

SAMPLE DOE TITLE IV RFA

Note: This is based on prior year template which may look different for this year-so please refer to the current year and use this as a sample only-filling in your own district's information and demographics and using the current DOE template

I. LEA Information

Name and # of District (LEA): _____
_____ SAU # _____

Project Manager/Position/Title: _____

Email address: _____

Phone: _____

II. Description of Priority Needs *Section 4115 (a) Programs and activities supported by Safe and Drug-Free Schools funds must be selected on the basis of an assessment of objective data reasonably available to the district. Data should provide program planners with an understanding of the incidence of violence, such as serious discipline problems, that disrupt the learning environment within the district's schools, as well as data indicating the prevalence of tobacco, alcohol, or other drug use by students, or the prevalence of student problems associated with such drug use, that are risk factors affecting academic achievement.*

Q1. Provide a description of the most serious problems in the schools served by the applicant school district(s) that result from violent or disruptive behavior, or tobacco, alcohol, or other drug use.

In 2011 the ****School and community experienced *****

An increase in student reports of stress, anxiety, depression and suicidal thinking was observed by the ***** School staff. ***** students were admitted to psychiatric hospitals and a significant increase in contact with outpatient mental health services resulted over the past year. The impact of emotional disorders and stigma negatively impact the academic outcomes for *** students. (may want to include facts on children/youth mental health here).

Q2. From all of the problem areas described in your response to Question 1., which one(s) will be priority areas for the purposes of this grant application?

Priority areas will be:

- Assessing the school and community environment to determine needs and resources for healing and proactive approaches to issues that affect students such as relationship conflicts, electronic messaging, mental illness, substance use and violence
- Develop a Wellness plan for bringing an emphasis on mental health awareness, resilience and wellness into the school and community programs

- Providing parents, providers and other key stakeholders with the Connect Prevention training and tools to ensure seamless communication with the school and with service systems who respond to youth at risk.
- Training trainers in Connect Suicide Prevention and Postvention to increase capacity within the school district and develop suicide prevention and postvention protocols for an integrated response to suicide risk and traumatic deaths based on national best practices
- Developing a postvention plan that includes linkages with key responders in the community for continuity of response in the event of future incidents.

Q3. How were these problem areas determined to be priorities? How do they interfere with providing a safe and drug-free learning environment (Goal 4 of the “No Child Left Behind Act”)?

The ***** School team has been monitoring the climate at the high school. ***** School utilized Connect training and protocols that they had accessed in the past along with internal and external counseling resources to manage communication, outreach and response throughout this difficult past year.

There has been a notable tension and increased contact with fragile students. ***** staff has been monitoring the Face book memorial page for warning signs expressed by peers. Parents have been informed through the school of behaviors to be concerned about and the school’s plan for managing through the anniversary. NAMI NH/Connect staff has consulted with the guidance department about Safe Messaging guidelines and ways to proceed that will promote wellness rather than memorialize or focus on the suicide. The administration at ***** High has determined that a comprehensive approach needs to be in place from the experience gained from this tragedy and the long range impact that it has had on the health and academic climate in the school.

Q4. List the data and sources of data used to identify these priority areas. (Note: The response must provide evidence that the priority areas were identified primarily through the use of objective data)

Since the this tragedy occurred, ***** school students were admitted for inpatient psychiatric care; all of them for extended periods of time, with ***** of them in the state psychiatric facility. The ***** School Guidance Department recorded an increase of ***** referrals in the past year of students who needed to be assessed for safety concerns and suicidality.

III. Proposed Programs, Strategies, or Activities (Public and Nonpublic Schools)

Section 4115(a)

For a program to meet the principles of effectiveness, such program or activity shall be based on scientifically-based research that provides evidence that the program to be used will reduce violence and illegal drug use. A local education agency may apply to the State for a waiver of this requirement in order to implement innovative programs or activities that demonstrate a “substantial likelihood of success”.

Directions: Refer to the Title IV Application Guide for the list of Title IV authorized activity areas, guidance on writing Program Descriptions, waiver requests, and information regarding exemplary and promising programs and strategies for which a waiver request is not required.

