Ohio Program for Campus Safety and Mental Health
Collaborative Program Development Grants

Fiscal Year 2022 Request for Proposals

Executive Summary:

The Ohio Program for Campus Safety and Mental Health is accepting proposals for SFY22 Collaborative Program Development Grants (CPDG). The purpose of these grants is to support the development of suicide prevention, mental health promotion and stigma reduction programs for campus faculty, staff, and students at Ohio's institutions of higher education. Proposals must demonstrate a collaborative relationship between one or more colleges, universities, technical schools, and/or community colleges within the area and a local community entity. This is a competitive program.

Date Posted:	**Thursday, July 29, 2021**
Applications are due by:	**Wednesday, August 25, 2021, 5:00 PM. Please submit applications via the following link:** https://neomed.sjc1.qualtrics.com/jfe/form/SV_brXs14aMuwJjLDM
Award Amounts:	**Proposed budgets cannot exceed $5,000. Indirect costs are not allowable. Applicants should be aware that final funding amounts are subject to the availability of funds.**
Grant Period:	**October 3, 2021 – June 30, 2022** **Due to the nature of the funding all funds must be expended by the last day of the grant period. No-cost extensions will not be allowed.**
Eligible Applicants:	Eligible applicants are limited to not-for-profit Institutions of Higher Education and associated student groups; Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards or the local NAMI chapters within the State of Ohio. **Campuses receiving Garrett Lee Smith Campus grants are not eligible to apply.**

Questions? Please contact:

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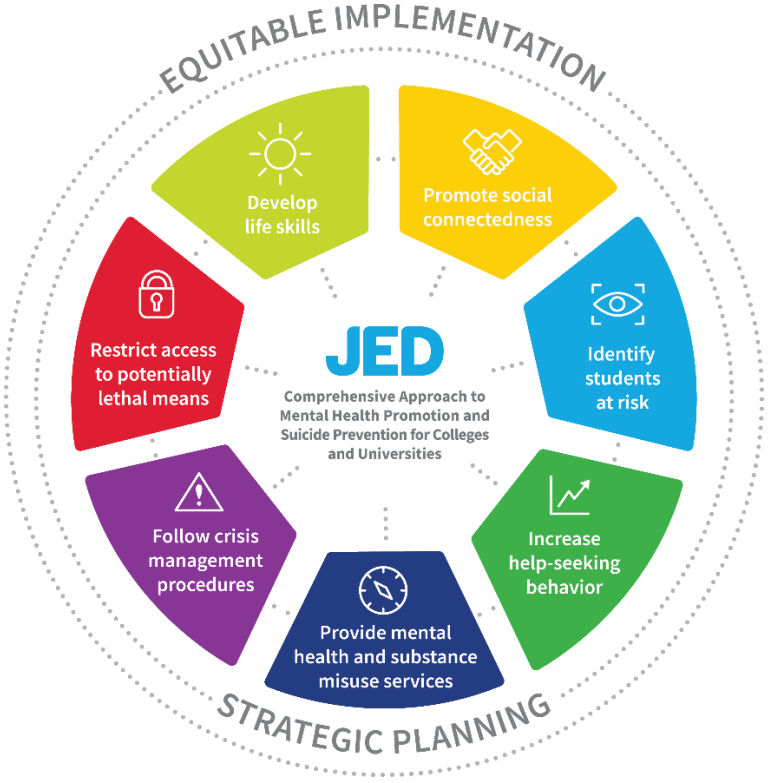
OHIO PROGRAM *for*
CAMPUS SAFETY & MENTAL HEALTH
A NEOMED CCoE

Purpose of Funding:

The purpose of these grants is to **promote collaboration between college/university and community stakeholders** to develop programming to **prevent suicide, promote mental health and reduce stigma about mental illness** or its treatment on campus. These stakeholders include (but are not limited to): campus counseling centers/departments, campus health centers or clinics, consumer/student advocacy organizations, academic departments and community health and mental health agencies.

Neither the grant funding available nor the grant period will be sufficient to develop a comprehensive approach to address all issues related to mental health on campus. Rather, it is expected that grantees enhance their current array of suicide prevention and mental health promotion activities and in particular **encourage the development or strengthening of the partnership between the campus and the local mental health system**.

