

Request for Proposals (RFP)

Veteran Suicide Prevention: Evaluation Demonstration Project

Evaluation Capacity Building Grants

SUMMARY OF REQUEST

The National Foundation for the Centers for Disease Control and Prevention (CDC Foundation) was awarded a federal grant to work on the Veteran Suicide Prevention: Evaluation Demonstration Project in partnership with the Centers for Disease Control and Prevention (CDC)'s National Center for Injury Prevention and Control (Injury Center). The goal of the project is to build the capacity of veteran serving organizations to evaluate the effectiveness of their programs in helping to prevent suicide among veterans.

This competitive grant program provides funds to support and strengthen the evaluation capacity of veteran serving organizations; improving their ability to (1) monitor and document success and areas for growth, and to (2) build successful partnerships for long-term sustainability.

The funding will allow veteran-serving organizations to develop and implement an evaluation plan and build their capacity for strong, ongoing program evaluation.

IMPORTANT DEADLINES:

- **RFP Posted and Available:**
Monday, September 21, 2020
- **RFP Questions Accepted Through:**
Friday, September 25, 2020
- **Responses to Questions Posted:**
Monday, September 28, 2020
- **Proposals Due:**
Friday, October 9, 2020

BACKGROUND

Suicide is a leading cause of death for Americans overall, and has been rising in nearly every state since 1999. Mental health conditions are often seen as the cause of suicide, but suicide is rarely caused by any single factor. In fact, many people who die by suicide are not known to have a diagnosed mental health condition at the time of death. Other problems often contribute to suicide, such as those related to relationships, substance use, physical health, and job, money, legal, or housing stress¹. Veterans are a particularly vulnerable population. According to data from the Department of Veterans Affairs (VA), the suicide rate was 1.5 times higher for Veterans compared to non-Veterans in 2016.² In addition, the rate of suicide increased substantially among younger Veterans aged 18-34 years old from 2015-2016, but remained about the same in other age groups during that same time period.³ Lastly, there was a large increase in the rate of suicide among Veterans who were not in Veteran Health Administration (VHA) care compared to those that were from 2005-2016.⁴ The good news is that suicide prevention is possible. Suicide is rarely caused by any single factor, which means there are multiple pathways for prevention.

¹ Source: <https://www.cdc.gov/vitalsigns/suicide/>

² Source: https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

³ Source: https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

⁴ Source: https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

Traditionally, suicide prevention has focused downstream on identifying and referring people at-risk of suicide to services. While that approach continues to be essential, CDC also focuses more on upstream approaches that reduce risk factors and promote protective factors to help prevent the development of suicide risk in the first place. CDC is working to achieve broader community-level protection against suicide by supporting the implementation of its Suicide Prevention Technical Package of policies, programs, and practices that reflect the best available evidence for prevention. This technical package describes the benefits of a comprehensive approach to suicide prevention that includes approaches to prevent suicide risk as well as approaches to identify and support people at risk and to lessen harms for individuals, families, and communities.

CDC's Injury Center launched a pilot project to better understand how to prevent suicide among young (35 years or less), non-VHA veterans. Using a human-centered design approach, a pilot project helped uncover insights into the needs, wants, and experiences of young veterans through unscripted conversations with over 45 veterans in five different communities across the United States. The conversations honed in on their transition out of military service and their sense of connectedness during that time. These insights from the conversations informed the design of a set of early stage ideas around where CDC might play a unique role to better help prevent suicide among this high-risk group. One of these early-stage ideas is to evaluate existing programming offered by veteran-serving organizations to determine whether that programming is impacting veteran suicide.

During the pilot project, it became clear that, even if their organizational mission is completely unrelated to Veteran suicide prevention, many veteran-serving organizations are essential partners in advancing a public health approach to Veteran suicide prevention. First, these organizations, for obvious reasons, have a natural connection and already established relationship of trust with this often hard-to-reach population. Second, a subset of veteran-serving organizations is implementing models that appear to be in alignment with CDC's strategic goals around an upstream approach to suicide prevention. Two models stand out:

1. **Community Integration Model:** This model brings together Veteran-serving organizations in one network or community in order to provide Veterans with coordinated, streamlined access to the multitude of services and supports they might need, including employment, health, housing, benefits, recreational activities, education, social life, etc. In the communities that the project team visited that were implementing the community integration model, there was one backbone organization that serves as a primary entry point for the Veterans to access support from multiple organizations. In addition to conducting an initial assessment of a Veteran's holistic needs, the organization also often maintains regular check-ins with the Veteran to ensure he or she stays engaged and does not get lost in the system.
2. **Connectedness Model:** The Suicide Prevention Technical Package from CDC's Injury Center also includes promoting connectedness as one of seven strategies for preventing suicide. A subset of Veteran-serving organizations is working to increase connectedness—Veteran to Veteran, Veteran to 'civilian' and Veteran to community. Although the means by which these organizations increase connectedness varies widely from physical and social activities to community service projects to disaster response activities, one potential benefit that these approaches have in common is the greater sense of belonging and purpose they appear to help promote.

