

FY 2025 – Statement of Work

School-Based Prevention Services – Multi-Tiered System of Supports (MTSS)

1. INTRODUCTION

- 1.1. Contractor shall provide necessary resources to develop and deliver school-based prevention services, which includes planning, data collection, service reporting and evaluations, and prevention workforce development. School-based prevention services include an array of evidence-based programs, policies, and practices to prevent identified risk factors contributing to mental, emotional, and behavioral (MEB) health problems, including substance use.
- 1.2. Contractor's main goal of this 3-year project is to develop a Multi-Tiered System of Supports (MTSS) plan and implement tiered prevention strategies to meet the needs of all students. Contractor's MTSS may include but is not limited to professional development plan for school staff and educators on recognizing warning signs and how to respond to MEB health related crisis, strategies to decrease stigmatizing attitudes and behaviors related to MEB health problems and implementing evidence-based prevention programs with outcomes to improve MEB health problems, including substance use.
- 1.3. Tier 1 refers to universal prevention strategies for the entire population to prevent or reduce the risk of developing MEB health problems before they start. Tier 2 refers to secondary prevention and brief intervention strategies that target and support youth who are experiencing early signs of MEB health problems or at-risk for developing mental health and substance use challenges. Tier 3 refers to tertiary prevention strategies and individualized, intensive interventions that address MEB health problems of youth who are experiencing significant distress or crisis. All tiers aim to increase protective factors that maximizes and protects individuals from developing future mental health and substance use disorders.

2. WORK REQUIREMENTS

- 2.1. The Department will provide the Contractor a list of monthly performance benchmarks to complete during the contract periods. Contractor shall comply with the timeline and, if any, subsequent revisions made by the Department. Contractor shall collaborate regularly with the Department and the Department's contracted technical assistance providers to ensure all benchmarks are completed in a timely and effective manner.
- 2.2. Contractor shall participate in all planned activities as coordinated by the Department and the Department's contracted technical assistance providers.

- 2.3. Contractor shall provide the resources necessary to execute the work requirements and shall use the [Strategic Planning Framework \(SPF\)](#), MTSS, and [Interconnected Systems Framework \(ISF\)](#) to guide all prevention activities throughout the project period.
- 2.4. Contractor shall create a MTSS action plan/workplan in a format as prescribed by the Department. Contractor must have a complete and approved MTSS action plan/workplan prior to implementing any prevention programs.
- 2.5. Contractor receiving these funds are expected to implement four (4) of the following CSAP-6 strategies: Information Dissemination, Prevention Education, Sector/Community-Based Processes, and Environmental. Two (2) of the CSAP-6 strategies are considered optional to implement: Alternatives and Problem Identification/Referral.
- 2.6. Contractor is expected to adhere to the ODMHSAS Prevention Standards in the [ODMHSAS Prevention Strategic Plan](#).
- 2.7. Contractor shall utilize funds to implement Tier 1 (universal prevention) and Tier 2 (secondary prevention) strategies with outcomes in substance use. Contractor shall not utilize funds for Tier 3 (tertiary prevention) strategies. The Department and the Department's contracted technical assistance provider will connect Contractor with appropriate resources for Tier 3.

2.8. Project Management

- 2.8.1. Contractor shall recruit, hire, or identify a minimum of one full-time equivalency (1 FTE) staff to serve as a qualified LEA Prevention Coordinator. The LEA Prevention Coordinator shall be the primary contact of this contract and shall be responsible for coordinating and completing all work requirements. Contractor may recruit, hire, or identify additional personnel to assist the LEA Prevention Coordinator in coordinating and completing work requirements (e.g. stipends for site-level prevention leads). Prior approval is needed from the Department for additional staff funded under this contract.
- 2.8.2. All staff funded under this contract shall have the knowledge and experience necessary to coordinate school-based projects and may be required to obtain Certified Prevention Specialist (CPS) for Bachelor level staff or Associate Prevention Specialist (APS) for non-degree staff through the Oklahoma Drug and Alcohol Professional Counselor Association (ODAPCA) within 18 months of employment start date or contract start date, whichever is longer.
- 2.8.3. All staff funded under this contract shall complete the Substance Abuse Prevention Skills Training (SAPST) and other relevant

training and/or orientation identified by the Department within 6 months of employment.

