

MONTGOMERY COUNTY

**Alcohol
Drug Addiction
& Mental Health
Services**

**Request for Proposals (RFP)
for**

Suicide Prevention Services

**As issued by
The Alcohol Drug Addiction and
Mental Health Services Board for
Montgomery County**

Released: April 13, 2017

Deadline: May 26, 2017

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I. REQUEST FOR PROPOSAL — GENERAL INSTRUCTIONS

A. PURPOSE & HISTORY

The Montgomery County Alcohol Drug Addiction and Mental Health Services (ADAMHS) Board is requesting proposals for the delivery of School Based Suicide Prevention Services for the residents of Montgomery County. Selected proposals may be awarded a one-year agreement beginning as early as July 1, 2017 and ending no later than June 30, 2018.

Montgomery County, like most across the state and the nation, faces challenging mental health issues. Stress, anxiety, depression, trauma, and "self-medicating" behaviors negatively affect too many of our residents. Far too often, these challenges end in people dying by suicide. Data gathered by the Montgomery County Coroner's Office indicates that between 2010 and 2015, there were 492 suicides across the county. Further analysis shows that of the 492 suicides, 86% were white and 78% were male.

The highest suicide rate occurred among individuals between the ages of 50 and 59, while the lowest suicide rate occurred among youth between the ages of 10 and 17. Despite youth having the lowest suicide rate, suicide is the second leading cause of death for individuals between the ages of 11 to 17 in Montgomery County. The City of Dayton suicide rate accounts for nearly one-third of all suicides that occurred in the county between 2010 and 2015. See Appendix A for a graph depicting the cities with the highest suicide rates in Montgomery County.

To prevent suicide deaths in Montgomery County, ADAMHS is seeking proposals to implement suicide prevention services. Research indicates that the most effective way to prevent suicide is to implement a comprehensive plan that uses Universal, Selective, and Indicated prevention strategies. As defined by SAMHSA, Universal prevention strategies reach a broad population regardless of risk, before there is any indication of a substance abuse and/or mental health problem, and are aimed at preventing or delaying substance abuse and mental health issues. Selective prevention strategies target individuals who are at risk of developing substance abuse and/or mental health problems based on biological, psychological, or social risk factors. Examples include children of alcoholics, those with a family history of depression, and individuals who have experienced trauma. Indicated prevention strategies intervene when an individual experiences substance abuse and/or mental health problems, but do not have a diagnosed substance use disorder or mental illness. Examples include individuals who violate drug policies and those who experience suicidal ideation.

Research also indicates that the most effective way to prevent suicide is to adapt a comprehensive approach focusing on strategies, programs, and practices that work together to address all aspects of the problem. Three key strategies form a comprehensive approach. Each are outlined below.

Best Practice 1: *Promote Emotional Well-Being and Connectedness* - Supportive relationships and community connectedness can help protect individuals against suicide despite the presence of risk factors in their lives. Connectedness can be enhanced through social programs for specific population groups (such as older adults or youth) and through other activities that reduce isolation, promote a sense of belonging, and foster emotionally supportive relationships.

Best Practice 2: *Identify and Assist Persons at Risk* - Many people in distress do not seek help or support on their own. Identifying people at risk for suicide can help reach those in the greatest need and connect them to care and support. Examples of activities in this strategy include gatekeeper training, suicide screening, and teaching warning signs.

Best Practice 3: *Provide for Immediate and Long-Term Postvention* - A postvention plan is a set of protocols to help an organization or community respond effectively and compassionately to a suicide death. Immediate responses focus on supporting those affected by the suicide death and reducing risk to other vulnerable individuals. Postvention efforts should also include intermediate and long-term supports for people bereaved by suicide.

Utilizing these three best practices, ADAMHS has identified four main components that make up a comprehensive suicide prevention plan for Montgomery County: youth prevention programming, immediate and long-term postvention services, suicide prevention marketing materials, and suicide prevention trainings targeting at risk populations. This plan has been adapted from best practice research as well as from information extracted from SAMHSA's *Preventing Suicide: A High School Toolkit*. For more information about this toolkit, go to <http://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf>. ADAMHS is seeking applications to implement a pilot project that addresses this suicide prevention plan.

B. ELIGIBILITY

Eligible entities are those agencies that provide services within Montgomery County, Ohio, and to the residents of Montgomery County, Ohio. Organizations eligible to receive funds through this opportunity include legally recognized domestic public and private nonprofit entities, local governments, public and private universities and colleges, public and private primary and secondary schools. All eligible agencies must:

1. Hold an active Prevention Program Certification through the Ohio Department of Mental Health & Addiction Services, or be exempt from certification according to State of Ohio rules, including education entities under the jurisdiction of the Ohio Department of Education or the Ohio Board of Regents.
2. Complete the necessary paperwork to become a vendor with the ADAMHS Board.
3. Work directly with the Division of Prevention & Early Intervention at the ADAMHS Board for ongoing consultation and mentoring on prevention service delivery.