Using the list below, complete a Program Description for the proposed public and nonpublic school program or activity:

Program Descriptions

a) At the top of the page, list the name of the proposed program or activity and check all applicable boxes. Be sure to identify the names of the schools where the program will occur.

CONNECT: ***** School District will involve NAMI NH's Connect staff to conduct an assessment of school and community risk and protective factors to identify immediate and long term needs. The Connect Project is able to bring in national best practices and resources from other schools and states to help develop and implement a plan for ***** School that focuses on healing after suicide and moving towards resiliency and wellness, involving students, parents, faculty, and key partners in the community. The ***** School also intends to implement Connect Prevention and Postvention Training of Trainer Programs with faculty and first responders associated with the school and offer additional training for parents and key stakeholders in the community. The training for parents and community providers will include resources to educate them about risk factors and warning signs in youth and ways to build resiliency and coping skills in collaboration with planning in the school. The ***** School Behavioral Response Team will also participate in a Connect Postvention Training that will include first responders from the community to assure a cohesive response to suicide attempts and deaths that will ensure safety and reduce risk for the community.

The ***** School will follow the Connect Suicide Prevention training with parents/community by offering a peer Youth Leader curriculum for students that will reinforce the help seeking and safety skills and resources provided to parents to complete a safety net for suicide prevention and other high risk behaviors. School guidance and health educators will work with Connect Staff to develop this as part of a wellness program that can serve as a marker for changing the culture and perceived negative images of the school into one that promotes coping, health and healing.

The following is a list of some of the components of each of these Connect Programs:

PREVENTION/INTERVENTION TRAINING COMPONENTS FOR SCHOOLS:

- Best Practices for school crisis response in responding to suicidal behavior
- Identifying roles of crisis team/crisis coordinator and administrators
- Emergency guidelines for first person(s) on the scene of a suicide attempt
- Promoting a safe school environment proactively and after an incident
- Understanding youth culture and communication, including social networking
- Recognizing risk factors that may emerge in a school environment
- Communication and engagement with parents/guardians

- Confidentiality and reporting requirements
- Crisis procedures after an incident that occurs on or off school grounds
- Guidelines for timely notification and response to others as needed
- Developing transition plans for youth who return to school after an incident
- Interface with first responders and key service providers

POSTVENTION TRAINING COMPONENTS:

- Overview of suicide as a public health issue
- Understanding contagion, pacts and warning signs for suicide
- Supports for those primarily affected (known as “suicide survivors”)
- Coordinating postvention response in a community
- Grief and complicated bereavement due to a death by suicide
- Cultural aspects of grief
- Best practice recommendations for memorial services and funerals
- National guidelines for communication and media
- Self care skills

MENTAL HEALTH EDUCATIONAL PROGRAM COMPONENTS:

- Overview of various types of mental illness that affect youth
- Distinction between mental health problems and symptoms of mental illness
- Information on treatment, recovery, and self help resources and family supports
- Insight into the stigma associated with mental illness and how to decrease stigma and increase help seeking

CONSULTATION AND PLANNING COMPONENTS:

- Utilization of national best practices to guide to postvention and prevention activities in the school and surrounding community with regards to memorial activities, anniversaries of tragic events, communication with parents and students, promotion of wellness and help seeking behavior, and decisions about academic curriculum used in the school that will help to promote healing and minimize risk.
- Conducting assessments of the school/community needs, resources, risk and protective factors
- Assist with analyzing data and results of assessment to determine a longer term plan for the school regarding behavioral response, gatekeeper involvement in keeping youth safe, increasing an environment of health, wellness and access to coping and healing strategies and resources
- Bring together key stakeholders in the school and community to develop and implement a plan around mental health awareness, suicide prevention, postvention response, and general positive school climate
- Identify age and culturally sensitive coping and wellness strategies that can be reinforced by parents, teachers, coaches, and other student mentors in the **** Community.
- Develop a package of materials that will reinforce the wellness activities and educate parents and other adults about mental health and suicide risk to be implemented into parent mailings, teacher trainings, and community settings
- Coordinate materials, practices and procedures into a Wellness Tool Kit and plan for the school to use as a systemic approach to moving forward from tragedy, reducing further risk and strengthening the resiliency of the students.

