

State of Hawaii  
Department of Health  
Alcohol and Drug Abuse Division  
Prevention Branch

## **Request for Proposals**

# **RFP No. HTH 440-21-20BG-G Substance Use Prevention Services: Evidence-based Programs and Innovative Interventions**

Date Issued  
January 30, 2020

Date Due  
March 18, 2020

**Note:** *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

January 30, 2020

## **REQUEST FOR PROPOSALS**

### **SUBSTANCE USE PREVENTION SERVICES**

#### **RFP No. HTH 440-21-20BG-G**

The Department of Health, Alcohol and Drug Abuse Division, Prevention Branch, is requesting proposals from qualified applicants to implement the Strategic Prevention Framework and evidence-based prevention strategies to address substance use prevention in high-need communities across the State of Hawaii. The contract term will be from October 1, 2020 through September 30, 2022. Multiple contracts will be awarded under this request for proposals.

Proposals shall be postmarked by the United States Postal Service on or before March 18, 2020 and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on March 18, 2020, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Alcohol and Drug Abuse Division will conduct an orientation on **February 11, 2020 from 9:00 a.m. to 12:00 p.m. HST**, at 601 Kamokila Boulevard, Suite 360, Kapolei, Hawaii, 96707. All prospective applicants are encouraged to attend the orientation. Participation in the RFP Orientation meeting is not required to submit a proposal for this or any future solicitation the purchasing agency may issue. The RFP has further information regarding the RFP Orientation.

The deadline for submission of written questions is **4:30 p.m., HST, on February 14, 2020**. All written questions will receive a written response from the State by **February 21, 2020**.

Any inquiries and requests regarding this RFP should be directed to Cheryl Labuguen at 601 Kamokila Boulevard, Suite 360, Kapolei, Hawaii 96707, telephone: (808) 692-7519, fax: (808) 692-7521, e-mail: [cheryl.labuguen@doh.hawaii.gov](mailto:cheryl.labuguen@doh.hawaii.gov).

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

<b>NUMBER OF COPIES TO BE SUBMITTED: 1 original and 3 copies</b>
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ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **March 18, 2020** and received by the state purchasing agency no later than **10 days** from the submittal deadline.

### All Mail-ins

Department Health Alcohol and Drug Abuse Division Prevention Branch 601 Kamokila Boulevard, Suite 360 Kapolei, Hawaii 96707
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### Department of Health RFP Coordinator

Cheryl Labuguen Phone: 808-692-7519 Fax: 808-692-7521 Email: <a href="mailto:cheryl.labuguen@doh.hawaii.gov">cheryl.labuguen@doh.hawaii.gov</a>
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ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), March 18, 2020**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., **March 18, 2020**.

### Drop-off Site

Department Health Alcohol and Drug Abuse Division Prevention Branch 601 Kamokila Boulevard, Suite 360 Kapolei, Hawaii 96707
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# **Section 1**

## **Administrative Overview**

## Section 1

### Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.**

#### 1.1 Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	January 30, 2020
Distribution of RFP	January-March
RFP orientation session	February 11, 2020
Closing date for submission of written questions for written responses	February 14, 2020
State purchasing agency's response to applicants' written questions	February 21, 2020
Discussions with applicant prior to proposal submittal deadline (optional)	January-February
Proposal submittal deadline	March 18, 2020
Discussions with applicant after proposal submittal deadline (optional)	TBD
Final revised proposals (optional)	TBD
Proposal evaluation period	March-April
Provider selection	April
Notice of statement of findings and decision	April - May
Contract start date	October 1, 2020



## 1.2 Website Reference

Item	Website
1 Procurement of Health and Human Services	<a href="http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/">http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/</a>
2 RFP website	<a href="https://hands.ehawaii.gov/hands/opportunities">https://hands.ehawaii.gov/hands/opportunities</a>
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	<a href="http://spo.hawaii.gov">http://spo.hawaii.gov</a> Click on the “References” tab.
4 General Conditions, AG-103F13	<a href="http://spo.hawaii.gov/blog/content_block/specifications-scope-of-work/103f13/">http://spo.hawaii.gov/blog/content_block/specifications-scope-of-work/103f13/</a>
5 SPO Forms	<a href="http://spo.hawaii.gov/all-forms/">http://spo.hawaii.gov/all-forms/</a>
6 Cost Principles	<a href="http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/">http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/</a>
7 Protest Forms/Procedures	<a href="http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/">http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/</a>
8 Hawaii Compliance Express (HCE)	<a href="http://spo.hawaii.gov/hce/">http://spo.hawaii.gov/hce/</a>
9 Hawaii Revised Statutes	<a href="http://capitol.hawaii.gov/hrscurrent">http://capitol.hawaii.gov/hrscurrent</a>
10 Department of Taxation	<a href="http://tax.hawaii.gov">http://tax.hawaii.gov</a>
11 Department of Labor and Industrial Relations	<a href="http://labor.hawaii.gov">http://labor.hawaii.gov</a>
12 Department of Commerce and Consumer Affairs, Business Registration	<a href="http://cca.hawaii.gov">http://cca.hawaii.gov</a> click “Business Registration”
13 Campaign Spending Commission	<a href="http://ags.hawaii.gov/campaign/">http://ags.hawaii.gov/campaign/</a>
14 Internal Revenue Service	<a href="http://www.irs.gov/">http://www.irs.gov/</a>
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at <a href="https://portal.ehawaii.gov/">https://portal.ehawaii.gov/</a> )	

## 1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a

valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

## **1.4 RFP Organization**

This RFP is organized into five sections:

***Section 1, Administrative Overview:*** Provides applicants with an overview of the procurement process.

***Section 2, Service Specifications:*** Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

***Section 3, Proposal Application Instructions:*** Describes the required format and content for the proposal application.

***Section 4, Proposal Evaluation:*** Describes how proposals will be evaluated by the state purchasing agency.

***Section 5, Attachments:*** Provides applicants with information and forms necessary to complete the application.

## **1.5 Contracting Office**

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Health  
Alcohol and Drug Abuse Division  
Kakuhihewa Building  
601 Kamokila Boulevard, Suite 360  
Kapolei, HI 96707  
Phone (808) 692-7517  
Fax: (808) 692-7521

## **1.6 RFP Point-of-Contact**

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Cheryl Labuguen  
Alcohol and Drug Abuse Division  
Program Specialist  
Phone: 808-692-7519  
Fax: 808-692-7521

Email: [cheryl.labuguen@doh.hawaii.gov](mailto:cheryl.labuguen@doh.hawaii.gov)

## 1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

<b>Date:</b>	<b>February 11, 2020</b>	<b>Time:</b>	<b>9:00 AM – 12:00 PM</b>
<b>Location:</b>	<b>Kakuhihewa Building 601 Kamokila Boulevard, Room 360 Kapolei, Hawaii 96707</b>		

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

This meeting will also be available via Zoom. For information to connect to and participate via Zoom in the Orientation Meeting, call or email the RFP Point-of-Contact above.

## 1.8 Submission of Questions

Applicants may submit questions to the RFP point-of-contact identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

<b>Date:</b>	<b>February 14, 2020</b>	<b>Time:</b>	<b>4:30 PM</b>	<b>HST</b>
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State agency responses to applicant written questions will be provided by:

<b>Date:</b>	<b>February 21, 2020</b>
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## 1.9 Submission of Proposals

- A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in Section 1.2, Website Reference. Refer to the Section 5, Attachment “A” Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPOH-200).** Provides applicant proposal identification.
  2. **Proposal Application Checklist.** The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.
  3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
  4. **Proposal Application (Form SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Provider Compliance.** All providers shall comply with all laws governing entities doing business in the State.
1. **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
  2. **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.
  3. **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA,

Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

It is the policy of ADAD that no invoices will be processed unless a valid DCCA certificate of good standing is on file at the time of receipt.

- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- G. **Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

*Note that price is not considered confidential and will not be withheld.*

- H. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery

Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:

1. Postmarked after the designated date; or
2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
3. If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

- I. **History of Performance.** It should be clear to potential APPLICANTS that in reviewing applications in any discretionary procurement process, ADAD may consider the past performance of the APPLICANTS in carrying out previous contracts including compliance with the conditions of the contract, submission of required program and financial reports, and/or achieving the objectives of the contracted services. Additionally, by submitting a proposal, the APPLICANT certifies that within the past eighteen (18) months there have been no significant legal or disciplinary actions resulting in legal penalties or actions or changes in contracts taken against the proposing agency by a law enforcement or government agency.

## 1.10 Discussions with Applicants

- A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. **After Proposal Submittal Deadline.** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

## 1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded

and executed by all parties.

## **1.12 Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

## **1.13 RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for final revised proposals.

## **1.14 Final Revised Proposals**

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

## **1.15 Cancellation of Request for Proposal**

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

## **1.16 Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

## **1.17 Provider Participation in Planning**

Provider(s), awarded a contract resulting from this RFP,

☐ are required

☒ are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

## **1.18 Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

1. Rejection for failure to cooperate or deal in good faith. (HAR §3-141-201)
2. Rejection for inadequate accounting system. (HAR §3-141-202)
3. Late proposals. (HAR §3-143-603)
4. Inadequate response to request for proposals. (HAR §3-143-609)
5. Proposal not responsive. (HAR §3-143-610(a)(1))
6. Applicant not responsible. (HAR §3-143-610(a)(2))

## **1.19 Notice of Award**

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **1.20 Protests**

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. Refer to Section 1.2, Website Reference for website address. Only the following matters may be protested:

1. A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;



2. A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
3. A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Bruce Anderson, Ph.D.	Name: Janelle Saucedo
Title: Director of Health	Title: Administrator, Alcohol and Drug Abuse Division
Mailing Address: State of Hawaii Department of Health P.O. Box 3378 Honolulu, HI 96801	Mailing Address: Department of Health Alcohol and Drug Abuse Division 601 Kamokila Blvd., Room 360 Kapolei, HI 96707
Business Address: State of Hawaii Department of Health 1250 Punchbowl Street Honolulu, HI 96813	Business Address: Department of Health Alcohol and Drug Abuse Division 601 Kamokila Blvd., Room 360 Kapolei, HI 96707

## **1.21 Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

## **1.22 General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary

## **1.23 Cost Principles**

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles as outlined on the SPO website. Refer to Section 1.2

Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

# **Section 2**

## **Service Specifications**

## **Section 2**

### **Service Specifications**

#### **2.1 Introduction**

##### **A. Overview, purpose or need**

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership for the development and delivery of quality substance abuse (SA) prevention, intervention and treatment services for the residents of the State of Hawaii. ADAD's goal is to prevent and reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

The goal of the substance use disorder prevention service system is to reduce the prevalence, incidence and consequences of alcohol, tobacco and other drugs (ATOD) by addressing community conditions that promote alcohol and other substance use and by enhancing community conditions that buffer individuals from the consequences of substance use disorders. ADAD supports the implementation of the Strategic Prevention Framework (SPF), a cost-effective, structured planning process that can be applied to prevention systems at both the state and local level. Focused on systems development, the SPF reflects a public health, or community-based, data-driven approach to selecting and delivering effective prevention interventions appropriate for the community and the identified target population.

