Minnesota Community-Based Suicide Prevention Grant

Request for Proposal (RFP)

Minnesota Department of Health
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Saint Paul, MN 55164
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www.health.state.mn.us/injury

JANUARY 7, 2019

To obtain this information in a different format, call: 651-201-5723. Printed on recycled paper.
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RFP Part 1: Overview

1.1 General Information
- **Announcement Title**: Minnesota Community-Based Suicide Prevention Grant Request for Proposal (RFP)
- **Minnesota Department of Health Program Website**: www.health.state.mn.us/injury
- **Application Deadline**: March 28, 2019

1.2 Program Description
The Minnesota Department of Health (MDH) is soliciting proposals for community-based suicide prevention in Minnesota, which will serve the needs of Minnesotans at risk of suicide.

MDH is seeking proposals for the grant period **July 1, 2019 through June 30, 2023**. The department will award up to nine grants for four program components:

- **Activity 1**: Gatekeeper and community-based suicide prevention trainings;
- **Activity 2**: Develop and evaluate a comprehensive suicide prevention model in a targeted community of high need and risk;
- **Activity 3**: Community Readiness Assessments; and
- **Activity 4**: Capacity Building for American Indian community-based organizations (tribal or nontribal).

It is anticipated that up to $248,000 will be available for each year of the grant period.

1.3 Funding and Project Dates

**Funding**
Funding is competitive. If selected, you may only incur eligible expenditures when the grant agreement is fully executed and the grant has reached its effective date. The total grant award will reflect four equal installments of funding for four years. MDH’s fiscal years (FY) start July 1 and end June 30.

<table>
<thead>
<tr>
<th>Funding</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Amount to Grant</td>
<td>$248,000 is available Fiscal Year 2020, 2021, 2022, 2023</td>
</tr>
<tr>
<td>Estimated Number of Awards</td>
<td>Up to 9 awards</td>
</tr>
<tr>
<td>Estimated Award Maximum</td>
<td>Up to $100,000 (each year)</td>
</tr>
<tr>
<td>Estimated Award Minimum</td>
<td>$10,000 (each year)</td>
</tr>
</tbody>
</table>

**Match Requirement**
There is no match requirement for this grant.

**Project Dates**
7/1/2019 - 6/30/2023 (start of fiscal year 2020– end of fiscal year 2023)

1.4 Eligible Applicants
Applicants eligible to apply in this competitive process include, but are not limited to, local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations, faith communities, emergency response organizations
and other interested agencies demonstrating experience (or that desire the experience) to provide evidence-based or practice-based-evidence suicide prevention.

Collaboration
Collaboration is highly encouraged and is required dependent upon the activity for which the applicant applies.

1.5 Letter of Intent
Organizations intending to submit a proposal should email a Letter of Intent by 4:30 p.m., Friday, February 1, 2019. Letters of Intent are requested and not used as a screening tool. Letters of Intent are used by MDH to assist staff in planning for adequate agency resources to complete the proposal review process. An email is sufficient. Traditional U.S. Postal Service may be used; however, the letter should be mailed in time to be received by close of business on Friday, February 1, 2019.

Letters should be an email with “Community-Based Suicide Prevention Grant Letter of Intent” that provides in the body of the email the name of the agency and contact information for individuals who would like to receive communications related to this RFP. An email acknowledging the Letter of Intent was received will be emailed to the contact person identified for the agency submitting the Letter.

Send Letters of Intent via email: Amy Lopez at Amy.Lopez@state.mn.us

Mail:
Amy Lopez, MSW
State Suicide Prevention Coordinator
Minnesota Department of Health
PO Box 64882
Saint Paul, Minnesota 55164-0882

Questions and Answers

Questions regarding this RFP may be submitted by email to Health.injuryprevention@state.mn.us. In the subject line of the email, include the phrase, “Suicide Prevention RFP Question.” The applicant may also submit questions by phone to Amy Lopez at 651-201-5723 or Amy.Lopez@state.mn.us. All answers will be posted within two business days at www.health.state.mn.us/injury and can be accessed by navigating to that URL, viewing the right hand navigation bar, and clicking on the subheading entitled “Suicide Prevention RFP Question Response.”

Questions regarding retrieving data from public data sources will be directed to MDH’s senior suicide prevention epidemiologist, Melissa Heinen. Applicants may submit data questions by phone to Melissa Heinen at 651-201-5640 or email at Melissa.Heinen@state.mn.us. All inquiries will be responded to within two business days directly to the applicant. The subject line of the emails should be “Suicide Prevention RFP Data Question.”

Please submit questions no later than 4:30 p.m. Central Time, on March 22, 2019.
To ensure a proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of an applicant to any employee
of the Department, other than questions submitted to as outlined above are prohibited. Any violation of this prohibition may result in the disqualification of the applicant.

