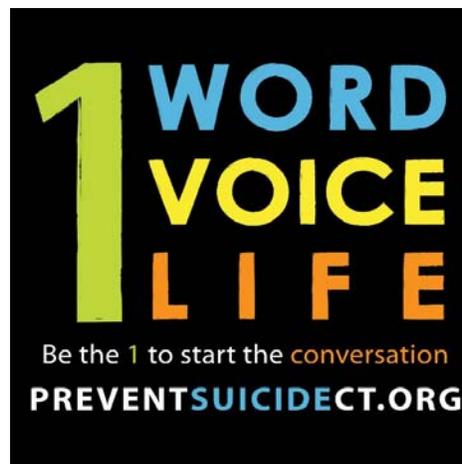


***CT Networks of Care for School  
Systems Suicide Prevention and  
Mental Health Promotion***  
*(Networks of Care for School Systems)*

**Request for Proposals**

**May 2018**



*NETWORKS OF CARE FOR SCHOOL SYSTEMS*

May 18, 2018

Dear School Systems and Partners,

The Connecticut Networks of Care for Suicide Prevention (NCSP) Initiative (SM62916), in cooperation with the CT Suicide Advisory Board, is pleased to announce this request for proposals as part of the 2015-2020 Garrett Lee Smith Youth Suicide Prevention grant awarded to the CT Department of Mental Health and Addiction Services (DMHAS) for 10-24 year-olds funded by the federal Substance Abuse and Mental Health Services Administration. The NCSP grant is co-directed by DMHAS, and the CT Departments of Children and Families (DCF) and Public Health (DPH).

The purpose of the NCSP is to develop, enhance, implement, and integrate sustainable, comprehensive, culturally competent, evidence-based/-informed youth suicide prevention strategies statewide to reduce non-fatal suicide attempts and suicide deaths among at risk youth and young adults age 10-24 in CT (see Attachment 1).

The NCSP's primary goal is to strengthen the state's capacity and infrastructure in support of mental health promotion, suicide prevention, intervention and response with the use of evidence-based practices (EBPs). To help accomplish this goal, the NCSP seeks to fund school systems and their partners that are uniquely positioned to integrate and coordinate mental health promotion, and suicide prevention, intervention and response activities to support the youth they serve.

Awarded school systems will support this goal through:

1. Identifying school system needs and priorities;
2. Building capacity, readiness and support for mental health promotion, and suicide prevention, intervention and response efforts;
3. Planning and implementing effective EBPs and strategies based on identified needs and priorities that promote wellness and prevent suicide and related behaviors, and address the unique needs of youth and sub-populations;
4. Promoting mental health and suicide prevention as a core component of health and behavioral health care services;
5. Promoting and implementing effective clinical and professional practices for assessing and treating those youth identified as being at risk for suicidal behaviors through outreach and engagement; and
6. Increasing the acquisition, timeliness, and utilization of local data relevant to youth mental health and suicide prevention, and improve capacity to collect, analyze, and use this data for local action.

We hope you will seriously consider this opportunity, as we look forward to working with you to reduce the suicide risk of our youth and strengthen their mental wellness. Please see the full announcement for further details: [www.preventsuicidect.org](http://www.preventsuicidect.org)

Sincerely,



Andrea Iger Duarte, MPH, LCSW  
NCSP Project Director, CT Department of Mental Health and Addiction Services

## I. Purpose & Goal

The overall purpose of this initiative is to reduce non-fatal suicide attempts and suicide deaths among at risk youth and young adults age 10-24 in Connecticut. The statewide goal is to strengthen Connecticut's capacity and infrastructure in support of mental health promotion, suicide prevention, intervention and response with the use of evidence-based and evidence-informed practices.

## II. Submission information & Award Dates

Application released	May 18, 2018
Pre-application webinar*	June 5, 2018 (11:30 AM-12:30 PM)
Email of Intent submission deadline	June 15, 2018
Application due	July 13, 2018
Applicants notified of their status	August 3, 2018
Start Date	September 1, 2018
Grantee Meeting	September 13, 2018 (8:30 AM-3:30 PM)

*\*To register for pre-application informational webinar, email Heather Spada – (contact information below)*

**A. Email of Intent (EOI).** An EOI including the name of the leading organization, contact person, phone number, fax number and email address must be submitted by the listed deadline. Submission of an EOI is required in order to apply for this funding opportunity, but does not obligate submission of a proposal.

EOIs must be emailed to Heather Spada (contact information below).