The Ohio Program for Campus Safety and Mental Health developed its Comprehensive Approach to Mental Health on Campus based on the Suicide Prevention Resource Center and The Jed Foundation's model[1]. Applicants are encouraged to choose one or more of the bullets from the diagram below to address with grant funds.



[1] For more information on the revised JED Comprehensive Approach please visit the links below.
https://www.jedfoundation.org/what-we-do/
https://www.jedfoundation.org/wp-content/uploads/2021/07/JED-Comprehensive-Approach_FINAL_July19.pdf

Types of Programming Supported by the Collaborative Program Development Grants

Applicants are encouraged to apply for funds to develop new programming or improve existing efforts in the following areas:

a. Provide training programs in collaboration with and for students and campus personnel to respond effectively to students with mental and behavioral health problems, such as depression and substance abuse, which can lead to suicide and suicide attempts. Examples of trainees to be targeted are campus health and mental health personnel and gatekeepers such as residence hall advisors, faculty, student government and student organizational leaders, the chaplainry, dean of students, student advisors, athletic coaches, and first responders.

b. For colleges and universities that do not have comprehensive, campus-based mental health services, create a networking infrastructure to link the institution with health care providers from the broader community who can treat mental and behavioral health problems.

c. While funds may not be used for assessment or treatment services, they may be used to promote mental health and substance abuse screening. Examples of past use include supporting National Depression Screening Day and providing training and forms for screening in primary care.

d. Train a student peer network to promote mental health, identify students in distress and refer to appropriate local resources.

e. Develop and implement educational programs. Such programs may include, but are not limited to, provision of information on suicide prevention, identification, and reduction of risk factors such as depression and substance abuse, promoting help seeking, building life skills, and reducing the stigma of seeking care for mental and behavioral health problems.

f. Create local college-based hotlines and/or promote linkage to the Crisis Text Line (Text 741-741) and the National Suicide Prevention Lifeline, 1-800-273-TALK. The use of hotlines should be integrated into the university's emergency management or crisis response plan.

g. Prepare or otherwise obtain informational materials that address warning signs of suicide, describe risk and protective factors, and identify appropriate actions to take when a student is in distress, as well as materials that describe symptoms of depression and substance abuse, promote help-seeking behavior, and reduce the stigma of seeking care for mental and behavioral health problems. Grant funds may be used both to develop these materials and/or to purchase such materials from an organization that provides them. The Ohio Program for Campus Safety and Mental Health is pleased to allow the use of the OPCSMH logo for authorized event sponsorship. To request artwork in vector, eps, jpg, or png format, please email an inquiry to: opcsmh@neomed.edu

h. Prepare or otherwise obtain educational materials for families of students to increase awareness of potential mental and behavioral health issues of students enrolled at the institution of higher education, including but not limited to suicide prevention, identification and reduction of risk factors such as depression and substance

abuse, the promotion of help-seeking behavior, and reducing the stigma of seeking care for mental and behavioral health problems.

All educational seminars and informational materials should be culturally appropriate for the specific population(s) targeted (e.g., racial/ethnic minorities: African-American; Hispanic/Latino/a/x; American Indian/Alaska Natives; and Asian Pacific Islander; people with disabilities; the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention; including, but not limited to lesbian, gay, bisexual, or transgender (LGBT) youth; military family members and veterans. Also, all program materials should adhere to SPRC's safe messaging guidelines which are included in Appendix B.

Evaluation Requirements

The Ohio Program for Campus Safety and Mental Health will collect both qualitative and quantitative evaluation data on grant activities. We will be interested in the number of people reached with your proposed activities, barriers and facilitators to progress, and overall impact. The Ohio Program for Campus Safety and Mental Health staff will guide this activity, however applicants should consider how they will measure progress towards their goals. For SFY22, the OPCSMH will continue to use an automated reporting process. In addition to a three-to-five-page Project Summary, all grantees must submit their outcomes and participation data via an electronic submission link. This link will be provided to all funded grantees in the formal agreement.

Proposals: Required Components

- *Project Narrative* – This component will delineate your proposed approach for this project. Applicants should be thoughtful and plan to implement evidence-based programs or promising practices. If the program is "home grown", please describe how the program will adhere to the safe messaging guidelines. Please see application guideline for project narrative details and consult the review criteria and **Scoring Tool** for additional guidance in preparing the proposal. The following questions may be used to guide your narrative:

    1. What needs, specific to ***your*** campus community, does this proposal address? Describe the rationale for the proposed program and the target population. Does the proposal target specific special populations?

