



*Colorado Department of  
Health Care Policy and Financing*

**School-Based Substance Abuse Prevention  
and Intervention Program: Announcement  
of Request for Grant Proposals**

Issued: September 12, 2014

**Electronic Version Available at:**

**<https://www.colorado.gov/hcpf/research-data-and-grants>**

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TABLE OF CONTENTS

SECTION 1: INTRODUCTION..... 1

SECTION 2: BACKGROUND..... 2

SECTION 3: ELIGIBLE APPLICANTS ..... 3

SECTION 4: APPLICATION PROCESS ..... 4

SECTION 5: DETERMINATION & NOTIFICATION OF AWARD ..... 9

SECTION 6: WHAT TO EXPECT IN THE GRANT AGREEMENT ..... 12

SECTION 7: QUESTIONS..... 13

APPENDIX A: TASK DELIVERABLE AND COST FORM ..... 13

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## SECTION 1: INTRODUCTION

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The Colorado Department of Health Care Policy and Financing (the Department) is pleased to announce a new competitive grant opportunity to support school-based prevention and intervention programs that use evidence-based strategies, practices and approaches to reduce the risk of marijuana and alcohol use and prescription drug misuse by Colorado school-aged children. Created by the Colorado legislature (Senate Bill [SB] 14-215), the School-Based Substance Abuse Prevention and Intervention Program (SAPI) will grant funds to schools, community-based organizations and health organizations to implement evidence-based programs and strategies in school settings to improve health, behavioral health, and education outcomes for at-risk youth ages 12 to 19.

This Request for Grant Proposals (RGP) describes grants to eligible entities defined as: a school or school district, a board of cooperative services, a non-profit community-based organization, or a community-based behavioral health organization. Grant funding must be used to deliver programs and services to at-risk youth ages 12 to 19 regardless of the youths' eligibility for Colorado's Medicaid Assistance Program. Successful applicants must use evidence-based programs and strategies that are designed to achieve a variety of outcomes with respect to perceptions and behavior surrounding marijuana, alcohol and prescription drugs. They are listed in Exhibit 1.

<b>Exhibit 1: Goals of SAP Programs and Strategies</b>
<ul style="list-style-type: none"><li>• an increased perceived risk of harm associated with marijuana use, prescription drug misuse and underage alcohol;</li><li>• a decrease in the rates of youth marijuana use, alcohol use, and prescription drug misuse;</li><li>• a delay in the age of first use of marijuana, alcohol or prescription drug misuse;</li><li>• a decrease in the rates of youth who have ever used marijuana or alcohol or misused prescription drugs in their lifetime; and</li><li>• a decrease in the number of drug- and alcohol related violations on school property, suspensions and expulsions reported by schools.</li></ul>



### 1.1 Overview of Awards

This year, the Department has \$1,950,000 for grants and expects to make approximately 39 awards of approximately \$50,000. Depending on the number of applicants and the needs throughout the state, there may be opportunities to fund some applicants more than \$50,000 if a grantee demonstrates that the additional funding will enable the entity to serve more at-risk

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students in their community and/or better serve these students. Instructions for applicants that would like to pursue this option are provided in Section 4.2.8.

Applicants are encouraged to leverage SAPI awards with other grants or matching funds although this is not a requirement. The Department expects to make awards by December 1, 2014 for programs to commence after January 30, 2015 and end by June 30, 2015. Administrative overhead or indirect costs may not exceed 10 percent; these costs will be included as part of the total award. Examples of direct costs are the costs of staff/labor providing the service or intervention to at-risk students and the cost of printing handouts (if any) that will be distributed to the at-risk students receiving the service or intervention. Examples of indirect costs are the cost of the supervision of staff providing direct services to at-risk students and general operating expenses of the school, community-based organization or health organization for its facilities. The Department was appropriated funding via SB 14-215 for 2014-15. Funding in future years will depend on funds appropriated by the General Assembly. The Department expects to announce in May 2015 if a similar funding opportunity will be available for 2015-16.