(b) List the performance measure or measures the program or activity was selected to address

As a result of the trainings, ***** School expects the following results:

- An increase in help seeking skills on the part of students towards adults
- An increase knowledge on the part of staff and parents about how to identify a youth at risk and make an appropriate referral
- Increased collaboration among mental health providers, first responders, parents and the school district around youth at risk
- A response procedure that specifies steps to take in the event of suicide attempt or death that affects that school and involves key school and community responders and is familiar to the faculty and PTO.
- An increased engagement of youth in developing and participating in ongoing wellness programs and activities
- An institutionalized mechanism for communication with parents and key providers in the community and ensuring consistent standards of response to the needs of youth at risk
- Increased awareness of and access to resources related to mental illness and utilized by teachers, parents and students

c) Describe the rationale for selecting the program or activity, including how it is designed and why it is expected to be successful in accomplishing the improvements described in the performance measures

Connect is a national Best Practice that has demonstrated increased knowledge, skills and confidence for participants in recognizing and responding to youth at risk. The Connect Project also works with schools and communities to implement protocols that are based on national standards and designed to enhance working relationships between providers, parents, and schools and strengthen prevention strategies. Connect was developed by NAMI NH and the staff available locally to provide support and consultation. These protocols became part of the school response when several untimely deaths of students occurred in the past few years of ***** students. NAMI NH/Connect staff consulted with the ***** guidance department and brought in resources last year immediately after a tragic suicide and is consulting this year to help the school prepare for the anniversary of this youth's suicide. This proposal will allow the ***** School District and community to take a comprehensive, systemic approach to the needs of the community so that a Wellness plan that resulted from a tragic experience can be shaped by a national best practices and offered throughout the school and community and designed as a model for other schools to implement proactively.

(d) Describe the most significant risk and/or protective factors the program or strategy is designed to target

Among the risk factors in the ***** School are the suicides that occurred in the past year and the recent history of other sudden deaths of students. Many students have received intensive psychiatric care for mental illness and suicidality and the guidance department has had to make increase use of local mental health resources to work with the students in need.

Protective factors have been acknowledged to include a caring community with many interested parents and the efforts on the part of the school to address the risk of suicide. The ***** School Administrative team has been very responsive and motivated to implement consistent best practices for suicide prevention and postvention and mental health education. All of these would come under programs that NAMI NH can offer and are investments that the entire school community will benefit from if this grant is awarded.

(e) Describe the implementation plan in detail, including a description of how the program will be carried out, the personnel to be involved, the intended audience or target population, the time frame for conducting the activity, etc.

**** School will implement the following, as described below:

- 1) School wide suicide prevention and mental health awareness program for all staff prior to the start of the school year: **90 minute program**; **** participants from elementary, middle and high school.
- 2) Teacher training sessions to educate teachers about mental illness in the classroom: identification, management, resources and intervention: Cost of each training:*****; **Total Cost:*****.**
- 3) A Connect Train the Trainer in Prevention (3 days) and Connect Train the Trainer in Postvention (3 days) for identified school personnel and key stakeholders in the community to a) carry the training back to our respective systems for greater awareness and b) develop an integrated response process with comprehensive protocols based on best practices.
- 4) Two community based prevention training offered for parents and other key stakeholders (i.e. athletic coaches, law enforcement, first responders, etc.): estimated participation: 25 at each training. Cost of half day training: \$**** each: \$***** Child care resources will be provided to encourage attendance of parents. Child care: \$***** and refreshments: \$***. **Total Cost: \$******
- 5) Consultation time with NAMI NH/Connect Staff for assessment of school community risk and protective factors, needs and resources: 10 hours at \$****/hr:for NAMI staff, plus 10 hours for Guidance staff at \$****/hour, for four counselors **Total Cost: \$*******
- 6) Consultation time for planning and development of school plan and materials for healing and wellness to be implemented and institutionalized as part of school practice, integrating community resources and partners: 10 hours for NAMI staff at \$****/hr, 20 hours for 2 counselors to develop and plan \$*****, 5 hours for school nurse for consultation on wellness plan

development \$***. , materials for wellness activities, \$***.: **Total Cost:** \$***.