**B. Application.** Proposals must meet the following requirements:

- Use the forms in Attachment #2 to access Word versions of documents. Utilize Times New Roman font, 12 pt., single-spaced with one-inch margins on each edge, numbered consecutively from beginning to end; strategic plan table may be completed in 10 pt. font.
- Using the forms provided, include the application face sheet, project narrative (four-page maximum), and strategic plan.
- Any proposals that arrive after the deadline will not be considered for funding.
- **Applications must be emailed to:**

Heather Spada, M.A., LPC  
United Way of CT  
[heather.spada@ctunitedway.org](mailto:heather.spada@ctunitedway.org)  
860-372-4240 (phone)

## III. Expectations

**A. Priority Population:** For this grant we are seeking school systems in Connecticut serving students in grades 1st-12<sup>th</sup> to implement best practice mental health and suicide prevention strategies. School systems may be public, parochial, private or therapeutic. School systems may collaborate with towns/youth service bureaus or non-profit organizations.

We acknowledge that schools are the best places to address and support children and youth in mental health promotion, and suicide prevention, intervention and response. One of the main purposes for these

## NETWORKS OF CARE FOR SCHOOL SYSTEMS

grants is to support early identification, referral and follow-up for student mental health; therefore, utilizing various curricula to fulfill this purpose will be a key feature.

### B. Eligibility Information

- *Fiduciary* – schools, towns, non-profit organizations.
- *Site Coordinator* – Sites must select a minimum of one coordinator, as the primary point of contact.
- *Team Members* – Sites must list names of other faculty/staff who will be linked to the activities and supporting the work. These individuals should be noted in the strategic plan.
- *Implementation Sites* – School systems must implement strategies across grades 1<sup>st</sup>-12<sup>th</sup> (in a minimum of one elementary, one middle and one high school).

## IV. Funds Available

It is anticipated that up to 20 2-year grants, not to exceed \$10,000 per year, will be awarded; total available funding is \$400,000, based on the availability of federal or state funding. The United Way of CT will develop a cooperative agreement with the grantees that will detail deliverables and payments to be made.

Funds may not be used for indirect costs such as rent and utilities. Funds may be used for activity-related expenses such as school survey, supplies, promotional materials, food, staff time, coordinator stipend, etc. Grantees are not responsible for paying for any curricula or training for faculty and staff; these will be provided.

United way of CT reserves the right to cancel or reduce contract with grantees with thirty (30) days written notice if the Federal or State funds are no longer available or reduced.

## V. Funding Period

Total Funding Period: September 1, 2018 – July 31, 2020		
Year	Funding Period	Amount per grantee
Year 1:	September 1, 2018 - June 30, 2019	\$10,000
Year 2:	July 1, 2019 – June 30, 2020	\$10,000

## VI. Required Activities

Every grant project must implement activities in accordance with the timeline in Tables 1 & 2 (below).

- A. *Planning and preparation* – Prior to implementation, schools must have in place:
- Crisis response protocols specific to suicide (including postvention), or plans to develop such protocols;
  - The ability to provide information and referrals to school and community-based (i.e. mobile crisis service) behavioral health services; and
  - Appropriately trained staff.
- B. *Trusted Adults' Training* – Prior to implementing any youth/student curriculum program, it best practice to first train faculty/staff in trusted adult training (i.e. QPR Gatekeeper). Training will take approximately 90 minutes, help establish a caring environment for the students, and inform

**NETWORKS OF CARE FOR SCHOOL SYSTEMS**

and prepare the adults. Training must be completed during the 4-month planning and preparation period (see Table 1).

- C. *Strategies* – Sites will receive orientation in order to utilize the following strategies:
- *QPR Institute’s Question, Persuade, Refer (QPR) Gatekeeper* training for faculty/staff – learn how to recognize the signs of a suicide crisis and how to question, persuade, and refer someone to help.
  - *CT Suicide Advisory Board’s Gizmo’s Pawesome Guide to Mental Health Curriculum* (elementary) – new upstream resource for all ages helps start the conversation about Mental Health, mental health wellness, self-care, seeking support, and making connections.
  - *Screening for Mental Health’s SOS- Signs of Suicide: Middle School Suicide Prevention Program*, and *SOS- Signs of Suicide: High School Suicide Prevention Program* - tools to help youth identify the signs and symptoms of depression, suicide, and self-injury in themselves and their peers.
  - *Columbia Lighthouse Project’s Columbia Suicide Severity Rating Scale (C-SSRS)* – this scale is usable by anyone, anywhere, to assess someone’s risk for suicide and help save a life.
  - *Brown and Stanley Safety Plan* – this tool is the foundation of the *Gizmo’s Pawesome Guide to Mental Health*. The *Safety Plan* is commonly used during a time of intervention to develop a strategy with adolescents or adults that incorporates personal coping strategies, reduce access to lethal means, and make connections in order to reduce the risk of suicidal behavior; however, the intention for this grant is to use it more pro-actively as an upstream *Mental Wellness Plan*, similar to that found in the *Gizmo’s Pawesome Guide to Mental Health*.