## **SECTION 2: BACKGROUND**

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The Marijuana Tax Cash fund consists of funds generated from retail marijuana excise and state taxes generated after July 1, 2014 and can be used for a variety of activities associated with the legalization of retail marijuana per an appropriation of the General Assembly. Among the many purposes for which this money may be used is to increase the availability of effective school-based prevention and intervention programs. The legalization of marijuana in Colorado increases the availability of marijuana in the community and decreases its perceived harm. There is concern that this may increase the use of marijuana among high school students along with alcohol and prescription drugs—the top three substances that high school students report using in the 2011 Healthy Kids Colorado Survey.<sup>1</sup> To counter these expected developments, the General Assembly seeks to implement effective, evidence-based prevention and intervention programs in school settings that are targeted to at-risk school children ages 12 to 19 in communities throughout the State of Colorado.

### **2.1 At-Risk School Children Ages 12 to 19**

At-risk youth may not be limited to youth eligible for Colorado's Medical Assistance Program. Thus, the program must serve at-risk youth who are both eligible and not eligible for Medicaid and may be identified using risk factors identified from research studies and evaluations of school-based programs. This may include a high proportion of the school children ages 12 to 19 with individual, family and/or social factors associated with substance abuse. Some examples are youth with the misperception that substance abuse is "normal," youth from families with high levels of family conflict, youth who fail academically, and youth who feel unsafe in their

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<sup>1</sup>Available from: [http://www.coloradoedinitiative.org/wp-content/uploads/2012/04/Overview\\_2011-Healthy-Kids-Colorado-Survey.pdf](http://www.coloradoedinitiative.org/wp-content/uploads/2012/04/Overview_2011-Healthy-Kids-Colorado-Survey.pdf)

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neighborhoods or communities.<sup>2</sup> A wide range of data may reflect these risk factors, including but not limited to: surveys of youths' perceptions; child poverty rates and other demographic data for the educational district or service area that are available from the U.S. Census; the percent of the students from a particular school or school district eligible for free or reduced lunch; Colorado school district data on graduation rates, drop-out rates and other information made available by the Colorado Department of Education;<sup>3</sup> and Colorado county and city crime statistics.<sup>4</sup>

## **2.2 Evidence-Based Programs, Interventions or Strategies**

Evidence-based programs and interventions are those that have been tested using rigorous research designs and show to be effective in reducing or preventing the use of marijuana and alcohol and the misuse of prescription drugs by youth ages 12-19. There are several sources of evidence-based programs and intervention. For example the National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of more than 330 substance abuse and mental health interventions identified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>5</sup> Some states have also developed registries of evidence-based research. For example, the California Healthy Kids Resource Center provides information about research-validated school-based programs for wide range of health issues including those addressing alcohol and drug abuse.<sup>6</sup> Some of the programs and interventions involve, but are not limited to: social resistance skill training, education/awareness programs, and developing/enhancing life skills that can be applied to substance abuse as well as other challenging situations in life.<sup>7</sup>

## **2.3 Annual Reports to General Assembly**

By November 1 of each year, the Department is required to report to the General Assembly on the SAPI awards that it makes and the outcomes achieved or proposed to be achieved along with any other information related to the success of SAPI in reducing or preventing substance abuse.

## **SECTION 3: ELIGIBLE APPLICANTS**

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Applicant organizations must be a school or school district, a board of cooperative services, a nonprofit or not-for-profit community based organization, or a community-based behavioral health organization. Awardees must comply with requirements for grants established by the

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<sup>2</sup> Griffin, Kenneth and Botvin, Gilbert. (July 2010.) "Evidence Based Interventions for Preventing Substance Abuse Disorders in Adolescents." *Child and Adolescent Psychiatric Clinics of North America* 19(3). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2916744/>.