Guided by the SPF process, ADAD awards available resources to align prevention priorities, leverage resources, build capacity and enhance community-level infrastructure to reduce and prevent the use of ATOD among at-risk persons in high need areas. Federal and State dollars are allocated through service contracts with community-based non-profit organizations and public agencies to provide an effective, accessible community-based system of prevention services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs. Funded prevention programs primarily focus on the provision of evidence-based curricula and practices categorized in at least one of the six the CSAP strategies for youth and their families. Prevention interventions are comprehensive and culturally appropriate for universal, selected and/or indicated populations and strive to produce sustainable positive outcomes.

The SPF process includes 1) Assessment, 2) Capacity Building, 3) Planning, 4) Implementation, and 5) Evaluation. These steps are guided by the principles of cultural competence and sustainability, and each step contains key milestones and products that are essential to the validity of the process. Data gathered through the

assessment step identified underage drinking (UAD) as a prevention priority statewide, resulting in available prevention resources being directed to services and activities to address this priority, related issues and contributing factors. Please refer to <https://spfhawaii.org>.

Recent survey results and data analysis of the State Epidemiology Outcomes Workgroup (SEOW) indicate that alcohol use is more prevalent among youth ages 9-17 and young adults ages 18-24 than any other substance, so therefore, UAD remains a prevention priority focus statewide. Although the prevalence of UAD has been in decline for Hawaii overall, neighbor islands, Native Hawaiians, sexual and gender minorities, and homeless and runaway youth are disproportionately impacted. The most recent Youth Risk Behavior Survey (YRBS 2017) data shows that youth living in counties outside of the highly urbanized City and County of Honolulu are more likely to consume alcohol. Hawaii, Maui and Kauai Counties have higher prevalence rates in alcohol indicators for middle and high school students. These indicators include: ever having a drink of alcohol; current drinkers; first drink before the age of 13, and; binge drinking for both girls and boys. Hawaii County ranks the highest for all indicators except binge drinking.

Data also shows that Native Hawaiian youth have a greater risk of alcohol use compared to other racial groups. Among the major racial groups where data were available, Native Hawaiian high school students consistently showed the highest prevalence in all alcohol-use indicators: 54.8% reported they had ever used alcohol, 29.6% were current drinkers, 15.3% of boys and 18.7% of girls participated in binge drinking and 21.4% of alcohol users had their first drink before 13 years of age. (<http://ibis.hhdw.org/ibisph-view/query/selection/yrbs/YRBSSelection.html>).

UAD also disproportionately affects gender and sexual minority youth. According to the Hawaii State Department of Health (DOH) Hawaii Sexual and Gender Minority Health Report (2017), over 1 in 10 high school students self-identified as lesbian, gay, bisexual and questioning (LGBQ). Using YRBS multi-year high school data (2011 – 2015), the report found that 45% of LGBQ youth were current alcohol users, compared to 25% of heterosexual youth. Moreover, LGBQ youth were twice as likely to participate in binge drinking compared to heterosexual youth (20% versus 10%).

Homelessness is another major public health problem within the State. The 2018 Street Youth Study, released by the University of Hawaii, surveyed 151 homeless and runaway youth aged 12-24 in the City and County of Honolulu. The study found that street youth are about five times more likely to report “fair” or “poor” overall health compared to the general population. When looking specifically at youth drinking, 53% of youth in the study reported using within the 30 days prior to the interview; among younger youth (aged 12-17) the prevalence of current drinkers was 44.4%.

**B. Planning activities conducted in preparation for this RFP**

ADAD initiated three (3) Requests for Information (RFI) related to SA prevention services and alternative payment structures on March 22, 2019, August 27, 2019 and October 9, 2019 to receive comments and data to inform and guide the development of the RFP to implement the SPF and CSAP Strategies, and promote a statewide, culturally appropriate, comprehensive SA prevention system of services to meet the needs of Hawaii's communities. Comments, suggestions and other feedback were sent to ADAD via email and fax and are available upon request.

In conjunction with the RFI, priority issues addressed in this RFP were also influenced by subrecipient progress reports and data submission, and available assessments of capacity, resources and local conditions. The SEOW also provided state and county epidemiological profiles using available data related to youth and adult use of alcohol and other drugs from the past several years. The updated profiles can be found on the ADAD website by clicking on reports or at <http://health.hawaii.gov/substance-abuse/survey/2017alcohol-substance-use-profile/>.

**C. Description of the service goals**

The goal of the requested service is to build the capacity of community-based organizations to implement and evaluate Evidence-Based Programs and Practices and Innovative Interventions (EBP/II) to prevent and reduce alcohol use and related problems among youth ages nine to seventeen (9-17) and young adults ages eighteen to twenty-four (18-24). The specific goal of the requested service is to use the SPF to select and implement EBP/II to best address prevention priorities for high risk communities and populations.

The identified service areas may also address additional substances to target from their needs assessment. These secondary substances may include tobacco and tobacco products, marijuana, prescription drugs, and methamphetamine.

**D. Description of the target population to be served**

1. The general target populations identified for services are at-risk youth, ages 9-17 and young adults ages 18-24 and their families, schools and communities. Additionally, depending on the geographic area or community where prevention services are delivered, providers may target and include for prevention services populations identified below:
  - Children and youth whose parents are experiencing substance use disorders;
  - Children and youth who have experienced academic difficulties or chronic failure in school;
  - Children, youth and families who are economically disadvantaged;

- Children, youth and families who have committed or are at-risk of committing a violent or delinquent act;
  - Children, youth and families who have experienced mental health problems;
  - Youth at-risk for suicide;
  - Lesbian, Gay, Bisexual, Transgender, Questioning, and In transition individuals (LGBTQI);
  - Homeless children, youth and families;
  - Military personnel and dependents; and
  - Native Hawaiian.
2. Secondary target populations for this RFP include those that directly or indirectly impact the primary target population.

**E. Geographic coverage of service**

Service areas for this RFP include geographic communities at the local and regional levels. A community may be defined by zip code, census designated place (CDP), school complex area, or region.

Priority will be given to qualified community-based organizations located in and or serving non-urban areas with higher prevalence rates of alcohol use.

If an APPLICANT is proposing services in more than one community, the APPLICANT shall submit a separate comprehensive strategic plan and schedule of deliverables table (cost proposal) for each identified service area.

**F. Probable funding amounts, source, and period of availability**

State general and federal Substance Abuse Prevention and Treatment Block Grant (SABG) (CFDA 93.959) funds are available to procure substance abuse prevention services. The anticipated annual amount of \$3,400,000 is available for this service. While no exact funding amount has been pre-determined, ADAD anticipates each award to be approximately \$85,000 - \$150,000 per service area per year. Anticipated funding amounts stated in this RFP are estimated based on current resource allocations and utilization history. ADAD anticipates funding each awarded APPLICANT for two (2) years. Contracts may be extended for up to two (2) additional twelve (12) month period pending availability of funds. Options for renewal or extension shall be based on satisfactory performance of the contracted service(s), the availability of funds to continue the service(s), timely completion of deliverables, and if the State determines that the service(s) are still needed. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion to best meet the needs of the State as well as to operate within budgetary limitations.

ADAD reserves the right to make awards based on the uniqueness and appropriateness of the proposals in addressing prevention issues of specific communities and the best configuration of prevention services statewide. Should an inadequate number of responsive and responsible proposals be submitted for this RFP or should sufficient monies be available, ADAD reserves the right to allocate additional funds to those APPLICANTS who have submitted acceptable proposals.

**State General Funds:**

State and county government agencies, for-profit entities, and non-profit organizations, which may include faith-based organizations, are eligible to apply for State general funds.

<u>Period of Availability:</u>	<u>Approximate Total Funds:</u>
October 1, 2020 – September 30, 2021	\$1,600,000
October 1, 2021 – September 30, 2022	\$1,600,000

**Federal Funds:**

Only government agencies and non-profit organizations, including faith-based organizations, are eligible to apply for federal funds.

In each contract year, a minimum of thirty percent (30%) of the SABG funds in each contract shall be spent for services to Native Hawaiians. The APPLICANT may recommend to ADAD increasing or decreasing the minimum of 30% of the SABG funds spent on Native Hawaiians, based on information provided by the APPLICANT to ADAD. ADAD reserves the right to accept or not accept the APPLICANT's recommendation after reviewing the information provided by the APPLICANT. After consultation with the APPLICANT, ADAD also reserves the right to set the percentage at a level that is different from the thirty percent (30%) minimum or the percentage recommended by the APPLICANT.

<u>Period of Availability:</u>	<u>Approximate Total Funds:</u>
October 1, 2020 – September 30, 2021	\$1,800,000
October 1, 2021 – September 30, 2022	\$1,800,000

**NOTE:**

ADAD reserves the right to reallocate the above amounts to other ADAD funded organizations if at any time after three (3) months into each contract year there is



a monthly pattern of poor or low performance and/or non-compliance with terms or conditions of the contract. The criteria used for the reallocation of funds shall be determined by ADAD at its discretion in order to best meet the needs of the State.

If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

- Temporarily withhold payments pending correction of any deficiency or because of non-submission of a report by the APPLICANT;
- Disallow all or part of the invoice submitted by the APPLICANT; and/or
- Suspend or terminate the contract.

The APPLICANT may submit to ADAD proposals for requested contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but such requests must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of each contract year, unless prior approval is given by ADAD.

ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances, which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

ADAD will not reimburse APPLICANTS for any costs associated with submitting any proposals.

## **2.2 Contract Monitoring and Evaluation**

The criteria by which the performance of the contract will be monitored and evaluated are:

1. Performance/Outcome Measures
2. Comprehensive Strategic Plan
3. Output Measures
4. Quality of Care/Quality of Services
5. Financial Management
6. Administrative Requirements
7. Program Reports
8. Fiscal Reports

Monitoring protocols are developed and implemented by ADAD. ADAD shall audit according to such guidelines as well as those that are consistent with 42 Code of Federal Regulations (CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records and the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state law.

## **2.3 General Requirements**

### **A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

Domestic public or private non-profit entities, including faith-based organizations, are eligible for this funding opportunity.

All APPLICANTS shall complete and submit the Certifications and Assurances contained in Section 5, Attachments E and F of this RFP with its proposal.

Please note that as budgetary circumstances change, ADAD reserves the right to change the anticipated source of funds to support needed program and services.

If awarded, the APPLICANT shall:

1. Comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 45 CFR Part 75, effective as of December 26, 2014. Please refer to SAMHSA's website for more information: <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.
2. Arrange for financial and compliance audits to be done and submitted to ADAD as directed in accordance with the requirements stated in the above reference if the applicant expends \$750,000 or more in federal funds in a year.
3. Provide its most recent audited Financial Statement.
  - a) APPLICANTS shall not use funds for major capital improvements or other costs listed as unallowable in Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (revised 9/11), which can be found on the State Procurement Office (SPO) website: <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-APPLICANTS/costprinciples.PDF>.
  - b) Refund to the ADAD any funds unexpended or expended inappropriately.
4. Obtain from a company authorized by law to issue such insurance in the

State of Hawaii commercial general liability insurance (“liability insurance”) in an amount not less than ONE MILLION DOLLARS (\$1,000,000) PER OCCURANCE and TWO MILLION DOLLARS (\$2,000,000) IN THE AGGREGATE (the maximum amount paid for claims during a policy term). The certificate of insurance (COI) shall include the contract log number, contract dates, and the following statement:

“It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured.”

If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

“This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii.”

In addition, automobile insurance shall be no less than ONE MILLION DOLLARS (\$1,000,000) PER INCIDENT.

Execution of the contract shall be dependent upon the APPLICANT’s proof of compliance with tax clearance, labor law, business registration, and COI.

