March 2024

Hancock County Community Partnership
Guidelines for Prevention and Wellness Grant Program
Fiscal Year 2025 (July 1, 2024 – June 30, 2025)

The Hancock County Community Partnership (Partnership) is offering grant funds for local prevention and wellness initiatives. These funds may be used to support prevention and wellness initiatives that promote health, wellness, safety, and/or reduce the likelihood of health-related problems for people of all ages (e.g. substance use, mental illness, suicide ideation, problem gambling/gaming, process addictions). Proposed initiatives must be congruent with the Partnership Prevention Model (see Attachment A).

The Partnership is requesting proposals for initiatives that focus on delaying the use of substances (e.g alcohol, tobacco, marijuana illicit drugs), support mental health and wellness, and/or support the creation of welcoming spaces of belonging and understanding.* Initiatives may include prevention programming and/or pro-social engagement opportunities.

*Initiatives that support the creation of welcoming spaces of belonging and understanding are asked to consider advancing the messaging of the *You Belong Campaign (youbelonghc.com).*

Proposals will be accepted for initiatives that serve populations of any age.

Eligibility: Hancock County non-profit, faith-based, and community-based organizations that serve Hancock County residents are eligible to submit proposals. Proposals that clearly illustrate benefits to the residents of Hancock County will be considered.

Faith-based organizations receiving grant funds from the Partnership retain their independence and do not lose or have to modify their religious identity to receive awards. Grant funds, however, may not be used to fund any inherently religious activity, such as prayer or worship. Inherently religious activity is permissible, although it cannot occur during an activity supported with grant funds; rather, such religious activity must be separate in time or place from the funded initiative. Participation in such activity by individuals must be voluntary. Initiatives funded by the Partnership are not permitted to discriminate against those who participate because of a beneficiary's religion.

Prevention and Wellness Grant Proposal Guidelines – See Page 3.

Available Funding: The Partnership has made available a total of $15,000 for the Prevention and Wellness Grant Program. Grant proposals may request up to $5,000 to support the proposed initiative. Awarded funds may be used throughout Fiscal Year 2025 (July 1, 2024 – June 30, 2025).

Proposal Schedule:

Announcement Release	March 1, 2024
Proposals Due	April 1, 2024
Grants Awarded	May 21, 2024

Proposal Review: Proposals will be reviewed by the Partnership Council and Staff.

Monitoring and Evaluation: All grants will be monitored and evaluated by the Partnership, including a sixth-month and final report detailing progress and expenditures.

General Expectations:

- All proposals must be submitted online – **Click Here to Access the Online Application**
- Proposals must demonstrate the entirety of the requested funds will be expended by **June 30, 2025.**
- Prevention and Wellness Grant Proposal Guidelines (Page 3) must be followed in the writing of the proposal.
- If awarded, grantees may be asked to present an overview of the initiative to the Community Partnership Council upon completion of the initiative.

Proposals for consideration must be completed online by April 1, 2024
Click Here to Access the Online Application

Questions may be directed to Zach Thomas at zthomas@yourpathtohealth.org

Hancock County Community Partnership
Prevention and Wellness Grant Application Guidelines

Applicants must include responses to the following:

I. **Summary of Initiative** – Provide a thorough overview of the initiative, including evidence showing this initiative is necessary, specific goals of the initiative, who will benefit from this initiative, activities to be completed through the initiative, and timeline.

II. **Budget –** Provide a budget for the initiative, including any other funding that may be used to support the initiative. Funding requests may not exceed $5,000.

III. **Impact and Sustainability**
- How will success of the initiative be measured?
- How will success of the initiative be sustained?

IV. **Advancing Prevention –** How will this initiative align and support the Partnership Prevention Model (Attachment A)?

V. **Diversity, Equity, Inclusion & Belonging –** How does this initiative promote a sense of belonging for the populations the proposal serves? Does this initiative address any health disparities experienced by the populations the proposal serves? (See Attachment B, *Glossary of Terms*)

VI. Applicant Status – Provide a brief narrative of the applicant's organization (mission, goals, community relationship, etc.).