<sup>3</sup> Available from: <http://www.cde.state.co.us/cdereval>

<sup>4</sup> Available from: <http://www.colorado.gov/ccjdir/ORS2/statistics.htm>

<sup>5</sup> Available at: <http://nrepp.samhsa.gov/Index.aspx>

<sup>6</sup> Available at: <http://www.californiahealthykids.org/rvalidated>

<sup>7</sup> Griffin and Botvin (2010).

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Department including but not limited to being an organization in good standing with the Secretary of State and having adequate levels of insurance (standard insurance requirements such as workers compensation and general liability with limits of \$1,000,000). Grantees must agree to retain fiscal and program records for a minimum of six years. They must also agree to use grant funds to deliver services to at risk youth ages 12 to 19 in school settings and to collect information related to the success of the grant in reducing or preventing the use of marijuana and alcohol and the misuse of prescription drugs.

## **SECTION 4: APPLICATION PROCESS**

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The following table shows the requested application materials and timeline:

<b>Stage of Application Process</b>	<b>Deadline</b>
Release of Request for Grant Proposal (RGP)	September 15, 2014
Deadline for written questions	September 29, 2014, 5:00 PM MDT
Response to questions & oral conference for applicants	October 7, 2014, 10:00 AM MDT
RGPs due	November 3, 2014, 5:00 PM MST
Expected Grant award announcement	December 1, 2014
Expected Grant start date	January 30, 2015
Grant end date	June 30, 2015
HCPF Report on Round 1 Grantees	November 1, 2015

### **4.1 Proposals Submitted in Response to RGP**

Proposals should not exceed 16 pages, double-spaced, with 1-inch margins and a 12-point font. The page limit does not include the transmittal letter, budget and attachments, such as letters or other documents specifically requested in this RGP. Proposals must be submitted no later than 5:00 PM MST on November 3, 2014.

#### **4.1.1 Written Questions and Oral Conference**

Please email any written questions to Shannon Huska <[shannon.huska@state.co.us](mailto:shannon.huska@state.co.us)> by September 29, 2014, 5:00 PM MDT. Please include your name, email address, and telephone number with the questions. The Department will provide written responses to questions by October 7, 2014. The response to questions will also be made available on the Department's website. There will also be an opportunity to ask questions at an oral conference for applicants on October 7, 2014 at 10:00 AM MDT. Attendance is not required. More information about the oral conference will be posted on the Department's website <<https://www.colorado.gov/hcpf/research-data-and-grants>> by September, 15, 2014.

### **4.2 Proposal Outline**

Each proposal should include a transmittal letter submitted on the applicant's official business letterhead or from an email address associated with the school, community-based organization,

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or health organization that is applying for funding. The letter commits the applicant to the services, compliance with requirements and costs stated in the applicant's proposal for the initial grant period. The letter shall name the school in which the program, intervention, or strategy will be based and state the grant amount being requested. The transmittal letter shall state the applicant's willingness to comply with all grant requirements.

In addition, the transmittal letter should provide the entity's State of Colorado Vendor number. A proposer can obtain a State of Colorado Vendor number by registering at: [www.Colorado.gov/vss](http://www.Colorado.gov/vss).

Proposals should address the seven main topics noted below. Suggested page limits are provided for guidance. Bulleted items describe review criteria.

#### **4.2.1 Description of the Applicant (1 page)**

- Name the applicant and identify whether the applicant is a school, school district, board of cooperative services, nonprofit or not-for-profit community-based organization, or a community-based behavioral health organization that is applying.
- Name, address, telephone, fax and email address for the contact person of the proposer.
- Provide a brief description of the numbers of students or persons currently being served by the applicant and the geographical area that the applicant currently serves. If available, provide counts of the number of youth 12 to 19 age currently served by the entity/applicant.

#### **4.2.2 Description of the Population Being Targeted (2-3 pages)**

- Describe the targeted population for services/interventions and estimate the number of youth that will receive services/interventions.
- Note the specific age groups that will be targeted and whether services/interventions will vary for different age groups. If there are differences for age groups, note them.
- Describe why the targeted population is at-risk.
- Describe how the applicant will identify at-risk youth ages 12-19 (not limited to the Medicaid-eligible population) for services and interventions and retain them in services/interventions.