**B. Secondary purchaser participation**

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases “None planned”

**C. Multiple or alternate proposals**

(Refer to HAR §3-143-605)

☐ Allowed ☒ Unallowed

**D. Single or multiple contracts to be awarded**

(Refer to HAR §3-143-206)

☐ Single ☒ Multiple ☐ Single & Multiple

E. **Single or multi-term contracts to be awarded (Refer to HAR §3-149-302)**

☐ Single term (2 years or less) ☒ Multi-term (more than 2 years)

Contract terms: The initial period may commence on the contract start date or the State's Notice to Proceed. Contracts will be awarded for a two (2)-year period with funding for the second-year contingent upon satisfactory performance in the first year and the availability of funds.

Funding is contingent upon the availability of funds. The State anticipates funding each awarded APPLICANT for two (2) years. Contracts may be extended for up to two (2) additional twelve (12)-month periods. Options for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), the availability of funds to continue the service(s), and if the State determines that the service(s) are still needed.

## 2.4 Scope of Work

The APPLICANT shall use the SPF process to select, implement, and evaluate an appropriate SA prevention EBP/II for the target population in the identified service area. The proposed EBP/II shall be selected based on findings from an assessment, included in the initial comprehensive strategic plan for each identified service area, as well as the APPLICANT's capacity to implement the EBP/II with fidelity. Prior to selecting an EBP/II, the APPLICANT should have completed an assessment including information on the substance abuse problem(s) to be addressed in the identified service area, data on consumption, consequences, risk and protective factors, and capacity (resources and readiness) of the APPLICANT and the identified service area to implement the EBP/II. The APPLICANT should have conducted a planning process to identify and prioritize the risk and protective factors; completed a logic model; and developed an action plan for each proposed EBP/II. Refer to section 5, Attachment J for the comprehensive strategic plan template.

For the purposes of this RFP an EBP is defined as a strategy that is:

1. Included in Federal registries of evidence-based interventions;
2. Reported (with positive effects on the primary target outcome) in peer-reviewed journals; or
3. Documented effective by other sources of information and the consensus judgement of informed experts.

For further information on EBP refer to SAMHSA's Identifying and Selecting Evidence-Based Interventions Guidance Document

[https://www.hcpme.org/pubadmin/health/SPEP/CSAP4p56\\_Guidance\\_Jan04\\_2007.pdf](https://www.hcpme.org/pubadmin/health/SPEP/CSAP4p56_Guidance_Jan04_2007.pdf)

For the purposes of this RFP an II is defined as a strategy that tests local or cultural approaches and theories distinguished by their creativity, originality, and utility as

interventions with at-risk populations. It also includes existing evidence-based programs significantly adapted for specific population groups (e.g. defined by gender, age, race and/or ethnicity) with which they were not originally tested.

**A. Service Activities**

The APPLICANT shall:

1. Build program capacity for the implementation of the EBP/II.
  - a) Ensure individuals responsible for delivering services requested in this RFP are prepared to implement the core components of the selected EBP/II according to the guidelines provided by the developer. This shall include, but not limited to ongoing pre-service and in-service training.
  - b) Support attendance of program staff at prevention related training and conferences to gain new knowledge and skills to improve implementation efforts to address SA and the components of the SPF process.
2. Mobilize support and build local capacity for the EBP/II to obtain buy-in and expand partnerships to support implementation efforts.
  - a) Introduce the EBP/II to stakeholders.
  - b) Engage with the various components of the prevention system including youth, cultural liaisons, community stakeholders and community coalitions and ensure cultural competence by being respectful and responsive to the beliefs, practices, and cultural and linguistic needs of diverse population groups.
3. Provide community awareness of the UAD, and if applicable, additional SA problems, its contributing factors, and the EBP/II to include activities, such as, speaking engagements, presentations, health fairs, media campaigns, prevention-focused websites, social media, and or prevention-focused email blasts.
4. Implement the EBP/II curriculum as intended by the developer to the identified target population.
  - a) Maintain fidelity of the EBP/II by implementing it as designed and adhering to the core components of the EBP/II. Strategies that are implemented with complete fidelity are more likely to be effective.
  - b) Establish and maintain on-going communication with the

developer of the selected EBP/II.

5. Provide supplemental activities to reinforce the core components of the EBP/II to program participants. These activities shall not exceed or supersede the implementation of the EBP/II.
6. As applicable, identify program participants that have experimented with substance(s), refer them to school/community resources (e.g. school-based behavioral health specialists), and conduct follow-up to ensure completion of recommended services.
7. Evaluate and assess the implementation of the EBP/II to improve its delivery and make data-driven decisions to address the issues identified on the logic model. Work with an outside evaluator to develop and submit to ADAD:
  - a) An evaluation design within the first two (2) months of the contract start date. See to Section 5 Attachment J Appendix C for the Evaluation Design template;
  - b) A preliminary process evaluation report, which covers the first two (2) quarters of the contract year, within fifteen (15) calendar days after the second quarter of each contract year. This report shall describe the degree to which the EBP/II is being implemented as intended by the developer and detailed by the comprehensive strategic plan. Include any improvements and mid-course corrections, if applicable. Requests for adaptations or changes to the EBP/II must be submitted to ADAD and approved by the Evidence-Based Workgroup. See Section 5, Attachment K for the Request to Adapt an Evidence-Based Program Form and Adaptation Guidance; and
  - c) A final evaluation report, which includes process and outcome data results, within thirty (30) calendar days after the end of each contract year.
8. Develop and submit to ADAD a sustainability plan by the end of each contract year. The sustainability plan shall include but not be limited to the leveraging of resources (e.g. staffing/human resources, financial, technology, intellectual, physical assets) to ensure the sustainability of program outcomes and the agency's capacity and infrastructure to support the implementation of the EBP/II. See Section 5 Attachment L for the Sustainability Plan template.

9. Participate in a prevention coalition in the identified service area. If the coalition is state- or island-wide, participation must have a direct link to the identified service area. Participation may include:
  - a) Attending coalition meetings; and
  - b) EBP/II youth involvement in coalition initiatives.

**B. Management Requirements (Minimum and/or mandatory requirements)**

**1. Personnel**

The APPLICANT is required to provide written acknowledgement agreeing to comply with the Management Requirements (Section 5, Attachment D, Item 1: Personnel) and Code of Ethical Conduct of Prevention Professionals (Section 5, Attachment G) in this RFP.

The agency shall employ program staff *equivalent to at least 1.0 FTE* (40 hours per week) to implement the EBP/II and work with the outside evaluator and EBP/II developer. The APPLICANT shall assure that its own workforce and that of any partnering organizations meet the minimum qualifications set forth by the organization that employs them. Organization staff shall be encouraged and supported to participate in training and continuing education that will lead to obtaining certification as a Certified Prevention Specialist (CPS). Please refer to ADAD's website for more information about the minimum qualifications for the CPS: <http://health.hawaii.gov/substance-abuse/counselor-certification/>.

The APPLICANT shall immediately notify ADAD in writing of any program staff changes and include a position description and resume for newly hired staff and a plan for the continuance of the duties outlined in the contract.

**2. Administrative**

The APPLICANT is required to provide written acknowledgement agreeing to comply with the Management Requirements (Section 5, Attachment D, Item 2: Administrative).

**3. Quality assurance and evaluation specifications**

The APPLICANT is required to provide written acknowledgement agreeing to comply with the Management Requirements (Section 5, Attachment D, Item 3: Quality Assurance and Evaluation Specifications).

**4. Output and performance/outcome measurements**

- a) The APPLICANT is required to gather, collect, compile, analyze and disseminate assessment data on the capacity of the agency to implement the EBP/II among the target population.
- b) The APPLICANT is also required to gather data on related risk and protective factors to better understand the community's contributing factors as well as assess the agency's capacity to address these problems and related issues. These measures shall also be included in the APPLICANT's evaluation to measure change in SA rates within the community and the targeted population.
- c) APPLICANTS are required to select and work with an outside evaluator to evaluate the EBP/II and assist in the development of the agency's evaluation design. Evaluation shall include but not be limited to process evaluation of the programs operations and administration to determine the capacity of the agency to implement and sustain the EBP/II.
- d) The APPLICANT shall also measure, track, and report progress on the following measures:
  - 1) Number of prevention related trainings attended by staff;
  - 2) Number of coalition and/or community meetings attended;
  - 3) Number of individuals served;
  - 4) Number of individuals served by IOM category;
  - 5) Number of EBP/II cycles;
  - 6) Number of EBP/II sessions; and
  - 7) Number of individuals served by the EBP/II.
- e) ADAD will review the APPLICANT'S performance measurement results and may request a plan of program corrections as deemed necessary.
- f) The APPLICANT may also assist the State in collecting National Outcome Measures (NOMs) on the following indicators:
  - 1) 30-day alcohol use among persons aged 12-20;
  - 2) binge drinking among persons aged 12-20;
  - 3) alcohol related crime among persons aged under 18;
  - 4) alcohol-related car crashes and injuries; and
  - 5) alcohol-related emergency room visits.

## 5. **Experience**

The APPLICANT shall have experience operationalizing projects/contracts pertinent to the proposed services, including at least



three (3) years of experience:

- a) Providing or coordinating prevention services, evidence-based/innovative prevention services, SA specific prevention services, services to the identified population, and services within the targeted geographic area; and
- b) Managing government or foundation funded contracts or projects of similar size and complexity.

Additionally, the APPLICANT should have knowledge and experience:

- a) Implementing evidence-based/innovative practices and/or programs;
- b) Applying the components of the SPF or a similar framework; and
- c) Coordinating services with other agencies, providers and resources in the community to avoid duplication of services.

**6. Coordination of services**

The APPLICANT shall fill service gaps in the community and coordinate services with other agencies, providers, and resources within the community to avoid duplication of services.

If engaging contractor(s) for any part of the proposed services, the APPLICANT must ensure the subcontractors comply with all laws governing entities doing business with the State and the federal requirements as stated in this RFP.

**7. Reporting requirements for program and fiscal data**

- a) Required program reports
  - 1) The APPLICANT shall report monthly, through ADAD's management information system. The monthly data report is due on the 15<sup>th</sup> of the following month.
    - The unduplicated count of individuals served by each program or strategy;
    - The number of population-based strategies used;
    - The number of evidence-based strategies implemented; and
    - The number of EBP/II cycles implemented.
  - 2) Reporting requirements may include the National Outcome Measures (NOM) that relate to youth 9-17 years old and to

adults ages 18 years and older to emphasize:

- 30-day alcohol use among persons aged 12-20;
- Binge drinking among persons aged 12-20;
- Perception of risk or harm (alcohol);
- Perception of parental disapproval of use (alcohol);
- Perception of peer disapproval of use (alcohol);
- Alcohol related crime among persons aged under 18;
- Alcohol-related car crashes and injuries; and
- Alcohol-related emergency room visits.

- 3) The APPLICANT shall submit narrative Quarterly and Year-End Reports (i.e. Evaluation Report and updated Comprehensive Strategic Plan) summarizing and analyzing process and outcome data, accomplishments and challenges. Quarterly reports are due within fifteen (15) calendar days after the end of each quarter. Refer to Section 5, Attachment M for the Quarterly Report. Year-End Reports are due within thirty (30) calendar days after the end of each contract year.

b) Required fiscal reports

- 1) The APPLICANT shall submit a monthly Invoice by the 15<sup>th</sup> of the following month.

c) Close out reports

- 1) The APPLICANT shall submit to ADAD its final invoice no later than thirty (30) calendar days after the end of each contract year, or by July 30, whichever comes first. Lapsing of funds will occur if final invoices are not received by ADAD within thirty (30) calendar days of the last day of the contract year.
- 2) Within thirty (30) calendar days after the expiration of each contract year, the applicant shall submit to ADAD the financial statement, Single Audit Report (if applicable) and the Year-End Program Report.