<b>Table 1.</b>	<b>Timeline 2018-2019 (FY’19)</b>			
<b>Activity</b>	<b>September (orientation)</b>	<b>October-December</b>	<b>January-March</b>	<b>April-June</b>
Planning & Preparation – Year 1	X	X		
Trusted Adult Training		X		
Grantee Orientation	X	X (other orientation)		
Implementation			X	X
Evaluation		X	X	X
<b>Timeline 2019-2020 (FY ’20)</b>				
<b>Activity</b>	<b>July-September</b>	<b>October-December</b>	<b>January-March</b>	<b>April -June</b>
Planning & Preparation – Year 2	X	X		
Trusted Adult Training		X		
Implementation			X	
Evaluation			X	X

## VII. Application Requirements

In order to apply for this grant, applicants must address each of the following items in the narrative, using the forms that are attached in the Appendix.

**A. Establish the need for this grant.** Include the following details:

1. Briefly describe the school system of focus. Include participating schools with grades, numbers of students, and demographics.
2. If applicable, describe the partnering organization (applicant, if not school system) and relationship with school system of focus. Otherwise note, "N/A".
3. Describe the nature of the problem, including service gaps, and what your local and/or regional data is telling you regarding this problem/service gaps. Please provide your sources.
4. Address challenges of your system pertaining to early identification, referral and follow-up of at-risk youth and related policies/protocols and strategies.
5. State how the school system currently provides, or will establish, follow-up support to at-risk students after: 1) a student receives intervention from mobile crisis, and, 2) a student's discharge from an emergency department or inpatient unit after a non-fatal suicide attempt. Please include connections with mobile crisis and community-based services/hospitals.

**B. Identify existing strengths and resources.** Include factors such as, describing what the applicant organization and/or school system brings to the table.

**C. Endorse and participate in the statewide "1 Word, 1 Voice, 1 Life: Be the 1 to Start the Conversation" suicide prevention campaign administered by the CT Suicide Advisory Board (CTSAB).** This action-oriented campaign promotes the National Suicide Prevention Lifeline, Crisis Text and Crisis Chat. The state website, posted campaign materials, and graphics will be available for utilization at no additional cost. The graphics may be used to develop additional school/organization-specific materials at the expense of the school/organization (e.g. non-English print materials, T-shirts, bags, water bottles, flash drives, key chains, etc.). [www.preventsuicidect.org](http://www.preventsuicidect.org)

**D. Prepare an overall strategic plan.** Detail how the school system will implement, at minimum, the required activities noted under Section VI. utilizing the *Suicide Prevention Resource Center's (SPRC) Comprehensive Approach to Suicide Prevention*. Please note any existing activities that may address these elements, as well.

The strategic plan should provide a broad-brush overview for the grant, not a comprehensive implementation plan. Once funding is awarded, further action planning will take place.

[HTTPS://WWW.SPRC.ORG/EFFECTIVE-PREVENTION/COMPREHENSIVE-APPROACH](https://www.sprc.org/effective-prevention/comprehensive-approach)



**E. Attend and participate in:** an initial grantee meeting on September 13, 2018 (to be held at a location in central CT), curriculum orientation/informational webinars/meetings, and ongoing project monitoring and technical assistance activities, as requested. Agreement to do so must be noted in the narrative.

## **VIII. Evaluation Requirements**

Grantees will collect and submit data that will contribute to the CT NCSP Initiative (SM062916) reporting requirements under the Substance Abuse and Mental Health Services Administration (SAMHSA).

Please note: no consent is required for data collection of student-related activities, as such data will be collected at the aggregate level and no identifying information of the students will be requested. Program/training evaluations will be utilized. Federal-level evaluation consent forms will be collected on a voluntary basis for workforce development and training of faculty and staff.

Grantees will be required to report on the following measures using an Excel sheet to be provided by United Way of CT:

- The number of people in the mental health and related workforce training in specific mental health-related practices/activities as a result of the grant.
- The number of organizations collaborated/coordinated/shared resources with as a result of the grant.
- The number of individuals exposed to mental health awareness messages.
- The number of individuals who have received training in prevention or mental health promotion.
- The number of individuals screened for mental health or related interventions.
- The number of individuals referred to mental health or related services.
- The number and percentage of individuals receiving mental health or related services after referral.
- The number of policy changes completed as a result of the grant.
- The number of organizations that regularly gather, analyze and use mental-health related data as a result of the grant.
- The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices/activities that are consistent with the goals of the grant.