    2. Describe how the proposed program will address one of the bullets of the Comprehensive Approach to Mental Health and Suicide Prevention.

    3. List at least two objectives to be achieved during the grant year. They should be clear, measurable and achievable within the grant period. How will you evaluate your progress towards the objectives? Describe the desired impact on campus.

    4. Clearly describe the role of each collaborator, campus and community. Be specific about the responsibility of each entity listed in the proposal.

- *Budget Guidelines*- The proposal must include a detailed description of how funds will be spent. This section does not count towards the 3-page limit.

  Grant funds may be used for the following items. This is ***not*** an all-inclusive list.

  - Consultants or trainers
  - Consultant/trainer travel
  - Printing materials
  - Non-cash incentives to promote participation at an event. (Note: **Gift cards are considered cash**).
  - Continuing education for staff in best practices in collegiate mental health or suicide prevention.
  - Travel expenses related to continuing education
  - Materials for display or programming.

  Grant funds may not be used for the following expenses:

  - Scholarships or tuition remission
  - Direct services (counseling, assessment, prescriptions)
  - Food, except as part of a per diem for someone on travel status
  - General Office Supplies or office equipment
  - Cash awards

Please consult opcsmh@neomed.edu with budget questions.

Applicants are encouraged to consult their grants office early in proposal development and at least prior to submission. Failure to notify your grants office may delay the execution of contracts.

- *Letter(s) of Cooperation* – Please include letter(s) of support demonstrating collaboration and cooperation between campus and community stakeholders involved in this initiative. Applicants should include one letter signed by a representative of the community partner and a representative of one or more of the institutions of higher learning to be involved in the project. **Support letters should delineate each partner's role in the project** and can be submitted to opcsmh@neomed.edu

Proposals will be scored based on the following criteria:

- Demonstration of **collaborative partnership between community mental health system and college**(s) such as a memorandum of understanding (MOU)
- Clear description of project goals and how they address campus need
- Goals are attainable within the grant period
- Clear statement of willingness to participate in the Program for Campus Safety and Mental Health's evaluation plan
- Proposed budget is appropriate given the scope of the project
- Proposal's adherence to safe messaging guidelines
- Student involvement in the planning and implementation of the proposed project.

Submission:

Proposals must be received by 5:00 pm on Wednesday, August 25, 2021. All applications should be submitted via the following link:
https://neomed.sjc1.qualtrics.com/jfe/form/SV_brXs14aMuwJjLDM

All questions regarding SFY22 CPDG grants can be directed to: opcsmh@neomed.edu

All proposals will be acknowledged within three business days via an automatic submission response reply. If you do not hear back within that time frame, please contact us.

Review and Selection Process: Applications will be reviewed using the scoring tool in Appendix C. Decisions to fund a request are based on the availability of funds and the ability of the proposal to demonstrate a collaborative partnership between community and campus/collegiate stakeholders.

Appendix A. Examples of previously supported activities

Identifying staff and students at risk:

- Question, persuade, refer (QPR) https://www.qprinstitute.com/
- Mental Health First Aid (MHFA) https://www.mentalhealthfirstaid.org/cs/
- Peer educators https://www.naspa.org/constituent-groups/groups/bacchus-initiatives/initiatives
- National Depression Screening Day https://mentalhealthscreening.org/programs/college

Mental Health Awareness:

- Promotional materials (posters, brochures, messaging campaign, magnets…)
- Mental Health Fairs or booths at campus health fairs
- Educational programs for staff, faculty, students
- Campus speakers from NAMI, county resources, Active Minds or others
- Send Silence Packing http://www.activeminds.org/our-programming/send-silence-packing
- Stress reduction activities
- NAMI In our own voice presentation https://www.nami.org/Find-Support/NAMI-Programs/NAMI-In-Our-Own-Voice
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Student groups:

- NAMI on Campus https://www.nami.org/namioncampus
- Active Minds http://www.activeminds.org/
- Suicide prevention coalitions
- Student athletic groups
- Student Greek life associations
- Multicultural student groups

Other activities:

- Suicide prevention app development https://itunes.apple.com/us/app/lakeland-reach-out/id1245257225?mt=8
- Crisis Intervention Team development
- Continuing education on mental health for appropriate campus staff

Appendix B: Suicide Prevention Resource Center Safe Messaging Guidelines

Safe and Effective Messaging for Suicide Prevention

This document offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem. The following list of "Do's" and "Don'ts" should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging.[1,,23] They apply not only to awareness campaigns, such as those conducted through Public Service Announcements (PSAs), but to most types of educational and training efforts intended for the general public.

