Request for Applications

Implement PAX Good Behavior Game in Classrooms to Prevent Opioid Use Disorder

Research Foundation for Mental Hygiene, Inc.
150 Broadway
Menands, New York 12204

In Partnership with:
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203

Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by NYS OASAS or RFMH

http://www.oasas.ny.gov
http://www.rfmh.org
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INTRODUCTION

A. Overview and Goal

The New York State Office of Alcoholism and Substance Abuse Services (OASAS), through its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), is a recipient of a State Opioid Response Grant (SOR) from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD). Specifically, this funding opportunity is directed towards supplementing existing opioid prevention activities by increasing access to evidence-based programs and strategies (EBPS) to youth in New York State.

The grant intends to build the capacity of school and community infrastructures to decrease mental, emotional and behavioral (MEB) health disorders at the elementary school level. Through reducing MEB disorders, schools and communities decrease the likelihood of substance abuse disorders and subsequent opioid deaths. This RFA award will support providers to undertake all operational aspects of the implementation of the PAX Good Behavior Game (GBG), which is one of the most effective evidence-based programs and practices for MEB promotion and substance use prevention and has outcomes specific to decreases in opioid use. For more information on PAX GBG visit https://www.goodbehaviorgame.org/.

PAX GBG is a universal, tier 1 EBP that uses a classroom-wide game format with teams and reinforcement to equip students with the skills necessary for self-regulation, which research suggests reduces aggression, disruptive off-task classroom behavior, among others, which are risk factors for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior. Rather than having a set curriculum of scripted lessons, the PAX GBG program involves classroom teachers’ integration of kernels and cues, which are evidence-based strategies to increase students’ self-regulation. Schools are often encouraged by this program being flexibly incorporated into current education as opposed to a separate activity in the school day. That is, PAX GBG is implemented directly by classroom teachers after attending a full-day training.

In NYS, OASAS prevention provider personnel become trained “PAX Partners” to assist teachers with implementation fidelity through embedded coaching and technical assistance. A PAX Partner is a trained coach who facilitates implementation of PAX GBG to ensure program delivery is occurring with fidelity. Prevention providers function as PAX partners by coaching teachers on successful implementation of PAX GBG. Teachers deliver the EBP with implementation support from the prevention providers, which build capacity of
our school-based partners. For more information on prevention provider requirements and
guidelines, see Attachment B.

PAX GBG also has a robust body of longitudinal research documenting outcomes related
to substance use prevention, enhanced academic performance, mental health wellness, and
improved behavioral functioning. From a prevention standpoint and based on available
research, PAX GBG is most appropriate for elementary-age students.

B. Available Funding:

OASAS through its fiscal agent, RFMH, will issue up to 11 awards with a maximum
amount of $165,000 each. The maximum total amount of funds to be awarded for the first
year depends on the number of qualifying applications received. Funding for this project is
made possible by the SOR Grant through SAMHSA which ends on September 29, 2019
and is subject to a second year of funding based on Federal Appropriations.

C. Eligible Applicants:

An eligible applicant must be an existing OASAS funded prevention provider with
experience delivering primary prevention services, including evidence-based prevention
practices, and must have (or establish for this project) formal relationships with school
districts or individual elementary schools to support the delivery of PAX GBG in school
settings. Preference will be given to those partnering with districts not otherwise
implementing PAX GBG.

OASAS prevention provider and partner school districts and/or elementary schools must
enter into a Memorandum of Understanding (MOU) for the duration of the grant period. A
letter of commitment from the partner school districts and/or elementary schools will be
required with this application.

Note: Awardees of this RFA will receive initial training from PAXIS Institute. The training
will be provided at no cost to the grantees.

D. Reporting Requirements:

Successful applicants will be required to submit at minimum:

- A PAX GBG Excel Workbook due by the 5th of the month directly following the
data collection month (e.g. data collected in January should be sent by the 5th of
  February).
- Quarterly progress reports.
- Mid-year report on progress.
Partner school districts or elementary schools will be required to submit additional data at least twice per school year. Some of these data elements may include disciplinary referrals, nurses’ visits, and academic data.

Other Reporting requirements will be conveyed at the time of the award and when appropriate, OASAS will convey these reporting requirements.