C. LIMITATIONS

Unallowable services under this funding opportunity include all clinical, medical, therapeutic, and treatment-based service modalities. Only prevention services will be funded under this opportunity. For the purpose of this Request for Proposals (RFP), prevention is defined as the delivery of services or strategies prior to the onset of a disorder. These interventions are intended

to prevent or reduce the risk of developing behavioral health problems, such as underage alcohol use, prescription drug misuse and abuse, illicit drug use, and mental illnesses.

All proposals must be submitted with respect to the following limitations:

1. This RFP does not commit the Montgomery County ADAMHS Board to award an agreement or pay **any** costs incurred in the preparation of a proposal.
2. The Montgomery County ADAMHS Board reserves the right to accept or reject any and all proposals received.
3. The Montgomery County ADAMHS Board reserves the right to negotiate any and all services, unit costs, activities, evaluation details, any other details, and final award amounts with any and all proposers who have submitted a proposal.
4. **These funds may only be expended on the services outlined in this RFP and relevant supportive services.**

D. AVAILABILITY & LENGTH OF FUNDING

All agreements resulting from this RFP will be subject to certain timing guidelines.

1. Proposals cannot exceed \$125,000 over the course of the 12-month funding period.
2. Agreements may begin as early as **July 1, 2017**.
3. Selected proposals terminate **June 30, 2018**.
4. The selected service providers will be required to enter into an agreement outlining the purchase of professional service(s) and specifying the terms under which the funds will be reimbursed.

E. BIDDER'S CONFERENCE

One **Bidder's Conference** will be held on **Monday, April 17, 2017 from 1:00 pm to 2:30 pm** at the Montgomery County ADAMHS Board, located at 409 East Monument Avenue, Suite 201, Dayton, OH 45402. Parking is available in the Water Street Parking Garage behind the building. The RFP will be reviewed and discussed. Questions will be answered and educational information regarding the RFP will be provided at this time. Details regarding how to apply using the ADAMHS Application for Funding Portal will be explained as well.

Proposers are encouraged to attend this session, but not required. Not attending this session may not serve as a basis for failure to meet proposal requirements.

F. SUBMISSION REQUIREMENTS

All proposals must be submitted using the following guidelines:

1. **Proposals must be submitted electronically using the ADAMHS Application for Funding Web Portal – <http://aff.mcadamhs.org>**
2. **Questions about this RFP will be accepted until Noon on Friday, May 19, 2017.** All questions should be sent via email to Ashley Mack at amack@mcadamhs.org. Responses to questions and any modifications to the RFP will be posted on the ADAMHS website at www.mcadamhs.org.
3. Completed proposals **must be submitted via the Application for Funding Portal no later than 5:00 p.m. Eastern Standard Time (EST) on Friday, May 26, 2017.**
4. Late proposals **will not** be accepted or considered.
5. Emailed proposals **will not** be accepted.
6. Faxed proposals **will not** be accepted.
7. Hand delivered proposals **will not** be accepted.
8. The Montgomery County ADAMHS Board reserves the right to reject any proposal that does not follow one or more of the Submission Requirements or guidelines expressed within this RFP.

Any requests for exceptions to any of the RFP requirements contained herein must be submitted in writing by 5:00 p.m. (EST) on May 5, 2017. Requests should be sent to Andrea Hoff, Director of Prevention & Early Intervention, Montgomery County ADAMHS Board, 409 E. Monument Ave., Suite 102, Dayton, OH 45402 or by e-mail to ahoff@mcadamhs.org. **All requests for exceptions will be considered on a case-by-case basis and will be subject to the final decision of the ADAMHS Board.**

G. REQUIREMENTS TO RECEIVE AN AWARD

If awarded, proposers must comply with the following:

1. Quarterly program and financial reports submitted to ADAMHS. The specifics and due dates will be explained at the time the award is granted.
2. Quarterly provider meetings with ADAMHS for ongoing contract compliance and technical assistance. The specifics and due dates will be explained at the time the award is granted.
3. A minimum of semi-annual on-site visits from ADAMHS program monitoring staff.

4. Data entry into the ADAMHS' GOSH data system for both data tracking and billing/invoicing purposes. ADAMHS staff will provide training and technical assistance on the GOSH system.
5. Annual compliance reviews by ADAMHS staff.