**C. Facilities**

The APPLICANT shall use facilities that are adequate for the delivery of the proposed services. If facilities are not presently available, the APPLICANT shall plan to secure such facilities. Facilities shall meet the Americans with Disabilities Act (ADA) requirements, as applicable, and the APPLICANT shall have a plan

for obtaining alternative sites and/or special equipment to accommodate those with physical disabilities. The APPLICANT shall also have a plan for making services accessible to those with other handicapping conditions (e.g., speech, hearing, psychological, etc.).

## **2.5 COMPENSATION AND METHOD OF PAYMENT**

- A. The method of pricing shall be a schedule of deliverables. The purchasing agency will pay the provider a pre-determined fixed rate for deliverables based on an agreed schedule of deliverables table (cost proposal) to deliver services specified in the contract, up to a stated maximum obligation. A schedule of deliverables table (cost proposal) for two (2) years is required. The APPLICANT shall submit separate schedule of deliverables tables (cost proposal) for each identified service area. Refer to Section 5, Attachment C for the Schedule of Deliverables Table (Cost Proposal) template.
- B. If awarded a contract, the APPLICANT shall be paid monthly upon ADAD's review of services entered in the management information system, submission of deliverables and supporting documents, and approval of the Invoice. Final payment for each contract year shall be made upon acceptance of the provider's Year-End Reports and Final Invoice.

The APPLICANT must submit monthly invoices within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All provider reporting data must be submitted in the manner and format specified by ADAD.

- C. Standard Funding Restrictions.  
Refer to <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.

Funds must be used for purposes stated in this RFP and may not be used to:

- Pay for any lease beyond the project period.
- Provide treatment and/or recovery services.
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide residential, inpatient treatment or hospital-based detoxification services.
- Cover unallowable costs associated with the use of federal funds to fund EBP/II.
- Make direct payments to individuals to induce them to enter prevention services.

- Meals are unallowable. Grant funds may be used for light snacks, not to exceed \$3.00 per person.

Applications funded by this RFP with federal funds are required to comply with the following Term and Condition regarding restrictions on lobbying:

Title 18/Part I/Chapter 93/Section 1913 – Lobbying with Appropriated Moneys “No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, a jurisdiction, or any official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation.”

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposal format should be single-spaced, Times Roman, 12-font, with 1-inch margins.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (Refer to Section 1.2 Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

### The Proposal Application is comprised of the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

### **3.1 Program Overview (Maximum 1 page)**

The APPLICANT shall provide a brief overview to orient the Evaluation Committee as to the proposed approach to address the service goals of this RFP. This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide a broad understanding of the entire proposal. This section is not scored during the proposal evaluation. This section includes:

- A description of the need for the proposed services and of the target population to be served and how it was selected;
- A description of the planning process and criteria used to identify and select the EBP/II; and
- A statement of the outcomes to be achieved.

### **3.2 Experience and Capability (Maximum 3 pages)**

#### **a) Necessary Skills**

1. The APPLICANT shall demonstrate a thorough understanding of the purpose and scope of the requested services and describe how the proposed services fit within the agency's mission.
2. The APPLICANT shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.
3. The APPLICANT shall describe its history and record of accomplishment in providing SA prevention services.
4. The APPLICANT shall describe information and/or data to support how it has achieved intended outcomes in the past.

#### **b) Experience**

The APPLICANT shall provide a description of its current and past experience in operationalizing projects/contracts pertinent to the proposed services. The APPLICANT shall describe at least three (3) years of experience:

1. Providing EBP/II prevention services, SA specific prevention services, services to the identified population, and services within the targeted geographic area;
2. Implementing and evaluating evidence-based/innovative prevention services;
3. Applying the components of the SPF or a similar framework; and

4. Managing government or foundation funded contracts or projects of similar size and complexity.
5. The APPLICANT shall include as an appendix, the addresses and phone numbers of at least three (3) key stakeholders who can verify the APPLICANT'S experience for the most recent three (3) to five (5) years that are pertinent to the proposed services. ADAD staff should not be included as identified stakeholders.

**c) Quality Assurance and Evaluation**

1. The APPLICANT shall describe its quality assurance and evaluation capabilities, including a quality assurance plan that identifies the mission of the organization as well as outlines the methodology used to identify strengths and deficiencies of the services, indicates corrective actions to be taken, and validates corrections.
2. The APPLICANT shall describe how the quality assurance process serves as a source of information to enhance the operations of the organization and improve the quality of services.
3. The APPLICANT shall describe how findings are integrated and reviewed by the quality assurance committee or governing body (e.g. Board of Directors).

**d) Coordination of Services**

1. The APPLICANT shall describe how it will fill service gaps in the community and coordinate services with other agencies, providers and other stakeholders to avoid duplication of services.
2. The APPLICANT shall describe its procedure for developing and administering sub-contracts, if any, as well as the management controls for ensuring that subcontractors are meeting their responsibilities for providing services and collecting data. The APPLICANT shall also describe procedures for informing ADAD of any subcontractor activities. The APPLICANT shall describe how it will ensure the subcontractors comply with the laws governing entities doing business with the State and federal requirements.
3. The APPLICANT shall include Letters of Collaboration (LOC) and Memorandum of Understanding (MOU) to demonstrate the APPLICANT'S coordination and collaboration to provide the proposed services. The LOC and MOU(s) will not count in the page limit to the APPLICANT'S proposal.



e) **Facilities**

1. The APPLICANT shall provide a description of its staffing facilities as well as any facility the APPLICANT may use for services to demonstrate their adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. If using facilities under the control of another entity, the APPLICANT shall include a copy of the use agreement.
2. The APPLICANT shall also describe how the facilities meet Americans with Disabilities Act (ADA) requirements, as applicable and how the APPLICANT obtains special equipment or accommodations made to serve populations needing special assistance in order to benefit from the services provided.

**3.3 Project Staffing and Organization (Maximum 1 page)**

A. **Staffing**

1. The APPLICANT shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services.
2. The APPLICANT shall list all staff responsible for the proposed services including the required program staff equivalent to at least 1.0 FTE on the Staff Position Chart (Section 5, Attachment I). The Staff Position Chart will not count in the page limit to the APPLICANT's proposal.
3. The APPLICANT shall provide the minimum qualifications (including education and experience) for key personnel assigned to the proposed project. One (1) page resumes and one (1) page job descriptions of each key staff that will be providing supervision and/or services should be provided as attachment to the Proposal Application and will not count in the page limit for this section of the RFP.
4. The proposal shall include plans for encouraging and supporting the program staff to participate in training and continuing education that will lead to obtaining certification as a CPS. Applicants may refer to ADAD's website for more information about the minimum qualifications for the CPS: <http://health.hawaii.gov/substance-abuse/counselor-certification/>.

B. **Project Organization**

1. The APPLICANT shall describe the training that will be provided for staff to strengthen their capability to effectively provide the proposed services.
2. The APPLICANT shall describe its ability to supervise, train and provide

administrative direction relative to the delivery of the proposed services and comply with ADAD Management Requirements. The description shall include frequency and method of conducting supervision and documentation of the same.

3. The APPLICANT shall include an organizational chart that reflects the location of the EBP/II and the positions, lines of responsibility and supervision to carry out the program. The organization and program specific charts will not count in the page limit for this section of the RFP.
4. The APPLICANT shall describe the approach and rationale for the organizational structure, functions and staffing for the proposed services as detailed in the organizational chart(s).

### **3.4 Service Delivery (Maximum 10 pages)**

The APPLICANT shall include a detailed narrative of the approach to service activities and management requirements from Section 2.4, Scope of Work, including the comprehensive strategic plan for each identified service area as an attachment.

#### **A. Build Program Capacity**

1. The APPLICANT shall describe how the agency and program staff will be prepared to deliver the proposed services.
2. The APPLICANT shall describe how it will provide ongoing pre-service and in-service training, mentoring, reflective supervision and technical assistance for staff.
3. The APPLICANT shall describe the plan to support prevention training for staff delivering prevention services.

#### **B. Mobilize Support and Build Local Capacity**

1. The APPLICANT shall describe how it will obtain buy-in for the EBP/II and expand partnerships to support implementation efforts.
2. The APPLICANT shall describe how it will engage diverse stakeholders in the SPF process to address the UAD, and if applicable, other SA issues identified for the target population.

#### **C. Provide Community Awareness**

The APPLICANT shall describe how it will increase community awareness of the SA problem(s).

#### **D. Implement the Evidence-Based/Innovative Interventions**

1. The APPLICANT shall describe the plan and the process for the delivery of the core components of the EBP/II.
2. The APPLICANT shall describe initial communication with the developer and how it will be maintained.

**E. Supplemental Activities**

The APPLICANT shall describe the plan and the process for selecting activities to reinforce the core components of the EBP/II.

**F. Problem Identification and Referral**

The APPLICANT shall describe the plan and the process for identifying program participants that have experimented with substance(s), referring them to school/community resources (e.g. school-based behavioral health specialists), and conducting follow-up to ensure completion of recommended services.

**G. Evaluate the Effectiveness of Evidence-Based/Innovative Interventions**

1. The APPLICANT shall describe the agency's plan to work with an outside evaluator and discuss the preliminary processes for developing an evaluation design, preliminary process evaluation report, and a final evaluation report, which includes process and outcome data results. The evaluator's experience and how the evaluator was selected should be included.
2. The APPLICANT shall describe the plan to collect qualitative and quantitative data to determine the effectiveness of the program.

**H. Sustainability of the Outcomes and Implementation of the Evidence-Based/Innovative Interventions**

1. The APPLICANT shall describe the plan and the process for developing a sustainability plan.

### **3.5 Financial**

**A. Pricing Structure**

**The pricing structure for this RFP is a schedule of deliverables.**

The schedule of deliverables pricing structure reflects a purchase arrangement in which the State pays the contractor a pre-determined fixed rate for deliverables based on an agreed schedule of deliverables table (cost proposal) to deliver services specified in the contract, up to a stated maximum obligation. A schedule of deliverables table (cost proposal) for two (2) years is required. The APPLICANT shall submit separate schedule of deliverables tables (cost proposal)

for each identified service area. Refer to Section 5, Attachment C for the Schedule of Deliverables Table (Cost Proposal) Template.

**B. Other Financial Related Materials**

To determine the adequacy of the APPLICANT's accounting system as described under the administrative rules, the following document is requested as part of the Proposal Application (may be attached):

Latest Single Audit Report and Audit Financial Statements.

**3.6 Other**

**Litigation**

The applicant shall disclose and explain any pending litigation to which they are a party, including the disclosure of any outstanding judgment.

