

2020

NORTH DAKOTA

**SUBSTANCE ABUSE
PREVENTION COMMUNITY
GRANT**

APPLICATION GUIDANCE

NORTH
Dakota | Behavioral Health
Be Legendary.™ HUMAN SERVICES

TABLE OF CONTENTS

Funding Opportunity Description	1
Eligible Applicants.....	1
Program Background and Goals	1
Contract Dates and Phases.....	2
Expectations/Scope of Work	2
Funding Availability, Distribution and Compensation	3
Application and Submission Information	4
Deadline for Proposal Submission	4
Review Process	4
Questions.....	4
Proposal Format and Content	5
Cover page	5
Project Narrative	5
Attachment A: Strategy Implementation Guide	6
Attachment B: Funding Restrictions	9
Attachment C: Evaluation Tool	10

FUNDING OPPORTUNITY DESCRIPTION

ELIGIBLE APPLICANTS

This will be a competitive application in which 12 contracts will be granted to eligible Local Public Health Units (LPHU). Applications will be accepted from Local Public Health Units (LPHU) who are not funded by another grant awarded for primary substance abuse prevention as of October 1, 2020 (i.e. Strategic Prevention Framework Partnership For Success (PFS); Drug Free Communities Grant (DFC) or Substance Abuse Prevention and Treatment Block Grant).

PROGRAM BACKGROUND AND GOALS

The Substance Abuse Prevention Community Grant program is funded through the primary prevention set-aside from the federal Substance Abuse Prevention and Treatment Block Grant (SAPT BG). The Substance Abuse and Mental Health Services Administration (SAMHSA) requires that states spend no less than 20% of their SAPT BG allotment for primary prevention strategies on substance abuse. These strategies are directed at individuals not identified to be in need of treatment. Funding must be used to develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse.

Prevention is a proactive approach; creating an environment that promotes the health and wellbeing of individuals and communities, which prevents problems before they occur. Research over the last two decades has shown that substance use disorders are both preventable and treatable. It is vital that prevention be a critical component of the behavioral health systems and supports in communities and the state and it is most effective when stakeholders and community members work together to take action, emphasizing collaboration and community mobilization.

Prevention works when it:

- follows the Public Health Model, focusing on population-level change.
- follows a data-driven process to assess, plan, implement and evaluate outcomes, also known as the Strategic Prevention Framework (SPF).
- focuses on reducing risk factors, strengthening protective factors and building resiliency of individuals, families and communities.
- requires a multi-faceted approach, implementing a variety of evidence-based strategies working toward a common goal.
- is relevant to the community, including local conditions and diverse demographics.
- impacts individuals across the lifespan.

The goals of the Substance Abuse Prevention Community Grant program are to:

- Support community-level evidence-based substance abuse prevention implementation by:
 - Increasing capacity for sustaining prevention in the public health and behavioral health systems throughout the state
 - Making positive change in data-driven priority areas including:
 - Underage drinking
 - Adult binge drinking
 - Other substance use/misuse as identified through data (excluding opioids and stimulants)

CONTRACT DATES AND PHASES

The contract will run from October 1, 2020 through September 30, 2022. The contract period will be broken into three phases (timeframes may be modified):

- Phase 1: Assessment and Planning Phase, October 1, 2020 – November 30, 2020
- Phase 2: Implementation Phase, December 1, 2020 – July 31, 2022
- Phase 3: Evaluation Phase, August 1, 2022 – September 30, 2022

EXPECTATIONS/SCOPE OF WORK

1. GENERAL EXPECTATIONS

- Submit monthly reports on or before the 10th of each month to the State using the Monthly Reporting Excel document provided by the State.
- Collaborate with existing substance abuse prevention organizations and programs in order to maximize benefit, avoid duplication and leverage, redirect and realign resources.
- Participate in required Training and Technical Assistance (T/TA) opportunities provided by the State, to include trainings and onsite TA visits.
- Participate in a minimum of quarterly meetings with the requirement of presenting accomplishments and activities.
- Ensure at least one individual working under this grant has completed the Substance Abuse Prevention Skills Training (SAPST), a training offered by the state, within the last 5 years.