H. PROPOSAL REQUIREMENTS

All proposals must be submitted with respect to the following requirements:

1. The proposer follows the submission requirements as outlined in this RFP and submits proposal materials in accordance with the process outlined in the RFP.
2. All proposed services must be delivered in Montgomery County and provided to Montgomery County residents only.
3. The proposer complies with applicable local, state, and federal laws and regulations and meets applicable professional standards.
4. The proposer is an Equal Opportunity Employer and provides assurance that no person will be denied services on the basis of race, sex, color, creed, national origin, age or handicap. Facilities and services will be accessible to handicapped persons.

The following information must be included in your application. Note that the first two components - youth suicide prevention programming and postvention services - are mandatory services through this funding opportunity, while the last two components - suicide prevention marketing and training plans - are optional. **Applicants proposing to deliver only the mandatory services listed below (youth suicide prevention programming and postvention services) may request up to \$100,000. Applicants proposing all four of the following service components may request up to \$125,000.**

1. Youth Suicide Prevention Programming (Mandatory): Implement the SOS Signs of Suicide Prevention Program (SOS), an evidence-based program listed on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). This program is a universal, school-based, depression awareness and suicide prevention program designed for middle and high school students that utilizes a brief screening for depression. The goals are to:

- Decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression,
- Encourage personal help-seeking and/or help-seeking on behalf of a friend,
- Reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment,
- Engage parents and school staff as partners in prevention through "gatekeeper" education, and

- Encourage schools to develop community-based partnerships to support student mental health.

To learn more about SOS, visit:

<https://mentalhealthscreening.org/programs/sos-signs-of-suicide/prevention>.

To access the NREPP listing for SOS, visit:

<http://nrepp.samhsa.gov/ProgramProfile.aspx?id=85#hide1>.

Proposals MUST include a list of the proposed school(s) in which services will be implemented. **All non-school entities MUST submit a Letter of Commitment signed by the school leadership indicating their participation in the proposed services.** Refer to the list of cities with highest rates of suicide in Appendix A when determining where to implement the program. Applicants proposing to implement services in school districts that reside in cities with the highest suicide rates are preferred.

Proposals MUST detail the collaborative relationships with the proposed school(s) including: 1) a timeline for implementation and 2) a workflow chart identifying the individual(s) responsible for the following:

- Implementing the program in the classrooms,
- Administering the brief screening,
- Conducting follow up appointments after the screening, and
- Referring students who are screened as a high suicide risk to appropriate treatment providers. Assistance will be provided by ADAMHS to ensure appropriate linkage to counseling/therapeutic services, as needed.

2. **Postvention Services (Mandatory)** - Proposals MUST include a plan to develop postvention protocols within each school in which the SOS Signs of Suicide Prevention Program is implemented. According to SAMHSA's *Preventing Suicide: A High School Toolkit*, postvention refers to programs and interventions for survivors following a death by suicide. These activities help alleviate the suffering and emotional distress of suicide survivors and help prevent the infrequent but very real phenomenon of suicide contagion. Following the guidance of the toolkit, applicants should indicate how they would assist the proposed school(s) in the development of postvention policies to respond after a suicide occurrence. This plan MUST include how to work with the press, campus safety planning, identification of students needing help coming to terms with the suicide, and monitoring (to the extent possible) social media sites. This plan MUST be formalized and fully integrated into the school's official manual of policies and procedures.

3. **Suicide Prevention Marketing Plan (Optional)**: In addition to providing suicide prevention services directly within a school setting, ADAMHS is interested in reaching broader populations by applicants who have the capacity to do so. A variety of free, mostly Internet-based suicide prevention information, videos, and other tools exist, yet many people are not aware of these free opportunities. For example:

- *Kognito* Trainings:

- *Ohio's Campaign for Hope: Youth Suicide Prevention Initiative* offers access to online tools and trainings for students, teachers, resident advisors, college professors, and veterans. <http://www.ohiospf.org/>.
- Toolkits on how to create a culture to prevent suicide in specific work industries.
 - *A Construction Industry Blueprint: Suicide Prevention in the Workplace:* http://www.workingminds.org/index.php/download_file/view_inline/87
 - *The Role of Senior Living Community Professionals:* http://www.sprc.org/sites/default/files/resource-program/SrLivingCommunity_providers.pdf
- Toolkits for postvention planning in the workforce.
 - *A Manager's Guide to Suicide Postvention in the Workplace:* http://www.workingminds.org/index.php/download_file/view_inline/85
- Webinars and trainings for veterans and their families:
 - *Moving Forward* is an online course that teaches skills to help you overcome stressful problems and meet your goals: <http://www.veterantraining.va.gov/movingforward/>
 - *Suicide Postvention: Survivor Care for Families of Service Members and Veterans:* <http://homebasetraining.org/Users/HomeBaseProductDetails.aspx?ActivityID=3071>
- Information and toolkits for faith based communities:
 - *Faith.Hope.Life.* is an initiative to help faith communities teach suicide prevention through sample sermons, hymns, and other faith based resources: <http://actionallianceforsuicideprevention.org/faithhopelife-0>
 - *The Role of Faith Communities in Preventing Suicide* is a tool containing ideas for engaging faith communities in suicide prevention and developing interfaith suicide prevention initiatives: http://www.sprc.org/sites/default/files/migrate/library/faith_dialogue.pdf

Applicants should indicate how they would develop and implement a marketing plan that delivers these free suicide prevention resources to targeted high-risk populations based on the data provided in Appendix A. Populations to target can include the following: youth, colleges and universities, workplaces, faith communities, veterans, senior citizens, and other populations deemed high risk for suicide and other mental health challenges.