## **Section 4**

# **Proposal Evaluation**

## **Section 4**

### **Proposal Evaluation**

#### **4.1 Introduction**

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

#### **4.2 Evaluation Process**

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

#### **Evaluation Categories and Thresholds**

##### **Evaluation Categories**

##### **Possible Points**

##### ***Administrative Requirements***

##### ***Proposal Application***

Program Overview	0 Points
Experience and Capability	20 Points
Project Organization and Staffing	15 Points
Service Delivery	55 Points
Financial	10 Points

**100 Points**

**TOTAL POSSIBLE POINTS**

**100 Points**

## 4.3 Evaluation Criteria

### A. Phase 1 - Evaluation of Proposal Requirements

#### 1. Administrative Requirements

Mandatory proposal requirements are items that must be submitted with the application or addressed in order for the proposal to be evaluated. They do not receive a rating.

#### 2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Proposal Application check list
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)
- Litigation disclosure (for review and determination)
- Administrative Assurance

### B. Phase 2 - Evaluation of Proposal Application (100 Points)

The evaluation committee will score applications for funding in the priority order of the scores (highest score = most highly recommended for funding).

Proposals accepted for review shall be evaluated according to the following criteria. The number of points shown after each heading or subheading is the maximum number of points that the evaluation committee may assign to that category. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

***Program Overview.*** No points are assigned to Program Overview. The intent is to give the APPLICANT an opportunity to orient evaluators as to the service(s) being offered.

#### 1. *Experience and Capability (20 Points)*

The State will evaluate the APPLICANT's experience and capability relevant to the proposal which shall include:

- a) ***Necessary Skills*** 5
- Demonstrated a thorough understanding of the purpose and scope of the proposed services and described how the proposed services fit within the agency's mission.
  - Demonstrated the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.
  - Described its history and record of accomplishments in providing SA prevention services.
  - Described information and/or data to support how it has achieved intended outcomes in the past.
- b) ***Experience*** 5
- Described at least three (3) years of experience providing SA specific prevention services to the identified population, and services within the targeted geographic area.
  - Described at least three (3) years of experience implementing and evaluating evidence-based/innovative prevention services.
  - Described at least three (3) years of experience applying the SPF process or a similar framework.
  - Described at least three (3) years of experience managing government, foundation funded contracts, or projects of similar size and complexity.
  - Included contact information for three (3) references verifying experience with projects or contracts for the most recent three (3) – five (5) years that are pertinent to the proposed services.
- c) ***Quality Assurance and Evaluation*** 3
- Described the quality assurance and evaluation capabilities, including a quality assurance plan that identifies the mission of the organization as well as outlines the methodology used to identify strengths and deficiencies of the services, indicates corrective actions to be taken, and validates corrections.
  - Described how the quality assurance process serves as a source of information to enhance the operations of the agency and improve the quality of services.
  - Described how findings are or will be integrated and reviewed by the quality assurance committee or governing body (e.g. Board of Directors).
- d) ***Coordination of Service*** 5
- Described the organization's experience and approach to community collaboration, including but not limited to the sharing of both fiscal and in-kind resources as well as



leadership.

- Described the procedures for developing and administering sub-contracts, if any, as well as the management controls for ensuring that partnering organizations (sub-contractors) are meeting their responsibilities for providing services and for data collection.
- Included LOC and MOU to demonstrate the APPLICANT's coordination and collaboration to provide the proposed EBP/II services.

e) ***Facilities*** 2

- Described the facilities and clearly demonstrated their adequacy in relation to the proposed services. Described realistic plans to secure facilities if none is presently available.
- Described how the facilities meet or will meet ADA requirements, as applicable and the availability of any special equipment that may be required for the services.

**Total** **20**

**2. *Project Staffing and Organization (15 Points)***

The State will evaluate the APPLICANT's overall staffing approach to the service that shall include:

a) ***Staffing*** 8

- Described a proposed staffing pattern that is consistent with personnel requirements and appropriate for the viability of the services and contract oversight.
- Included all staff positions who will be responsible for supporting the services of this RFP, including names, titles, qualifications, and full-time equivalencies to the proposed services.
- Provided the minimum qualifications for each position assigned to the proposed project.
- Included resumes and job descriptions of staff assigned to the proposed project that will be providing supervision and/or services.
- Described plans for encouraging and supporting the program staff to obtain certification as a CPS.

b) ***Project Organization*** 7

- Provided description of training opportunities and supervision to prepare staff for their roles and responsibilities.

- Described plans to supervise, train, and provide administrative direction relative to the delivery of the proposed services.
- Included organization and program specific chart(s) that reflect the position of each staff and lines of responsibility/supervision.
- Described the approach and rationale for the organizational structure, functions, and staffing for the proposed services as detailed in the organizational chart.

**Total** **15**

### 3. *Service Delivery (55 Points)*

Evaluation criteria for this section will assess the APPLICANT's approach to the service activities and management requirements outlined in the RFP.

- a) ***Build Program Capacity*** **5**
- Described how the agency and program staff will be prepared to deliver the proposed services.
  - Described how it will provide ongoing pre-service and in-service training.
  - Described plans to support prevention training for staff delivering prevention services.
- b) ***Mobilize Support and Build Local Capacity*** **5**
- Described the process for obtaining buy-in for the EBP/II and expanding community partnerships to support implementation efforts.
  - Described how it will engage diverse stakeholders in the SPF process to address the UAD, and if applicable, other SA issues identified for the target population.
- c) ***Provide Community Awareness*** **5**
- Described the process to increase community awareness of SA.
- d) ***Implement the EBP/II*** **13**
- Described the plan and the process for the delivery of the core components of the EBP/II.
  - Described initial communication with the developer and how it will be maintained.
- e) ***Supplemental Activities*** **5**
- Described the plan and the process for selecting activities to reinforce the core components of the EBP/II.

f)	<b><i>Problem Identification and Referral</i></b>	<b><u>5</u></b>
	<ul style="list-style-type: none"> <li>Described the plan and the process for identifying program participants that have experimented with substance(s), referring them to school/community resources (e.g. school-based behavioral health specialists), and conducting follow-up to ensure completion of recommended services.</li> </ul>	
g)	<b><i>Evaluation</i></b>	<b><u>12</u></b>
	<ul style="list-style-type: none"> <li>Described the agency's plan to work with an outside evaluator. The evaluator's experience and how the evaluator was selected should be included.</li> <li>Discussed the preliminary processes for developing an evaluation design, preliminary process evaluation report, and final evaluation report, which includes process and outcome data results.</li> <li>Described plans to collect qualitative and quantitative data to determine the effectiveness of the program.</li> </ul>	
h)	<b><i>Sustainability</i></b>	<b><u>5</u></b>
	<ul style="list-style-type: none"> <li>Described the plan and the process for developing a sustainability plan.</li> </ul>	
	<b>Total</b>	<b>55</b>

#### 4. ***Financial (10 Points)***

In order to determine the adequacy of the APPLICANT's accounting system, the APPLICANT shall have submitted with its proposal a copy of the organization's most recent financial audit including any management letter that accompanied that audit.

The APPLICANT shall describe a pricing structure based on a schedule of deliverables:

- The required budget proposal per service area is complete, accurate and supports the scope of service and requirements of the RFP.
- The APPLICANT's proposed budget is reasonable, given program resources and operational capacity.
- The Single Audit Report or Financial Audit indicates minimal or no material deficiencies.
- A schedule of deliverables table (cost proposal) for two (2) years is required. The APPLICANT shall submit separate schedule of deliverables tables (cost proposal) for each identified service area.

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant. The APPLICANT is advised that awards may be made conditional upon changes suggested by the evaluation committee. Recommended funding amounts are subject to restrictions that may be imposed due to evolving economic conditions and the availability of funds.

## **Section 5**

# **Attachments**

- A. Proposal Application Checklist
- B. Sample Proposal Application Table of Contents
- C. Schedule of Deliverables Table (Cost Proposal)
- D. Management Requirements
- E. Certification
  - Debarment
  - Lobbying
  - Program Fraud Civil Remedies Act (PFCRA)
  - Environmental Tobacco Smoke
- F. Assurance
  - Charitable Choice
  - Compliance with SAMHSA's Provisions Prohibiting Trafficking in Persons
  - Drug-Free Workplace
- G. Code of Ethical Conduct for Prevention Professionals
- H. Standard Funding Restrictions
- I. Staff Position Chart
- J. Guide and Template for Comprehensive Strategic Plan
- K. Request to Adapt an Evidence-Based Program Form and Adaptation Guidelines
- L. Sustainability Plan Template
- M. Quarterly Report
- N. Suggested Resources and Helpful Information

# Proposal Application Checklist

Applicant: \_\_\_\_\_ RFP No.: \_\_\_\_\_

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
<b>General:</b>				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist (Sample)	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Provider Compliance	Section 1, RFP	SPO Website*	X	
Schedule of Deliverables Table (Cost Proposal)	Section 2, RFP	Section 5, RFP	X	
<b>Certifications:</b>				
<b>Management Requirements</b>	Section 2, RFP	Section 5, RFP	X	
<b>Federal Certifications</b>	Section 2, RFP	Section 5, RFP	X	
Debarment & Suspension	Section 2, RFP	Section 5, RFP	X	
Drug Free Workplace	Section 2, RFP	Section 5, RFP	X	
Lobbying	Section 2, RFP	Section 5, RFP	X	
Program Fraud Civil Remedies Act	Section 2, RFP	Section 5, RFP	X	
Environmental Tobacco Smoke	Section 2, RFP	Section 5, RFP	X	
Charitable Choice	Section 2, RFP	Section 5, RFP		
Provisions Prohibiting Trafficking	Section 2, RFP	Section 5, RFP		
<b>Program Specific Requirements:</b>				
Code of Ethical Conduct	Section 2, RFP	Section 5, RFP	X	
Staff Position Chart	Section 3, RFP	Section 5, RFP	X	
Job Descriptions	Section 3, RFP		X	
Resumes	Section 3, RFP		X	
Organization Chart	Section 3, RFP		X	
Letters of Collaboration (LOC)	Section 3, RFP		X	
Memorandum of Understanding (MOU)	Section 3, RFP		X	
Comprehensive Strategic Plan	Section 2, RFP	Section 5, RFP	X	
Request to Adapt an Evidence-Based Program Form and Adaptation Guidelines	Section 2, RFP	Section 5, RFP		
Sustainability Plan Template	Section 2, RFP	Section 5, RFP		
Quarterly Report	Section 2, RFP	Section 5, RFP		

\*Refer to Section 1.2, Website Reference for website address.