2. ASSESSMENT AND PLANNING PHASE

- Develop and submit written assessment and plan to the State for approval by November 30, 2020, to include:
 - Review community data available describing substance use and consequences, following the state-level data priorities
 - Underage drinking
 - Adult binge drinking
 - Other, as identified by data
 - Identify, review and assess data related to intervening variables and local conditions. This data will serve as a baseline assessment and be re-assessed during the Evaluation Phase.
 - Identify one primary strategy linked to the local condition, and multiple activities (following CADCA's Seven Strategies for Community Change) to work towards an environmental change.
 - Utilize Attachment A as guidance.
 - Identify a community coalition or workgroup to serve as the local advisory/work group to the community's prevention work.
- Submit monthly reimbursement requests. Reimbursement will be up to \$5,000 per month during the Assessment Phase.

3. IMPLEMENTATION PHASE

- Implement activities identified in the Assessment and Planning Phase.
 - Implement evidence-based activities and strategies following the guidelines in Attachment A.
- Collect process measures to monitor implementation and modify strategy and activity implementation as needed.
- Implement a minimum of three activities monthly as outlined in the Parents LEAD Community Toolkit (<http://www.parentslead.org/sites/default/files/PL%20Toolkit.pdf>) to support general prevention efforts and increase readiness.
- Submit monthly reimbursement requests. Reimbursement will be up to \$8,000 per month based on activities in Attachment A.

4. EVALUATION PHASE

- Complete an evaluation of the local condition assessed during the Assessment Phase and submit to the State by September 30, 2022, to include the following:
 - detailed summary of progress made for the implemented strategy utilizing pre- and post-assessment data collected
 - clear summary of process measures (total people reached, number of resources disseminated, etc.)
 - outcome measures based on identified priority areas
 - identification of communication points to share with local stakeholders
 - identified barriers to implementation for activities and possible solutions
 - plans for sustaining outcomes
- Submit monthly reimbursement requests. Reimbursement will be up to \$5,000 per month during the Evaluation Phase.

FUNDING AVAILABILITY, DISTRIBUTION AND COMPENSATION

Total available funding for this Substance Abuse Prevention Community Grant program is approximately \$750,000 annually for two years. Funding will be allocated equally among 12 successful awardees.

Monthly reimbursement shall be provided upon deliverables being met as detailed in Attachment A. During the Assessment and Planning phase, up to \$5,000 will be reimbursed per month. No more than \$8,000 will be reimbursed per month during the Implementation Phase based upon the completion of activities in Attachment A. During the evaluation phase, \$10,000 will be reimbursed upon completion of the evaluation activities. Total allocation to each of the 12 selected LPHU will be \$62,500 annually.

Funds may not be used for substance abuse treatment, intervention, or relapse prevention. Also, follow the funding restrictions in Attachment B.

APPLICATION AND SUBMISSION INFORMATION

Grant Application Schedule	Dates	Time (CT)
Grant Guidance Available	August 10, 2020	
Deadline for Submission of Questions and Clarifications	August 14, 2020	4:00PM
Responses to Questions and Clarifications	No later than August 19, 2020	
Proposal Submission Deadline	September 4, 2020	5:00PM
Approximate date of Notification of Award	September 15, 2020	
Contract Start	October 1, 2020	
Contract End	September 30, 2022	

DEADLINE FOR PROPOSAL SUBMISSION

Applicants must submit completed proposals by **September 04, 2020 at 5pm (CST)** to Katie Rykal at krykal@nd.gov.

REVIEW PROCESS

Following the submission deadline, proposals shall be reviewed and evaluated by the Behavioral Health Division (BHD) based the following areas (percentage of the total score):

1. Experience (25%)
2. Assessment (35%)
3. Capacity (40%)

Proposals will be evaluated using the criteria identified below and following the Evaluation Tool identified in Attachment C. Notices of award will be provided approximately September 15, 2020.

QUESTIONS

Due to the nature of the application being competitive, individual questions will not be answered. Instead, any questions and clarification requests can be submitted in writing no later than August 14, 2020 at 4:00pm to Katie Rykal at krykal@nd.gov. BHD will email all LPHUs the submitted questions and clarifications with their answers no later than August 19, 2020.