Organizations benefit a great deal from using data and feedback to continually assess and improve their work. An effective and well-implemented evaluation plan can help organizations make sure they reach the population(s) they intend to serve; help to assess the extent to which

implementation of a program is bringing about the desired outcomes among the individuals or communities served; and help organizations better understand what is going well, what aspects of the program might need attention, and where to focus resources for program improvement.

Evaluation is defined as the systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement. (Source: <https://www.cdc.gov/eval/index.htm>)

The goal of the project is two-fold:

- 1) To provide resources, peer learning, and technical assistance to strengthen veteran-serving organizations' ability to conduct effective evaluations; and
- 2) To help veteran-serving organizations understand the role that they potentially play in an upstream, public health approach to veteran suicide prevention

Note: the focus of this capacity building project is on evaluation, and not on research. The technical assistance provided is based on the premise that there is no one "best method" for veteran serving organizations to evaluate their programs. The capacity building approach will not only focus on the technical aspects of evaluation – methodology, data, modeling, etc., but will also emphasize strategy, partnerships, and community. Ultimately, the hope is to build the evidence base around what existing programmatic models within the veteran-serving organization community are in alignment with an upstream approach and are helping decrease veteran suicide.

To this end, the CDC Foundation will fund veteran-serving organizations that are currently implementing programs that are not necessarily designed as suicide prevention programs but fit within either the previously described Community Integration Model or Connectedness Model. The grant funding will allow veteran-serving organizations to evaluate current programs in support of CDC's Injury Center's focus on a public health approach to veteran suicide prevention.

Awardees will use the [CDC Framework for Program Evaluation](#) to develop and implement their evaluation. The exact evaluation design will be dependent on the organization's current programs and upon their evaluation capacity. The awardee organizations will be required to:

1. With technical assistance from CDC and CDC Foundation evaluation staff –
 - choose evaluation methods that are suitable to the circumstances and contexts of the organization and the veteran suicide prevention program being implemented,
 - select and use evaluation tools suitable to the characteristics of the target population and the content of the various activities,
 - design an evaluation plan that includes but is not limited to a logic model and program description that will guide the evaluation approach;
2. Implement the evaluation plan (*if applicable*);
3. Submit a final report; and

4. Present a final presentation in-person or virtually at a reverse site visit for a multi-sector audience (e.g., stakeholders from public health, non-profit, philanthropy, business, etc.).

Grantee organizations will receive ongoing technical assistance from the CDC Foundation and from CDC evaluation experts and suicide prevention experts. The CDC Foundation and CDC expect an open dialogue with the grantee organizations, including regular calls (a schedule will be determined collaboratively by the CDC Foundation, CDC, and grantee organizations). In addition to regular calls, it is expected that the awardee will participate in either one (1) reverse site visit (to Atlanta, Georgia where both CDC and CDC Foundation are headquartered or one (1) virtual reverse site visit meeting (depending on COVID19 travel restrictions). During this reverse site visit, the grantee organization attendee will participate in a final in-person presentation for a multi-sector audience and submit a final report—both of which are intended to be useful to the awardees in showcasing their evaluation projects to their organizational stakeholders.

Additional Resources

Additional information on CDC's public health approach to program evaluation:

<https://www.cdc.gov/eval/framework/index.htm>

<https://www.safestates.org/general/custom.asp?PPEvalCourse>

Additional information on CDC's public health approach to suicide prevention:

<https://www.cdc.gov/vitalsigns/suicide/index.html>

<https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>

https://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf

<https://www.cdc.gov/violenceprevention/suicide/index.html>

ELIGIBLE APPLICANTS

All applicants must meet and provide evidence of the following requirements:

1. Be a nonprofit, tax-exempt organization e.g. 501(c)3 or 501(c)19 (Tax-Exempt Status Determination must be attached);
2. Be in the United States or its territories;
3. If the applicant is a subsidiary or affiliate of another organization, the relationship must be disclosed in the organizational experience and capacity section of the application;
4. Have ongoing veteran-focused programs and activities that align with at least one of either the previously described Community Integration Model or the Connectedness Model; and
5. Have established relationships with veteran populations. **Veteran-serving programs being considered should have been in place for at least two (2) years.**

Important Notes :

- Veteran suicide prevention does NOT need to be part of the applicant's core mission in order to apply.
- Funding is intended for veteran serving organizations with little to no evaluation experience (*beginning evaluators, not professional evaluators*), but with the capacity and motivation to learn from evaluation activities.

- The project period can be used to build capacity for any type of evaluation (e.g., formative, process/implementation, outcome/ effectiveness, impact, etc.) **Note:** CDC evaluators will ultimately help awardees to determine which type of evaluation is most appropriate.
- Organizations can receive funding a maximum of two times. Returning organizations that were awarded funding once during a previous project period are eligible to apply for one additional award cycle to implement formative work or build the capacity for another type of evaluation.
- This will be a competitive grant program, which means not all qualifying and meritorious proposals will be funded.
- All costs incurred in responding to this RFP will be borne by the applicant.