These recommendations address message content, but not the equally important aspects of planning, developing, testing, and disseminating messages. While engaged in these processes, one should seek to tailor messages to address the specific needs and help-seeking patterns of the target audience. For example, since youth are likely to seek help for emotional problems from the Internet, a public awareness campaign for youth might include Internet-based resources.[4] References for resources that address planning and disseminating messages can be found in SPRC's Online Library (http://library.sprc.org/) under "Awareness and Social Marketing".

The Do's—Practices that may be helpful in public awareness campaigns:

- **Do emphasize help-seeking and provide information on finding help.** When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and through established local service providers and crisis centers.

- **Do emphasize prevention.** Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be. Emphasize that suicides are preventable and should be prevented to the extent possible.[5]

- **Do list the warning signs, as well as risk and protective factors of suicide.** Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs, such as those developed through a consensus process led by the American Association of Suicidology (AAS).[6] Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide. Risk and protective factors are listed on pages 35-36 of the *National Strategy for Suicide Prevention*.

- **Do highlight effective treatments for underlying mental health problems.** Over 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder or both at the time of their death.[7-8] The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in an understanding community.[9]

The Don'ts—Practices that may be problematic in public awareness campaigns:

- **Don't glorify or romanticize suicide or people who have died by suicide.** Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide.[10] They should not be held up as role models.

- **Don't normalize suicide by presenting it as a common event.** Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously

consider suicide do not overtly act on those thoughts, but find more constructive ways to resolve them. Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.[11]

- **Don't present suicide as an inexplicable act or explain it as a result of stress only.** Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.[12] Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.[13]

- **Don't focus on personal details of people who have died by suicide.** Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.[14]

- **Don't present overly detailed descriptions of suicide victims or methods of suicide.** Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.[15]

Acknowledgment

SPRC thanks Madelyn Gould, PhD, MPH [Professor at Columbia University in the Division of Child and Adolescent Psychiatry (College of Physicians & Surgeons) and Department of Epidemiology (School of Public Health), and a Research Scientist at the New York State Psychiatric Institute] for her extensive contributions and guidance in drafting and editing this document.

[1] Gould, M. S., Jamieson, P. & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist, 46*(9), 1269-1284.

[2] Gould, M.S. (1990). Suicide clusters and media exposure. In S. J. Blumenthal & D. J. Kupfer (Eds.), *Suicide over the life cycle* (pp.517-532). Washington, DC: American Psychiatric Press.

[3] Chambers, D. A., Pearson, J. L., Lubell, K., Brandon, S., O'Brien, K., & Zinn, J. (2005). The science of public messages for suicide prevention: A workshop summary. *Suicide and Life-Threatening Behavior, 35*(2), 134-145.

[4] Gould, M. S., Velting, D., Kleinman, M., Lucas, C., Thomas, J. G., & Chung, M. (2004). Teenagers' attitudes about coping strategies and help seeking behavior for suicidality. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(9), 1124-1133.

[5] U.S. Department of Health and Human Services. (2001). *National strategy for suicide prevention: Goals and objectives for action.* Rockville, MD: Author.

[6] Rudd, M. D., Berman, A. L., Joiner, T. E., Nock, M. K., Silverman, M. M., Mandrusiak, M., Van Orden, K., and Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior, 36*(3), 255-262.

[7] Shaffer, D., Gould, M. S., Fisher, P., Trautman, P., Moreau, D., Kleinman, M., & Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry*, *53* (4), 339-348.

[8] Conwell Y., Duberstein P. R., Cox C., Herrmann J.H., Forbes N. T., & Caine E. D. (1996). Relationships of age and axis I diagnoses in victims of completed suicide: a psychological autopsy study. *American Journal of Psychiatry*, *153*, 1001-1008.