## **IX. Reporting Requirements**

If funded, grantees will be required to:

1. Submit all reports as requested in a timely manner. These include quarterly data collection forms (see Section VIII.), a brief mid-year report and an annual report for Year 1, a brief mid-year and final report for Year 2. Format to be provided by United Way of CT.

2. Agree and warrant that in the performance of this contract that they will not discriminate or permit discrimination in any manner prohibited by the laws of the United States or of the State of Connecticut. According to Sec. 22 Subsection (a) of section 46a-58 of CT general statutes: It shall be a discriminatory practice in violation of this section for any person to subject, or cause to be subjected, any other person to the deprivation of any rights, privileges or immunities, secured or protected by the Constitution or laws of this state or of the United States, on account of religion, national origin, alienage, color, race, sex, gender identity or expression, sexual orientation, blindness or physical disability.

## **Forms and Attachments**

**ATTACHMENT 1: Connecticut Youth Suicide and Mental Health Data**

- 2016- Suicide is the 3<sup>rd</sup> leading cause of death for 10-14 year-olds (3<sup>rd</sup> in US), 2<sup>nd</sup> leading cause for 15-24 year-olds (2<sup>nd</sup> in US) -- (CDC, 2018).
- 2012-13- Over 40% of visits to School-Based Health Centers, over 42,000 visits, were for mental health issues (DPH, 2014).
- Hospitalizations following suicide attempts among CT youth aged 10-24 have increased substantially over the past decade. This is consistent with data from the CDC showing rates of death by suicide increasing nationally by over 20% since 1999 (NCHS Data Brief No. 241, April 2016).

***2017 CT School Health Survey – Youth Behavior Component Results:***

- During the past 12 months, 26.9% (about 1 out of 4) of students felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities (a clinical indicator of diagnosable depression).
- Only 25.4% (about 1 out of 4 of those students who did feel sad, empty, hopeless, angry, or anxious) said that most of the time or always got the kind of help they needed.
- 31.1% (about 1 out of 3) of high school students reported that they could not identify even one teacher or other adult in their school to talk to if they have a problem.
- During the past year, 18.4% (about 1 out of 5) of students did something to purposely hurt themselves, such as cutting or burning themselves on purpose, without wanting to die (i.e., inflicted self-injury).
- During the past 12 months, 13.5% (about 1 out of 7) of students seriously considered attempting suicide.
- During the past 12 months, 8.1% (about 1 out of 12) of students attempted suicide one or more times during the past 12 months.
- During the past 12 months, 23.9% (about 1 out of 4) students saw a doctor, nurse, or counselor about stress, depression, or problems with their emotions.

**ATTACHMENT 2: FORMS**

**To access forms in Word version, go to:**  
**[www.preventsuicidect.org](http://www.preventsuicidect.org)**

**PROPOSAL FACE PAGE**

**Date** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

**Federal Tax ID#** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Contact Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Signature of Authorized Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Authorized Official** \_\_\_\_\_

**Title of Authorized Official** \_\_\_\_\_

**Identify the site(s) where curricula will be used (use additional page, if needed):**

**School name:** \_\_\_\_\_

**Grade(s) and how many per school:** \_\_\_\_\_

\_\_\_\_\_

**Estimated number of children who will be impacted:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_ **Applicant Name:** \_\_\_\_\_

**Project Description Narrative**

*You may use this and 3 (up to 4 total) additional pages to detail your plan for fulfilling all of the requirement of this RFP.*

**CT NCSP Initiative – Strategic Plan**

<b>Town/City Name:</b>			<b>Applicant Name:</b>		
<b>GOAL:</b> Strengthen _____ school system’s capacity and infrastructure in support of mental health promotion, suicide prevention, intervention and response with the use of evidence-based practices.					
<b>Objectives</b>	<b>Activities</b>	<b>Location</b>	<b>Staff Responsible</b>	<b>Timeline (include planning time)</b>	<b>Measureable Outcomes</b>
1) Increase ability to recognize and respond to individuals at risk					
2) Increase help-seeking behavior of individuals and gatekeepers.					
3) Identify, promote/advertise, and provide behavioral health services.					
4) Develop and follow crisis management procedures.					

<b>Town/City Name:</b>			<b>Applicant Name:</b>		
<b>GOAL:</b> Strengthen _____ school system’s capacity and infrastructure in support of mental health promotion, suicide prevention, intervention and response with the use of evidence-based practices.					
<b>Objectives</b>	<b>Activities</b>	<b>Location</b>	<b>Staff Responsible</b>	<b>Timeline (include planning time)</b>	<b>Measureable Outcomes</b>
5) Reduce access to potentially lethal means (prescription drugs & firearms).					
6) Develop life skills that enhance protective factors.					
7) Promote connectedness.					
8) Postvention.					
Other  Policy & Procedures/Protocol					