APPLICATION PROPOSAL:

Project Narrative
Application narratives should be concise and address all the components listed below, in the following order:

A. Statement of Need/Needs Assessment (10 points)
   a. Provide available epidemiologic information to describe the social and emotional needs of the targeted youth and the community. This description could include the prevalent school-based data such as disciplinary referrals, nurses’ visits, and missed classroom time due to these interruptions. It could also include a description of community need based on Youth Behavior Surveillance System (YBSS) or the Youth Risk Behavior Survey (YRBS). Applicants may complete a logic model when submitting this information.
   b. Include a thorough description of the targeted, under-served and at-risk youth population. Provide relevant demographic information, including total population size and the size of the targeted age group prioritized (e.g. elementary school grades 1 and 2). Describe any gender, ethnic, racial or cultural health disparities in the community, especially identifying underserved populations such as people of color, women, and disability populations.
   c. Identify any other community factors that play a significant role in the community in which services will be provided. Description of any events or any significant factors related to opioid abuse and/or the under-served population should be included.
   d. Identify the specific geographic area to be served by the program, including the community (city, town, village, neighborhood, or school district) to be served within the geographic boundaries. If targeting a specific community or neighborhood, include the school, school district, zip codes, or streets that form the boundaries of the target area. Include the name of the county/counties in which you hope to provide services and statement(s) about how this area might qualify as high need.

B. School District Collaboration (25 points)
   a. Include a Signed Letter of Commitment from partnering school district(s) or individual elementary schools outlining the availability of classrooms, space and other resources, such as staffing capabilities, previous collaborations, staffing ratio, or other prevention activities that will facilitate the applicant’s access to the target population. A list of school names and addresses where
PAX will be implemented should be on this letter of commitment. See Attachment D for a sample letter of commitment.

b. Include description of other prevention services or opportunities which could bolster the service delivery of the PAX GBG EBP.

c. An MOU will need to be signed involving New York State Office of Alcoholism and Substance Abuse Services. See Attachment C for a sample of this MOU.

C. Service Delivery (25 points)

a. Describe process for training school and prevention staff member(s) to implement the program. Include a description regarding how the applicant will implement the program with fidelity ensuring the effectiveness of the intervention.

b. Include the number of schools, classrooms, and students that will be impacted by the proposed programming regimen.

c. Describe the implementation strategies and schedule for the first 12 months.

d. Describe process and plan for developing a sustainable PAX GBG model after the grant funding period.

e. See below for an example of a Proposed Implementation Schedule for first 6 months:

Month 1 – 2:

- Hire prevention staff member(s) (1 FTE per 25 newly implementing classrooms) to act as a PAX Partner(s), see attachment B for example job description, in schools for teachers; Hiring/Selection Guidance: In addition to credentials required by your organization, the PAX Partner should be able to successfully complete a background check for working in schools and should have educator or trainer experience based on the requirements of their role. Ideally, the PAX Partner would have had prior experience implementing PAX GBG.
- Solidify school/school district/community partnerships and coordinate resources to support needs of program youth
- Develop program evaluation plan surveys, pre- and post-tests (optional);

Month 3-5:

- Purchase program materials necessary to train all staff and implement PAX
- Conduct PAX GBG 1-day content(initial) training for provider and school staff
- Conduct 2-day PAX Partner training for provider staff that serve in the PAX Partner role
- Conduct PAX GBG 2-day School-wide Sustainability Training to assist schools with imbedding implementation support at the school level
• Consider possible cultural and program adaptations for students accessing Tier 2 and/or 3 supports in addition to Tier 1
• Develop fidelity implementation plan;

Month 6:
• Create implementation to begin the same month of the school year and detail out how program will be continued through school year.
• Obtain baseline data when appropriate for evaluation and continue measurement.

D. Management and Staffing Plan (20 points)
Describe how the work of the prevention staff member will be organized around the goals of the PAX GBG program, including:
  a. Description of who will supervise the prevention staff member and explain the relationship between the prevention staff member and the school setting;
  b. Information regarding the percentage of the prevention staff’s time devoted to grant activities (e.g. program implementation, training, reporting etc.);
  c. An organizational chart of project staff, supervisor, and other partners of the PAX GBG program; and
  d. Describe the organizational capacity of the applicant and a brief description of the organization’s previous experience in managing grants and experience in the following:
     i. providing evidence-based practices including ensuring fidelity;
     ii. reporting prevention activities;
     iii. overseeing projects; and
     iv. overseeing school/school district/community level programming.

