

Request for Proposal

Veteran Suicide Prevention: Evaluation Demonstration Project

Date Issued: November 7, 2018

Date Response Due: December 7, 2018

CDC FOUNDATION CONTACT

Rachna Chandora, MPH

Team Lead for Programs

rchandora@cdcfoundation.org

SUMMARY OF REQUEST

Through this Request for Proposal (RFP), 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 funding will allow veteran-serving organizations to develop and implement an evaluation plan for assessing the effectiveness of their program(s) in reducing rates of suicide and suicidal ideation (or other proxy indicators) among veterans.

BACKGROUND AND NEED

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, with an average of 20 veterans dying by suicide every day. Among veterans, suicide rates are increasing faster among those who had not recently used Veterans Health Administration (VHA) health care². However, suicide is preventable.

The Centers for Disease Control and Prevention (CDC)'s National Center for Injury Prevention and Control (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 course of the pilot project, it became clear that veteran-serving organizations are key stakeholders and essential partners – even if their explicit mission is unrelated to suicide prevention. These organizations have a natural connection and already established relationship of trust with this often hard-to-reach population. Additionally, a subset of veteran-serving organizations are implementing models that appear to be in alignment with CDC's strategic goals around an upstream approach to suicide prevention. Two particular models stand out:

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

1. Community Integration Model: This model, which relies on a collective impact framework, brings together veteran-serving organizations in one community to provide veterans with coordinated, streamlined access to a multitude of services and supports, including but not limited to employment, health, housing, benefits, recreation, education and/or social connection.
2. Connectedness Model: This model focuses on veteran to veteran, veteran to civilian, and veteran to community connectedness – through a range of activities from physical activity to community service to disaster response – and works to promote a veteran’s sense of belonging and sense of purpose.

SCOPE

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 CDC’s Injury Center.

The goal of the project is to provide resources and technical assistance to build evaluation capacity among veteran-serving organizations. Specifically, the goal is to build capacity such that these organizations can evaluate the effectiveness of existing programs and measure whether those programs are impacting veteran suicide prevention and related risk and/or protective factors.

Through this Request for Proposal (RFP), 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 funding will allow veteran-serving organizations to develop and implement an evaluation plan for assessing the effectiveness of their program(s) in reducing rates of suicide and suicidal ideation (or other proxy indicators) among veterans. Awardees are strongly encouraged to use the CDC Framework for Program Evaluation to develop and implement their program 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, 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;
3. Submit a final report; and
4. Present via a final webinar convening for a multi-sector audience (e.g., stakeholder from public health, non-profit, 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, the CDC Foundation expects to conduct one site visit to each awardee. Lastly, the final deliverable from the grantee organizations will be a final report, including summative information that includes quantitative and qualitative data that covers all aspects of the project. The project period will be from December – July 2019.

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>

A description of one type of the Community Integration Model:

https://books.google.com/books/about/Community_Integration_Playbook.html?id=wnxMugEACAAJ

A description of one type of the Connectedness Model:

<https://www.ncbi.nlm.nih.gov/pubmed/30016524>

PROPOSAL AND BUDGET REQUIREMENTS

Applicant Requirements: The proposed project will allow the CDC Foundation to provide grant funding for up to four 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. Important note: veteran suicide prevention does NOT need to be part of the applicant’s core mission in order to apply. Applicants must:

1. Have ongoing veteran-focused programs and activities that align with either the previously described Community Integration Model or the Connectedness Model;
2. Have established relationships with veteran populations; and
3. Be a 501(c)3 nonprofit organization.

Proposal Requirements: Proposals should be submitted via email to the CDC Foundation. Proposals should be no more than 5 pages, single spaced, 11-point font, not including appendices, and should address the following:

1. Organizational alignment with either the Community Integration or Connectedness Model;
2. Description of organization's proposed approach to evaluation;
3. Organizational capacity and expertise to implement the scope of work (including existing evaluation capacity and existing data sources);
4. Ability to sustain evaluation activities beyond the project period (with and without additional funding);
5. Team member information, including internal team, consultants, and subcontractors if applicable;
6. Projected budget for each task, broken down by labor hours, labor rate, and item costs where possible (appendix);
7. Previous work samples (appendix); and
8. Team member bios (appendix).

Budget Requirements: A detailed budget should be submitted with a supporting narrative for all anticipated costs. The total project fees should include direct costs broken down by task and budget line item, as well as organizational indirect costs. Organizations should strive to build operational costs into direct costs and minimize indirect costs to no more than eight (8) percent. The indirect is capped to maximize funds available for direct program support. Please note that the CDC Foundation is an independent 501(c)(3) organization and is not subject to federally negotiated indirect rates. The total project budget should not exceed \$50,000.

Key Contact: Send email inquiries and proposals to **Rachna Chandora at rchandora@cdcfoundation.org**. Questions and answers will be shared with all qualifying applicant agencies.

TIMELINE

1. November 7, 2018: RFP issued for proposals
2. December 7, 2018: Proposals due to the CDC Foundation
3. December 14, 2018: Selected grantees notified
4. Late-December 2018/Early-January 2019: Grantee kick-off call