#### **4.2.3 Description of the Program or Intervention Being Proposed (2-3 pages)**

- What is the program, strategy or intervention that will be implemented?

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- Explain why the program/intervention is evidence-based program. Use references and provide a short summary of what makes the program/intervention validated.
  - Is the treatment or intervention of appropriate intensity and quality to produce the desirable effects?
  - How will the program, intervention, or strategy achieve desired outcomes, as identified by the legislation?
  - How is the program likely to improve the overall health, behavioral health and education outcomes for youth ages 12 to 19?

#### **4.2.4 Details of the Program/Intervention (3 pages)**

- How will the program be conducted?
- How and when will the intervention be delivered?
- Will the grant award include time to prepare or plan for delivering the program or intervention? If so, please explain what preparation or planning is being proposed and how long it will take.
- How many hours of programming or service will each student receive?
- Who will deliver what services?
- How will enrollment, service delivery and outcomes be tracked?

#### **4.2.5 Qualifications of the Applicant (2 pages)**

- Does the applicant have prior experience providing evidence-based services or interventions dealing with substance abuse prevention for at-risk, school age populations ages 12 to 19?
- Does the applicant have a demonstrated ability to recruit, serve and retain the proposed number of at-risk students that will be served in this project?
- Are there resumes or biographical sketches for the lead staff members who will conduct this project as a separate attachment?

#### **4.2.6 Collaboration and Staffing Plan (2 pages)**

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- Is there evidence that the applicant will deliver the intervention or service described in this proposal and has the appropriate staff/contracted staff to execute the proposed project plan and the appropriate staffing arrangement to execute it?
  - Does the proposal identify a clear plan about how data on service delivery, dosage and outcomes will be collected and who will be responsible for tracking outcomes?
  - Is there a management and staffing plan that is clearly connected to the project design described in Section 2 of the proposal?

Does the proposal describe the roles and responsibilities of key project staff, including personnel at the school and/or community-based organization or health organization (if relevant)?

- If the applicant is a community-based organization or health organization, is there evidence that the school will work with the applicant to deliver the intervention or service described in this proposal and agrees to the proposed project plan and staffing arrangement (if relevant)?
- If the applicant is a community-based organization or behavioral health organization, is there evidence that the applicant has a collaborative relationship with the school(s) in which the intervention will be delivered and is able to gain access to students in school settings for the delivery of the proposed program or intervention?

#### **4.2.7 Capabilities and Competencies (2 pages)**

- Has the applicant organization and any contractors that the applicant will use shown that they have the experience, capability and capacity to conduct the project, and highlighted any previous experience implementing projects of similar design or magnitude?
- Has the applicant organization shown it has the capacity to administer the grant and has included details on its system for fiscal accountability, such as project cost accounting, internal controls, policies and procedures, and the ability to prepare financial reports?

#### **4.2.8 Request for Grant Amount in Excess of \$50,000 (optional)**

If the applicant is requesting an amount in excess of \$50,000, explain how the additional amount will enable the agency to serve more at-risk students in the agency's community and/or improve the quality of the service it provides.

#### **4.2.9 Attachments**

The attachments are not counted as part of the page limit. These attachments provide detail on the budget for the project, the timeline for project performance, and the capabilities and

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competencies of the applicant organization and its contractors. Grant funds may cover: a) program expenses and costs directly associated with providing school-based prevention and intervention programs to at-risk youth; and b) administrative overhead or indirect costs that do not exceed 10 percent of the direct costs. Among other things, direct costs may include the cost of staff directly providing services to at-risk youth, prevention materials provided to at-risk youth participating in the program or intervention, participant expenses (refreshments) within reason, other supplies within reason, and the cost of the outcome assessment within reason. If the applicant proposes to purchase software or hardware for tracking outcomes, the cost of the software and hardware shall not exceed \$1,500.