Proposals for consideration must be completed online by April 1, 2024
Click Here to Access the Online Application

Questions may be directed to Zach Thomas at zthomas@yourpathtohealth.org

Hancock County Community Partnership
SPECIAL REQUESTS FOR FUNDING

At times, funding needs may arise that fall outside the scope of the Prevention & Wellness Grant Program. In these circumstances, the Hancock County Community Partnership has made the following provisions:

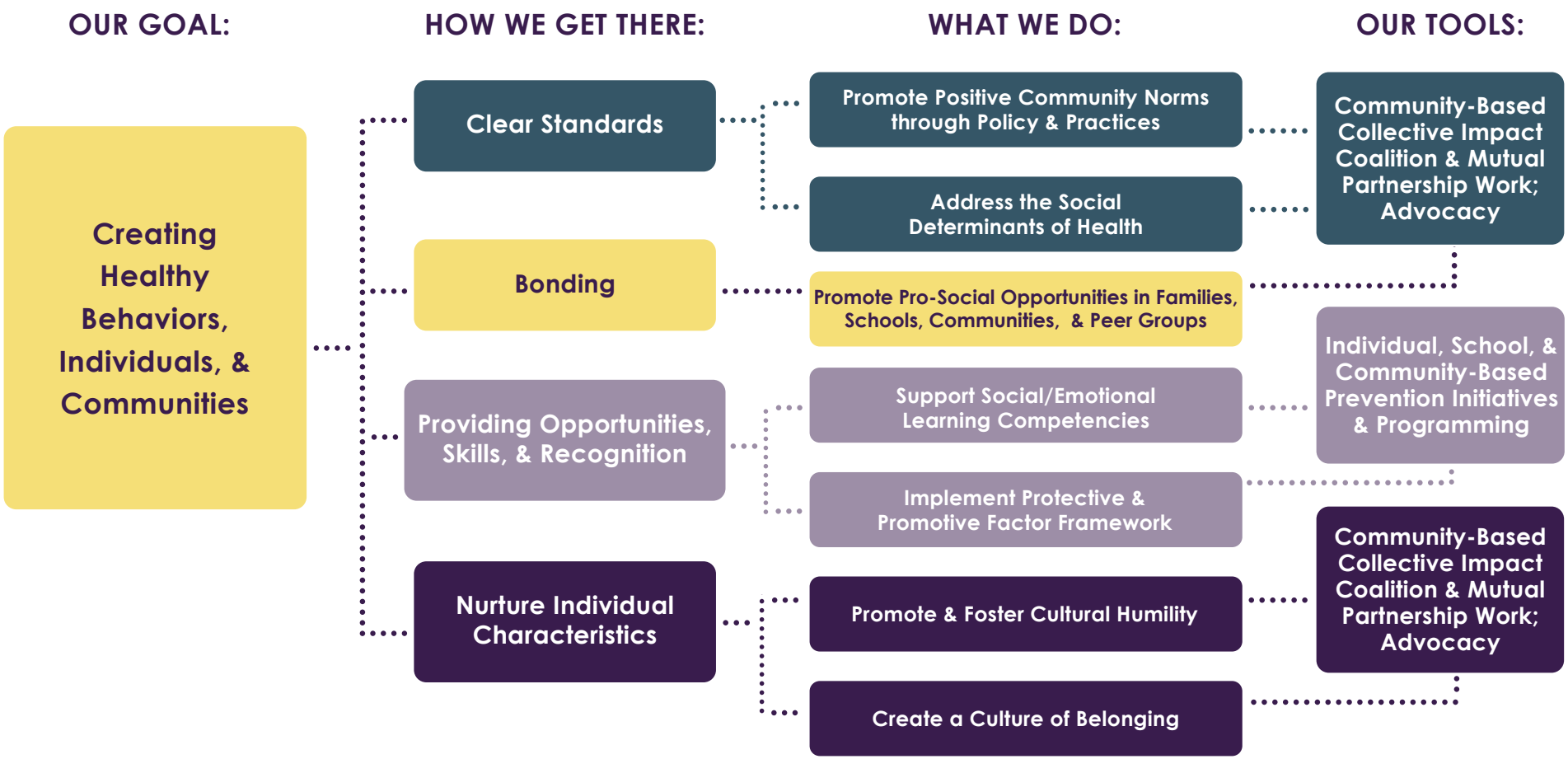
SPECIAL REQUESTS

- Funding available for initiatives that develop outside of the HCCP Prevention & Wellness Grant Program.
- Examples include: Travel/conferences, special events, short-term initiatives.
- **Application process includes submitting a Letter of Request to HCCP at least 30 days prior to use of funds. Letter of Request must include:**
    - **Information about the applying organization**
    - **Purpose of funds**
    - **How funds will impact population served**
    - **Listing of anticipated expenses**
- Special Requests will be reviewed and approved/denied at the HCCP Council meeting following receipt of Letter of Request.
- If approved:
    - Funds approved for Special Requests will follow ADAMHS Office Procedures for Travel Guidelines and/or Non-Competitive Award Notice process.
    - Organizations awarded funds must provide a written report to the HCCP Council no later than 30 days following the use of the funds that provides an overview and outcomes of the Special Request.

For any Special Request, Letter of Request must be submitted via email to:
Zach Thomas, OCPS
Director of Wellness & Education
zthomas@yourpathtohealth.org

Attachment A

Hancock County ADAMHS Board Prevention Model



adamhs
your path to health

June 2020

HANCOCK COUNTY ADAMHS BOARD PREVENTION MODEL

June 2020

In 1990, through the support of the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services (the Board), and through a federal grant awarded by the United States Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), The Hancock County Community Partnership (the Partnership) was established to bring systems-based prevention initiatives to Hancock County. Since its inception, the Partnership has delivered innumerable awareness, education, and prevention programs to our community members. In 1995 when the federal grant program ended, the Board chose to make the Partnership a permanent standing committee of the Board, providing an annual allocation to support its endeavors, ensuring that prevention and early intervention are seen as equal to treatment and recovery. Since that time, the Partnership has changed its community role from delivering direct prevention services to serving as a consultative collective to the Board, offering science-driven and evidence-based recommendations for the implementation of the best prevention practices.