## **Proposal Application Table of Contents**

<b>1.0</b>	<b>Program Overview .....</b>	<b>1</b>
<b>2.0</b>	<b>Experience and Capability .....</b>	<b>1</b>
	A. Necessary Skills .....	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation .....	5
	D. Coordination of Services.....	6
	E. Facilities .....	6
<b>3.0</b>	<b>Project Organization and Staffing.....</b>	<b>7</b>
	A. Staffing .....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications .....	9
	B. Project Organization.....	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>4.0</b>	<b>Service Delivery .....</b>	<b>12</b>
<b>5.0</b>	<b>Financial.....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>6.0</b>	<b>Litigation.....</b>	<b>20</b>
<b>7.0</b>	<b>Attachments</b>	
	A. Cost Proposal	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 2019	
	C. Program Specific Requirements	

## Schedule of Deliverables Table (Cost Proposal)

DELIVERABLES	DUE DATE	AMOUNT	# OF PROPOSED DELIVERABLES	PROPOSED TOTAL AMOUNT
Implement, evaluate and conduct Substance Abuse Prevention Services utilizing evidenced-based program and practices/innovative interventions (EBP/II) under category of the Strategic Prevention Framework and CSAP Strategies.				
<p>1. Capacity Building</p> <ul style="list-style-type: none"> <li>- Build program capacity as evidenced by training certificates. <ul style="list-style-type: none"> <li>• Attend EBP/II related trainings.</li> <li>• Attend prevention and alcohol, tobacco, and other drug related trainings.</li> </ul> </li> <li>- Build local capacity for the EBP/II through partnership meetings as evidenced by attendance sheets.</li> <li>- Provide community awareness of the substance abuse (SA) problem, its contributing factors, and the EBP/II. <ul style="list-style-type: none"> <li>• Type A: Community speaking engagements/presentations on relevant prevention EBP/II information for at least five (5) participants representing various community stakeholders to include, but not limited to treatment providers, local businesses, law enforcement, University and research institutions, health care providers, neighborhood and cultural associations, local government, faith communities, youth-serving agencies and institutions as documented on attendance sheets.</li> <li>• Type B: Health Fair attendance, Social Media campaigns, prevention focused websites, prevention focused email blasts as evidenced by registration forms/documentation of participation, website hits, and snip its.</li> </ul> </li> </ul>	<p>September 30, 2021 September 30, 2022</p>	<p>\$1,000 per training day</p> <p>MAXIMUM twelve (12) in-person training days per year.</p> <p>\$1,000 per meeting</p> <p>MAXIMUM twelve (12) meetings per year.</p> <p>Type A: \$700 per occurrence</p> <p>Type B: \$200 per occurrence</p> <p>MAXIMUM twenty-five (25) per year from any category.</p>		
<p>2. Deliver the EBP/II</p> <ul style="list-style-type: none"> <li>- Implement the selected EBP/II utilizing the core components of the</li> </ul>	<p>September 30, 2021 September 30, 2022</p>	<p>\$5,000 per month</p>		



EBP/II and the comprehensive strategic plan that was created as evidenced by data entry in the management information system.		MINIMUM four (4) sessions per month.		
3. Evaluation <ul style="list-style-type: none"> <li>- Consult with and enter into agreement with an outside evaluator and complete an Evaluation Design.</li> <li>- Complete a preliminary process evaluation report.</li> <li>- Complete a final evaluation report.</li> </ul>	December 1, 2020 December 1, 2021  April 15, 2021 April 15, 2022  September 30, 2021 September 30, 2022	\$12,000 per agreement and evaluation design  \$6,000 per process evaluation report  \$6,000 per final evaluation report		
4. Sustainability <ul style="list-style-type: none"> <li>- Complete a Sustainability Plan.</li> </ul>	September 30, 2021 September 30, 2022	\$5,000 per sustainability plan		
5. Problem identification and referral of program participants to school/community resources <ul style="list-style-type: none"> <li>- Identify and refer program participants that have experimented with substance use as evidenced by documentation of referral.</li> <li>- Follow-up with program participants to ensure they have completed the recommended services as evidenced by documentation of completion.</li> </ul>	September 30, 2021 September 30, 2022	\$200 per referral  \$100 per follow-up		
6. Conduct supplemental activities as evidenced by attendance sheets.	September 30, 2021 September 30, 2022	\$1,500 per supplemental activity  MAXIMUM eight (8) supplemental activities per year.		
7. Submit completed reports to include: <ul style="list-style-type: none"> <li>- Monthly: Management information system data entry</li> <li>- Quarterly: Quarterly Reports</li> <li>- Annually: Updated comprehensive strategic plan</li> </ul>	Monthly Reports: due fifteen (15) calendar days after each month.  Quarterly Reports: 1. January 15, 2021 January 15, 2022 2. April 15, 2021 April 15, 2022 3. July 15, 2021 July 15, 2022 4. October 15, 2021 October 15, 2022	\$400 per month  \$2,000 per quarter  \$4,000 per year		

	Annual Reports: September 30, 2021 September 30, 2022			
Proposed Total Amount				

## **Management Requirements**

1. The APPLICANT agrees to comply with the following Personnel Management Requirements. The APPLICANT shall:
  - a. Conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position. Conduct a fingerprint check for any person who is employed or volunteers whose duties necessitates close proximity to vulnerable populations (e.g., school age children and youth, and the elderly). The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check and fingerprinting check shall be placed in the employee's or volunteer's personnel file and shall be available for review.
  - b. Conduct an initial orientation for personnel within thirty (30) days of employment for all new employees and document such in the personnel record of the employee. The orientation shall include acquainting staff with the organization's policies and procedures, expected codes of conduct, and expected practices for staff including use of current prevention and/or treatment concepts and program strategies, theory, research, and best practice findings upon which prevention and/or treatment services and programs of the agency are based.
  - c. Maintain and update annually a description of its organization-staffing pattern, including an organization chart showing lines of authority and supervision for prevention and/or treatment services.
  - d. Assure that the APPLICANT's workforce and that of any partnering organizations meets the minimum qualifications set forth by the organization that employs them.
  - e. Assure that all key program staff assigned to the project obtain, maintain, and/or are making progress towards obtaining or maintaining Certified Prevention Specialist ("CPS") credentials. The training and supervision of CPS candidates shall be assigned to individuals who have a CPS credential or have a bachelors or master's degree and at least one (1) year experience in substance abuse prevention.
  - f. Regularly attend training(s) approved by the Alcohol and Drug Abuse Division ("ADAD"), including but not limited to the Substance Abuse Prevention Skills Training ("SAPST"), and Client Confidentiality Training.
  - g. Ensure that staff receive training in the ADAD management information system and in ADAD's procedures for reporting fulfillment of the Request For Proposal ("RFP") requirements and evaluations of capacity, process, and outcomes.
  - h. Attend SA prevention provider meetings as scheduled by ADAD.
  - i. Orient staff and volunteers (if used by the APPLICANT) to comply with client confidentiality issues, program quality assurance requirements and the Code of Ethical Conduct for Prevention Professionals ("CECPP"). The CECPP is included as part of the management requirements.
  - j. Develop and implement a written safety plan which includes policies and procedures for handling personal injury, threats, emergencies, or disasters. Post evacuation routes in facilities used by the program.

- k. Maintain documentation for each employee of an initial tuberculosis (“TB”) screening and a copy of the results shall be placed in the personnel file of each staff member employed by this program.
  - l. Implement a tobacco-free policy that includes electronic smoking devices. ADAD strongly encourages the APPLICANT to implement a tobacco-free campus policy or, at minimum, educate the APPLICANT’s administration (and landlord, if applicable) about the benefits of tobacco-free campus policies.
2. The APPLICANT agrees to comply with the following Administrative Management Requirements. The APPLICANT shall:
- a. Develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the STATE.
  - b. Establish and implement policies and procedures which clearly identify the target population for each type of service, the program content, and methods of service delivery.
  - c. Review all written and/or audio-visual material, at a minimum, biannually by staff and by an advisory board or ad hoc committee to assure that it is relevant, current, and age and culturally appropriate.
  - d. Implement procedures for handling complaints and grievances.
  - e. Familiarize staff with materials available at the Hawaii Prevention Resource Center.
  - f. Obtain prior approval from ADAD for all media and messages intended for public distribution, including but not limited to radio, TV, theater, PowerPoint, video, posters, newsletters, banners, newspaper ads, public service announcements, flyers, and fact sheets.
  - g. Acknowledge the STATE, ADAD, and appropriate federal grant as the APPLICANT’s program sponsors by stating such on displays, public service announcements, written or electronic material distributed by the program.
  - h. Refund to the STATE any funds unexpended or expended inappropriately.
3. The APPLICANT agrees to comply with the following Quality Assurance and Evaluation Management Requirements. The APPLICANT shall:
- a. Have a quality assurance plan that identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.
  - b. Use the quality assurance plan to serve as procedural guidelines for staff and confer upon designated individuals and committees the authority to fulfill their responsibilities in the areas of quality assurance.
  - c. Use the quality assurance plan to serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its

services. Findings shall be integrated and reviewed by the quality assurance committee and information conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

- d. Use the quality assurance system to identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.
- e. Reflect in its program evaluation documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

The undersigned (authorized official signing for the APPLICANT organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the APPLICANT organization shall comply with the terms and conditions of the contract if a contract is awarded as a result of this application.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**Instructions for Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--  
Lower Tier Covered Transactions**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the Department of Health, Alcohol and Drug Abuse Division ("ADAD") if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ADAD for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND  
VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS**

This certification is pursuant to 45 CFR Part 76:

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Organization Name

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Name of Authorized Representative (Print)

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Title

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Signature of Authorized Representative

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Date

## CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants, contracts, loans, and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant, contract, loan, or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant, contract, loan, or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to Federal grants, contracts, loans, and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (Please submit Standard Form-LLL "Disclosure of Lobbying Activities," to the Department of Health, Alcohol and Drug Abuse Division ONLY if it is applicable to your organization as described herein. If needed, Standard Form-LLL and its instructions follow this certification form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Organization Name

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Name of Authorized Representative (Print)

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Title

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Signature of Authorized Representative

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Date



# DISCLOSURE OF LOBBYING ACTIVITIES

Complete the form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. Initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> Year _____ quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b>  <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known</i> ;  Congressional District, <i>if known</i> :	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, <i>if known</i> :	
<b>6. Federal Department /Agency:</b>	<b>7. Federal Program Name/Description:</b>   CFDA Number, <i>if applicable</i> : _____	
<b>8. Federal Action Number, <i>if known</i>:</b>	<b>9. Award Amount, <i>if known</i>,</b>  \$	
<b>10.a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individual Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11. Information request through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure</b>	Signature: _____  Print Name: _____  Title: _____  Telephone No.: _____  Date: _____	
Federal Use Only		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee of prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of Congress, or an employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1<sup>st</sup> tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment, include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number; grant announcement number, the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**CERTIFICATION REGARDING PROGRAM FRAUD CIVIL  
REMEDIES ACT (PFCRA)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the terms and conditions of the contract if a contract is awarded as a result of this application.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by any entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through the State or local governments, by Federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

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Organization Name

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Name of Authorized Representative (Print)

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Title

---

Signature of Authorized Representative

---

Date

**ASSURANCE**  
**Of Compliance with SAMHSA Charitable Choice**  
**Statutes and Regulations**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service ("PHS") Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

The undersigned PROVIDER agrees that it will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's ("SAMHSA") Charitable Choice statutory provisions of sections 581-584 and 1955 of the Public Health Service Act (codified as 42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C. F. R. parts 54 and 54a, respectively.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

# ADAD POLICY AND PROCEDURES FOR CHARITABLE CHOICE

**Purpose:** Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Services (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] ensures that religious organizations are able to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services.

