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**REQUEST FOR PROPOSALS (RFP)**

**ACTIVATING COMMUNITY COALITIONS TO PREVENT ALCOHOL AND OPIOID MISUSE AMONG  
YOUTH IN NEW YORK CITY**

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**ISSUE DATE: APRIL 24, 2018**

**RESPONSE DUE DATE: MAY 25, 2018**

REPLY TO: [ZELALAMI @FPHNYC.ORG](mailto:ZELALAMI@FPHNYC.ORG)

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**RELEASED BY**

Fund for Public Health in New York  
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**Summary:** The Fund for Public Health in New York (FPHNY), on behalf of the New York City Department of Health and Mental Hygiene (DOHMH) is currently accepting applications from organizations either currently sponsoring community coalitions working in any or all boroughs of New York City, or with the capacity to create and sustain them. FPHNY serves as the fiscal agent for the DOHMH.

The purpose of this RFP is to provide support to coalitions demonstrating the capacity to develop comprehensive, multi-sectoral, community-based strategies to prevent misuse of alcohol and prescription opioids among youth, with a particular focus on lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ+) youth aged 10-25.

**Basic Information**

<b>Application Release Date</b>	April 24, 2018
<b>Inquiry Period</b>	Inquiry period begins: April 25 – May 1, 2018 by 11:59 PM EDT Send questions to Zahra El Alami at <a href="mailto:zelalami@fphnyc.org">zelalami@fphnyc.org</a> <b>(Questions submitted after the deadline will not be answered)</b> Responses posted on May 4, 2018 on the FPHNY website: <a href="http://fphny.org/whatsnew/rfps">http://fphny.org/whatsnew/rfps</a>
<b>Application Due Date</b>	May 25, 2018 by 11:59 PM EDT Submission of RFP due to <a href="mailto:zelalami@fphnyc.org">zelalami@fphnyc.org</a> <b>**proposals received after the deadline or incomplete proposals missing required documents may be disqualified.</b>
<b>Funding Term</b>	Initially, funds will be awarded by June 30, 2018 (FY18), for work completed between July 1, 2018-June 30, 2019 (FY19). All deliverables to be completed by June 30 <sup>th</sup> , 2019. Funds may be added and the term lengthened as funds become available.
<b>Anticipated Funding and Payment Structure</b>	The total anticipated funding amount is \$700,000, up to \$100,000 per funded coalition. However, DOHMH and the FPHNY reserve the right to make additional awards and/or change the value of awards based on funding availability. Payments will consist of milestone payments tied to the achievement of deliverables.

<p><b>Applicant Eligibility</b></p>	<p>Existing community coalitions, which can expand their missions to include preventing alcohol and prescription opioid misuse among youth aged ten to 25, with a focus on LGBTQ+ youth</p> <p style="text-align: center;">or</p> <p>Organizations with the capacity to build a community coalition focused on preventing alcohol and prescription opioid misuse among youth aged ten to 25, with a focus on LGBTQ+ youth.</p> <p>These funds are intended to ensure that prevention resources adequately reach LGBTQ+ populations. However, DOHMH remains interested in health equity and protecting the health of all New Yorkers. Therefore, we reserve the right to make funding decisions that allow for geographical and population-based representation.</p>
<p><b>Required Documents</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Transmittal form, ideally on organizational letterhead</li> <li><input type="checkbox"/> A narrative proposal that responds to all questions posed in Application Instructions, which must also include an Action Plan</li> <li><input type="checkbox"/> Job Descriptions for key staff</li> <li><input type="checkbox"/> Completed Budget Template and narrative budget justification</li> </ul>