1.6 RFP Information Meeting
The Minnesota Department of Health is hosting a one-hour webinar meeting that will be offered on two separate dates to assist applicants in preparing an application. All prospective applicants are encouraged to attend.

January 9, 2019: 10:00 AM – 11:00 AM (Central Standard Time) (Webex call) OR
January 16, 2019: 1:00 PM – 2:00 PM (Central Standard Time) (Webex call)

RFP Part 2: Program Details

2.1 Priorities
Health Equity Priorities
It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review (https://mn.gov/admin/assets/08-02%20grants%20policy%20revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The vision of the Minnesota Department of Health is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people have the opportunity to attain their highest possible level of health. For more information on health equity, please link to the MDH Center for Health Equity (http://www.health.state.mn.us/divs/che/index.html).

In 2015, the Minnesota Legislature amended Minnesota Statutes 145.56 (https://www.revisor.mn.gov/statutes/cite/145.56). The statute calls for the revision, coordination and implementation of a Minnesota Suicide Prevention Plan (http://www.health.state.mn.us/injury/pub/SuicidePreventionStatePlan2015.pdf); to provide funding for community-based suicide prevention; to collect and report data on suicide prevention; and to evaluate prevention program and policies. In 2017 and 2018, the Minnesota State Task Force and its four Subcommittees reformed and in 2018 prioritized objectives and tasks of the State Plan on which to focus through 2020. The priorities identified support the framework and eligible activities for which applicants may apply in this RFP. The State Plan will be extended to 2023 to align with the end of the suicide prevention grant period.

There are three overarching goals for the RFP.
- Communities and organizations will coordinate suicide prevention efforts across sectors and disciplines that lead toward a more comprehensive suicide prevention approach.
- Local communities will serve populations most burdened by deaths by suicide, self-inflicted injury and/or ideation (refer to Appendix “Definitions”).
- Grantees will reduce risk factors and increase protective factors of Minnesotans by addressing the social determinants of health of individuals at risk of suicide such as a loss of housing, loss of employment, substance abuse, legal issues, trauma, or relationship troubles (refer to Appendix “Definitions”).
The MDH will learn whether grantees achieve the goals by:

a. Strengthening and expanding partnerships within local communities (an example may be training a different sector, discipline or geographic entity in suicide prevention);

b. Using data to identify populations or geographic areas at greatest risk of suicide, self-inflicted injury and/or ideation; or

c. Being responsive to persons that are at-risk of suicide in a more coordinated fashion.

*The Center for Disease Control Preventing Suicide: A Technical Package of Policy, Programs, and Practices* ([https://www.cdc.gov/violenceprevention/pub/technical-packages.html](https://www.cdc.gov/violenceprevention/pub/technical-packages.html)) is a resource guide that provides strategies based on the best available evidence to help communities and states identify activities with the greatest potential to prevent suicide. The technical package stresses the importance of comprehensive prevention efforts. Using multiple strategies may address the social, economic, cultural and environmental context of individuals and communities.

To help define a comprehensive suicide prevention approach, seven strategies are described in the technical package for comprehensive suicide prevention, which MDH has used as the framework of this RFP (refer to Table 1). One needs to implement all seven strategies to deliver a comprehensive suicide prevention approach. The grant will fund multiple activities to contribute to comprehensive suicide prevention in Minnesota. Only **Activity 2** requires all 7 strategies to implement a comprehensive suicide prevention approach.

### Table 1

**Seven-Key Strategies for Comprehensive Suicide Prevention**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Selected Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthen economic supports</td>
<td>▪ Strengthening household financial security by partnering with local workforce development agencies.</td>
</tr>
<tr>
<td>2. Strengthen access and delivery of suicide care</td>
<td>▪ Safer suicide care through systems change</td>
</tr>
</tbody>
</table>
| 3. Create proactive environments  | ▪ Reduce access to lethal means among person at risk of suicide  
▪ Organizational policies and culture  
▪ Community-based policies to reduce excessive alcohol use |
| 4. Promote connectedness          | ▪ Community engagement activities  
▪ Peer norm programs                                                              |
| 5. Teach coping and problem-solving skills | ▪ Strengthen parenting skills and family relationships  
▪ Social-emotional learning programs                                             |
| 6. Identify and support people at risk | ▪ Gatekeeper suicide prevention training  
▪ Partner with crisis intervention services  
▪ Access to treatment for those at risk of suicide or to prevent re-attempts. |
| 7. Lesson harms and prevent future risk | ▪ Postvention training and support                                           |
### Strategies

<table>
<thead>
<tr>
<th>Selected Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reporting and safe messaging about suicide</td>
</tr>
</tbody>
</table>

### Other Competitive Priorities

This RFP is intended to serve the full-life span of Minnesotans at-risk of suicide.