1. Religious organization is defined as a non-profit religious organization (42 CFR Parts 54 and 54a).
  - A. Working definitions of faith-based organization (“FBO”)—an organization that shall a connection to an organized faith community. (Source: Nelson A. Rockefeller Institute of Government Webpage: [www.rockinst.org](http://www.rockinst.org)).
  - B. Congregation-based FBO is a house of worship that provides treatment or prevention services, e.g. church, synagogue, mosque.
  - C. Religiously-affiliated non-profit agency is a service provider that shall 501(c) (3) status and a connection to a religious community at the local (individual congregation), regional (e.g. western states of the U.S.) or national level.
  - D. Faith-based coalition is a coalition of several organizations, some or all of which are faith-based.
  - E. Faith-based intermediary is an organization that provides administrative, fiscal, operational, technical or training assistance to an FBO.
2. Program beneficiary is an individual who receives substance abuse services under a program funded in whole or in part by applicable programs.
3. Program participant is a public or private entity that shall receive funding under an applicable program
4. Religious organizations may participate in applicable programs as long as they meet the same eligibility requirements applied to any other non-profit private organization and provide services in a manner consistent with the First Amendment of the U.S. Constitution (Establishment and Free Exercise Clauses).
5. No Federal, State or local government agency that receives applicable SAMHSA funds shall discriminate against an organization that is or applies to be a program participant on the basis of its religious character or affiliation.
6. A program participant that receives funds directly from SAMHSA or from State or local governments under applicable programs may not spend such funds on inherently religious activities such as worship, religious instruction or proselytization. Inherently religious activities must be offered separately in time or location from its SAMHSA-funded substance

abuse treatment or prevention services. Participation in religious activities must be voluntary for the program beneficiary.

7. A program participant will retain its independence from Federal, State and local governments, including control over the practice and expression of its religious beliefs and internal governance. A program participant may provide substance abuse services in its facilities without having to remove religious art, icons, scriptures or other religious symbols.
8. Religious nondiscrimination requirements of 42 U.S.C. 300x-57(a)(2) and 42 U.S.C. 290cc-33(a)(2) that relate to employment practices do not apply to a program participant if it is a religious corporation, association, educational institution, or society and can demonstrate that its religious exercise would be substantially burdened by application of the religious nondiscrimination requirements to its employment practices. To make this demonstration, a religious program participant must be able to certify that it sincerely believes that employing individuals of a particular religion is important to the definition and maintenance of its religious identity, autonomy, and/or communal religious exercise; it makes employment decisions on a religious basis in analogous programs; the SAMHSA funds would materially affect its ability to provide the type of substance abuse services in question; and that providing the services in question is expressive of its values or mission. Documentation to support these determinations must be maintained and available to SAMHSA upon request.
9. The program participant who identifies themselves as a religious organization is required to provide a Notice of Charitable Choice Rights to all existing and potential program beneficiaries.
  - A. In the provision of substance abuse treatment and/or prevention services and outreach activities, a religious program participant shall not discriminate against any prospective or actual program beneficiary on the basis of:
    1. Religion
    2. a religious belief
    3. a refusal to hold a religious belief
    4. a refusal to actively participate in a religious practice
  - B. If a program beneficiary or prospective beneficiary objects to the religious character of a program participant, such individual is entitled to a referral to another provider of substance abuse services to which that individual shall no religious objection.
10. Religious program participant's responsibilities to provide Referral for alternative services
  - A. Each religious program participant receiving SAPT Block Grant funds through the Alcohol and Drug Abuse Division ("ADAD") shall e-mail the following information to the ADAD monitor within seven working days from date of the request for a referral:
    1. Data on every program beneficiary for whom a Charitable Choice referral was made. The program participant shall completely fill out a form, noting the date of the request for alternative services, the date and type of contact made

with the alternative program, and the status of admission into the alternative program.

2. Such individual shall be referred to an alternative provider of services within two (2) working days after the date of the objection and shall be provided with the alternative services within a two (2) week period of time.
  3. A monthly report consisting of the number of Notice of Charitable Choice Rights distributed and the number of referrals made shall be reported to the ADAD monitor via e-mail, by the last working day of the month.
- B. The alternative provider must be located on the same island as the referring program participant and have the capacity to provide comparable services that have a value that is not less than the value of services of the program to which the individual had objected.
  - C. In making such referral, the program participant may refer to the ADAD-designated alternate service provider or consider any list that the State (ADAD) makes available to entities in the geographic area that provides program services.
  - D. Make all such referrals in accordance with all applicable Federal and State confidentiality laws, including, but not limited to, 42 CFR Part 2 (“Confidentiality of Alcohol and Drug Abuse Patient Records”).
  - E. Ensure that the referred program beneficiary makes contact with alternate service provider.
11. A Program Specialist from ADAD’s Treatment Recovery Branch will be designated as the Charitable Choice Monitor and will collect incoming data, monitor compliance, contact program participants not in compliance and notify the Branch Chief of any irregularities. The Branch Chief will notify the Division Chief of all instances of referral irregularities. The Charitable Choice Monitor shall the following responsibilities:
- A. Establish a list of program participants required to report on Charitable Choice referrals and check monthly that each program participant shall sent in Charitable Choice Referral Reports within seven (7) days of receiving a request.
  - B. Issue a written warning to agencies not responding on time and notify the Branch Chief. The Branch Chief will then notify the Division Chief.
  - C. Keep a running log of data on each program participant which includes the following information:
    1. Number of Notices provided to all potential beneficiaries.
    2. Number of referrals made by religious objection.
    3. Number of referrals made within two (2) working days.
    4. Number of referrals made in excess of two (2) days.



# **Alcohol And Drug Abuse Division Charitable Choice Reporting Form**

**Complete #1-11 & designate/date for each client referral.**

**Complete #1-3, 12-13 & designate/date monthly.**

**Email reports: TBD**

- 1. Agency Name:**
- 2. ASO LOG Number:**
- 3. Program Identifier:**

## **Client Referral Section**

- 4. Date of Form (MM-DD-YY):  
(Referral Form due to ADAD 7 days after client referral)**
- 5. Client ID:**
- 6. Date of request to alternative provider (MM-DD-YY):**
- 7. Alternative Provider (include I-SATS# if applicable):**
- 8. Date the Referral was made to the alternative provider  
(MM-DD-YY):  
(Date of referral within 2 working days)**
- 9. Contact date with alternative provider (MM-DD-YY):**
- 10. Type of contact with alternative provider:**
- 11. Date client admitted or expected date. Reason if client shall not been admitted:**

## **Charitable Choice Monthly Report**

- 12. Date of reporting form (MM-DD-YY):**
- 13. Number of notices distributed for the month:**
- 14. Number of referrals for the month:**

**Name of Designate:**

**Title:**

**ASSURANCE**  
**Of Compliance with SAMHSA's Provisions Prohibiting**  
**Trafficking in Persons**

Recipients and subrecipients of the Substance Abuse Prevention and Treatment Block Grant and the employees of such recipients and subrecipients are required to comply with SAMHSA's provisions pursuant to Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). These provisions prohibit severe forms of trafficking in persons, or the procurement of a commercial sex act during the period of time that the Block Grant award is in effect, or the use of forced labor in the performance of the award or subawards under the award.

The undersigned APPLICANT agrees that it will comply with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Trafficking in Persons provisions below, pursuant to Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). The undersigned APPLICANT also agrees that it will notify the Department of Health, Alcohol and Drug Abuse Division immediately of any information it receives from any source alleging a violation of a prohibition in paragraph a.1 below.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SAMHSA's Provisions Prohibiting Trafficking in Persons:  
Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)**

- a. **Provisions applicable to a recipient that is a private entity.**
1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—
    - i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
    - ii. Procure a commercial sex act during the period of time that the award is in effect; or
    - iii. Use forced labor in the performance of the award or subawards under the award.
  2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
    - i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
    - ii. Shall an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
      - A. Associated with performance under this award; or
      - B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Government wide Debarment and Suspension (No procurement),” as implemented by our agency in 2 CFR part 376.
- b. **Provision applicable to a recipient other than a private entity.** We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—
1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
  2. Shall an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
    - i. Associated with performance under this award; or
    - ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Government wide Debarment and Suspension (No procurement),” as implemented by our agency in 2 CFR part 376
- c. **Provisions applicable to any recipient.**
1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
  2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
    - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)); and
    - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
  3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.
- d. **Definitions.** For purposes of this award term:
1. “Employee” means either:
    - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
    - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
  2. “Forced labor” means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
  3. “Private entity”:
    - i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

- ii. Includes:
  - A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than the one included in the definition of Indian tribe in 2 CFR 175.25(b); and
  - B. A for-profit organization.
- 4. “Severe forms of trafficking in persons,” “commercial sex act,” and “coercion” have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102).

## ASSURANCE REGARDING DRUG-FREE WORKPLACE

The Hawaii Department of Health, Alcohol and Drug Abuse Division (“ADAD”) is dedicated to providing the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. As a direct recipient of Federal monies to achieve this goal, ADAD must comply with 45 CFR Part 76 to maintain a drug-free workplace.

**Although national, State, and local efforts have begun to show encouraging results, the problem of alcohol and other drug abuse remains a serious issue. In addition to helping to reduce alcohol and other drug abuse, employers with successful drug-free workplace programs report decreases in absenteeism, accidents, downtime, turnover, and theft; increases in productivity; and overall improved morale (source: National Clearinghouse for Alcohol and Drug Information). Because of the overwhelming positive effects of Drug-free Workplace Policies, ADAD requires its prospective contractors to comply with the following:**

**The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace by:**

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the contractor’s workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The contractor’s policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the contract, the employee will --
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction;
- (e) Notifying the Department of Health, Alcohol and Drug Abuse Division (“ADAD”) in writing within ten (10) working days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to ADAD on whose contract activity the convicted employee was working. Notice shall include the Department of Health, Administrative Services Office (“ASO”) contract log number of each affected contract;

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, ADAD shall designate the following central point for receipt of such notices:

Department of Health, Alcohol and Drug Abuse Division  
601 Kamokila Boulevard, Room 360  
Kapolei, HI 96707

- (f) Taking one of the following actions, within thirty (30) calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

**Failure to comply with this policy may be considered a violation of the contract and may result in suspension of payments or termination of the contract.**

In addition to the above requirements, ADAD recommends that the Drug-free Policy be written to include the following, based on The National Clearinghouse for Alcohol and Drug Information ("NCADI") recommendations:

- (1) **Rationale**, including the reason for the policy, what the policy is designed to do, and how it was developed;
- (2) **Expectations and Prohibitions**, including the employee behaviors that are expected, and exactly what substances and behaviors are prohibited;
- (3) **Consequences and Appeals**, including precisely what will happen if an employee violates the policy, procedures for determining if an employee shall violate the policy, and how appeals will be handled; and
- (4) **Benefits and Assurances**, including efforts to help employees comply with the policy, how requests for help will be handled, how employee confidentiality will be protected and how fairness and consistency will be maintained.

*If further assistance is required to develop a suitable Drug-free Workplace Policy, please contact the Center for Substance Abuse Prevention's (CSAP) Workplace Hotline at 1-800-967-5752.*

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Organization Name

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Name of Authorized Representative (Print)

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Title

---

Signature of Authorized Representative

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Date

# Code of Ethical Conduct for Prevention Professionals

All developing fields need an ethical code to guide behavior. The field of substance abuse prevention needs to develop a code of ethics to serve as a guide for professional conduct. Circumstances and situations often arise in the helping professions that are both complex and difficult to handle. A code of ethics can help us make good decisions when faced with problematic situations.

The following is a set of ethics for prevention professionals to consider. The National Association of Prevention Professionals and Advocates (NAPPA) originally developed these ethical codes. However, this organization is no longer in existence. As an emerging discipline, ethical codes of conduct need to be developed and advanced for the field of prevention to act as a benchmark for positive professional behavior.

## Preamble

The Principles of Ethics are a model of standards of exemplary professional conduct. These Principles of the Code of Ethical Conduct for Prevention Professionals express the professional's recognition of his/her responsibilities to the public, to service recipients and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These Principles should not be regarded as limitations or restrictions, but as goals for which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged in the development of the field.