PROPOSAL FORMAT AND CONTENT

COVER PAGE

Proposals must include a cover page that includes:

- Local Public Health Unit Name
- Full Contact Information:
 - Name
 - E-Mail
 - Phone Number
 - Address

PROJECT NARRATIVE

The project narrative section should be no longer than 10 pages including any attached supporting documentation and include the following areas:

EXPERIENCE

Describe past experiences working with state- and federal (if applicable)-funded grants. As applicable, provide examples of:

- Previous grant work
- Summary of process and outcome measures collected during previous grant work
- Past accomplishments
- A description of how substance abuse prevention has been integrated into the LPHU

ASSESSMENT

- Identify the priority substance you would assess in the Assessment and Planning Phase: Underage drinking, adult binge drinking or other substance supported by data (excluding opioids and stimulants).
 - Describe the current data to support the identified priority substance
- Identify the priority substance use consequence you would assess in the Assessment and Planning Phase
 - Describe the current data to support the identified priority consequence

CAPACITY

Describe current capacity and ability to implement the Strategic Prevention Framework model in the identification and implementation of evidence-based prevention, including how funding would be used to help build your capacity. In addition, the following should be included in your narrative:

- Individuals who will be working on this project and their estimated level of effort for this project
- Current partners (coalitions, etc.) who will support implementation of this project. Also include any additional partners you want to will seek out
- Capacity to collect local data

ATTACHMENT A: STRATEGY IMPLEMENTATION GUIDE

1. Problem Substance:	
2. Local Condition (<i>the behavior</i>):	
3. Strategy Being Implemented:	

1. **Providing Information** (up to \$3,500/month) to support your strategy and policy – educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).
 - a. Radio messages (up to \$600/month)
 - b. Newspaper ads (up to \$600/month)
 - c. Eight customized social media posts/month (up to \$300/month)
 - d. Posters hung up throughout community (up to \$200/month)
 - e. Flyers handed out to different locations (\$200/month)
 - f. Presentation to group (\$400/presentation; maximum \$800/month)
 - g. Billboard (up to \$1000/month)
 - h. Handing out brochures (up to \$200/month)
 - i. Facebook Live video (\$300/video; maximum of \$600/month)
 - j. Host a Community Forum or Town Hall Meeting (up to \$2,000/event; maximum \$4,000/year)
 - k. Host a booth at a community event (\$200/event; maximum \$400/month)
 - l. Meet and share information with key stakeholders (\$100/meeting; maximum \$400/month)
 - m. Attend and share information at a coalition meeting (\$300/coalition meeting; maximum \$600/month)
 - n. Lead a coalition meeting and share information (\$400/coalition meeting; maximum \$800/month)
 - o. Other preapproved by State

2. **Enhancing Capacity or Skills** (up to \$4,000/month) to support your strategy and policy – workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
 - a. Participate in a webinar (\$200/webinar; maximum \$400/month)
 - b. Host a webinar training (\$500/webinar; maximum of \$1,000/month)
 - c. Attend a conference (\$750/day; maximum \$4,500/year)
 - d. Host a conference (\$2,000/day; maximum \$6,000/year)
 - e. Attend a training (\$750/day; maximum \$9,000/year)
 - f. Host a community training (\$2,000/day; maximum \$8,000/year)
 - g. Collection of data from already existing sources related to the environmental change/strategy being implemented (\$250/data report collected)
 - h. Collection of new data which will support the environmental change/strategy (up to \$3,000 for collection, analysis, and report/maximum of \$6,000 per year)
 - i. Evaluation Report (up to \$2,000/year)
 - j. Other preapproved by State

3. **Providing Support** (up to \$5,000/month) to help implement your strategy and policy – creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
 - a. Alternative activities

- i. Creation of an implementation plan (\$500/plan)
 - ii. Promotion of event (up to \$1,000/event; maximum \$2,000/month)
 - iii. Implementation of alternative event (\$1,000/activity; maximum of \$2,000/month)
 - b. Evidence-based mentoring program to fidelity
 - i. Creation of an implementation plan (\$500/plan)
 - ii. Program training for staff (up to \$5,000/person)
 - iii. Promotion of program (up to \$1,000/program; maximum \$2,000/month)
 - iv. Implementation of program (\$2,000/program; maximum of \$4,000/month)
 - c. Evidence-based curriculum
 - i. Creation of an implementation plan (\$500/plan)
 - ii. Curriculum training for staff (up to \$5,000/person)
 - iii. Promotion of curriculum (up to \$1,000/curriculum; maximum \$2,000/month)
 - iv. Implementation of curriculum (\$2,000/curriculum; maximum of \$4,000/month)
 - d. Implementing an evidence-based screening and brief intervention tool (up to \$1,500/month/new location)
 - i. Promotion of new screening tool (up to \$900/month)
 - e. Other preapproved by State
4. **Enhancing Access/Reducing Barriers** (up to \$1,000/month) to support your strategy and policy - Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
- a. Activities implemented in this category must be preapproved by the state. Reimbursements will be provided based on activity.
5. **Changing Consequences** (Incentives/Disincentives) (up to \$3,000/month) to support your strategy and policy – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, revocations/loss of privileges).
- a. Incentives
 - i. Press release of congratulations (\$500/release/month)
 - ii. Awards for doing the right thing (up to \$1,000/month)
 - iii. Awards ceremony (up to \$3,000/event/year)
 - b. Disincentives
 - i. Press release explaining what is expected (\$500/release/month)
 - ii. Letters explaining what is expected (up to \$500/month)
 - c. Texting Tipline (up to \$1,400/year).
 - d. Other preapproved by State
6. **Physical Design** (up to \$3,500/month) to support your strategy and policy – changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, signage, outlet density).
- a. Signs (not posters) built, installed, or erected (up to \$1,000/month for new signage)
 - i. Example: permanent signage in parks/fair grounds
 - ii. Example: permanent signage in buildings
 - iii. Example: metal signage for community events
 - b. Installation of security cameras as a deterrent or to increase enforcement or prosecution (up to \$1,000 for each new location; maximum \$2,000/month)
 - c. Reduction in retail/outlet density (up to \$3,000/month)