The Minnesota Suicide Prevention Plan identifies two priority populations most burdened by deaths by suicides in our state: American Indians and White males. Applicants will be asked to identify the populations in their service area(s) most at risk of suicide based on such data as suicidal death, hospital-treated self-directed injury, ideation and Minnesota Student Survey measures. These data are available from the Minnesota Department of Health. Applicants may use other forms of data such as crisis service visits, school data, health service utilization data or different survey data. Applicants that demonstrate a clear needs statement and explain why a specific population(s) will be targeted will score higher.

In the last four years (2014 – 2017), Minnesota experienced the following:

- Greater Minnesota (counties outside of the 7-county metro area) had a higher suicide rate than the 7-County metro area.
- America Indians continue to have higher suicide rates compared to other races.
- Adult White male suicide rates increased.
- Firearm and suffocation are the leading mechanism of suicide deaths (for three-quarters of suicide deaths).

**Collaboration:** Collaboration is required under specific eligible activities. Collaboration is highly encouraged.

### 2.2 Eligible Projects

Applicants may apply for any of the eligible activities. Strong consideration will be given to make awards to as many distinct organizational entities as is possible, given satisfactory scoring of the proposal submitted. Only American Indian community-based organizations (tribal or non-tribal) may apply for Activity 4. Up to 25 percent of the total state suicide prevention funding is reserved for Activity 4.

Table 2 provides a breakdown on the number of grants eligible to be awarded under each activity.

### Table 2: Annual grant amounts and total number of grants issued per activity

<table>
<thead>
<tr>
<th>Activities</th>
<th>FY2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>Total</th>
<th>Total # of grants (Up to)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1</td>
<td>$85,000</td>
<td>$85,000</td>
<td>$85,000</td>
<td>$85,000</td>
<td>$340,000</td>
<td>3</td>
</tr>
<tr>
<td>Activity 2</td>
<td>$80,000</td>
<td>$80,000</td>
<td>$80,000</td>
<td>$80,000</td>
<td>$320,000</td>
<td>1</td>
</tr>
<tr>
<td>Activity 3</td>
<td>$20,000</td>
<td>$20,000</td>
<td>$20,000</td>
<td>$20,000</td>
<td>$80,000</td>
<td>2</td>
</tr>
<tr>
<td>Activity 4</td>
<td>$63,000</td>
<td>$63,000</td>
<td>$63,000</td>
<td>$63,000</td>
<td>$252,000</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>$248,000</td>
<td>$248,000</td>
<td>$248,000</td>
<td>$248,000</td>
<td>$992,000</td>
<td>9</td>
</tr>
</tbody>
</table>

Note: The minimum amount of funding for Activity 2 is $80,000 and the maximum is $100,000 per year.
**Activity 1: Training Activity** - Provide gatekeeper trainings and community-based suicide prevention trainings for community members and professionals.

**Mandatory Requirements:**

- Become a certified trainer (if applicant has not already) and maintain training credentials through the duration of the grant period.
- Select at least one of the following suicide prevention trainings to offer throughout each year:
  - [Question, Persuade, Refer (QPR)](https://qprinstitute.com/about-qpr)
  - [safeTALK](https://www.livingworks.net/programs/safetalk/)
  - [Applied Suicide Intervention Skills Training (ASIST)](https://www.livingworks.net/programs/asist/)
  - [Counseling on Access to Lethal Means (CALM)](http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means)

**Grant Outcomes and Expectations:**

- Provide trainings for any of the following sectors: behavioral health practitioners and professionals, primary care providers, school staff, workplace human resources and employees, emergency medical or first responders, faith communities, county jail staff, juvenile detention center staff, lawyers, legal advocates chemical dependency intake workers, counselors and therapists, bar owners, American Legion leaders/members, gym owners, barbershop owners/barbers, youth serving professionals, or senior housing and senior services employees.
- Conduct pre/post surveys for the trainings. Support MDH on follow-up survey evaluation.
- Partner with [MDH youth suicide regional coordinators](http://www.health.state.mn.us/divs/healthimprovement/programs-initiatives/in-communities/preventsuicide.html) and [Crisis Textline Regional Coordinators](https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/crisis-text-line/), and [local mobile crisis services](https://mn.gov/dhs/crisis/) (DHS funded), MDH grant funded entities and other suicide prevention coalitions and nonprofits when applicable. (E.g., coordinate trainings, co-facilitate trainings, coordinate outreach).