The Partnership has used several evidence-based prevention frameworks or models to guide its work, ensuring that any and all prevention initiatives appropriately deliver sound prevention practices. These include the *Risk and Protective Factor Framework* (Arthur, Hawkins, et. al., 1994; Hawkins, Catalano, Miller, 1992), the *Developmental Assets Framework* (Search Institute, 2005) and the *Lifestyle Risk Reduction Model* (PRI, 1983, 1987, 1998). More recently, two additional models, the *Social-Emotional Learning Framework* (CASEL, 2017) and the *Youth Thrive Framework* (Center for the Study of Social Policy, 2020), have been reviewed by the Partnership as critical components of prevention science to be included in supported prevention initiatives.

Although each framework and model is mutually supportive of each other, there was a need to develop a systems-based ecological model that would serve to encompass all working frameworks and models while at the same time demonstrate the true vision of the Board's and the Partnership's prevention investments. The *Social Development Strategy* (the *Strategy)* (Arthur, Hawkins, et. al., 1994; Hawkins, Catalano, Miller, 1992) is believed to serve in this capacity. The application of the *Strategy* is demonstrated below.

The overarching goal of the prevention work of the Board and the Partnership, and likewise the *Strategy*, is to ***create healthy behaviors, individuals, and communities***. In order to accomplish this goal, the *Strategy* informs us that we must communicate ***clear standards*** and expectations for health and healthy behaviors. Clear standards and expectations are supported through ***bonding*** with families, schools, communities and peer groups. Bonding creates trust and allows relationships to develop which reinforce clear standards and expectations. The *Strategy* requires significant community investment in providing ***opportunities, skills, and recognition*** that allow for the expansion of social-emotional learning. Finally, the *Strategy* insists that the community ***nurtures individual characteristics*** and that each community member is provided an opportunity to have a sense of belonging.

The Board and the Partnership have a number of active initiatives to achieve the goal of the *Strategy*:

1. To develop and reinforce clear standards and expectations, the Board and Partnership ensures ***positive community norms are promoted through policies and practices*** that are informed by science. Additionally, ***addressing social determinants of health*** affords an opportunity to

determine root causes of inequity that lead to unjust policies and practices, and contribute to health disparities within the community.