E. Budget and Budget Narrative (20 points)
  a. Working within the cost parameters of $165,000 per provider in annual funding applicants must provide a full annual budget for the proposed strategies using Attachment A.

  b. Applicants should adhere to OASAS Administrative and Fiscal Guidelines when developing their proposed budget including agency administration. The service category proposed must contain the expenses and net operating costs. Each budget must include the FTE of the required staff needed to provide the service.

  c. Applicants must provide a Budget Narrative which includes the following:
     • Detailed job description including duties, experience, and qualifications of the required staff member. Describe how this person will meet the goals of the project, maximize resources, and coordinate the project activity including reporting and performance outcome measurement. Describe the experience and training necessary to implement the EBPS. Include a
description of strengths and skills that will enable this staff member to be successful in the host setting.

- Note: SAMHSA Requirements on Indirect Cost Rate: Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in paragraphs (c)(1)(i) and (ii) and section (D)(1)(b) of appendix VII to this part, may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. The 10% is charged to the Modified Total Direct Costs (MTDC) which means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs.

**PROPOSAL AND SUBMISSION:**

**A. Expected Timetable for Key Events:**

- **Release Date:** February 6, 2019
- **Bidders’ Questions Due:** February 14, 2019
- **Responses to Bidders’ Questions:** February 21, 2019
- **Applications Due:** March 7, 2019
- **Anticipated Award:** March 22, 2019

**B. Bidders’ Inquiries:**

Bidders’ questions are to be sent via email to: SOR@oasas.ny.gov. All inquiries must include your name, organization, phone number, and email address. Reference the State Opioid Response – PAX GBG RFA in your message.

To the degree possible, each inquiry should cite the RFA section to which it refers; OASAS will not entertain inquiries via telephone or fax. The inquiries and answers to all inquiries will become part of this RFA and any contract. Inquiries will not be responded to on an individual basis. Written responses to all inquiries submitted by the deadline date will be posted to the OASAS website on or about February 21, 2019.

**C. Format of Proposal Instructions:**

Only one application from an applicant organization will be accepted. The proposal should be typed and double-spaced on both sides of 8 ½ x 11 paper utilizing Times New Roman, 12 pt. font. Pages should be numbered. Each side of a page will count as one page, and the proposal narrative (sections I – V) is not to exceed 12 pages. Attachments do not count toward the page limit.

**D. Instructions for Submissions:**
Proposals must be received by 5:00 p.m. EST on Thursday, March 7, 2019. Proposals not received by 5:00 p.m. EST may be opened by the sole discretion of Research Foundation for Mental Hygiene and the Office of Alcoholism and Substance Abuse Services.

ONE ORIGINAL and FOUR COPIES of complete application in a sealed envelope(s) must be mailed, sent via delivery service or hand delivered by the organization or the organization’s representative to address below. Each sealed envelope must also have ONE USB STORAGE DEVICE CONTAINING PDF SEARCHABLE ELECTRONIC COPIES OF ALL APPLICATION REQUIREMENTS. Send applications to:
Barry Kinlan
Bureau of Prevention Services
New York State Office of Alcoholism and Substance Abuse Services
2nd Floor
1450 Western Avenue
Albany, NY 12203
ATTN – State Opioid Response: PAX GBG RFA

V. Administrative Information

A. Cancellation of Awards:

The Research Foundation for Mental Hygiene and The New York State Office of Alcoholism and Substance Abuse Services reserve the right to cancel any tentative award where the applicant fails to meet contracting time frames, experiences significant contract execution issues related to vendor responsibility, or if any other issue impedes the timely implementation of services.

B. Reserved Rights:

NYS OASAS, through its fiscal agent, RFMH, reserves the right to:

- Reject any or all proposals received in response to this RFA;
- Not make an award to any applicant who is not in good standing at the time of award;
- Withdraw the RFA at any time, at the agency’s sole discretion;
- Make an award under this RFA in whole or in part;
- Make awards based on geographical or regional consideration in a culturally competent and ethnically diverse manner to best serve the interests of the State;
- Make multiple awards within a geographic area;
- Negotiate with the successful bidder within the scope of the RFA in the best interests of NYS;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFA;
• Seek clarifications and revisions of applications;
• Use application information obtained through site visits, management interviews and the State’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information as it becomes available;
• Prior to the bid opening, amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
• Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFA amendments;
• Change any of the scheduled dates;
• Eliminate any mandatory, non-material specification that cannot be met by all the prospective bidders;
• Waive any requirement that is not material;
• Negotiate with the successful bidder the scope of the RFA in the best interests of the State;
• Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
• Accept submissions after the due date, if OASAS through RFMH in its sole discretion, determines there is good cause shown for the delay in the submission(s)/letter(s);
• Utilize any and all ideas submitted in the applications received; and
• Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder’s application and/or to determine a bidder’s compliance with the requirements of the solicitation.