**Required Data to Track Implemented Activities:**

**QPR, SafeTALK, ASIST ONLY (Aggregate):**

- Number of suicide prevention trainings
- Number of participants trained
- Geographic county location per training
- Type of sectors trained
- Percent of participants that increased knowledge of the warning signs of suicide
- Percent of participants that are better prepared to talk with someone that is suicidal

**CALM ONLY:**

- Number of CALM trainings (promoting online or offering in-person)
- Number of participants trained
- Geographic county locations per training
Type of sectors trained
Percent of participants that would recommend the course to others

Eligible Number of Grants:

- One grant award will be made to a statewide applicant (applicant that serves the entire state of Minnesota)
  - Statewide applicants may apply for up to $45,000 per year, $180,000 for one applicant across four years
  - Remaining two awards will serve Greater Minnesota (outside of the 7-County Metro Area) for up to $20,000 per year, $80,000 for one applicant across four years

Activity 2: Comprehensive Suicide Prevention - Coordinate and evaluate a comprehensive community approach to suicide prevention.

Mandatory Requirements:

- Lead the coordination of comprehensive suicide prevention in a community of choice and support MDH in evaluating the comprehensive community approach to suicide prevention.
  - Demonstrate need by taking a data-driven approach to identify a high-burdened geographic area (e.g., community, region, town or city, culturally specific community or tribal community) with high rates/numbers of suicidal ideation, attempts or deaths in the 2015 – 2018.
  - Coordinate comprehensive suicide prevention in phases across four years. Grantee is not required to implement comprehensive suicide prevention within a year of the grant.
  - Determine the scale of each strategy for comprehensive suicide prevention within the community of choice.
  - Work plan should reflect four-years, rather than one-year. The budget may include the first year of the grant.
- Provide a clear community statement of how you identified the geographic area in need and what resources are available in the area.
- Partner with organizations/institutions that will help address the social determinants of health to prevent suicides. For example, schools, faith community, other suicide prevention programs, housing services, legal services, Certified Community Behavioral Health Clinics, family support services, financial services, jobs and training services, primary care, legal services, chemical dependency outpatient/inpatient treatment, sexual violence services, veteran services, cultural or community centers and others.
  - Include Letters of Commitment from key organizations/institutions with whom the applicant proposes to lead various components of the comprehensive suicide prevention model during the 4-year grant period; identify the key roles and responsibilities of community partners.
- Implement comprehensive suicide prevention across systems with a specific geographic focus.
- The comprehensive suicide prevention model should incorporate various components of one or more of the following frameworks:
  - Suicide Prevention Resource Center’s nine strategies for comprehensive suicide (http://www.sprc.org/effective-prevention/comprehensive-approach)
Preventing Suicide by American Indian and Alaska Native Youth and Young Adults
The applicant may use evidence-based practices (EBP) or practiced-based evidence (PBE) to create the comprehensive suicide prevention model. (See Glossary in the Appendix for definitions of EBP and PBE).

- Use CASEL's (https://casel.org/core-competencies/) integrated framework or another Social Emotional Learning (SEL) framework to promote SEL competencies of intrapersonal, interpersonal, and cognitive competencies in the systems applicants’ partner, train within schools or within community.
- Offer postvention training and postvention support (may include bereavement support groups).
- Provide safe messaging training in targeted community, using the National Alliance for Suicide Prevention’s Framework for Successful Messaging (http://suicidepreventionmessaging.org/).
- Demonstrate knowledge and expertise in suicide prevention, community collaboration, and experience working with the population/geographic area proposed to be served.
- Form an advisory committee of community partners including expertise and lived experience for the planning and implementation process of the comprehensive community suicide prevention model.
- Use a Community Readiness Assessment (https://www.samhsa.gov/sites/default/files/tribal_tta_center_2.3.b_commreadinessmanual_final_3.6.14.pdf) to assess the readiness of the targeted community.
- Evaluation must utilize at least 10% of the total budget across four years. MDH will work with the grantee on an evaluation plan. Grantee will support MDH in a process evaluation (to learn more about partnerships, coalitions, relationship-building, what worked well and what did not work well) as the comprehensive community approach to suicide prevention is planned and implemented.
- Present a one-hour “how to” replicate the comprehensive community suicide prevention model and key learnings’ in a meeting hosted by MDH.

**Required Data to Track Implemented Activities:**

- MDH will work with the grantee to support the development and implementation of the evaluation plan.
- Community Readiness Assessment measurements.

**Eligible Number of Grants:** One grant, up to $100,000 per year, $400,000 for a total of four years.
Activity 3: Community Readiness Assessments - Conduct Community Readiness Assessments (CRA), led by culturally-specific communities, to address mental illness, suicidal ideation, suicide attempts or deaths by suicide.