2.9. Needs Assessment

- 2.9.1. Contractor shall conduct a district needs assessment using a template provided by the Department. Contractor shall use their most recent Oklahoma Prevention Needs Assessment (OPNA) and any other relevant available data (e.g. in-/out-of-school suspensions, referrals to treatment, etc.). Contractor will utilize their needs assessment results to identify priorities and trends of MEB health problems (i.e. alcohol/marijuana use, psychological distress).
- 2.9.2. Contractor shall ensure their district(s) participates in the biennial OPNA each administration cycle throughout the project period and shall assist school sites in completing the OPNA. The school district(s) must attempt to have a districtwide participation rate of at least 60%. Contractor may act as the District Survey Coordinator and may designate other staff to assist with the administration of the OPNA.
- 2.9.3. Contractor shall participate and assist with periodic district readiness and capacity assessments throughout the project period. Readiness and capacity assessments may include but are not limited to surveys or interviews with key stakeholders (i.e. district/site leadership, school staff and educators, parents/guardians, and/or students). Contractor will utilize their readiness and capacity assessment results to inform planning and coordinate trainings and/or resources to improve their school district's readiness and capacity for prevention services.

2.10. Building Capacity and Readiness

- 2.10.1. Contractor shall be responsible for establishing or enhancing an existing district prevention planning team (i.e. multi-disciplinary team, implementation workgroup) and organize regularly scheduled team meetings (biweekly or monthly) throughout the project period. District prevention planning teams may consist of principals, educators, student support staff, and/or school prevention specialists. Contractor may work directly with the district prevention planning team to delegate tasks as necessary and to coordinate outreach efforts.
- 2.10.2. Contractor shall be responsible for establishing or enhancing an existing advisory board that includes key stakeholders and

organize regularly scheduled team meetings (monthly, bimonthly, or quarterly) throughout the project period. The advisory board may consist of district and site leadership and administrators, educators, student support staff, student and family representatives and community partners (community mental health partners, local prevention coalitions, etc.).

2.10.2.1. Contractor is expected to coordinate with the Department's contracted/certified prevention and treatment service providers within their coverage areas. Contractor may invite these prevention and treatment service providers to participate in the district's advisory board or engage with them however they see fit.

2.10.3. Contractor shall conduct resource mapping using a template provided by the Department to identify existing school and community prevention and mental health services and supports available to students, families. Contractor shall establish a process to regularly evaluate, update, and improve the resource map.

2.10.4. Contractor may participate in other state, district, or local workforces with similar goals to strategically advance the priorities identified in the district's MTSS action plan/workplan.

2.10.5. Contractor shall be responsible for providing and/or coordinating prevention training and technical assistance within their district, as well as be responsible for any outreach efforts to strategically advance the priorities in the district's MTSS action plan/workplan.

2.10.6. Contractor shall participate in regularly scheduled technical assistance and any one-on-one meetings with the Department and the Department's contracted technical assistance provider throughout the project period. Technical assistance will consist of ongoing planning for building capacity and readiness, development and implementation of MTSS action plan/workplan, and other relevant prevention workforce development as required by the Department.

2.11. Prevention Planning

2.11.1. Contractor shall develop and enhance their district's MTSS action plan/workplan that will utilize tiered strategies to target alcohol and/or marijuana use and psychological distress. The MTSS action plan/work plan template will be provided by the Department and shall include:

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- 2.11.1.1. A logic model with an assessment summary, goals, and measurable objectives, key tasks, timelines, related to priority indicators.
 - 2.11.1.2. Components to address capacity and readiness, policy/procedures, implementation, evaluation, cultural competency, and sustainability.
 - 2.11.1.3. A plan that identifies a health disparate population and strategies on how to address this populations within the district.
 - 2.11.1.4. A communication plan to ensure information dissemination are conducted regularly and routinely with identified direct (school-aged youth) and indirect populations (school staff, educators, families, etc.).
 - 2.11.1.5. A list of tiered evidence-based strategies and interventions to address the districts priority MEB health problems.
 - 2.11.1.6. A sustainability plan that focuses on maintaining both the outcomes achieved and the MTSS infrastructure created under this project.
- 2.11.2. To ensure prevention services are effective, the Contractor is expected to plan for programs and practices that meet the following criteria prior to implementation:
- 2.11.2.1. Documented on a [national registry of evidence-based practices](#) as identified by the Department;
 - 2.11.2.2. Documented in a peer-reviewed publication that demonstrates positive effects based on the evaluation of the targeted causal or contributing factor(s); or
 - 2.11.2.3. Documentation that illustrates the strategy has been effectively implemented in the past, multiple times, with results that show a consistent pattern of positive effects.
 - 2.11.2.4. Any programs and practices not meeting these requirements, Contractor shall submit justification to the Department for review and approval prior to implementation.
- 2.11.3. Implementation of prevention services shall not commence until the Department approves the MTSS action plan/workplan.

