The State of Delaware, Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) is the designated single state agency for behavioral health and directly serves the adult (age 18 and older) population in need of publicly funded behavioral health services. DSAMH is responsible for the development, implementation, maintenance, and oversight of a state plan for prevention, treatment, and recovery support; coordination of state and federal funding; and development of standards for the certification and approval of prevention, treatment, and recovery support programs. From that charge, the mission of the Division is to promote health and recovery by ensuring that Delawareans have access to quality prevention and treatment for mental health, substance use, and gambling conditions.

Strategically, DSAMH is dedicated to creating a diversified, aligned, and effective person-centered behavioral health ecosystem. DSAMH envisions a system of care with accessible services and community supports tailored to every individual’s unique needs, which are recovery-oriented, trauma-informed, and equity-based. These services and supports aim to be culturally, age, and gender-responsive, enhance personal, family, and community strengths, and promote the resilience and inclusion of individuals and families within the community.

**OVERVIEW**

The World Health Organization (WHO) defines mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. Reducing the stigma associated with mental health challenges is crucial for promoting mental health well-being and access to care.

DSAMH is thrilled to launch an initiative with a multi-pronged approach to help support organizations focused on the well-being of the residents of Delaware, specifically those that support underserved and at-risk populations. It is also well documented that prevention efforts are a good investment both from an economic and societal standpoint. Promoting protective factors to those who are at risk upstream in the care continuum can decrease the utilization of expensive and disruptive interventions later in a person’s life.

**ACCESS DELAWARE INITIATIVE**

The Awareness, Community, Connection, Education, and Support Strategy (ACCESS) Delaware initiative aims to enhance the mental health and well-being of all Delawareans by raising awareness about mental health, reducing the stigma associated with mental illness, encouraging help-seeking behaviors, and providing tools and practices. Furthermore, it aims to prevent suicide through public education, outreach, and resource dissemination. ACCESS Delaware provides direct funding to partner groups, nonprofits, and community-based organizations in Delaware that are actively pursuing mental health and crisis helpline awareness activities, events, and educational or outreach initiatives for high-risk or minority populations, as well as crisis response training for community-based organizations servicing these same populations. ACCESS Delaware is split into two tracks, as outlined in the graphic below:

**ACCESS 988**

Since its launch in 2022, the 988 Suicide & Crisis Lifeline has assisted countless individuals across the state. Over the past calendar year, Delaware residents reached out to this life-saving resource, on average, every 22 minutes, with 22 percent of callers being under the age of 17. The ongoing need for support for those affected by anxiety, depression, emotional distress, and substance use underscores the importance for Delawareans to know they have trusted resources available through 988 and other local services.

ACCESS 988 shall support Delaware’s ability to provide resources and access to mental health support through awareness and use of 988. Funded through Delaware’s 988 State and Territory Improvement grant provided by SAMHSA, ACCESS 988 is designed to help implement approaches to engage high-risk or minority populations who would significantly benefit from mental health and crisis helpline awareness activities, events, and educational or outreach initiatives aligned with and supporting 988.

The goal of ACCESS 988 is to increase the visibility of the DE 988 campaign through trusted messengers to priority populations. Awarded vendors shall receive funding to promote 988 to their identified priority populations with existing partner toolkit materials and customized materials following DE 988 branding guidelines (custom materials to be shared upon DSAMH approval), gather feedback from priority populations on 988 to guide future program efforts/changes, and develop findings into end-of-campaign reports.

**ACCESS Mental Health**

Mental health awareness aims to reduce stigma and promote understanding of mental health conditions, while mental health literacy equips individuals with the knowledge and skills to recognize, manage, and prevent mental health issues, ultimately promoting help-seeking behaviors. ACCESS Mental Health will support Delaware’s strategy to increase mental health literacy, reduce stigma, and provide resources and access to mental health support. Funded through Delaware’s Mental Health Awareness Training (MHAT) grant provided by SAMHSA, ACCESS Mental Health will provide funds and technical support to increase community engagement and resource capital surrounding mental health education and crisis response.