Mandatory Requirements:

- A “culturally-specific community” is a geographical area(s) and / or group (cultural, ethnic, racial, disabled, specific-age, gender, sexual orientation) or any other type of identifiable community. A culturally-specific organization has the mission to serve a specific community. The leadership and/or staff may represent the predominant community served.
- Demonstrate need by taking a data-driven approach to identify a high-burdened geographic area (e.g., community, region, town or city, culturally specific community or tribal community) with high rates/numbers of suicidal ideation, attempts or deaths in the 2015 – 2018. Provide a clear community statement of how and why the community was identified.
- Culturally-specific organization(s) should lead the CRA in partnership with their community.
- Funds may be used to hire a consultant, travel, staffing, incentives, meals, materials or other program specific needs.
- Leverage existing funding in-house or with outside partner organizations to implement various components of the CRA’s action plan.
  a. Action plan will be submitted for review and approval.
  b. Action plan items that may be implemented during the grant period may include (but not limited to): creating Memo of Understandings with mental health practitioners/centers, providing culturally competency training for mainstream organizations, training staff internally, hosting community conversations to reduce stigma and to increase self-seeking behaviors.
- Evaluation should be incorporated into the four-year grant period. You may use the CRA for the purpose of evaluating changes over time.
- MDH will offer technical assistance during the 4-year grant period to support the planning process, review the CRA questions and action plan.
- Support MDH in a process evaluation to learn more about the process of the CRA, relationship building, recruitment strategies, what worked well and what did not work well.
Required Data to Track Implemented Activities:

- Percent of community members that received the following scores (some may be zero percent):
  - Where the community issue is not generally recognized by the community or leaders as a problem. (No Awareness Stage of Readiness)
  - At least some community members recognize that the community issue is a concern, but there is little recognition that it might be occurring locally. (Denial/Resistance State of Readiness)
  - Most feel that there is local concern, but there is no immediate motivation to do anything about it. (Vague Awareness State of Readiness).
  - There is clear recognition that something must be done, and a there may even be a group addressing it. However, efforts are not focused or detailed. (Preplanning State of Readiness)
  - Active leaders begin planning in earnest. Community offers modest support of efforts. (Preparation State of Readiness)
  - Enough information is available to justify efforts. Activities are underway. (Initiation State of Readiness)
  - Administrators or community decision makers support activities. Staff are trained and experienced. (Stabilization State of Readiness)
  - Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained. (Confirmation/Expansion Stage of Readiness)
  - Detailed and sophisticated knowledge exists about community issue’s prevalence and consequences. Effective evaluation guides new directions. Model is applied to other issue. (High level of community ownership Stage of Readiness)

- Description of efforts that have been implemented from action plan.
- Report change of score and stage of readiness during grant period.

Eligible Number of Grants: Up to 2 grantees, $10,000 per organization per year, a total of $40,000 per applicant across four years.

Activity 4: Capacity building of American Indian communities - Build capacity in American Indian (Tribal or Non-tribal) communities around suicide prevention as defined and identified by the community.

Mandatory Requirements:

- American Indian serving community-based organizations are eligible to apply (Tribal or non-Tribal).
- Demonstrated need for capacity building in suicide prevention.
- Example activities may include:
  - Coordinate all existing suicide prevention activities in tribal community
  - Provide evidence-based or practiced-based suicide prevention trainings
  - Provide community-based suicide prevention programs for tribal community or specific settings such as (but not limited to) schools, workplace, spiritual leaders, Indian Health Service, primary care, behavioral health services, Tribal police or other emergency responders.
  - Evidence-based and/or practiced-based postvention training and bereavement support after a death by suicide.
  - Technical assistance for community or professionals around suicide prevention
  - Community Readiness Assessment
- Services are planned and delivered in a culturally responsive manner.
**MINNESOTA COMMUNITY-BASED SUICIDE PREVENTION GRANT**

**Eligible Number of Grants:** Twenty-five percent of the total annual suicide prevention grant is dedicated for American Indian community-based organizations. A total of $63,000 is available per grant year. One to three applicants will be selected. Applicants may request from $21,000 to $63,000 per year or $84,000 to $252,000 across the four year grant period.

**Required Data to Track Implemented Activities:**

Data tracked will be identified by applicants in partnership with MDH.

**2.3 Additional Tasks, Deliverables and Expectations of All Grantees**

- Serve as community expert and resource to professionals who need information on how to prevent suicides. Provide information to community members and the public to learn more about suicide and how to prevent it.
- Participate in monthly meetings (by phone) with MDH grant manager.
- Meet at least twice a year by phone with MDH grantees.
- Present at regional and statewide conferences.
- Participate on the Minnesota Suicide Prevention Task Force and/or one of four subcommittees to support the continued implementation (2015 – 2020) and update of the Minnesota State Suicide Prevention Plan (2021 – 2031). Meeting participation can occur by phone or video.
- Provide technical assistance as requested by MDH (for example, supporting MDH requests for applicant’s local community).

