Grant Request for Application

**Early Intervention Services for Youth Grant**

Behavioral Health Services Commission - Prevention

Release Date: April 15, 2022

Questions submitted by April 22, 2022

Questions posted by April 29, 2022

RFA Submission Deadline: **May 6, 2022, 5 p.m. CST**

**Table of Contents**

Overview

Background

Purpose of RFA

Targeted Population

Eligibility

Terms of the Grant

Deliverables & Reporting

Notification of Grant Awards

Application

Timeline

Overview of Grant Awards

Project Narrative

Selection Process

* Attachment A – Applicant Information
* Attachment B
* Budget Narrative

**Early Intervention Services for Youth Grant**

**Overview**

The Kansas Department for Aging and Disability Services (KDADS) /Behavioral Health Commission is committed to supporting youth with effective services opportunities and resources to address their higher COVID-induced trauma and behavioral health concerns.

**Background**

Students in Kansas communities are at higher risk of behavioral health concerns from COVID-related isolation. Between fall 2019 and fall 2020, a large number of students lost classroom socialization due to remote learning outside of a physical classroom. Kansas has noted a sharp increase in youth behavioral health concerns during the COVID-19 pandemic. Mental health claims for 13–18-year-olds have increased by >20% and rates of self-harm diagnoses have nearly doubled for that same age group. KDADS recognizes that COVID-induced trauma will lead to more severe behavioral concerns if left unaddressed in youth.

**Purpose of RFA**

Currently, KDADS does not offer specific prevention programming to support youth with additional services and resources to address higher COVID-induced trauma and behavioral health concerns of students.

The grantee will be required to demonstrate a capacity to ensure the Behavioral Health Early Intervention services programs fit with existing behavioral health strategies for youth and are in line with SAMHSA CSAP strategies.

Emphasis should be placed on strengthening common protective factors to reduce the frequency of problems occurring with mental health and/ or AOD (Alcohol and other Drugs) use for youth K-12, and their parents, caregivers, and schools.

**Targeted Population**

K-12 youth in the community with higher COVID-induced trauma and behavioral health concerns are the primary targeted population for this RFA. This includes but is not limited to activities /strategies in schools and other geographical communities where services can be provided to the youth and their parents, caregivers, and schools (i.e. recreation centers, churches, summer camps, Boys & Girls Clubs, Boys & Girl Scouts, and others) to youth, and their parents, caregivers, schools.

KDADS invites Kansas nonprofit 501(c)(3) organizations of all disciplines to submit proposals in response to this Request for Applications (RFA. Proposals will provide services, education, and awareness on topics such as:

* COVID-induced trauma and behavioral health concerns of students
* Youth behavioral health/mental health/substance abuse prevention
* Behavioral Health Early Intervention and/or
* Fostering stable environments

**Eligibility**

1. The Kansas Department for Aging and Disability Services invites community coalitions, and others from private, nonprofit, and/or community organizations to apply. Eligible grantees must be an existing organization that has been established at least one year prior to the date of the RFA. Effective applicants must possess a stable and effective organizational structure with clearly defined staff roles that can facilitate the required programming.
2. Selected applicants shall sign a Notice of Grant Award, an agreement that KDADS will provide. The proposal submitted to KDADS shall become part of the Notice of Grant Award.
3. Applicants are required to have a DUNS number at the time of submission of the funding proposal. This number is a unique nine-digit identification number provided by Dun & Bradstreet. It may be obtained at no cost at the following website: *www.fedgov.dnb.com/webform* or by calling 866-705-5711. Verification of the DUNS number must be submitted as part of the funding proposal.
4. The minimum qualifications of proposing organizations must include the following items:

* KS Business License (issued by the Office of the Secretary of the State);
* Experience implementing services of similar complexity;
* Capacity to submit required data to KDADS in a manner that is timely and accurate; and,
* Capacity to implement and begin all services within one month of receiving notification of award and complete services by Capacity to implement and begin all services within one month of receiving notification of award and complete services by March 31, 2023.