[9] Baldessarini, R., Tondo, L, & Hennen, J. (1999). Effects of lithium treatment and its discontinuation on suicidal behavior in bipolar manic-depressive disorders. *Journal of Clinical Psychiatry, 60* (Suppl. 2), 77-84.

[10] Fekete, S., & A. Schmidtke. (1995) The impact of mass media reports on suicide and attitudes toward self-destruction: Previous studies and some new data from Hungary and Germany. In B. L. Mishara (Ed.), *The impact of suicide*. (pp. 142-155). New York: Springer.

[11] Cialdini, R. B. (2003). Crafting normative messages to protect the environment. *Current Directions in Psychological Science*, *12*(4), 105-109.

[12] Fekete, S., & A. Schmidtke. op. cit.

[13] Moscicki, E.K. (1999). Epidemiology of suicide. In D. G. Jacobs (Ed.), *The Harvard Medical School Guide to suicide assessment and intervention* (pp. 40-51). San Francisco: Jossey-Bass.

[14] Fekete, S., & E. Macsai, (1990). Hungarian suicide models, past and present. In G. Ferrari (Ed.), *Suicidal behavior and risk factors* (pp.149-156). Bologna: Monduzzi Editore.

[15] Sonneck, G., Etzersdorfer, E., & Nagel-Kuess, S. (1994). Imitative suicide on the Viennese subway. *Social Science and Medicine, 38*(3), 453-457.

Appendix C: Proposal Scoring Tool

COLLABORATIVE PROGRAM DEVELOPMENT GRANT SCORING TOOL	
Rationale for Proposed Project	**Maximum Total= 20**
To what degree is the Problem Statement/Statement of Need compelling?	Please rate on a scale from 1-5 with 1 being poor and 5 being exceptional. Only whole numbers are accepted.
How well does proposed program address the stated need?	Please rate on a scale from 1-5 with 1 being poor and 5 being exceptional. Only whole numbers are accepted.
Does proposed project meet objectives of the grant (prevent suicide, promote early identification, help seeking, stigma reduction and/or mental health)?	0 = No 5= Yes
Please rate rationale for program.	Please rate on a scale from 1-5 with 1 being poor and 5 being exceptional. Only whole numbers are accepted.
Goals	**Maximum Total= 19**
Are the goals consistent with the proposed project?	0 = No 5= Yes
To what degree does the project affect campus?	Please rate on a scale from 1-5 with 1 being poor and 5 being exceptional. Only whole numbers are accepted.
Are the goals clear?	0 = No 3= Yes
Are the goals measurable?	0 = No 3= Yes
Are the goals attainable within the grant period?	0 = No 3= Yes
Collaboration	**Maximum Total=24**
Level of collaboration between campus and community	0= No evidence of collaboration. 1= Minimal evidence of collaboration (supporting letters only). 4= Project developed collaboratively, but only one entity will participate in project. 9=Evidence that both campus and CMH will participate in the project.

Roles of campus and community clearly defined in program narrative.	0=No 5=Yes
Each support letter clearly defines role in project.	0=No 3=Only one letter defines role. 5=Both campus and community letter clearly define the role in the project.
How clearly are the responsibilities of each entity (campus and CMH) defined?	Rate on a scale from 1-5 with 1 being poor, 5 being exceptional.
Safe Messaging	**Maximum Total=7**
Proposal follows safe messaging guidelines.	0= No mention of safe messaging guidelines 1= Proposal states it will follow guidelines, but no description of how. 5=Proposal addresses how it will assure safe messaging guidelines are met 7=Program is SPRC approved
Budget	**Maximum Total=10**
Budget Information is detailed	0 = No 5= Yes
Budget is reasonable	0 = No 5= Yes
Evaluation	**Maximum Total=10**
Proposal explicitly states that they agree to participate in the project evaluation plan	Grantee states they are willing to participate in evaluation plan: 0= No 1= Yes 4= Yes, and designates a person responsible for evaluation. 10= Agrees to cooperate with OPCSMH, and proposes own evaluation plan.
Overall Impression of Proposal	**Maximum Total=10**
Quality of Proposal	1= Poor 3= Below Average 5= Average 7= Above Average 10= Exceptional!
Total Possible Points	**100**

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