2.12. Implementation

- 2.12.1. Contractor shall be responsible for coordinating the implementation of their MTSS action plan/workplan and carry out the implementation of evidence-based strategies that address the school district's priorities in a culturally competent and sustainable manner while maintaining fidelity.
- 2.12.2. Contractor shall commence the installation and implementation of approved tiered prevention strategies as outline in the Department-approved MTSS action plan/workplan as planned in the list of monthly benchmarks or earlier with approval from the Department. Installation occurs prior to implementation of prevention services and may include acquiring resources or purchase prevention curriculum, commencing professional development training with school staff and educators, integrating best practices into school policies/procedures, etc.
- 2.12.3. Contractor shall ensure prevention service implementation is in alignment with the MTSS action plan/workplan and program budget.

2.13. Evaluation

- 2.13.1. Contractor shall develop a data-based decision-making process to utilize implementation data to evaluate the extent of which their prevention services have been implemented effectively and as intended and identify areas of improvement. The data-based decision-making process will be used to make decisions about prevention services, allocation of resources, identify students who need higher level of supports, etc.
- 2.13.2. Contractor shall establish an evaluation and reporting system to track and monitor the effectiveness of their tiered strategies. Contractor will be responsible for the collection of outcome data and report data in monthly reports to the Department.
- 2.13.3. If the Contractor chooses to use any data collection instrument other than those provided by the original program developer, the Department, or the Department's contracted technical assistance provider, the Contractor must ensure all project requirements are applicable to that instrument and submit instrument, along with justification, to the Department for review and approval prior to utilization.
- 2.13.4. Contractor shall participate in all required data collection and evaluation activities conducted by the Department and the Department's contracted technical assistance provider. Contractor shall complete applicable federally required data collection

requirements, submission of reports, and other information within the designated timeframe in a format prescribed by the Department.

2.13.5. Contractor shall enter all information required by the Department (see Section 4. Performance Monitoring) into a designated prevention reporting system.

2.13.6. Contractor shall maintain documentation of contract related activities including but not limited to planning (assessment or development of the MTSS action plan/workplan) and delivery of services (e.g. meeting agendas/minutes, workgroup rosters, training completions, etc.). This documentation is subject to random audits by the Department throughout the project period.

3. ROLE OF THE DEPARTMENT

3.1. Contractor may request resources, consultation, and support from the Department and the Department's contracted technical assistance provider anytime throughout the project period. The Department and the Department's contracted technical assistance provider will provide direct support to the Contractor in all points of the project (including needs assessment, capacity and readiness, planning, implementation, evaluation, and other contract activities) to fulfill the requirements of the contract, as well as connecting the contractor to local prevention/treatment/crisis service providers.

4. PERFORMANCE MONITORING

4.1. The Department will monitor the performance of the Contractor. At a minimum, this shall include ongoing reviews of certain indicators, including but not limited to an annual site review by the Department, with the option to conduct virtually.

4.2. Contractor shall be responsible for documenting prevention services and report on progress, barriers, and monthly deliverables. Submission of monthly reports and monthly benchmarks are due to the Department no later than the 15th of the month following the month of services delivered (ex. July activities are to be reported by August 15th).

5. COMPENSATION

5.1. Compensation is on a 1/12th reimbursement basis. Contractor shall submit specified deliverable(s) and meet reporting requirements as defined by the Department. A list of monthly performance benchmarks will be provided by the Department to be completed during the contract period. The Department will verify submission of required reports and/or deliverables

for each monthly benchmark to authorize payment of invoices and any allowable performance-based benchmark.