**I. RFP FOCUS:** Substance misuse among youth aged 10-25, particularly LGBTQ+ youth

**Defining the Problem**

Substance misuse, including alcohol and prescription opioids, is causing harm to youth in NYC. The most commonly used substance among youth is alcohol. While alcohol misuse among NYC adolescents is fairly common, the health risks associated with this use are often underestimated by the larger community. This RFP seeks to increase awareness of and prevent the harms of alcohol misuse among youth. In addition, as seen in the national opioid crisis, NYC youth are using prescription opioids at alarming rates. Misuse, including taking more than prescribed or non-prescribed prescription opioids increases the risk of developing a substance use disorder and overdose. Thus prevention strategies to address prescription opioid misuse are included in this RFP. Finally, due to their higher rates of substance misuse and frequent marginalization, this RFP seeks to address substance use among LGBTQ+ youth.

Underage alcohol use in New York City is a significant and long-standing problem. Its use increases adolescents’ risk for adverse health consequences, including injuries, interpersonal violence, and an increased lifetime risk of developing an alcohol use disorder. In 2015, 21% of NYC public high school students had had at least one alcoholic drink in the 30 days prior to being surveyed. Over 40% of those youth who drink were identified as binge drinkers. Nearly

20% of students surveyed had had their first alcoholic drink before turning 13.<sup>1</sup>

Opioid and other prescription drug misuse continues to present health risks among young people in New York City as well, reflecting nationwide trends. Among NYC public high school students surveyed, nine percent reported at least one misuse of prescription drugs in 2015, including 7% misusing opioid analgesics<sup>2</sup>. Interviews conducted by the Department of Health and Mental Hygiene (DOHMH) reveal that many young adult injection drug users were introduced to opioids first in the form of prescription drugs.

Among NYC youth, those identifying as lesbian, gay, or bi-sexual (LGB) are particularly at risk:

- The NYC Youth Risk Behavior Survey has shown a significantly higher prevalence of alcohol use among LGB youth (35%) than among heterosexual youth (20%); and early onset of drinking has been found in greater numbers of LGB youth than in heterosexual youth in NYC (27% had their first drink before age 13, vs. 17% for heterosexual youth)<sup>3</sup>.
- Prevalence of prescription drug misuse among LGB youth and youth who responded “not-sure” when asked about their sexual orientation youth (16% and 19%) was shown to be double that of heterosexual youth (8%); and likewise for misuse of opioid painkillers (LGB and not-sure youth, 12% and 15% respectively; heterosexual youth, 6%)<sup>4</sup>.

### **Addressing the Problem via Community Coalitions**

To address these substance misuse issues, this RFP places a central focus on alcohol, the substance that young people misuse most often, while also addressing prescription opioid misuse, which may lead to opioid overdose. Applicants may propose to also address other substance misuse among youth that leads to significant rates of morbidity and mortality in their communities. In alignment with the [NYC Unity Project’s LGBTQ Blueprint](#), it also underscores the specific needs of LGBTQ+ youth.

Community coalitions and their members are asked to implement evidence-based and other approaches to prevent alcohol and prescription opioid misuse among New Yorkers aged ten to 25, with a special focus on the LGBTQ+ community. A community coalition is a group of individuals representing diverse organizations or constituencies within the community who agree to work together to achieve a common goal. Members may represent youth, young adults, parents, the business community, media, schools, youth-serving organizations, law enforcement, religious, civic and volunteer groups, healthcare providers, and substance misuse

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<sup>1</sup> Blachman-Forshay J, Mello E, Capua J, Tuazon E, Paone D. Alcohol Consumption among Youth in New York City Public High Schools, by Sexual Orientation and Gender Identity. New York City Department of Health and Mental Hygiene: Epi Data Brief (94); Nov 2017.

<sup>2</sup> Capua J, Blachman-Forshay J, Mello E, Nolan ML, Paone D. Drug Use Among Youth in New York City Public High Schools, by Sexual Orientation and Gender Identity, 2015. New York City Department of Health and Mental Hygiene: Epi Data Brief (92); June 2017.