PROPOSAL FORMAT

Part One - Proposal Narrative:

Proposals must be submitted via email to the CDC Foundation. Proposals should be no more than **five (5) pages**, single spaced, 11-point font and one-inch margins; excluding appendices. Proposal narrative should address the following elements:

I. Applicant Experience and Capacity:

1. Organizational alignment with either the Community Integration, the Connectedness model, or a blend of both models;
2. Established relationships with veteran populations;
3. Organizational capacity and expertise to implement the scope of work (including existing evaluation capacity and existing data sources);
4. Staffing Plan - Role and responsibilities of personnel to be assigned to this project.

II. Project Description and Sustainability:

1. Description of organization's proposed evaluation questions (what do you hope to evaluate?);
****Previous awardees only:** Description of how additional funding will be used in a way that is distinct from first round of funding (e.g. will be used to implement formative work or to conduct a different type of evaluation or different aspect of your program)
2. Ability to sustain evaluation activities beyond the project period (with and without additional funding);

Part Two - Appendices (not included in the 5-page total described above):

All required appendices must also be sent as attachments in PDF file format.

1. **Appendix A: Detailed Budget and Budget Justification** (*Budget Preparation Guidelines and a Budget Narrative Template have been provided with the RFP to assist applicants with budget preparation. Please find additional information on budget requirements below*).
2. **Appendix B: Previous work sample** that demonstrates that you can do this work. Examples could be publications distributed to stakeholders or the public that speak to your program; or anything that shows how you have translated program data.

3. **Appendix C: 1-2-page resumes for all lead personnel** highlighting specific experience related to requirements of this solicitation.
4. **Appendix D: Non-profit Tax-Exempt Status** Determination.

Budget Notes:

Funding and Duration

Funding awarded to applicants shall be used beginning November 15, 2020 and ending July 15, 2021 (8 months). For new applicants, the total project budget should not exceed \$50,000. For previous awardees, the total project budget should not exceed \$25,000. Please provide a budget following the template and guidance provided, and attach completed template as **Appendix A**.

Budget Requirements:

- a) A detailed budget should be submitted with a supporting narrative for all anticipated costs. The budget narrative should conform with the attached CDC Office of Grants Services (OGS) budget preparation guidelines.
- b) It is the intention of this solicitation to only support expenses that are directly attributable to project outcomes. Proposed budget costs should be necessary for the appropriate and efficient performance of program activities specific to the goals and purpose of this evaluation capacity building project. **The requested project funds should only include direct costs** (e.g. salary, fringe benefits, supplies, travel (meal and incidental expenses), contractual, consultant costs, etc.) required to execute the grant - which should be broken down by task and supported by the appropriate narrative highlighting the alignment to the project. **NOTE: Indirect costs of doing business that are not readily identified with the objectives of this grant (e.g. utilities, insurance, payroll taxes, capital expenditures for general purpose equipment, etc.) are not allowed in this proposal.**
- c) Travel for the reverse site visit should be included in the budget. Up to two people, ideally the evaluation lead and a representative from the VSO leadership, would attend the reverse site visit for two days and one night. Programs funded by federal funds should follow the guidelines set forth in the Federal Travel Regulations. As such, applicants should refer to the www.gsa.gov website where they can find information (e.g. per diem rates) that will be useful when budgeting for travel. **NOTE:** Should travel and in-person meetings remain restricted due to COVID-19, the in-person meeting will be converted to a virtual meeting, and budgets will be adjusted post-award.

PROPOSAL SUBMISSION

The application deadline is 5:00 p.m. EST, Friday, October 9, 2020.

Applications will not be accepted after this date and time.

All Proposals must be submitted electronically (with all elements combined into a single PDF file) as an attachment email to: VSPEvaluation@cdcfoundation.org

RFP QUESTIONS AND ANSWERS

Applicants may submit questions about this RFP or the RFP process to the following e-mail address: VSPEvaluation@cdcfoundation.org by September 25, 2020. Please use the subject line “E-Questions RFP Veteran Suicide Prevention.” The CDC Foundation will respond to individual questions as soon as possible after the question is received. **The responses to all questions asked by September 25, 2020 will be posted on the CDC Foundation website no later than September 28, 2020** so that all potential applicants will have access to the same information.

REVIEW CRITERIA

All applications are reviewed by a panel of independent grant reviewers. The following table outlines the criteria that reviewers will use to guide their evaluation of each application. Weights are also provided.

I. Applicant Organizational Experience and Capacity	45%
II. Project Description and Sustainability	35%
III. Budget and Budget Justification	20%
	100%

IMPORTANT DATES

The following timeline highlights key dates for the RFP and project:

- September 25, 2020 – Deadline to receive questions about RFP
- **October 9, 2020 – Deadline to receive applications [5:00 p.m. EST]**
- November 2, 2020 - Funding decision notifications
- November 18, 2020 - Kick-Off Call with VSO grantees (grantee required attendance)
- Funding period will be from November 15, 2020 – July 15, 2020 (8 months)

Attachments:

1. OGS Budget Preparation Guidelines
2. Budget Narrative Template