**Ineligible Expenses**

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds and
- Construction (new or remodel)

**2.4 Grant Management Responsibilities**

**Grant Agreement**

Each grantee must enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement. No work on grant activities may begin until a fully executed grant agreement is in place.

A sample grant agreement, **Attachment B**, is attached as “Sample Community Suicide Prevention Grant Agreement.” Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant has concerns about any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those concerns or exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.
MINNESOTA COMMUNITY-BASED SUICIDE PREVENTION GRANT

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker’s compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Accountability and Reporting Requirements
The grantee must fiscal report quarterly to the Minnesota Department of Health. Programmatic information must be reported semi-annually (twice a year).

The reporting schedule will be:


Grant Monitoring
Minn. Stat. §16B.97 (https://www.revisor.mn.gov/statutes/cite/16B.97) and Policy on Grant Monitoring (https://mn.gov/admin/assets/08%2010%20grants%20policy%20revision%20Dec%202016%20final_tcm36-265657.pdf) require the following:

▪ Annual monitoring visits during the grant period on all grants over $250,000
▪ One monitoring visit during the grant period on all state grants over $50,000
▪ Conduct a financial reconciliation of grantee’s expenditures at least once during the grant period on grants over $50,000

Technical Assistance
MDH will provide technical assistance on specific projects that require review of materials such as work or evaluation plans. If there is a need for technical assistance during the grant period, applicants are welcome to request further support.

Grant Payments
Per State Policy on Grant Payments (https://mn.gov/bms-stat/assets/grants_policy_08-08.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest Programmatic Report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension. Applicants that sub-contract with a vendor may arrange a payment schedule based on MDH’s payment schedule.

Invoices must be submitted no later than 20 or 21 days after the end of each quarter in the calendar year:
July 1, 2019 – September 30, 2019 (due October 21, 2019)
October 1, 2019 – December 31, 2019 (due January 20, 2020)
January 1, 2020 – March 31, 2020 (due April 20, 2020)
April 1, 2020 – June 30, 2020 (due July 10, 2020)
July 1, 2020 – September 30, 2020 (due October 20, 2020)

Payment will be made no later than 30 days after receipt of invoice.

2.5 Grant Provisions

Conflicts of Interest

MDH will strive to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat. §16B.98 (https://www.revisor.mn.gov/statutes/cite/16B.98) and Conflict of Interest Policy for State Grant-Making (https://mn.gov/bms-stat/assets/grants_policy_08-01.pdf).

Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP. The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list as an attachment to the application. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

▪ a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties
▪ a grantee’s or applicant’s objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

In cases where a conflict of interest is suspected, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minnesota Statute Section 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, Subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minnesota Statute Section 13.37, the applicant must:

▪ Clearly mark all trade secret materials in its application at the time it is submitted,
Include a statement attached to its application justifying the trade secret designation for each item, and

Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.

This indemnification survives MDH’s award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

Audits
Per Minn. Stat. §16B.98 Subdivision 8, the grantee’s books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Affirmative Action and Non-Discrimination Requirements for all Grantees
The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. Minn. Stat. §363A.02. The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their
physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minnesota Rules, part 5000.3500 (https://www.revisor.mn.gov/rules/5000.3500/).

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

Statutory Authority
Minnesota Statute 145.56 governs this grant.

2.6 Review and Selection Process

Review Process
Funding recommendations will be made using a competitive process with review by a committee comprised of diverse external and internal reviewers. The review committee will evaluate all eligible and complete applications received by the deadline. Further, the review committee will attempt to recognize and neutralize implicit bias in the review and scoring of applicants.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

Scoring

**Attachment E-1** is the score sheet for activities 1-3. **Attachment E-1** includes the selection criteria that will be used to score the application along with the weight of each criterion. The review committee will review each applicant on a 1,000-point scale. A standardized scoring system will determine the extent to which applicants meet the selection criteria. The scoring factors and weight on which applications will be judged are based on the degree to which each of the four criteria is addressed in the application. These factors will be assessed in the narrative as the applicant describes their capacity to accomplish their work plan, their strength of community partnerships, strength and clarity of the community approach and culturally competent practices. An adequately detailed budget and narrative must be included as part of the application. The budget will not be scored; however, the work plan will be scored and should align with the budget.

Only complete applications, that meet the eligibility and applications requirements, received on or before **March 28, 2019** will be reviewed by a grant review committee. Reviewers will determine which
applications best meet the criteria and receive the highest points as outlined below and should be recommended for funding.

Organizations will compete based on the activity applied. If organizations apply for more than one activity, scores will be weighed under each activity. American Indian culturally-specific organizations will be scored up to 800-Points on Activity 4 and with a different score card that reflects the needs of American Indian communities and the need for capacity building. The scorecard is Attachment E-2 titled, “Grant Application Scorecard Activity 4: American Indian Capacity Building for Suicide Prevention” and is based on an 800-Point scale. American Indian organizations that apply for Activities 1-3 will be scored with the Attachment E-1 scorecard as provided below.