<sup>3</sup> Capua et al, June 2017

Blachman-Forshay et al , June 2017

prevention and treatment providers. Each member functions within its sector to further coalition goals (e.g. exploring organizational policies that affect social norms). Such coalitions have been utilized to tackle a variety of public health-related issues. There is some research showing their effectiveness in implementing substance misuse prevention strategies through multi-sectoral approaches involving schools, peer education and community organizing, substance use education, and work with retailers (e.g., liquor stores, pharmacies). (For sources discussing evidence-based and other approaches, see the Centers for Disease Control and Prevention's online Guide to Community Preventive Services, <https://www.thecommunityguide.org/>; and Chapter 3 in Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health, November 2016: <https://addiction.surgeongeneral.gov/chapter-3-prevention.pdf>).

### **RFP Goals for Community Coalitions**

This initiative has four goals that all coalitions will implement:

*Goal One:* Increase community awareness, engagement and collaboration in preventing alcohol and prescription opioid misuse by youth, including LGBTQ+ youth.

*Goal Two:* Become a clearinghouse for information such as new developments in programming and research, current legislation and policies affecting youth and substance misuse, including LGBTQ+ youth.

*Goal Three:* Enact a multi-pronged approach to reducing and preventing alcohol and prescription drug misuse by youth, including LGBTQ+ youth, via messaging to family and community members, retailers, decision makers, the media, and to those misusing substances.

*Goal Four:* Sustain the work of the Community Coalition over the long term to enable continual and ever-improving efforts to reduce and prevent substance use by youth.

### **Who May Apply**

Both existing community coalitions and those entities able to create one and begin accomplishing the goals within the first quarter of the contract period may apply for this RFP.

For those applying from existing community coalitions, the intent is to build upon current work and extend their approaches to incorporate alcohol and prescription opioid misuse prevention among youth, including a specific plan to address the needs of LGBTQ+ youth.

## **II. SUPPORT FOR SELECTED INSTITUTIONS**

To help with project implementation, DOHMH will provide programmatic support in addition to funding. This proposal is for the first year of funding. We reserve the right to increase the length of contracts and intend to fund the selected coalitions beyond the first year. All funding

is contingent upon availability of funds and satisfactory performance. Programmatic support is described below.

- DOHMH will participate in all coalitions to hear directly from members and provide data and other information that supports evidence-based strategies as needed.
- DOHMH will hold trainings for and provide technical assistance to key coalition staff and stakeholders.
- DOHMH will provide updated and local data to coalitions as it is released by our research and surveillance staff.

### **III. SELECTION CRITERIA**

A selection committee at DOHMH will select organizations for funding through this RFP based on the criteria listed below:

- a) Applications must be complete and responsive to all instructions provided in Section IV. Applications that do not supply the required information will be considered non-responsive and may be disqualified.
- b) Strong proposals will demonstrate capacity to implement coalition goals of education and advocacy, as demonstrated by a history of outreach, prevention education, community-building, community organizing or youth organizing, or multi-sectoral coalition-building.
- c) Priority will be given to proposals demonstrating that coalition members, not only the funded entity, will be involved in completing the action plan. Letters of commitment from members and member organizations may be included as appendixes.
- d) We will not select multiple providers representing the same community. It is incumbent upon applicants to clearly identify the community that the coalition represents and to demonstrate commitment of other organizations from that community.
- e) Points will be allocated as follows:
  - Coalition history or formation plans - 20
  - Problem assessment - 10
  - Goals, strategies and action plan - 40
  - Facilitators and challenges to implementation - 5
  - Evaluation, program monitoring and dissemination of results - 15
  - Staffing plan - 5
  - Proposed budget - 5

### **IV. APPLICATION INSTRUCTIONS**

- a) Your application must include responses to all 6 narrative questions, a budget, job description(s), and an action plan.
- b) Maximum length of the narrative is seven (7) pages, not including attachments. The transmittal sheet, action plan, letters of commitment, job descriptions and budget, including budget narrative, are attachments and not included in the page count.