C. Compliance Requirements:

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.
Attachment A: Instructions for Completing the Initiative Funding Request Form (IFR)  
(Annual Operating Budgets)

PROVIDER INFORMATION

1. Printed Legal Name of Applicant Entity – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. Do not enter the common name or acronym.

2. Printed Name of Local Governmental Unit, if Applicable – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity’s local State Aid contract agreement. Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.

3. Applicant’s OASAS Provider Number, if Applicable – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the Agency Code number used when submitting Consolidated Fiscal Report (CFR) documents.

4-6. Applicant Address – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.

7. Date Prepared – Enter the date the Initiative Funding Request Form (IFR) was prepared.

8-10. Applicant Contact Person – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

PART II – OPERATIONAL FUNDING REQUEST

1. Date Initiative Expected to be Operational – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful applicant to accommodate available funding and capacity needs.

Requested Operating Budget for Proposal

Requested operating budget amounts must represent:

Column A – Not Applicable

Column B – ANNUAL OPERATING BUDGET: The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected
applicants will be prorated for the first fiscal period based on the initiative start date identified above. The full annual budget may be pro-rated based on the approved start date of the initiative.

ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.

2. Gross Expense Budget – Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

3. Revenue Budget – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

If the applicant does not anticipate receiving any additional revenue to offset costs of its proposal it should so indicate by entering $0 for each category in Columns A and B.

4. Net Operating Cost - Enter the amount obtained by subtracting Total Revenue Budget from Total Gross Expense Budget in Column A and B.

5. Grant Funding Requested – Enter the amount of Grant funding being requested for the initiative in Columns A and B. This amount should equal the Operating Budget Net Deficit amount.

6. Full-Time Equivalent (FTE) Staff Requested – Enter the number of FTE’s requested as part of this initiative in Columns A and B.

Applicant Official – Enter the printed name and title of the applicant agency representative submitting the IFR proposal.

Signature and Date – The IFR must be signed and dated by the applicant agency representative.
1. Printed Legal Name of Applicant Entity:

2. Printed Name of Local Governmental Unit, if Applicable:

3. Applicant’s OASAS Provider Number:

4. Applicant’s Street Address/P.O. Box:

5. Applicant’s City/Town/Village:

6. Postal Zip Code:

7. Date Prepared:

8. Printed Name of Applicant Contact Person:

9. Printed Title of Contact:

10. Contact Telephone #:

Part II Operational Funding Request

1. Date Initiative expected to be operational:

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<tr>
<th>REQUESTED OPERATING BUDGET FOR PROPOSAL</th>
<th>PROPOSED START-UP OPERATING BUDGET</th>
<th>ANNUAL OPERATING BUDGET</th>
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<td>2. Gross Expense Budget (see instructions for details): Round Amounts to the nearest $100.</td>
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<td>Personal Services</td>
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<td>Agency Administration</td>
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TOTAL GROSS EXPENSE BUDGET

| 3. Revenue Budget (see instructions for details): Round Amounts to the nearest $100. | | |
| Patient Fees | | |
| SSI and SSA | | |
| Public Assistance (Safety Net & TANF) | | |
| Medicaid | | |
| Medicare | | |
| Third Party Insurance/Private Pay | | |
| Food Stamps | | |
| Closely Allied Entity Contributions | | |
| Donations | | |
| Other: Specify: | | |
| | | |

TOTAL REVENUE BUDGET

4. NET OPERATING COST

5. OASAS State Aid Funding Requested

6. Full-Time Equivalent (FTE) Staff Requested:

Applicant Official:

Printed Name: Printed Title:
Attachment B: Sample Guidelines for PAX Partners in SOR Project

Dimension #1. **Implementation Support** (This is the primary role of the OASAS prevention provider)

- Coaching & Technical Assistance (TA)
- Teacher mentor, encouragement
- Model and support teacher’s practice of key EBP components
- Planning, implementation meetings
- Booster sessions if fidelity wanes (after breaks, new staff in participating classrooms, etc.) and as requested, popular for, content/topic data collection, feedback based on classroom visit
- Make recommendations to maximize effectiveness of EBP in each classroom, highlighting what is already going well or has been improved (use the implementation rubric to guide feedback)
- All-teacher meeting for those implementing and/or by grade level
- Individualized classroom support
- Data chats for each implementing classroom teacher with associated visuals
- Develop a method for teachers/staff to connect with you between classroom/site visits as needed
- Provide implementers and champions with support materials as requested
- Facilitate individual or group professional learning communities that offer expert coaching feedback
- Conduct one in-person visit per newly implementing classroom every two weeks for the first three months - To be revisited after 3 months. Discuss subsequent TA schedule with OASAS SOR Team based on data.
- Touch base with teachers sustaining implementation once a month per classroom.