The goal of ACCESS Mental Health is to infuse support to community-based organizations providing mental health resource information and awareness training. ACCESS Mental Health has two (2) objectives:

**Objective One**:The first objective is to increase the number of community members or organizations certified in Mental Health First Aid[[1]](#footnote-1) (MHFA), including becoming MHFA trainers, Applied Suicide Intervention Skills Training[[2]](#footnote-2) (ASIST), and/or Questions, Persuade, and Refer[[3]](#footnote-3) (QPR). The delivery of these various evidence-based training models shall increase community members’ knowledge of how to identify, understand, and respond to signs of mental illnesses and substance use disorders. Due to the specific requirements for gaining MHFA certification, there are two tiers for Objective One:

* **Tier One – Prerequisite**: awarded vendors have eligible individual(s) looking to become certified instructors for MHFA, QPR, or ASIST.
* **Tier Two – Training the Community**: awarded vendors have an existing certified instructor(s) for MHFA, QPR, or ASIST looking to provide community trainings.

**Objective Two**: The second objective is to increase public mental health literacy through community engagement and dissemination of resource information.

**SERVICE FUNCTIONS**

Services must be delivered in accordance with all applicable Federal, State, and Local laws and regulations. Services shall include the following:

**Target Population**

Awarded vendor(s) shall support individuals within their identified target population(s):

* Youth
* Adults
* Seniors
* LGB+ community
* BIPOC communities
* People experiencing homelessness
* Veterans

**Eligible Vendors**

Vendors will be expected to model their community engagement efforts via the Collective Impact model, steering and supporting partnerships with grassroots organizations that are local to the identified communities. The Collective Impact model is a structured, collaborative approach to tackling complex social problems involving diverse organizations and sectors working towards a shared vision and goals based on five key conditions: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and a backbone organization.

* Vendors will be required to obtain a Unique Entity ID Number, register, and provide updated information as required to the System for Award Management. Information about the System for Award Management can be found at: <https://www.sam.gov/>
* The Vendor must be a non-profit or for-profit entity that has been in operation for at least **one year** and has an active Business License with the State of Delaware.
* Preference will be made towards faith-based and/or community-based grassroots organizations.

**Projected Budget**

DSAMH has allocated $70,000 to support ACCESS Delaware. DSAMH anticipates awarding single-time funds of up to $9,999.99 per vendor (up to $4,999.99 an initiative).

* Applicants can apply for one or both ACCESS 988 and ACCESS Mental Health activities on a single application.
* A maximum of $4,999.99 is available per application for ACCESS 988 and ACCESS Mental Health.
* Payments will be made according to the State of Delaware, Office of Management and Budget, and Accounting Manual. <https://budget.delaware.gov/accounting-manual/index.shtml>

**INITIATIVE TIMELINE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Activities** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| Application launch and submission |  |  |  |  |  |  |  |  |  |
| Award notification and agreement negotiation |  |  |  |  |  |  |  |  |  |
| Consultant and technical assistance planning |  |  |  |  |  |  |  |  |  |
| Implementation of project |  |  |  |  |  |  |  |  |  |
| Data collection |  |  |  |  |  |  |  |  |  |
| Final Report |  |  |  |  |  |  |  |  |  |

**GRANTS OVERVIEW**

**FY 2023 Delaware 988 State & Territory Improvement (Award Number: 5H79FG001227-02)**

The purpose of the State and Territories to Improve Local 988 Capacity program is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory. The 988 State and Territory Improvement program provides resources for states and territories to (1) enhance recruitment, hiring, and training of the 988 workforce to meet at minimum 90% state or territory calls, chats, and texts demand, (2) implement additional technology and security measures to fully support 988 infrastructure and effective coordination across the crisis continuum; (3) improve 988 support and service for high risk and underserved populations, and (4) develop and implement comprehensive quality assurance plans, to include identification and review of critical incidents; and (5) develop and implement comprehensive 988 communication plans in line with SAMHSA’s 988 partner toolkit. This program is authorized under Section 520E-3 and Section 520A of the Public Health Service Act [42 U.S.C. 290bb-36c and 42 U.S.C. 290bb-32].