The scoring factors and weight that applications will be judged are based on the following criteria below for Activities 1-3.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Capacity</td>
<td>240</td>
</tr>
<tr>
<td>Community Approach/Work Plan</td>
<td>550</td>
</tr>
<tr>
<td>Budget</td>
<td>0</td>
</tr>
<tr>
<td>Cultural Competency and Cultural Responsiveness</td>
<td>210</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1000</strong></td>
</tr>
</tbody>
</table>

**Section 1 – Organizational Capacity**

**Scored up to 240 points**

<table>
<thead>
<tr>
<th>Examples of criteria that might fall under Section 1 – Organizational Capacity</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing - training and expertise of staff, appropriate staff to supervise line staff (75 Points)</td>
<td></td>
</tr>
<tr>
<td>Ability to work and provide outreach in high need communities (75 Points)</td>
<td></td>
</tr>
<tr>
<td>Applicant describes how the project will be sustained past the grant period (50 Points)</td>
<td></td>
</tr>
</tbody>
</table>
### Section 1 – Organizational Capacity

<table>
<thead>
<tr>
<th>Examples of criteria that might fall under Section 1 – Organizational Capacity</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous experience with similar / relevant projects (30 Points)</td>
<td></td>
</tr>
<tr>
<td>Facilities – is location / building sufficient for project (10 Points)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SCORE</strong></td>
<td>240 Points</td>
</tr>
</tbody>
</table>

### Section 2 – Community Approach/Work Plan

**Scored up to 550 points**

<table>
<thead>
<tr>
<th>Examples of criteria that might fall under Section 2 – Community Approach</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale to apply for eligible activities based on needs of the communities served by the organization (100 points)</td>
<td></td>
</tr>
<tr>
<td>Methods/strategies to be used - to what extent are the activities/strategies proven or likely to be effective with the target population. (150 points)</td>
<td></td>
</tr>
<tr>
<td>Geographical area(s) targeted (50 points)</td>
<td></td>
</tr>
<tr>
<td>Collaborative description and ability to collaborate (100 points)</td>
<td></td>
</tr>
<tr>
<td>Work Plan (Alignment between activities, objectives, tasks, metrics and timeline) (150 Points)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>550 Points</td>
</tr>
</tbody>
</table>

### Section 3 – Budget and Budget Justification

**Scored up to 0 Points**

<table>
<thead>
<tr>
<th>Examples of criteria that might fall under Section 3 – Budget and Budget Justification</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget narrative is consistent with the proposed activities, objectives and tasks in Work Plan (Reviewed but not scored)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>0 Points</td>
</tr>
</tbody>
</table>

### Section 4 – Cultural Competency and Cultural Responsiveness

**Scored up to 210 Points**

<table>
<thead>
<tr>
<th>Examples of criteria that might fall under Section 4 – Cultural Competency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff leaders, other staff, consultants/contractors represent communities served by the organization (50 Points)</td>
<td></td>
</tr>
<tr>
<td>Description of cultural competency and cultural responsiveness (50 Points)</td>
<td></td>
</tr>
<tr>
<td>Cultural competency practices / linguistic competency of program staff (50 Points)</td>
<td></td>
</tr>
</tbody>
</table>
**Examples of criteria that might fall under Section 4 – Cultural Competency**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current/past work in communities proposed to serve (30 Points)</td>
<td></td>
</tr>
<tr>
<td>Activity/activities are culturally appropriate (30 Points)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SCORE</strong></td>
<td><strong>210 Points</strong></td>
</tr>
</tbody>
</table>

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

**Grantee Past Performance and Due Diligence Review Process**

- It is the policy of the State of Minnesota to consider a grant applicant’s past performance before awarding subsequent grants to them. Please submit the Due Diligence Form (Attachment G) with application materials.
- State policy requires states to conduct a financial review prior to a grant award made of $25,000 and higher to a nonprofit organization, in order to comply with Policy on the Financial Review of Nongovernmental Organizations.

**Notification**

All applicants, successful and non-successful, will be notified (letter or email) as to the status of their application by **May 6, 2019**. Funded applicants will start work on July 1, 2019.

**RFP Part 3: Application and Submission Instructions**

**3.1 Application Deadline**

Applications submitted by courier or postal service must be physically received no later than 4:30 p.m. Central Standard Time, on **Thursday, March 28, 2019** at 220 of the Golden Rule Building, 85 East Seventh Place, Saint Paul, MN 55164. Applications submitted electronically must be emailed to amy.lopez@state.mn.us and received by MDH by 11:59 p.m. March 28, 2019.