4. **Suicide Prevention Training Plan (Optional):** Develop and implement a suicide prevention training plan aimed at educating people on the signs and symptoms of suicide, how to respond to individuals having suicidal thoughts, and how to get people the help they need. Suggested trainings include Adult and Youth Mental Health First Aid, Assessing and Managing Suicide

Risk (AMSR), and Question, Persuade, Refer (QPR). Targeted populations should be chosen based on the data provided in Appendix A. Proposal budgets may include costs to support staff becoming trained as certified instructors in these trainings.

If applicants choose to include this option in their proposal, and are awarded a contract through this funding opportunity, trainings will be coordinated in conjunction with the Suicide Prevention Trainings currently being managed by the ADAMHS Training Division. This is for coordination purposes, to eliminate duplication, to maximize the training plan, as well as to assist with managing the number of training requests received from the community.

Proposals MUST outline an evaluation plan to determine the following:

Outputs:

- The number of students who complete the SOS program
- The number of students who take the brief screening
- The number of students who receive a referral to treatment

Outcomes:

- Changes in beliefs and attitudes towards mental illness
- Reduction in suicidal thoughts and behaviors

I. PROPOSAL REVIEW PROCESS

1. Each proposal will be reviewed by ADAMHS staff and may be reviewed by community volunteers. In order to determine the funding of services, reviewers will assess the proposals based on the following criteria:
 - Rationalization of the chosen population based on risk level and supported by data
 - Documented use of best practices
 - Capacity and ability to provide the proposed service (financially and programmatically)
 - Evaluation measurements and techniques
 - Evidence of community support for service and/or community collaboration
 - Financial stability and ability to sustain services
 - Comprehensiveness of programming proposed
 - Well thought out implementation plan
 - Any others as determined appropriate by the reviewers

2. The ADAMHS Board for Montgomery County reserves the right to contact a proposer for clarification of the submitted proposal.
3. ADAMHS will make award recommendations as a result of this Request for Proposals to its Board of Directors.
4. Final awards and contract agreements are subject to the sole discretion of ADAMHS' Board of Directors.
5. **All submitted proposals are subject to open public records laws.**

J. RESULTS OF THE PROPOSAL REVIEW

The resulting decisions of the review process will be provided to each organization that submits a proposal in as timely a manner as possible. Each organization will receive written notice indicating the reviewers' final decisions by June 30, 2017.

K: ADAMHS BOARD POINTS OF CONTACT

The primary points of contact for this Request for Proposals:

Ashley Mack
Program Coordinator
Division of Prevention & Early Intervention
amack@mcadamhs.org
(937) 443-0416 x121

Andrea Hoff
Director
Division of Prevention & Early Intervention
ahoff@mcadamhs.org
(937) 443-0416 x104

II. APPENDIX

I. LOCAL DATA

From 2010-2015 there were a total of 492 suicides in Montgomery County, as shown by Figure 1.