**FY 2023 Mental Health Awareness Training Grant (Award Number: SM084663-02)**

The purpose of the Mental Health Awareness Training (MHAT) program is to (1) train individuals to recognize the signs and symptoms of mental disorders and how to de-escalate crisis situations involving individuals with a mental illness safely and (2) provide education on resources available in the community for individuals with a mental illness and other relevant resources, including how to establish linkages with school and/or community-based mental health agencies. In accordance with [Executive Order 14074](https://www.whitehouse.gov/briefing-room/presidential-actions/2022/05/25/executive-order-on-advancing-effective-accountable-policing-and-criminal-justice-practices-to-enhance-public-trust-and-public-safety/), this program will help build secure, safe, and healthy communities, reinforce partnerships between law enforcement and communities, increase public trust and enhance public safety.

**PROHIBITED ACTIVITIES**

* Vehicles may not be purchased under this agreement.
* Computer system purchases, including electronic health record software, are prohibited.
* Brick and mortar or other capital costs or fixed assets (e.g., new building, renovations) are prohibited.
* Unallowable costs, as indicated in the executed Letter of Agreement, are prohibited.
* Funds cannot be used to supplant existing operational expenses or funding mechanisms. However, proportional shares of existing staff time or other costs may be requested for new projects.
* Funds may not be expended through the initiative or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders.
* Funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).
* Naloxone/Narcan cannot be purchased with funds as it is provided by DSAMH at no cost to partners.
* Travel/lodging expenses related to attendance or participation in conferences (including attending industry or cause-relevant events) are prohibited.
* Funds cannot be used to provide direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
* Funds can be used as entrance fees to training but not as an incentive or for staff time to participate in such training.
* Funds cannot be used for promotional items, including but not limited to clothing and commemorative items such as pens, mugs/cups, folders, lanyards, and conference bags.
* Funds cannot be used to purchase food or meals.
* Funds cannot be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug.
* Project budgets cannot exceed a 10 percent indirect rate, regardless of federally negotiated rates.

**Adherence to Policies, Processes, Procedures, Requirements, Rules, Laws, and Regulations**

Vendors must adhere to all federal, state and DSAMH policies, processes, procedures, requirements, rules, laws, and regulations, including, but not limited to, those listed in this scope of work. In settings where these policies do not apply in part or full, the Vendor must detail this and obtain written approval from DSAMH. Such policies include but are not limited to:

* + [Cultural Diversity Linguistic Services Policy](https://www.dhss.delaware.gov/dhss/dsamh/files/DSAMH012.pdf)
  + [Capacity Management and Priority Populations Policy](https://dhss.delaware.gov/dhss/dsamh/files/DSAMH010.pdf)
  + [Emergency Preparedness Policy](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule)
  + [Delaware Treatment and Referral Network Standards](https://www.dhss.delaware.gov/dhss/dsamh/resources.html)
  + [Charitable Choice](https://www.dhss.delaware.gov/dhss/dsamh/files/DSAMH07.pdf)
  + [Critical Incident Reporting](https://www.dhss.delaware.gov/dhss/dsamh/files/IncidentPolicy.pdf)
  + [Nicotine Dependence and Treatment](https://www.dhss.delaware.gov/dhss/dsamh/files/DSAMH09.pdf)
  + [Human Subjects Review Board](http://www.dhss.delaware.gov/dhss/admin/pm55.html)
  + [Inclusion](http://dhss.delaware.gov/dhss/admin/files/PM_70.pdf)
  + [Standardized Reporting and Investigation of Suspected Abuse, Neglect, Mistreatment, Financial Exploitation and Significant Injury of Residents Receiving Services in Residential Facilities Operated by Or For DHSS](http://www.dhss.delaware.gov/dhss/admin/files/DHSSPM/pm_046-8-22-16.pdf)
  + [Trauma Informed Care](https://www.dhss.delaware.gov/dhss/dsamh/files/DSAMH011.pdf)

DSAMH reserves the right to modify, replace, or add to these policies with 30 days’ notice to Vendors. In the event of a policy modification or addition of a new policy, the vendor agrees to formulate a plan, in writing, regarding a compliance strategy with the modified or new policy.