- d. Other preapproved by State

7. **Environmental Changes or Modifying/Changing/Implementing**

Policies – (up to \$7,000/month) formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations). **Lobbying is prohibited.*

- a. Internal policy change (\$1,500/implementation of new policy; maximum \$3,000/month)
 - i. Example: School policy to require evidence-based screening tool to be used.
 - ii. Example: Medical provider/hospital implements new screening tool.
- b. Procedural changes (\$1,500/implementation of new procedure; maximum \$3,000/month)
 - i. Example: Law enforcement implements new procedure for conducting bar-walkthroughs looking for over-intoxication or fake IDs.
- c. System changes (\$1,500/implementation of new change; maximum \$3,000/month)
 - i. Example: New requirements for obtaining a liquor license (police approval, three strike rule, etc.)
 - ii. Example: New requirements for community events (roped off areas, security, drink sizes, family sections, alcohol-free, etc.)
 - iii. Example: New restrictions/notifications for DUIs.
 - iv. Example: Court requires community service or participation in an evidence-based class.
- d. Providing support for ordinance change (up to \$5,000/implementation of new ordinance; maximum \$5,000/month)
 - i. Example: Ordinance requiring Alcohol Server Training.
 - ii. Example: Ordinance requiring alcohol-free community events.
 - iii. Example: Ordinance requiring stricter penalties for alcohol possession, delivery, etc.
- e. Other preapproved by State

*Reimbursement amount by activity may change based on actual costs and preapproval by State.

ATTACHMENT B: FUNDING RESTRICTIONS

Programs receiving SAPT Block Grant Funds shall not utilize the funds to:

- Provide inpatient hospital services;
- Participate in lobbying activities;
- Make cash payments to intended recipients of health services;
- Purchase or improve land;
- Purchase, construct, or permanently improve buildings or other facilities;
- Purchase major medical equipment;
- Satisfy any requirements for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- Provide financial assistance to any entity other than a public or nonprofit entity (this restriction is waived if a formal procurement process is utilized);
- Provide individuals with hypodermic needles or syringes;
- Expend funds for treatment services provided in penal or correctional institutions of the state;
- Use block grants to pay salaries in excess of Level II of the federal senior executive service pay scale;
- Other restrictions on use of SAPT funds:
 - Application for 501(c)(3);
 - Must have division approval for the purchase of any food for meetings or conferences prior to expending any funding. Block Grant can be used for food at meetings if the primary purpose of the meeting and/or conference is the dissemination of technical information. Includes cost of meals, transportation, rental of facilities, speakers' fees, and other items incidental to such meetings or conferences. Costs must be necessary and reasonable for proper and efficient performance, and administration of Federal awards, and be adequately documented;
 - Purchasing equipment: www.gpo.gov/fdsys/pkg/CFR-2004-title45-vol1/pdf/CFR-2004-title45-vol1-sec92-32.pdf;
 - Non-Evidence Based Programming;
 - Tobacco Cessation Counseling can only be covered if it is a part of an individual's overall substance use disorder treatment and identified in the individual's treatment plan;
 - Vocational Rehabilitation Services;
 - Funding cannot pay for programs developed for the only purpose is to provide drug screens;
 - Funding cannot support activities such as religious worship, religious instruction, or proselytization;
 - In delivering of services, organizations cannot discriminate against current or prospective individuals based on religion, religious belief, refusal to hold a religious belief or refusal to actively participate in a religious activity;
 - Funding can only be used with out-of-state providers under the following conditions:
 - The program complies will all applicable state and relevant "border" contracting and procurement rules and guidelines;
 - A program complies with all Block Grant regulations; and
 - A program is only billing treatment costs for North Dakota residents.
 - The SABG shall not be used to supplant state funding of alcohol and other drug prevention and treatment programs.
 - SABG funds must be used as the payment of last resort. If an individual qualifies for Medicaid funding, has full or partial insurance, or private funds available, these sources are primary and should be billed first.
 - Fee-Splitting activities. No program may be involved in the referral of individuals and receive payment or other benefits for the referral.