Figure 1. Suicide in Montgomery County, 2010-2015

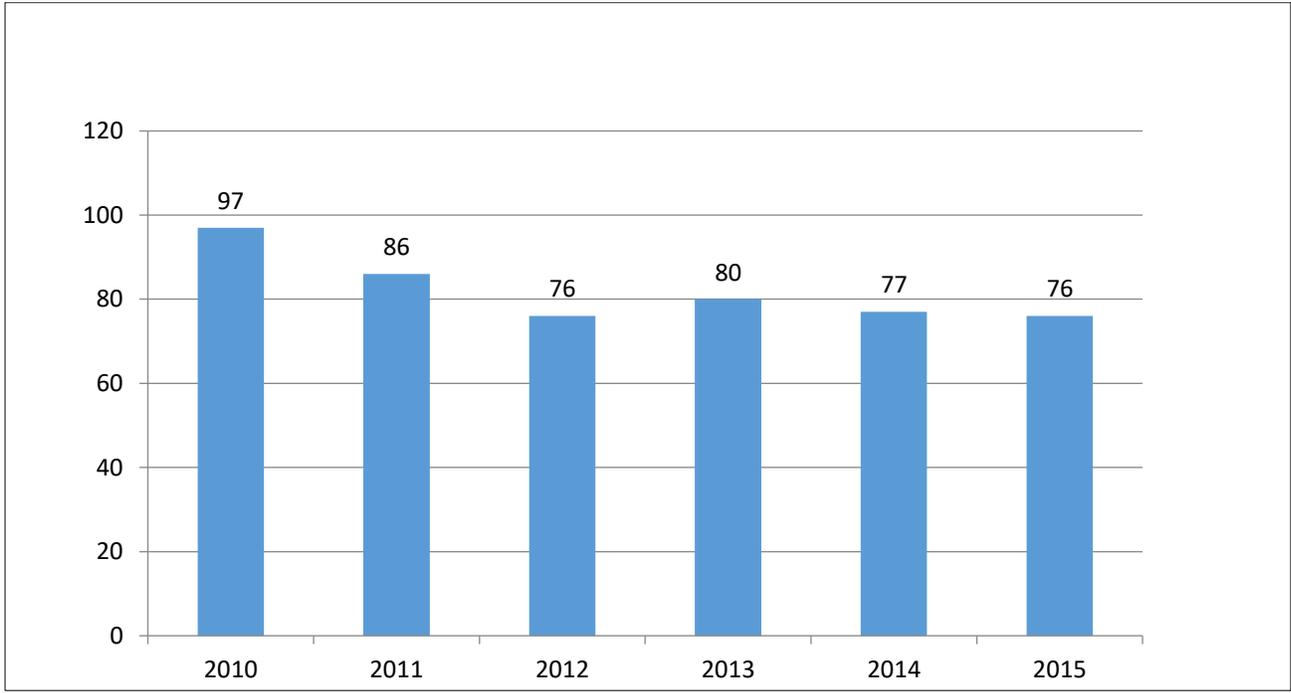


Figure 2 indicates that males die by suicide more often than females. Of the 492 suicide deaths between 2010 and 2015, 78 percent were males and 86 percent were white. See Figure 3 for a breakdown of suicide deaths by race.