**Late applications will not be accepted.** It is the applicant’s sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer or technology problems. The applicant will incur all costs incurred in applying to this RFP.

**3.2 Application Submission Instructions**

Applications may be submitted via courier, postal service or email.

- If submitted by courier or postal service, please deliver to:
3.3 Application Instructions
Each section of the application has the maximum pages allowed. You must submit the following in order for the application to be considered complete:

- Signed coversheet on letterhead (one page)
- Table of Contents (Up to two pages)
- Agency Overview (Section 1 is up to three pages)
- Proposed Project (Section 2 & 4 is up to five pages per activity applied)
- Work Plan – Attachment A - Form A (Up to four pages per activity) (Activity 2 is up to six pages)
- Budget Summary (Section 3) – Attachment A - Form B (Up to two pages)
- Budget Detail and Justification (Section 3) – Attachment A - Form C (Up to four pages)
- Letters of Commitment – Up to three letters (One page per letter)
- Due Diligence Review – Attachment F (Six pages)
- Copy of 501c3 (only applies to nonprofits)
- Copy of most recent IRS 990 or Certified Financial Audit (does not include government organizations)

Incomplete applications will not be evaluated. Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to not accept any application that does not meet these requirements.** By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

**All costs incurred in responding to this RFP will be borne by the applicant.**
RFP Part 4: Attachments

- Attachment A: Suicide Prevention Application Form (includes Narrative Questions, Work Plan, Budget Summary and Detailed Budget)
- Attachment B: Sample Grant Agreement
- Attachment C: Invoice template
- Attachment D: Programmatic Report template
- Attachment E-1 & E-2: Scorecards
- Attachment F: Due Diligence form
- Attachment G: RFP Checklist
Appendix

Definitions

**Cultural community** is a geographical area(s) and/or group (cultural, ethnic, racial, disabled, specific-age, gender, sexual orientation) or any other type of identifiable community. *MDH definition*

**Culturally-specific organization** has the mission to serve a specific community. The leadership and/or staff may represent the predominant community served. *MDH, Center for Health Equity*

**Evidence-based practices (EBP)** is a treatment practice or approach that is backed by a strong body of research evidence. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3246745/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3246745/)

**Health equity** is when every person has the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities. Health equity means achieving the conditions in which all people have the opportunity to attain their highest possible level of health. *MDH definition*

**Health disparity** is when there is a population-based difference in health outcomes (e.g., women have more breast cancer than men). *MDH Statewide Integrated Suicide Prevention and Postvention Training and Support Grant Program RFP*

**Means** is the instrument or object used to carry out a self-destructive act (e.g., chemicals, medications, illicit drugs). *MDH Statewide Integrated Suicide Prevention and Postvention Training and Support Grant Program RFP*

**Methods** are the actions or techniques that result in an individual inflicting self-directed injurious behavior (e.g., overdose). *MDH Statewide Integrated Suicide Prevention and Postvention Training and Support Grant Program RFP*

**Postvention** is an intervention conducted after a suicide to promote healing and reduce the risk after a suicide for those affected by the suicide of a loved one. *MDH Statewide Integrated Suicide Prevention and Postvention Training and Support Grant Program RFP*

**Practice-based evidence** includes a range of approaches that are developed over time through practice and experience. PBE approaches are often embedded in the culture, accepted as effective by local communities and support community healing from a cultural framework. *MDH, Center for Health Equity*

**Protective factors** are skills, strengths, or resources that help people deal more effectively with stressful life events. [https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html](https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html)

**Risk factors** are those characteristics associated with suicide—they might not be direct causes—such as a family history of suicide, previous suicide attempts, a history of mental health disorder or substance abuse disorder, barriers to accessing mental health services, loss (relational, social, work, financial), stigma that prevents help-seeking behaviors and easy access to means. [https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html](https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html)

**Social determinants of health** are the economic and social conditions that determine the health of individuals and communities. [https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html](https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html)

**Suicide attempt** is a nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury. *MDH Statewide Integrated Suicide Prevention and Postvention Training and Support Grant Program RFP*
Suicide attempt survivor is an individual who has survived a prior suicide attempt.

MDH Statewide Integrated Suicide Prevention and Postvention Training and Support Grant Program RFP

Suicidal behaviors are behaviors related to suicide, including preparatory acts, suicide attempts, and deaths. MDH Statewide Integrated Suicide Prevention and Postvention Training and Support Grant Program RFP

Suicidal ideation are thoughts of engaging in suicide-related behavior. MDH Statewide Integrated Suicide Prevention and Postvention Training and Support Grant Program RFP

Survivor of suicide loss are family members, friends, and others affected by the suicide of a loved one. MDH Statewide Integrated Suicide Prevention and Postvention Training and Support Grant Program RFP