2. To support bonding, the Board and the Partnership invests in activities that ***promote pro-social opportunities in families, schools, communities, and peer groups.*** Pro-social opportunities build trust and belonging through interpersonal relationships and support activities which provide healthy alternatives to behaviors that may encourage poor decision-making. Pro-social opportunities are critical vehicles to reinforcing positive community norms, standards, and expectations.
3. To provide opportunities, skills, and recognition, the Board and the Partnership shall support ***social-emotional learning competencies*** and implement the ***protective and promotive factor framework***. Both seek to establish a strong foundation for healthy outcomes, emphasize building resiliency, are age-appropriate, and strive accomplish the following:
    a. **Social-Emotional Learning Competencies** (early childhood)
        i. *Self-Management* – manage emotions and behaviors to achieve one's goals
        ii. *Self-Awareness* – recognize one's emotions and values as well as one's strengths and challenges
        iii. *Responsible Decision Making* – make ethical, constructive choices about personal and social behavior
        iv. *Relationship Skills* – form positive relationships, work in teams, and deal effectively with conflict
        v. *Social-Awareness* – show understanding and empathy for others
    b. **Protective and Promotive Factor Framework** (late childhood-adolescence/young adult)
        i. *Youth Resilience* – manage stress and function well when faced with stress, challenges, or adversity
        ii. *Social Connections* – have healthy, sustained relationships with people, places, communities, and a force greater than oneself that promotes a sense of trust, belonging, and that one matters
        iii. *Knowledge of Adolescent Development* – understanding the unique challenges and assets of adolescence and implementing policies that reflect a deep understanding of development
        iv. *Concrete Support in Time of Need* – making sure youth receive quality, equitable, respectful services that meet their basic needs (healthcare, housing, education, nutrition, income)
        v. *Cognitive and social emotional competence* – acquiring skills and attitudes that are essential for forming an independent positive identity and having a productive and satisfying adulthood
4. To nurture individual characteristics, the Board and the Partnership will ***foster and promote cultural humility***. Cultural humility elevates above cultural awareness and cultural competency in that it requires recognizing that there are limitations in the understanding of each other. Cultural humility insists that all initiatives are sensitive to the unique personal and cultural histories each person carries with them that influences how they perceive the world, and in turn influences how they respond to others. Embracing culture humility enables a community to ***create a culture of belonging*** in which all people have value and an empowered voice in the creation of community norms, policies, and practices.

The Board and the Partnership have a wealth of human knowledge capital which is engaged at all stages of initiative development. Using SAMHSA's Strategic Prevention Framework (SPF) five-step process, community stakeholders and partners are actively engaged in assessment, capacity building, strategic design, implementation, and evaluation of all system-wide programmatic elements. ***Community-based/collective impact coalition work and advocacy*** is the archetype for all work of the Board and the Partnership.

It is important to note:

- Throughout the *Strategy,* there is emphasis on addressing health inequity through prevention. It recognizes and reinforces the importance of developing and providing services to disparate populations. It acknowledges that universal prevention is beneficial, but true health equity occurs when we support the most vulnerable.
- By recognizing that there is a greater impact on creating health equity by using selective and indicated prevention strategies, the *Strategy* aligns with the models presented in *Advancing Comprehensive School Mental Health Systems* (Hoover, Lever, Sachdev, Bravo, Acosta Price, Sheriff, & Cashman, 2019) where community systems focus on providing the most intense supports; community and schools collectively work to address selective strategies; and schools shoulder the larger burden of universal strategies.

By embracing the *Strategy*, the community is ensured that any and all ***individual, school, and community-based prevention initiatives and programming*** are of sound prevention science, and are only presented in an effort to lead toward the creation of healthy behaviors, individuals, and communities.

