **** | UrbanSuburbanRural Frontier | **** |
| [**Emergency Room Intervention for Adolescent Females**](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=33) | Selective | **2.6** | **** |  | **** |  | **** | UrbanSuburbanRural Frontier |  |
| [**ER Means Restriction Education for Parents\***](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=15) | SelectiveIndicated | **2.6** |  | **** | **** |  | **** | UrbanSuburbanRural Frontier |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | **IOM** | **NREPP Evidence Score - If Available** | **Adolescent-focused** | **Adult-focused** | **Community****Implementation** | **School****Implementation** | **Involves Emergency or First Responders** | **Setting** | **Native Americans in service population of research studies** |
| [**SOS Signs of Suicide**](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=53) | UniversalSelectiveIndicated | **2.43** | **** |  |  | **** |  |  |  |
| [ASIST Applied Suicide Intervention Skills Training](http://www.sprc.org/bpr/section-III/applied-suicide-intervention-skills-training-asist) | SelectiveIndicated | **Rated evidence-based by Suicide Prevention Resource Center** |  |  | **** | **** |  | UrbanSuburbanRuralFrontier |  |