- 7) Implementation of mental health wellness programs utilizing NAMI NH's Anti Stigma Programs: Life Interrupted and In Our Own Voice and mental health materials provided through NAMI NH: No cost for mental health literature. Cost for speakers: ***** (Information on NAMI NH educational programs about mental illness are available on the NAMI NH website: <http://www.naminh.org/education/community-education>.)

Presenter's are individuals who have completed NAMI NH training programs and who participate in ongoing training.

- 1) School climate programs from NAMI NH provide participants with increased knowledge, skills and raises awareness of the impact stigma has on persons with emotional disorders/mental illness, their families and communities. Program descriptions which includes identified learning objectives can be found on the NAMI NH website: <http://www.naminh.org/education/training-opportunities/professionals-para-professionals> including "See the Person, Not the Illness", Children and Adolescents: Serious Emotional Disorders and School Programs are delivered by NAMI NH experienced presenters and trainers who conduct professional workshops regularly on a statewide basis. Each program has an established set of learning objectives. Workshops can be adapted to address the needs of school personnel, parents and/or general community. Programs addressing children/youth mental health can also be developed to meet the specific needs of the audience. \$**** per workshop, Fees for programs vary depending on length of the program. A standard workshop is 2 hours at **** per workshop, **Total Cost: ******

- 2) **Total Cost: ******

- (f) Provide a detailed description of all costs associated with implementing the program, such as salaries and benefits, contracts for consultants or counselors, supplies, materials, equipment, or transportation. (When the programs are combined, this budget narrative should match the budget on the Form 1.)

Summary of Cost for Connect and NAMI NH Training & Consultation (materials are included in training costs): \$**. Summary of costs for supplies, refreshments, child care: \$****. Stipend for guidance and nursing staff for consultation and training \$****. Total Cost for program: \$****.**

Number of people served: At least ** staff (district wide), over *** community members/parents and/or providers, and at least **** students will benefit from programs offered in the first year .**

- (g) Provide a description of the evaluation plan that describes both the methodology (pre/post evaluation at a minimum expected), as well as content (the knowledge, skills, attitudes, or behavior the pre/post evaluation will measure), or other evaluation methods as appropriate that will help determine if the anticipated outcomes from the program have been achieved.

Connect Project: Pre and post tests will be conducted with trainings to assess satisfaction with the program, skill and confidence level, and attitude and anticipated usefulness of the material. These tools are administered by NAMI NH and have been tested as part of the Connect Project. Summaries of the results will be provided to the school.

Nursing and guidance staff will also observe for any change in the quality or volume of referrals for mental health related issues and reference this against the existing baseline.

Parents, key stakeholders, faculty and student leaders will be used as an advisory body to oversee implementation of the Wellness plan and provide feedback from their constituents to assess the effectiveness of education, health and wellness activities conducted and make improvements on the Wellness Plan for future years.

School Climate Training /Workshops : Post evaluations will be conducted to assess satisfaction with the program, and evaluation participant's perception of the skill, change in confidence level and attitude and usefulness of the material.

Summaries of the results will be provided to the school.

IV. Program Assurances

Program Assurances (attachment) signed and dated by the Superintendent.

V. OBM Form 1

OBM Form 1 (attached) must be signed and dated by the authorized signatory within the District/SAU in blue ink. The project end date must be no later than September 30, 2009 *Again, that is the end date - all funds must be obligated and disbursed by September 30, 2009. Please share this information with your Business Office Manager as there was some confusion around this issue in prior years.*

Additional Information

Evaluation Requirement

At the end of the project period, an Evaluation Form will be emailed to each project coordinator in your district to complete within 15 days of receipt.

Review Criteria

The following criteria will be used to review proposals:

- Clear description of need
- Anticipated outcomes are measurable
- Budget contains sufficient detail to support expenditures
- Collaboration with local agencies and state and federal initiatives.