ATTACHMENT C: EVALUATION TOOL

SUBSTANCE ABUSE PREVENTION COMMUNITY GRANT EVALUATION CRITERIA AND SCORING

Name of Applicant: _____

Name of Evaluator: _____

Date of Review: _____

THE TOTAL NUMBER OF POINTS USED TO SCORE THIS PROPOSAL IS 100

Experience

Twenty-five (25) of the total possible points will be assigned to this criterion.

Rating Scale (25 POINT Maximum)	
Point Value	Explanation
0	None. Not addressed or response of no value
1-7	Fair. Limited applicability
8-12	Good. Some applicability
13-19	Very Good. Substantial applicability
20-25	Excellent. Total applicability

Proposal will be evaluated against the questions set out below. Do not assign points to individual questions; instead, award a total score for each evaluation criterion.

A) How well did the applicant describe previous grant work, working with state- and federal (if applicable)-funded grants?

Evaluator's Notes:

B) How well did the applicant describe their process and outcome measures collected during previous grant work?

Evaluator's Notes:

C) How well did the applicant describe their past accomplishments?

Evaluator's Notes:

D) How well did the applicant describe how substance abuse prevention has been integrated into the LPHU?

Evaluator's Notes:

Points Total _____

Assessment

Thirty-five (35) of the total possible points will be assigned to this criterion.

Rating Scale (35 POINT Maximum)	
Point Value	Explanation
0	None. Not addressed or response of no value
1-10	Fair. Limited applicability
11-19	Good. Some applicability
20-27	Very Good. Substantial applicability
28-35	Excellent. Total applicability

Proposal will be evaluated against the questions set out below. Do not assign points to individual questions; instead, award a total score for each evaluation criterion.

- A) Did the applicant clearly identify one of the following priority substances to assess in the Assessment and Planning Phase; Underage Drinking, Adult Binge Drinking, or Other Substances Supported by Data (excluding opioids and stimulants)?

Evaluator's Notes:

- B) How well did the applicant describe the current data to support the identified priority substance?

Evaluator's Notes:

- C) Did the applicant clearly identify the priority consequence they would assess in the Assessment and Planning Phase?

Evaluator's Notes:

D) How well did the applicant describe the current data to support the identified priority consequence?

Evaluator's Notes:

Points Total _____

Capacity

Forty (40) of the total possible points will be assigned to this criterion.

Rating Scale (40 POINT Maximum)	
Point Value	Explanation
0	None. Not addressed or response of no value
1-9	Fair. Limited applicability
10-19	Good. Some applicability
20-30	Very Good. Substantial applicability
31-40	Excellent. Total applicability

Proposal will be evaluated against the questions set out below. Do not assign points to individual questions; instead, award a total score for each evaluation criterion.

- A) How well did the applicant describe their current capacity and ability to implement the Strategic Prevention Framework model in the identification and implementation of evidence-based prevention?

Evaluator's Notes:

- B) How well did the applicant describe how funding would be used to help build their capacity?

Evaluator's Notes:

- C) How well did the applicant describe the individuals who would be working on this project and their estimated level of effort for this project?

Evaluator's Notes:

D) How well did the applicant describe partnerships they currently have or would seek to collaborate and how these collaborations would assist them with implementation?

Evaluator's Notes:

E) How well has the applicant describe their capacity to collect local data?

Evaluator's Notes:

Points Total _____

Evaluation Summary

Name of Applicant:						
Date:						
Technical Evaluation Criteria	100 POINT Maximum	Evaluator	Evaluator	Evaluator	Evaluator	Evaluator
Experience	25					
Assessment	35					
Capacity	40					
Evaluator Totals						
Grand Total		Note: Sum of all individual scores.				
Technical Proposal Score		Note: Total of individual points divided by the number of evaluators (100 POINT Maximum).				