Figure 2. Suicide by Gender

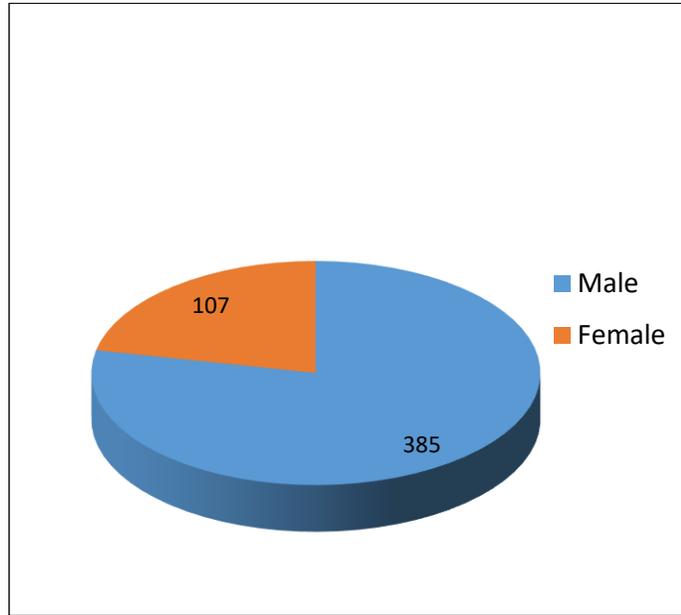
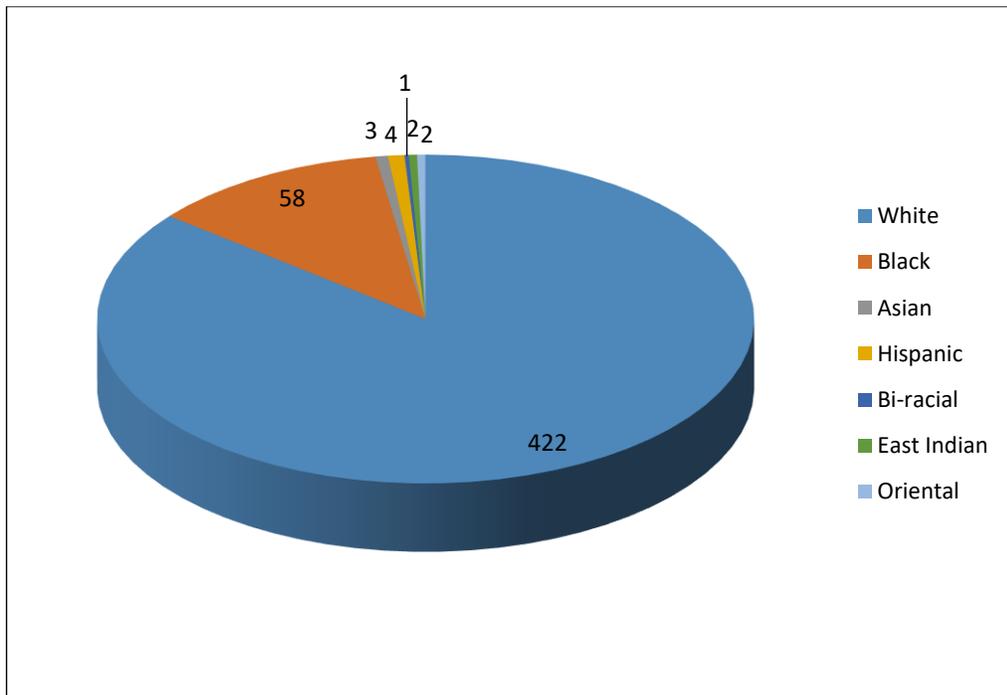
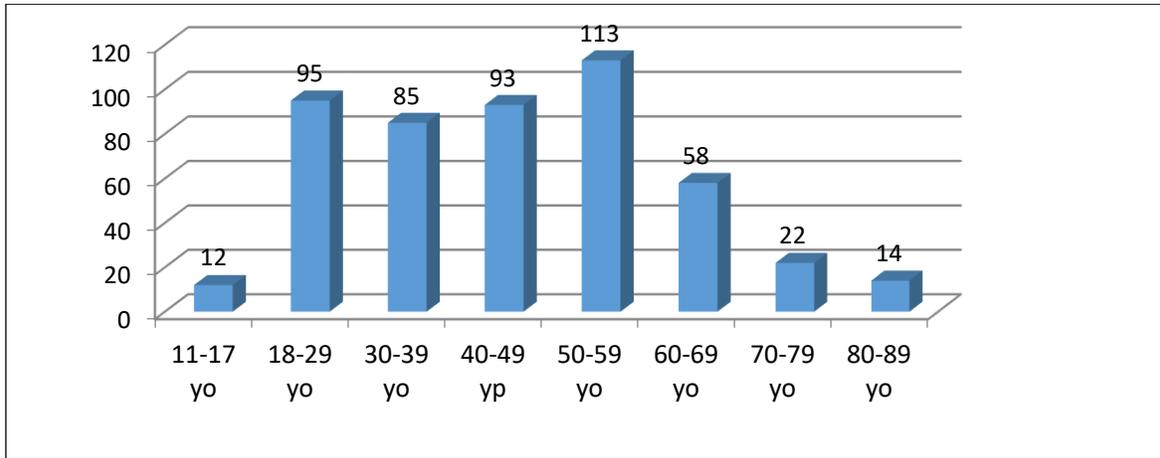


Figure 3. Suicides by Race



Individuals between 18-59 years of age are at the highest risk of suicide. As shown in Figure 4, deaths by suicide were highest for those 50 to 59 years of age. However, it should be noted that death by suicide is the second leading cause of death for individuals between the ages of 10 and 17.

Figure 4. Suicide by Age



Forty-eight percent of suicide deaths resulted from gunshots, and nearly ninety percent (88.1%) of suicides by gunshots were performed by males. Figure 5 below provides a breakdown of suicide by means. Figure 6 compares means of suicide by gender.