**Terms of the Grant**

1. The project phase for these optional grants will be June 1, 2022, through March 31, 2023. All funds must be expended by March 31, 2023.
2. The award is for 1 (one) year. The awarded grantee will enter a binding legal Notice of Award Grant Agreement (NOGA) between the Kansas Department for Aging and Disability Services and the awarded bidder.

**Deliverables and Reporting**

1. Grant recipients will be required to submit a monthly report of activity by the 20th of each month to the KDADS Prevention Manager & Consultants, as well as a final summary report addressing the results reached at the grant term end date on March 20, 2023.
2. In addition, a financial report provided by KDADS shall be completed monthly, documenting all expenditures for the previous month and submitted for reimbursement by the 20th of each month until all awarded funds are exhausted for the grant. The final report shall be expected on April 20, 2023.

**Notification of Grant Awards**

Awards will be announced by email.

**Application**

1. Instructions:

1. Submit one electronic application to kdads.bhs@ks.gov.

* Due Date: May 6, 2022
* Time: 5:00 p.m. CST

2. Complete the required cover sheet and submit with your Project Narrative(s).

3. Applications must consist of a Project Narrative and a Proposed Budget for each area of interest being bid on including (be concise but complete):

4. Format the Project Narrative using one-inch margins at the top, bottom, and both sides; a font size of 12 points; and sequentially paginated pages.

5. Please adhere to the funding limitations listed at the end of each option on the optional grants cover page.

1. Grants are intended to fund practices that have a demonstrated Evidence-based and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches that are validated by some form of documented research evidence.
2. Funds may not be expended through the grant or a sub-award by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders.
3. Funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
4. The Grantee agrees to abide by all state, federal and local laws, rules and regulations prohibiting discrimination in employment and controlling workplace safety. Any violation of applicable laws, rules or regulations may result in termination of this Grant.
5. Budget Information

* Complete Attachment B and include Budget Narrative

**Timeline**

Below is a timeline and due dates for this RFA. If KDADS finds a need to alter the timelines listed herein, either an addendum or correction notice will be issued announcing the alternate timeline.

|  |  |
| --- | --- |
| Release of Request for Application | April 15, 2022 |
| Written questions Submitted | April 22, 2022 by 5 pm CST |
| Questions posted | April 29, 2022 |
| Applications Due | May 6, 2022 by 5 pm CST |
| Grant Phase | June 1, 2022 through March 31, 2023 |

Note: Submit application and questions to: kdads.prevention@ks.gov

**Overview of Grant Awards**

To help focus your efforts to the 4 (four) identified areas above, a menu below that has 3 (three) separate components **Information Dissemination; Prevention Education; Drug-Free Initiatives** is provided below. Please select one or multiple areas to deliver services. If multiple areas are selected, you must provide a response to each section and a budget for each in a separate document.

**INFORMATION DISSEMINATION**

Under the scope of work (SOW) are (3) three focus areas to choose from. It lists the amount of the awards for each area:

* Media Campaigns, Brochures, Radio and TV public service announcements, Social Media
  + Two awards at $45,000 each
* Speaking Engagements
  + Two awards at $15,000 each
* Health fairs and other health promotion, e.g. conferences, meetings, seminars
  + Four awards at $120,000 each

**PREVENTION EDUCATION**

Under the scope of work (SOW) are (2) two focus areas to choose from. It lists the amount of the awards for each area:

* Parenting, Preschool ATOD prevention programs, Ongoing classroom/or small group sessions, Peer leader/helper programs, Educational programs for youth groups
  + Four awards at $100,000 each
* Parenting, Ongoing classroom/or small group sessions, Peer leader/helper programs, Educational programs for youth groups, Afterschool programs
  + Three awards at $80,000 each