- c) General instructions and additional requirements for the submission of the application are located in Section VI – Submission Information.
- d) Incomplete applications or applications submitted after the deadline may be disqualified.

## **V. COALITION GOALS AND STRATEGIES**

**Proposals must include the four Goals and all of their associated strategies, unless indicated otherwise.** Other strategies may be added. Applicants should develop specific activities based on the particular focus and capacities of their coalitions. Your Action Plan should foster community-level change.

### ***GOAL ONE: Increase community awareness, engagement and collaboration in preventing alcohol and prescription opioid misuse by youth, including LGBTQ+ youth.***

Strategy 1: Identify and recruit community leaders with commitment to reduction of underage alcohol and prescription opioid misuse, particularly among LGBTQ+ youth, for ongoing participation in coalition activities.

Strategy 2: Enhance community awareness of alcohol and prescription opioid misuse through ongoing, targeted communication efforts defining the problem - including information related to the specific vulnerabilities of LGBTQ+ youth - and promoting prevention programs, using methods and approaches most likely to reach stakeholders (e.g. organization newsletters, blogs, social media, press releases, and other appropriate means).

Strategy 3: Conduct media advocacy to better inform the public, liaising with local press to cover alcohol and prescription opioid misuse as public health issues.

*Strategy 4 - Optional:* Identify and recruit youth with leadership potential and interest in participating in community education efforts to reduce risky alcohol and prescription pill use. In particular, engage LGBTQ+ youth as advocates within the Coalition.

### ***GOAL TWO: Become a clearinghouse for information such as new developments in programming and research, current legislation and policies affecting youth and substance misuse, including LGBTQ+ youth.***

Strategy 1: Develop expertise in youth substance (mis)use through exchanging information and integrating knowledge on best practices/emerging research from Coalition members and professional and academic allies.

Strategy 2: Regularly share the experience/expertise of Coalition members and partners at coalition meetings and through newsletters, social media and other communication outlets.

Strategy 3: Monitor and raise awareness of current legislation and policies affecting youth alcohol and prescription opioid misuse.

***GOAL THREE: Enact a multi-pronged approach to reducing and preventing alcohol and prescription drug misuse by youth, including LGBTQ+ youth, via messaging to family and community members, retailers, decision makers, the media, and to those misusing substances.***

**Note: For this goal, please select a minimum of three strategies. Collectively they must address both alcohol and opioid misuse.**

Strategy 1: Conduct an environmental scan of the local community, focusing on alcohol availability and marketing.

Strategy 2: Engage local alcohol outlets (liquor stores; grocery stores) in awareness and monitoring campaigns (e.g. liquor stores and other alcohol vendors – no sales to under-age youth).

Strategy 3: Engage local pharmacies in educating about prescription safekeeping and medication disposal, and as points of contact for community awareness regarding prescription opioid misuse.

Strategy 4: Encourage and publicize efforts of coalition and community members to develop specific awareness and prevention programs to youth using evidence-based approaches such as school-, family- and internet-based programs. (For examples and suggestions, see <https://addiction.surgeongeneral.gov/chapter-3-prevention.pdf>).

Strategy 5: Engage coalition members to ensure that their organizations have policies in place which establish them as leaders/role models in prevention - e.g. policies related to the availability of alcohol at events, acceptance of alcohol and pharmaceutical industry funds, and other organizationally-related conduct.

***GOAL FOUR: Sustain the work of the Community Coalition over the long term to enable continual and ever-improving efforts to reduce and prevent substance use by youth.***

Strategy 1: Develop a 3-year strategic plan - informing its future goals and strategies through integrating findings from its program evaluation - to support the Coalition's future growth and development.

## VI. SUBMISSION INFORMATION

### a) Submission Date, Time, and Format

Responses must be submitted electronically. Please format all documents submitted in response to this RFP in .pdf (Portable Document Format). Proposals must be e-mailed to the following address, no later May 25, 2018 - 11:59 PM EST.