Figure 5. Suicide by Means

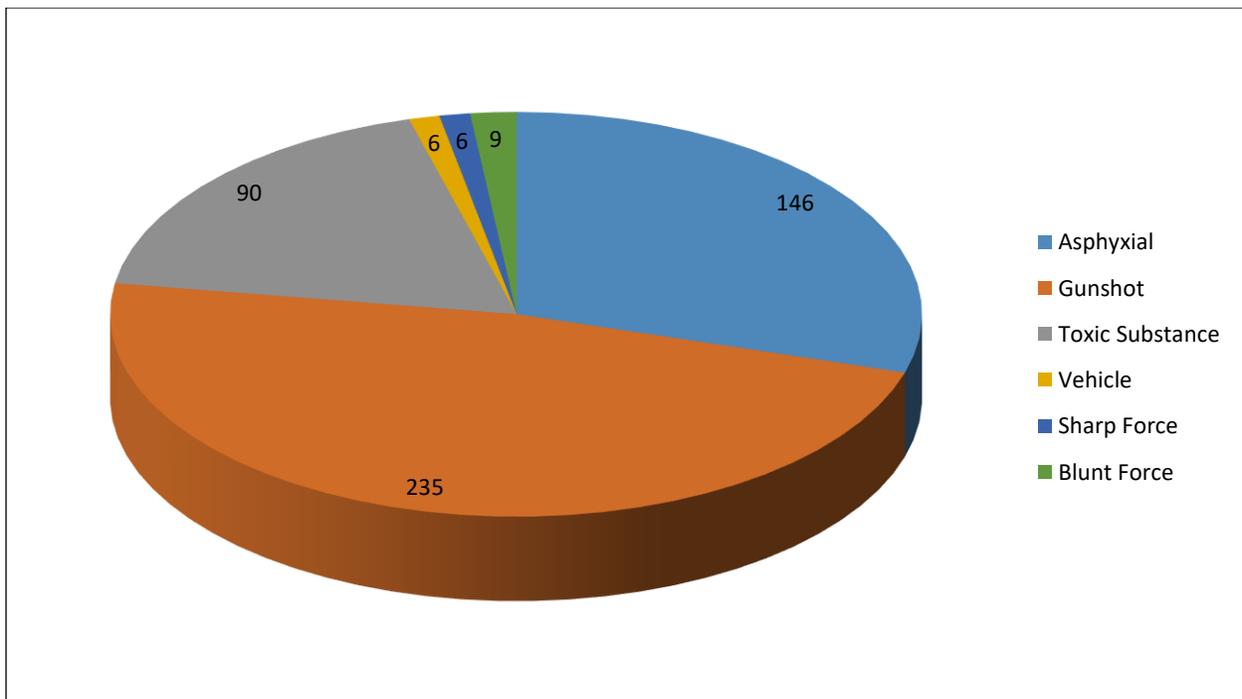
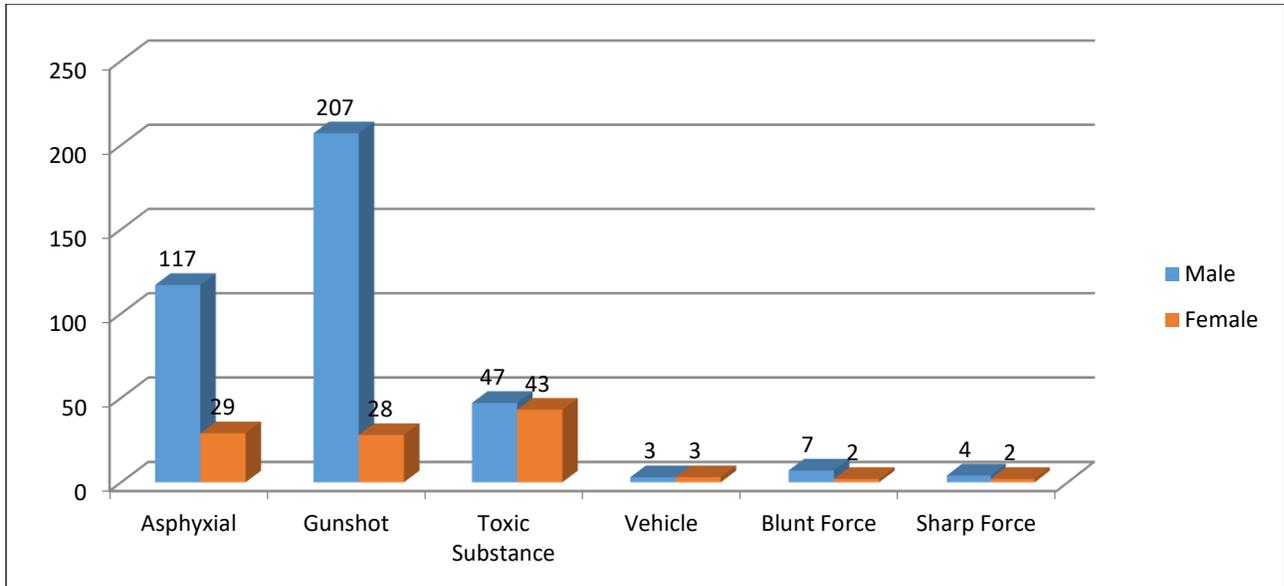
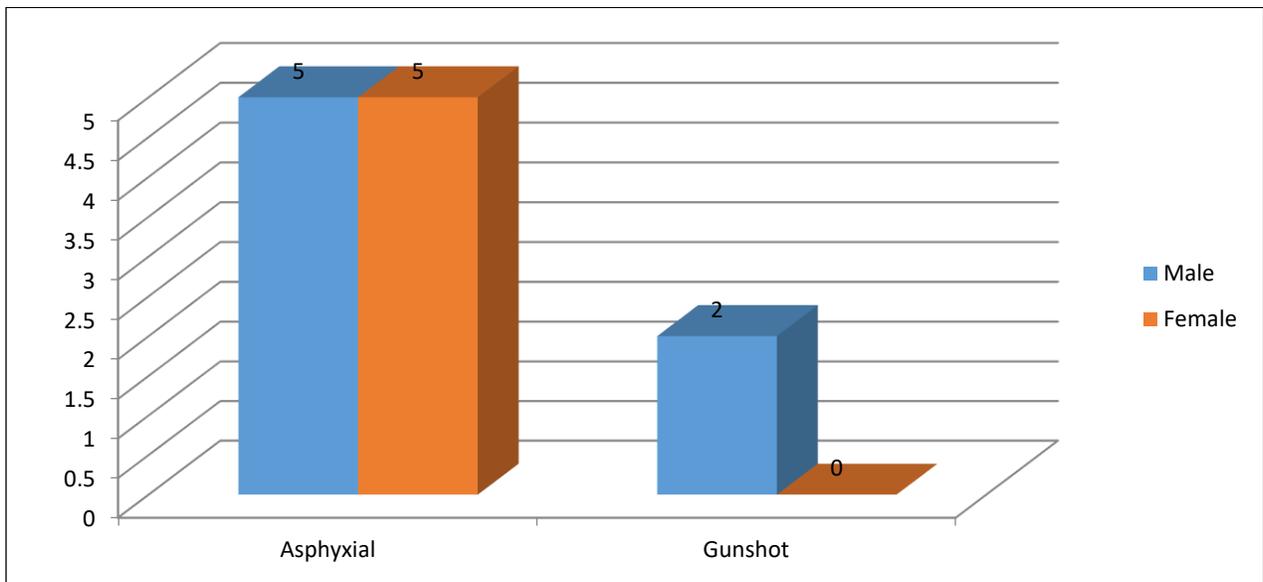