A detailed budget (up to two pages) for the full grant period showing all personnel costs, travel costs, supplies, participant expenses, and administrative overhead or indirect costs limited to 10 percent for both schools and community-based or health organizations. Please show any additional funding that has been committed to the project that would be added to the Department's award (leveraging is encouraged but not required). If requesting funding in an amount in excess of \$50,000, provide separate line amounts for a) the first \$50,000 and b) the additional funding being requested.

- A budget narrative explaining each budget category (personnel, contractual expenses, materials and other costs), including the payment of participant expenses such as food.
- Completion of the table in Appendix A, which lists major tasks and the timelines, major deliverables, and cost associated with each task. One task must be the completion of a final report or form outlined or developed by the Department to help it describe programs, interventions, populations served and outcomes in a consistent manner so that it can supply the required information to the General Assembly. Other tasks may include specific activities but are not limited to those needed to complete Section 4.2.4. Examples may include hiring/training staff, developing/tailoring materials, delivering curriculum to class 1, delivering curriculum to class 2, tracking outcomes of participants, and preparing monthly progress reports to the Department.
- Curriculum vitae/resumes or biographical sketches for all lead program personnel.
- For non-school or non-government applicants, a copy of the applicant's determination letter for 501 (c)(3) tax-exempt status and a 2012 or 2013 audited financial report.
- A memorandum of understanding between the school and community-based or health organization outlining the partnership and plan for working together (if applicable).
- Bibliography/references.

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#### 4.2.10 Proposal Submission

Proposals shall be submitted via email or regular U.S. mail. Emailed submissions are preferred. The proposal should be submitted as a PDF file, Microsoft Word document, or OpenDocument Text. One electronic file responding to Sections 4.2 is preferred but a separate file(s) for the Appendix is acceptable. Other submission options are to mail a flash drive with the electronic file(s) as described in the previous sentence or to mail a hard copy of the entire proposal.

Email Address: [shannon.huska@state.co.us](mailto:shannon.huska@state.co.us)

Mailing Address:  
The Department of Health Care Policy and Financing  
Attn: Shannon Huska  
1570 Grant Street  
Denver, CO 80203

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### SECTION 5: DETERMINATION & NOTIFICATION OF AWARD

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#### 5.1 Scoring of Proposals

The application process involves submitting a proposal that is intended to be reviewed and scored by a panel from three Colorado agencies: Department of Health Care Policy and Financing, Department of Public Health and Environment, and Department of Education. The proposals will be reviewed in three phases. A proposal must pass the first phase to be scored in the second phase.

##### 5.1.1 Phase 1

Any “no” for the listed Phase I criteria will eliminate a proposal from further consideration.

	Yes	No
1. Did the proposer submit the application before the deadline and does the proposal meet the page limits and format specified in section 4.2 and include the required attachments for the appendix?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the proposer a school, school district, board of cooperative services, a nonprofit or not-for-profit community-based organization, or a community-based behavioral health organization?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the grant propose a school-based prevention or intervention program that will serve Colorado youth twelve to nineteen years of age?	<input type="checkbox"/>	<input type="checkbox"/>

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4. Do the proposed activities primarily focus on reducing marijuana use, but also include strategies and efforts to reduce alcohol use and prescription drug misuse?
  5. Is the proposal to implement or expand an evidence-based program or intervention in a school setting and does the proposer explain why the proposed program or intervention is evidenced-based?
  6. Does the proposer target at-risk youth and does the proposal provide information to support that it will serve at-risk youth and does not limit service delivery to youth eligible for Colorado's medical assistance program?
  7. Does the proposer identify outcomes that will be achieved and proposes a way of tracking both service delivery and outcomes?
  8. Is there a dollar amount being requested?

### 5.1.2 Phase 2

In Phase 2, reviewers will review proposals using the following criteria.