Attn: Zahra El Alami

Subject: **ACTIVATING COMMUNITY COALITIONS TO PREVENT ALCOHOL AND OPIOID MISUSE AMONG YOUTH IN NEW YORK CITY**

E-mail: [zelalami@fphnyc.org](mailto:zelalami@fphnyc.org)

Responses received after **May 25, 2018 - 11:59 PM EST** may not be reviewed.

### Applications received after the deadline may be disqualified from funding consideration.

It is the responsibility of the submitting organization to ensure delivery of the application to FPHNYC at the above email address by the submission deadline. A confirmation of receipt of the required electronic submission (via email) of specific sections of the application and other documents will be sent by email.

### b) RFP Communications and Q&A

Potential respondents may send any questions or comments to:

Attn: Zahra El Alami

Subject: **ACTIVATING COMMUNITY COALITIONS TO PREVENT ALCOHOL AND OPIOID MISUSE AMONG YOUTH IN NEW YORK CITY**

E-mail: [zelalami@fphnyc.org](mailto:zelalami@fphnyc.org)

All questions must be received between April 25 and May 1, 2018

The answers will be made available by May 4, 2018 on our website

<http://www.fphnyc.org/get-involved/rfps/>.

No other contact with FPHNY or DOHMH personnel regarding this RFP is permitted in the period between the release of this RFP and the notice of award. Any oral communication shall be considered unofficial and non-binding with regard to this RFP and subsequent award.

## VII. GENERAL DISCLOSURES

### a) Right to Reject Proposals

The Fund for Public Health in New York may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFP may be excluded from further consideration and alternative information packages may not be considered. The Fund for Public Health in New York may decline to review an application in the event the respondent submits a response after the submission deadline and/or any disparity is found during the evaluation process.

**b) Costs**

The respondent will be solely responsible for any costs incurred in preparing, delivering, or presenting responses to this RFP. Respondents will not be reimbursed for any costs incurred in preparing proposals.

**c) Fulfillment of Requirements**

By submitting an information package, the respondent acknowledges that the respondent has read and understands this RFP and is capable of fulfilling all requirements.

**d) Submitted Information**

Once submitted, responses will be the property of FPHNY and will not be returned.

**e) Right to Amend, Cancel this RFP, or Solicit a New RFP**

FPHNY may amend or cancel this RFP at any time, without any liability to FPHNY, and/or DOHMH. FPHNY or DOHMH may solicit new requests for information and/or proposals regarding the services addressed in this RFP at any time.

**f) Amount of Business**

FPHNY does not guarantee to any specific amount of business or revenue as a result of this RFP.

**g) Security and Confidentiality**

Respondents should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide appropriate justification for why such materials, upon request, should not be disclosed by FPHNY. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by FPHNY.

**h) Insurance Certificate and A-133 Audit Information**

Selected institutions will need to provide proof of liability insurance (including Worker's Compensation) and its most recent certified financial audit report (reports prior to 2015 will not be accepted for review), including A-133 Audit, if applicable. An A-133 Audit is required if your organization expends \$750,000 in federal funds in the year.

**APPENDIX 1: ACTION PLAN TEMPLATE**

**GOAL 1:** *Increase community awareness, engagement and collaboration on the issue of underage alcohol use prevention and prescription pill misuse prevention, from each of the sectors your organization has chosen to include.*

**Strategy 1:** Identify and recruit community leaders with commitment to reduction of underage alcohol and prescription drug misuse and to ongoing participation in coalition activities.

<b>Activity</b>	<b>Responsible parties</b>	<b>Time frame</b>	<b>Measurement method (Process evaluation: How will you know this has been accomplished?)</b>

## **Appendix 2: JOB DESCRIPTIONS**

## **Appendix 3: BUDGET TEMPLATE**