Dimension #2. **Measuring Fidelity**

- Collect implementation fidelity data using the EBP-specific tool(s) provided and at a frequency specified for this program for each participating classroom.
- Make data-driven recommendations to further increase success and overcome barriers using the implementation fidelity information.

Dimension #3. **Professional Development (PD)**

- Develop fluency with EBP content by attending developer-conducted annual training.
- Develop fluency with coaching this EBP by attending developer-conducted PAX Partner training.
- Hone proficiency with EBP implementation via coaching and TA by accessing related resources and the OASAS State Opioid Response Team.
- As necessary, communicate with district and school-level contacts about upcoming webinars for their participation.
• Request conference calls, webinars, resources, TA from OASAS SOR as needed via e-mail and/or using a TA Request Form.

**Dimension #4. Data Collection & Reporting**

• Collect implementation and outcome data in accordance with the Data Collection & Reporting Schedule.
• Facilitate on-time submission of annual outcome measures according to the Data Collection & Reporting Schedule.
• Assist district’s completion and submission of the annual Training Request Form for Opioid SOR expansion school(s)/classrooms.
• Structured annual reporting of lessons learned, as well as facilitators and barriers to implementation and how they can be addressed in the following program year.
• Enter Opioid SOR related activities in WITNYS as determined by OASAS.

**Dimension #5. Maintaining Buy-In**

• Keep building administrators and champion up-to-date about success and progress with the EBP (at principal meetings, etc.) and communicate progress made towards important outcomes identified in the application
• Send at minimum a monthly e-mail to principals and teachers about successes, areas of focus, and key resources for implementation fidelity. Include Highlight materials on PB Works Wiki site in these e-mails, as applicable but as much as possible.
• Offer an overview about the EBP at a faculty meeting
• Facilitate the sharing of data quarterly at a staff meeting
• Mentor school-specific champion (as applicable)
• Provide a status update at one of the district’s school board meetings each school year
• Data meetings with school champion/administrators (to celebrate successes and share progress only; the data should not be used in a punitive manner)
• Facilitate awareness of the EBP in the district/ schools (as approved the district, provide the EBP pamphlet to send home to parents of students in implementing classrooms for possible incorporation of key tenets at home, encourage teachers to discuss it at meet-the-teacher night, reach out to coalitions to get community businesses involved, etc.)
Attachment C: Sample Memorandum of Understanding

Promoting Positive Mental, Emotional and Behavioral (MEB) Health

Memorandum of Understanding (MOU) for SOR-PAX GBG Program Participation

The goal of this program is to build the capacity of sustainable school and community infrastructures within a systematic process for improving health and academic outcomes by focusing on prevention education and activities of engagement, assessment, application, and evaluation. These efforts focus on prevention education related to tobacco, alcohol, and other drugs in support of decreasing Mental, Emotional and Behavioral (MEB) health disorders at the elementary school level. Participation and strengthening of on-going school, community, stakeholder, parent partnerships, and initiatives will enhance continuity by bridging systems and building capacity for a sustainable infrastructure. Promoting health education prevention initiatives will improve student outcomes.

Given the investment of multiple resources from several organizations to support this endeavor annually, it is essential that Local Education Agencies (LEA; e.g. school districts) agreeing to participate in this program are committed to collaboratively working toward the vision specified above. Funding for this initiative is through the State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). SOR funding is available from September 30, 2018 – September 30, 2019 and is eligible for a second year of funding subject to federal appropriation. This entails engaged partnership between [invited LEA/public school district], [OASAS prevention provider], and OASAS to implement __PAX Good Behavior Game (GBG)__. By accepting participation in the program and signing this MOU, the indicated parties agree that:

- The commitment to this work is solidified and documented within this MOU for the period, from May XX, 2019 through September 29, 2020 subject to continued funding through federal appropriations for the SOR grant.
- This document is an agreement to be honored by the LEA, OASAS-funded provider, and OASAS for the duration of time specified above and remains in effect for the designated time period stated above.
- The universal prevention program, **PAX GBG**, that has effects on substance abuse and mental health outcomes will be implemented until September 29, 2020
- The OASAS-funded provider will present an overview of the endeavor for the LEA at a Board of Education meeting in the implementation time period.
- LEA and OASAS prevention provider will secure a training site for each program.
- LEA will provide administrative scheduling support for staff’s training endeavors.
- The project provides an annual stipend to the LEA to defray or cover the costs of substitutes needed on the training day(s) (based on EBP requested).
- With support from the OASAS prevention provider, teachers will implement the curricula purchased as part of this project with fidelity.
Teachers of the subsequent (or agreed upon) grade level will be trained prior to implementation.
Trained teachers will sustain implementation of the EBP after their supported implementation for up to one year.
OASAS-prevention provider will participate on monthly conference calls/webinars facilitated by the OASAS SOR Team.
LEA representatives (e.g. that includes at least 1 district-sanctioned administrator) will have the opportunity to attend monthly or quarterly conference calls/webinars facilitated by the OASAS SOR Team.
OASAS prevention provider will support the EBP’s implementation with fidelity and sustain through effective responsive coaching and technical assistance activities through September 29, 2020.
Implementation data from all participating classrooms will be collected and shared as specified on a defined schedule with the OASAS State Opioid Response Team via the OASAS prevention provider (through September 29, 2020).
Outcome data (e.g. academic, behavioral, etc.) will be collected by the LEA, reported by the OASAS prevention provider, and shared with the OASAS SOR Team as specified on a given schedule (through September 29, 2020). For sustainability, the title (not name) of district personnel who will facilitate this data sharing is:

By signing this MOU for the program, I certify that I have read, understood, and will adhere to the responsibilities specific to my role within the involved organization I represent.

LEA (District) Representative Printed Name ________________________________
LEA (District) Representative Title ________________________________
Signature ________________________________
Date ________________

OASAS Prevention Provider Representative Printed Name ________________________________
OASAS Prevention Provider Title ________________________________
Signature ________________________________
Date ________________

OASAS Representative Printed Name ________________________________
OASAS Representative Title ________________________________
Signature ________________________________
Date ________________
[Date]
Re: Letter of Commitment for [OASAS Prevention Provider name] application to Expand PAX Good Behavior Game to Prevent Opioid Use Disorder

Dear Mr. Kinlan,

This Letter of agreement establishes that [OASAS Prevention Provider name] have agreed to partner with [School District Name] to accomplish the deliverables set forth in the Request for Applications: Expand PAX Good Behavior Game to Prevent Opioid Use Disorder.

The following schools located in the [School District Name] will be implementing PAX Good Behavior Game:
[List school names with addresses, staffing ratio, and number of classrooms implementing PAX GBG]

[OASAS Prevention Provider name] will be leveraging additional resources. Those resources are [List additional resources as necessary].

If [OASAS Prevention Provider name] and [School District Name] have had previous collaborations list name, date, and purpose of project below:

I affirm that [OASAS Prevention Provider name] and [School District Name] understands and is committed to the information proposed in this RFA, and that we will be fully engaged in activities and plans. We will follow through on these commitments, regardless of changes in agency leadership, budget modifications, or other foreseeable events.

LEA (District) Representative Printed Name __________________________
LEA (District) Representative Title ________________________________
Signature _________________________________________________________
Date ______________

OASAS Prevention Provider Representative Printed Name ________________
OASAS Prevention Provider Title ________________________________
Signature _________________________________________________________
Date ______________
# Attachment E: Sample PAX Data Collection

**Pax Implementation:**

<table>
<thead>
<tr>
<th>Basic Information</th>
<th>Approximate Number of Students in Each Grade</th>
<th>DATE Each of the following has been introduced &amp; used with fidelity (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAX Partner Agency</td>
<td>PAX Partner Staff Name</td>
<td>Teacher Name</td>
</tr>
</tbody>
</table>

**Coaching and Data:**

<table>
<thead>
<tr>
<th>Basic Information</th>
<th>Coaching/TA Efforts</th>
<th>Spleem Counts</th>
<th>Game</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAX Partner Agency</td>
<td>PAX Partner Staff Name</td>
<td>Teacher Name</td>
<td>Site Name</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------</td>
<td>---------------</td>
<td>------</td>
</tr>
</tbody>
</table>

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