Zachary Thomas, OCPS, June 2020

REFERENCES:

1. *Risk and Protective Factor Framework/Social Development Strategy,* Arthur, Hawkins et. al, 1994, Hawkins, Catalano, Miller, 1992
2. *Forty Developmental Assets,* Search Institute, 2005
3. *Understanding the Lifestyle Risk Reduction Model,* PRI, 1983, 1987, 1998
4. *Social Emotional Learning Competencies*, CASEL (The Collaborative for Academic, Social, and Emotional Learning), 2017)
5. *Ohio's K-12 Social and Emotional Learning Standards,* Ohio Department of Education, June 2019
6. *Youth Thrive,* Center for the Study of Social Policy, https://cssp.org/our-work/project/youth-thrive/
7. *Using the Social Development Strategy to Unleash the Power of Prevention,* Haggerty & McCowen, Winter 2018, Journal of the Society for Social Work and Research
8. *Unleashing the Power of Prevention,* Hawkins, Catalano, et.al, April 2015, American Academy of Social Work and Social Welfare
9. *Investing in Your Community's Youth: An Introduction to the Communities that Care System,* Catalano, Hawkins, 2005
10. *A Guide to SAMHSA's Strategic Prevention Framework,* June 2019
11. *Seven Strategies for Community Change,* Community Anti-Drug Coalitions of America
12. *Advancing Comprehensive School Mental Health Systems,* Hoover, Lever, Sachdev, Bravo, Acosta Price, Sheriff, Cashman, University of Maryland School of Medicine, 2019
13. *National Partnership for Action to End Health Disparities Toolkit for Community Action*, National Partnership for Action to End Health Disparities, 2011
14. *HHS Action Plan to Reduce Racial and Ethnic Health Disparities A Nation Free of Disparities in Health and Health Care*, 2011
15. *Prevention Taxonomy,* Ohio Department of Mental Health and Addiction Services Office of Prevention and Wellness, September 2015

Attachment B

Hancock County Cultural Humility & Health Equity Delegation
GLOSSARY OF TERMS
June 2020

BELONGING – The practice of being respected at a basic level that includes the right to both co-create and make demands on society. Belonging means more than just being seen. Belonging entails having a meaningful voice and the opportunity to participate in the design of social and cultural structures. Belonging means having the right to contribute to, and make demands on, society and political institutions. Belonging is more than just feeling included. In a legitimate democracy, belonging means that your well-being is considered and your ability to design and give meaning to its structures and institutions is realized.

CULTURAL HUMILITY - The ability to maintain an interpersonal relationship that is person-oriented in relation to aspects of cultural identity that are most important to the person. Cultural humility is different from other culturally-based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness.

CULTURAL COMPETENCE – A continuous learning process that build knowledge, awareness, skills, and capacity to identify, understand, and respect the unique beliefs, values, customs, languages, abilities, and traditions of others in order to develop policies to promote effective programs and services.

DIVERSITY – Differences in racial and ethnic, socioeconomic, geographic, and academic/professional backgrounds. People with different opinions, backgrounds (degrees and social experience), religious beliefs, political beliefs, sexual orientations, heritage, and life experience.

EQUALITY VS. EQUITY – Equality requires the same level of resources to each person. Equity requires distribution of resources proportionately to each person, in relationship to corresponding disparity and need, in order to reach the same outcomes for all.

HEALTH DISPARITY – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health-based on their racial and/or ethic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical ability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

HEALTH CARE DISPARITY – Differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of interventions. These differences would include the role of bias; discrimination; and stereotyping at the individual (provider and patient), institutional, and health system levels.

HEALTH EQUITY – Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

HEALTH INEQUALITY – The difference in health status or in the distribution of health determinants between different population groups.

INCLUSION/INCLUSIVITY – The practice of including individuals or groups who might otherwise be excluded or marginalized.

OTHERING/EXCLUSION – The practice of denying someone's full humanity based on them being less than and/or a threat to the favorite group.

SOCIAL DETERMINANTS OF HEALTH – Non-medical factors shaped by social policies, including economic stability; social and community context; neighborhood and built environments; health care; and education, that influence health.

Source Credit:
Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ, Robert Wood Johnson Foundation, 2017.
A Business Case for Promoting Equity in the Behavioral Health Care System Through Cultural and Linguistic Competency, Ohio Department of Mental Health and Addiction Services, 2015.
The Othering & Belonging Institute, University of California, Berkeley, 2018.