- 5.2. A properly completed invoice must be submitted within thirty (30) days of the end of the month which services were delivered. Invoices shall be electronically submitted through the ODMHSAS Access Control Dashboard using the E-Provider Invoice icon. Contractor shall upload backup documentation of a completed and signed invoice (e.g. PDF version of a signed invoice) for each invoice submission. For technical assistance with E-Provider Invoice, contact Maria Godinez at MGodinez@odmhsas.org or at 405-248-9054.
- 5.3. The State of Oklahoma has 45 days from presentation of a proper invoice to issue payment to the contractor. The Department may withhold or delay payment to any Contractor failing to provide required programmatic documentation and/or requested financial documentation. If the Contractor is unable to support any part of their claim to the Department and it is determined that such inability is attributed to misrepresentation of fact or fraud on the part of the contractor, the Contractor shall be liable to the Department for an amount equal to such unsupported part of the claim in addition to all costs, including legal, attributable to the reviewing and discovery of said part of claim. Liability under this section shall be determined within five years of the commission of such misrepresentation of fact or fraud.
- 5.4. Contractor is not required to submit supporting documentation of claimed expenses with monthly invoices but shall retain supporting documentation for all expenditures for review during annual site visits and upon request from the Department. Contractor shall maintain required records and such supporting documentation, for validation of costs billed to the Department for six (6) years from the ending date of the contract.
- 5.5. Allowable costs must be consistent with section 34 CFR Subtitle A §80.22 Allowable costs.
 - 5.5.1. Allowable Expenses:
 - 5.5.1.1. Personnel: Salaries, wages, and actual fringe benefit costs. Personnel costs must not include time for indirect services.
 - 5.5.1.2. Travel/Per Diem: Travel and per diem expenses for project staff during the execution of the project. All travel costs shall be in accordance with the Oklahoma State Travel Reimbursement Act (OSTRA). All out of state travel/per diem for staff must be pre-approved by the ODMHSAS.

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- 5.5.1.3. Training: Conference/seminar tuition fees necessary for the project staff and/or volunteers; must be approved by the Department.
 - 5.5.1.4. Supplies: Consumable supplies allowable when necessary to conduct the project
 - 5.5.1.5. Contractual: Essential consultant/program services which cannot be met by project or state personnel. Contractor shall receive prior approval from the Department for subcontracts.
 - 5.5.1.6. Equipment: Equipment, property or other capital purchases with a minimum cost of \$500 per item, not to exceed a total of \$2,500 per contract period.
 - 5.5.1.7. Other Direct Service Expenses: Must be clearly defined in the budget justification. Acquisitions of promotional or incentive items shall comply with the established guidelines and limits established by the ODMHSAS.
 - 5.5.1.8. Indirect costs may be defined/negotiated by the ODMHSAS. Indirect costs are costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity. Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that usually are treated as indirect costs. The organization is responsible for presenting costs consistently and shall not include costs associated with its indirect rate as direct costs.
- 5.5.2. Unallowable Expenses:
- 5.5.2.1. Any activity that is not directly related to the coordination of the project.
 - 5.5.2.2. Meals (except when paid as per diem to consultants or conference/workshop leaders).
 - 5.5.2.3. Acquisition costs of real property, as well as construction costs.
 - 5.5.2.4. Entertainment costs for amusement and diversion, including activities/events provided as program rewards and incentives.
 - 5.5.2.5. Out of state expenses for when comparable events/activities occur within the state.

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- 5.5.2.6. Advocacy by staff on contract time and/or advocacy efforts that involve hiring of lobbyists or travel for the purpose of lobbying.
 - 5.5.2.7. Ongoing, non-project related expenses such as telephones, postage, and stationery, etc.
 - 5.5.2.8. Fund raising expenses incurred solely to raise capital or obtain contributions, including staff time for the purpose of fund raising.
- 5.6. A budget revision request may be submitted by the Contractor during the contract period must be submitted on the detailed budget form and include a narrative explanation of the reasons for the revision request and the benefit to the program resulting from the revision. No budget revisions are to be submitted after June 1st of the contract period. Contractor shall limit budget revision requests to three (3) per fiscal year. Budget revisions may not change the scope of work of the contract (a scope change occurs when a budget is revised in such a way that it does not provide for the expenditures necessary to fulfill the contractor's duties and performance requirements as stated in the entire agreement). Budget revisions must be requested in advance of incurring expenditures and are not effective until approved in writing by the Department. Expenditures incurred without prior approval of a budget revision shall be the responsibility of the Contractor and will not be reimbursed by the Department.