**Serving at-risk youth ages 12 to 19**

- Applicant has identified at-risk youth in the community and a feasible plan for serving them
- The plan has a strategy to reach and provide services to a large number of at-risk youth in the community served by the entity

Comments

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**Providing a program, intervention or strategy**

- Program, intervention or strategy is evidence-based and appropriate for the targeted population
- The proposed program, intervention, or strategy is designed to achieve desired outcomes, as identified by the legislation and listed in Exhibit 1 and the proposed program, intervention, or strategy is feasible for the proposer to execute.
- The program, intervention, or strategy is designed to improve the overall health, behavioral health and education outcomes for youth ages 12 to 19.

Comments

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**The proposal is feasible and the proposer appears qualified to execute it.**

- Does the applicant/proposed staff have experience providing evidence-based services or interventions dealing with substance abuse prevention for at-risk, school age populations ages 12 to 19?
- Does the applicant have a demonstrated ability to recruit, serve and retain the proposed number of at-risk students that will be served in this project?

Comments

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**The proposer has a sound management structure, reporting structure and budget.**

- Are the timelines and budget sound?
- Does the proposal describe the roles and responsibilities of key project staff, including personnel at the school and/or community based organizations (if relevant)?
- Does the proposal identify a clear plan about how data on service delivery, dosage and outcomes will be collected and who will be responsible for tracking outcomes?
- Is there a management and staffing plan that is clearly connected to the project?

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Comments

### 5.1.3 Scoring of Requests for Funding in Excess of \$50,000

Applicants requesting funding in excess of \$50,000 must score satisfactory in each of the four areas identified in 5.1.2 to be considered for funding in excess of \$50,000. If the applicant requesting funding in excess of \$50,000 meets that criterion, the reviewers will rank the request for funding in excess of \$50,000 using the following criteria.

Item	Unsatisfactory	Satisfactory
<b>Number or needs of at-risk youth to be served</b>		
<ul style="list-style-type: none"><li>Applicant has identified that its service area includes a large number of at-risk youth ages 12 to 19 and the funding in excess of \$50,000 will be used to serve more youth; or, that the at-risk youth to be served have more intensive needs and they can be better served through funding in excess of \$50,000.</li></ul>		
OR		
<ul style="list-style-type: none"><li>The program, interventions, or strategies are appropriate to serve a larger number of at-risk youth or to meet the needs of at-risk youth being served.</li></ul>		

Comments

### 5.1.4 Phase 3

Reviewers will meet to review scoring and rank grant applicants. They will consider whether funding the highest ranking applicants will best meet the needs of at-risk students in communities through the state.

### 5.2 Award Notification

Announcement of the applicant entities qualifying to receive funding will be posted on the Department's website and notifications will be sent to each applicant agency.

## SECTION 6: WHAT TO EXPECT IN THE GRANT AGREEMENT

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The Department will ensure that that funded projects are successfully executed and that it is able to report to the General Assembly by November 1, 2015 on the awards that were made, the

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evidence-based interventions that were used, the at-risk population that was served and the outcomes that were achieved or proposed. As a condition of their award, awardees will be asked to:

- Provide brief monthly updates on the program's progress, including milestones, problems encountered, number of students served/reached, and any changes to the original program plan.
- Notify and seek prior approval for major changes to the original program plan.
- Complete a report or form outlined or developed by the Department to help it describe programs, interventions, populations served and outcomes in a consistent manner so that it can supply the required information to the General Assembly.

### **6.1 Deliverables, Timeline, and Compensation**

The grantee shall provide the stated deliverables in accordance with the dates and deliverables stated in the grantee's completion of Table A. The grantee shall invoice the Department upon completion of a deliverable(s) and will be paid the fixed price amount stated in the grantee's completion of Table A upon review and acceptance by the Department of each deliverable. All invoices must be submitted to the Department no later than June 30, 2015.

## **SECTION 7: QUESTIONS**

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Please email questions to Shannon Huska <[shannon.huska@state.co.us](mailto:shannon.huska@state.co.us)>

## APPENDIX A: TASK DELIVERABLE AND COST FORM

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Task	Deliverable(s)	Expected Start and End Dates	Amount of awarded fixed price grantee will be paid upon acceptance of deliverable