**Adherence to Behavioral Health Equity and Culturally and Linguistically Appropriate Services (CLAS) Standards**

Behavioral health equity ensures everyone, regardless of their background, has fair and equal access to high-quality and affordable mental health and substance use disorder treatment and recovery support services. Services and activities implemented must be in accordance with the cultural and linguistic needs of individuals in the community. The Delaware Department of Health and Social Services (DHSS) has an established Cultural and Linguistic Competency task force. The Division of Substance Abuse and Mental Health (DSAMH) falls within the DHSS service umbrella and maintains a leadership role in ensuring the cultural and linguistic needs of service participants are effectively addressed. Vendors shall adhere to the enhanced National Standards for CLAS in Health and Health Care. This will include attention to:

## Diverse cultural health beliefs and practices – Training and hiring protocols will be implemented to support the culture and language of all subpopulations.

* Preferred languages – Interpreters and translated materials will be used for non -English speaking clients as well as those who speak English but prefer materials in their primary language.
* Health literacy and other communication needs of all sub-populations – All service programs will be tailored to include individuals who are limited in English proficiency. Staff will receive training to ensure their capacity to provide culturally and linguistically appropriate services.

**Reporting Requirements**

The Vendor shall submit monthly program reports through Qualtrics with identified key performance indicators, accomplishments, and barriers. The Vendor shall participate in monthly meetings with designated staff to discuss their ACCESS Delaware project progress. Vendors shall submit a report at the end of the project period, including overall project findings. DSAMH reserves the right to claw back or hold funds should program reports not be submitted.

**Measurement and Key Performance Indicators**

As requested by DSAMH, selected Vendors will be required to report project milestones. Below are examples of measures that Vendors may be asked to collect[[4]](#footnote-4):

**Digital Engagement**: analytics from organic or paid media, such as total post views, post reach, audience demographics, and post interactions (likes, comments, shares, or saves).

**In-Person Engagement**:

* Number of people/participants interacted with or in attendance
* Number of materials distributed per outreach engagement (resource fairs, certificate trainings, presentations, etc.)
* Primary audience (ex: BIPOC/Latinx/youth/faith-based/general, etc.)
* Demographics
* Community feedback via survey

**Performance Measurements**

DSAMH has the right to conduct any on-site evaluation and monitoring of the Vendor(s)’s activity at any time without notice. Performance determination shall be based on, but not limited to, considerations of the following factors:

|  |  |
| --- | --- |
| **Performance Objective** | **Method of Assessment** |
| Provide services as identified in Scope of Services | Onsite monitoring, review of program reports, third-party feedback |
| Compliance with all State and Federal statutes and regulations as applicable for the operation of services identified in this Scope of Work. | Onsite monitoring, review of program reports, third-party feedback |
| Adhere to requirements in Professional Service Agreement, Divisional Requirements, Scope of Services, and Contract Budget information. | Onsite monitoring, review of program reports, third-party feedback |
| Reconcile accounts before submitting invoices | Review of Vendor invoices and back-ups to the invoices |
| Submit required invoices on time | Review of Invoices |
| Deliver required reports | Review of Reports and Deadlines |

1. MHFA is an evidence-based, early-intervention course that teaches participants about mental health and substance use challenges. MHFA is a public education program that teaches the skills needed to identify, understand, and respond to signs of behavioral health challenges or crises. [↑](#footnote-ref-1)
2. ASIST is a 2-day training program that teaches participants how to assist those at risk for suicide. The ASIST model involves an assessment of suicide risk and the development of a “safe plan,” based on present and future risk, available resources, and the needs of the person at risk. [↑](#footnote-ref-2)
3. QPR is an emergency response to someone in crisis and can save lives. QPR is a suicide prevention training for participants to be able to recognize the warning signs of suicide and question, persuade, and refer people at risk for suicide for help. [↑](#footnote-ref-3)
4. *Please note this is not an exhaustive list of measures Vendors may be required to collect.* [↑](#footnote-ref-4)