Figure 6. Means of Suicide by Gender



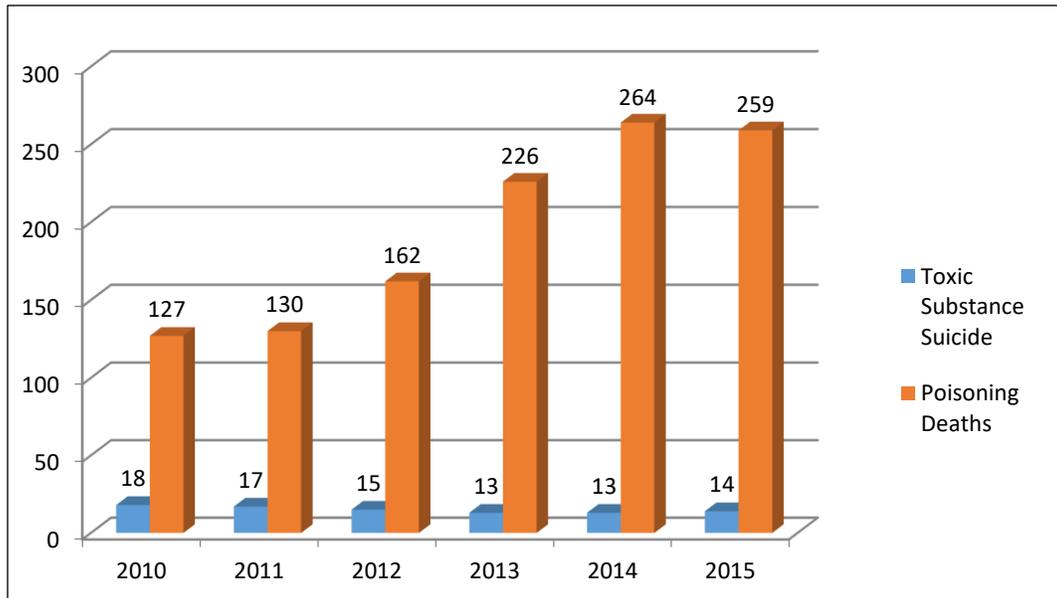
As shown in Figure 7, youth of both genders died by suicide through asphyxia as opposed to gunshot. This is likely linked to firearms not being readily available to youth.

Figure 7. Means of Suicide for Youth Ages 11-17



Despite the growing number of poisoning deaths over the last five years, there has been a slight decrease in suicides linked to overdoses in Montgomery County. In 2015, only 14 toxic substance suicides were recorded, accounting for less than six% of all poisoning related deaths in the county. Figure 8 provides further information regarding suicides by overdose compared to overall poisoning deaths.

Figure 8. Suicides by Overdose Relative to Overall Poisoning Deaths



Coroner’s data collected from 2010 to 2015 indicates that the City of Dayton has the highest number of deaths by suicide, accounting for thirty-two percent of all suicide deaths (32.1 percent). As shown in Figure 9, the City of Kettering has the second highest number of deaths by suicide, followed by Miamisburg.

Figure 9. Cities in Montgomery County with the Highest Rates of Suicides, 2010-2015