**DRUG-FREE ALTERNATIVES**

Under the scope of work (SOW) are (6) six focus areas to choose from. It lists the amount of the awards for each area:

* Drug-free dances and parties
* Youth/adult leadership activities
* Community drop-in centers
* Community service activities
* Outward Bound
* Recreation activities
  + Four awards at 80,000 each

**Project Narrative**

**Organizational Capacity** (1 to 2 pages)

Briefly describe your organization’s work over the past two years involving providing behavioral health early intervention and substance use services. Describe your experience, staffing, resources, and expertise in the following areas:

1. **Early Intervention in Communities for youth**
2. **Youth Behavioral Health/Mental Health Prevention**
3. **Youth Substance Use Prevention**

**Target Population** (1 page)

Please describe how you will implement a plan to serve the targeted population based on your chosen area of focus within the target population of K-12 youth in the community with higher COVID-induced trauma and behavioral health concerns. This includes, but is not limited to, activities/strategies in schools and other geographical communities where services can be provided to the youth and their parents, caregivers, and schools (i.e., recreation centers, churches, summer camps, Boys & Girls Clubs, Boys & Girl Scouts, and others).

Include a timeline that demonstrates that your efforts can begin within 30 days of the award; what you can accomplish by 90; what you can provide by 120 days; and what you can accomplish by the last 45 days of the end date to ensure your plan will end in the expected time. Example: by June 15, we will have scheduled a speaker to discuss EI, and by August 15 we will have scheduled our second speaker to share resources on EI, etc. This can be in paragraph format instead of a table.

**Data Collection, Tracking, and Reporting** (1 page or less)

The applicant is expected to describe how they will collect data regarding their chosen area of focus. If selected, KDADS will work with the grantee to specifically identify what data would be required in the Notice of Grant Awards (NOGA). For this section, a response will demonstrate that the grantee has the capacity to ensure data will be tracked and reported.

**Selection Process**

Applicants will be evaluated according to the demonstrable capacity and their experience to provide effective services in Early Intervention under the three-menu selection (**Information Dissemination; Prevention Education; Drug-Free Initiatives**). In addition, applicants who demonstrate an effective plan to provide the service(s) with a realistic approach and timeline will be preferred. Preference will also be given to those who demonstrate past or current experience, providing these services. However, those who have a strong proposal to provide Early Intervention services that have never done so will be reviewed and evaluated with the same measurements. The quality and strength of the proposal narrative will also be considered. The applicant’s proposal will be reviewed based on the following criteria.

|  |  |
| --- | --- |
| **APPLICATION COMPONENT** | **Points Possible** |
|  | |
| **Applicant Information & Required Documentation (Attachment A)**   * 501(c)(3) Verification as appropriate * List of Board Members and a Board Member Conflict of Interest Statement if a 501(c)(3) | **5** |
| **Program Narrative 60** | |  |
| Bidder Organizational Capacity | 30 |
| Target Population | 30 |
| **Data Collection & Reporting** | **30** |
| **Budget Request (Attachment B and Budget Justification)** | **5** |
| **TOTAL** | **100** |

**Attachment A – Applicant Information**

1. **Applicant Agency**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, St. Zip |  |
| Telephone |  |
| Email |  |
| Signature |  |

1. **Type of Agency**

|  |
| --- |
| ☐Public ☐Private Non-Profit ☐Private Profit |

1. **Official Authorized to Sign Application**

|  |  |
| --- | --- |
| 1. Name |  |
| Address |  |
| City, St. Zip |  |
| Telephone |  |
| Email |  |
| Signature |  |

**D.** **Project Director**

|  |  |
| --- | --- |
| 1. Name |  |
| Address |  |
| City, St. Zip |  |
| Telephone |  |
| Email |  |
| Signature |  |

**E.** **Fiscal Agent**

|  |  |
| --- | --- |
| 1. Name |  |
| Address |  |
| City, St. Zip |  |
| Telephone |  |
| Email |  |
| Signature |  |