## Principles

### I. Nondiscrimination

A prevention professional shall not discriminate against recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical or mental disability, including persons testing positive for HIV. A prevention professional shall broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

### II. Competence

A prevention professional shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his or her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

- A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires a professional to plan and supervise adequately any professional activity for which she or he is responsible.
- C. A prevention professional should recognize limitations and boundaries of competencies and not use techniques or offer services outside his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.
- D. When a prevention professional is aware of unethical conduct or practice on the part of an agency or prevention professional, he or she shall have an ethical responsibility to report the conduct or practices to appropriate authorities or to the public.

### III. Integrity

To maintain and broaden public confidence, prevention professionals should perform all professional responsibilities with the highest sense of integrity. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- A. Personal gain and advantage should not subordinate service and the public trust. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- C. A prevention professional should not be associated directly or indirectly with any services or products in a way that is misleading or incorrect.

#### **IV. Nature of Services**

Above all, prevention professionals should do no harm to service recipients. Practices shall be respectful and nonexploitative. Services should protect the recipient from harm and the professional and the profession from censure.

- A. Where there is evidence of child or other abuse, the prevention professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action shall been taken.
- B. Where there is evidence of impairment in a colleague or a service recipient, a prevention professional should be supportive of assistance or treatment.
- C. A prevention professional should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for himself/ or herself.

#### **V. Confidentiality**

Confidential information acquired during service delivery shall be safeguarded from disclosure, including—but not limited to—verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.

#### **VI. Ethical Obligations to Community and Society**

According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention professionals who must adopt a personal and professional stance that promotes the well-being of all humankind.

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization shall comply with the terms and conditions of the contract if a contract is awarded as a result of this application.

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Organization Name

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Name of Authorized Representative

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Title

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Signature

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Date



## Standard Funding Restrictions

In accordance with HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- ☐ Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L. 113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement.
- ☐ Pay for any lease beyond the project period.
- ☐ Provide treatment and recovery services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- ☐ Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- ☐ Pay for housing other than residential mental health and/or SA treatment.
- ☐ Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- ☐ Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- ☐ Cover unallowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- ☐ Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.

- ☐ Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals.

Note: SAMHSA discretionary grant funds may be used for non-cash incentives up to \$30. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature.

SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow up interview.
- ☐ Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense. Grant funds may be used for light snacks, not to exceed \$3.00 per person.
- ☐ Naloxone may not be purchased with SPF-PFS funds.
- ☐ Recipients must use funding to supplement and not supplant existing prevention activities in their state/tribe.
- ☐ Make cash payments to intended recipients of health services.
- ☐ Purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility or purchase major medical equipment.
- ☐ Provide financial assistance to any entity other than a public or nonprofit private entity.
- ☐ Consolidated Appropriations Act, 2016, Division H states, SEC. 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the state or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law. Contact the GPO for further guidance.
- ☐ Pay for pharmaceuticals for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), tuberculosis (TB), and hepatitis B and C, or for psychotropic drugs.
- ☐ Maintain, if applicable, all SA records in confidential manner pursuant to 42 Code of Federal Regulations (42 CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and if necessary, resist in judicial proceedings any efforts to obtain access to participant records except as permitted by such regulations.

## STAFF POSITION CHART

[illegible]

\* The percent of time working at the applicant's organization (i.e., half-time 50% or 0.50 FTE)

\*\* The percent of time working on this specific project (i.e., worker is 50% time at the organization but spends 100% of his/her time on specific project)

## **Guide for Comprehensive Strategic Plan**

The purpose of this document is to provide guidance in the development of the comprehensive strategic plan, which focuses on the implementation of evidence-based or innovative prevention strategies in the identified service areas. This document highlights all areas to be addressed in the strategic plan, including the logic model, action plan and evaluation design.

### **General**

- The plan should include and expand on the following sections: Executive summary, introduction, summary of assessment findings, capacity, summary of planning processes used, a logic model for each problem statement identified, an action plan for each evidence-based programs, policies and practices (EBP) or innovative intervention (II) identified, an evaluation design, and updating and disseminating the plan.
- All funded projects are to use the logic model template provided in the RFP, which is also presented in the examples in this guiding document.

### **Executive Summary**

- A summary of the plan, highlighting the purpose and objectives of the project and key components of the plan.
- Keep it short—2 pages are a good length that can be easily shared with community stakeholders.

### **Introduction**

- Provide a rationale for the purpose and goals of this project.
- Overview of the plan.
- General description of the II (applicable to II only)
  - Program innovativeness, which describes how the program represents a new service, approach, practice, or policy that has not been implemented by others in the field, how it was developed, and how it is distinguished from others by its creativity, originality and its utility or feasibility of implementation.
  - If the program is an adaptation of an existing evidence-based program, how is it new or implemented differently from others in the field, how were the adaptations developed, how suitable is it for the targeted population, and its feasibility of implementation.
  - Program goals, which describe the change the program aims to accomplish.
  - Program core components, which refer to essential functions and services or activities that are necessary to produce the desired outcomes for the intended target population and directly related to a program's theory of change.

### **Assessment Findings**

- Describe the community.
- Identify high risk and/or target populations.
- Summarize assessment of SA problems (prevalence, consumption, consequence, risk and protective factors).
  - Use both quantitative and qualitative data to support major findings and provide proper citation for data sources used.

- Community readiness: Summarize the current resources and readiness of the community to address the identified SA problem(s).
- Describe existing gaps identified in the capacity assessment (e.g. organizational resources, programs, human resources, training, etc.).

### **Capacity**

- Describe the agency's capacity to engage diverse community stakeholders, develop and strengthen partnerships, raise community awareness about the identified SA problem(s) and selected EBP(s), and implement the selected prevention interventions.

### **Planning Process**

- Describe activities that helped to inform the planning process and include information such as: Who were involved? What were their key roles contributing to the planning process and/or development of the logic model?
- Describe how risk and protective factors were prioritized to select a prevention intervention. What considerations were made to ensure the selection was based on conceptual fit and practical fit, and for EBP, evidence-based criteria?

### **Logic Model**

- Specify the priority area(s) that will be targeted for each intervention.
- State the SA problem and related behaviors, risk and protective factors, EBP/II, short-term outcomes, and long-term outcomes.
- Ensure risk and protective factors, EBP/II, and short-term outcomes all align accordingly.  
*See template and sample logic model in the Appendix A.*

### **Action plan for each EBP/II**

- Provide a timeline for each identified EBP/II in the logic model.  
*See template and a sample of action plan and Data Reporting Table in Appendix B-I and B-II.*

### **Evaluation Design**

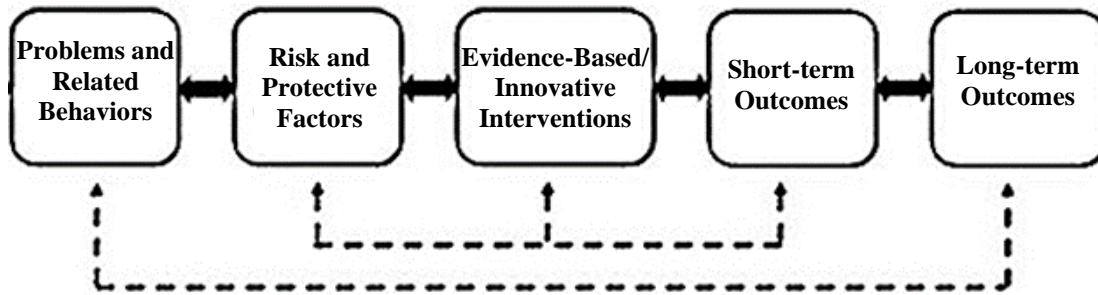
- Each funded project needs to work with its own project evaluator to assist in designing a process and outcome evaluation.  
*See evaluation design template in Appendix C.*

### **Updating and Disseminating the plan**

- Describe the process on how the strategic plan will be updated and amended?
- How will you address future implementation challenges?
- How will your plan address challenges to cultural competence and sustainability?

### **Appendix (if any)**

## Appendix A Logic model Template



Problem	R/P Factors	Evidence-Based Intervention	Short-Term Outcome	Long-Term Outcome
State the SA problem. Include an indicator and baseline data and cite data source and year.	State the risk and/or protective factors. Cite source and year.	State the EBP/II	Describe the result/change expected to occur after the EBP/II is implemented e.g. ↑ or ↓ (risk/protective factor) by <u>(how much)</u> by <u>(when)</u> as measured by <u>(indicator)</u>	Describe the expected impact on the problem stated in a specific timeframe e.g. ↑ or ↓ (problem) by <u>(how much)</u> by <u>(when)</u> as measured by <u>(indicator)</u>

**Sample Logic Model for EBP**  
(Data is created for illustration purpose only)

<b>Problem</b>	<b>R/P Factors</b>	<b>Evidence-Based Intervention</b>	<b>Short-Term Outcome</b>	<b>Long-Term Outcome</b>
Underage Drinking in Community ABC (30-day use; 24.5% of High School Students; YRBS, 2017)	Favorable attitudes towards substance use (Community ABC Survey, 2018)	LifeSkills Training	Maintain or decrease favorable attitudes towards substance use by 1% by the end of each cycle as measured by pre- and post-test.	Decrease underage drinking by 5% by 2025 as measured by 30-day use.
	Life skills and social competencies (Community ABC Survey, 2018)		Increase life skills and social competencies by 1% by the end of each cycle as measured by pre- and post-test.	

## Appendix B-I

### Action Plan Template (One Action Plan for each Intervention)

<b>Intervention:</b>			
<b>Risk and Protective Factor(s) to be addressed:</b> <i>(Transfer information from Logic Model)</i>			
<b>Activities</b>	<b>Persons Responsible</b>	<b>Resources Needed</b>	<b>Date(s) of Completion</b>
<i>(Include activities, such as but not limited to communicate with EBP developer, acquire materials, train staff, mobilize support, recruitment, pre- and post-tests, begin cycles, monitor participant progress, conduct focus groups, etc.)</i>			



### Sample Action plan

(Data is created for illustration purpose only)

<b>Evidence-Based Program Name:</b> LifeSkills Training (LST)			
<b>Risk and Protective factors to be addressed:</b> Favorable attitudes towards substance abuse; life skills and social competencies			
<b>Activities</b>	<b>Person(s) responsible</b>	<b>Resources needed</b>	<b>Timeline</b>
<ul style="list-style-type: none"> <li>• Train staff</li> </ul>	<ul style="list-style-type: none"> <li>• Program Supervisor, EBP Developer</li> </ul>	<ul style="list-style-type: none"> <li>• Training from developer</li> </ul>	<ul style="list-style-type: none"> <li>• July 2020</li> </ul>
<ul style="list-style-type: none"> <li>• Meet with school personnel to coordinate implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Overview of curriculum, program calendar</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Implement LST according to core components</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• LST curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Monitor fidelity of the EBP implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Program Supervisor, Prevention Specialist, Outside Evaluator</li> </ul>	<ul style="list-style-type: none"> <li>• Fidelity checklist, Evaluation survey</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Collect data</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention Specialist, Outside Evaluator</li> </ul>	<ul style="list-style-type: none"> <li>• Pre- and post-test, Evaluation survey</li> </ul>	<ul style="list-style-type: none"> <li>• Per cycle, Fourth Quarter 2021</li> </ul>

## Appendix B-II

### Data Reporting Table Template

<b>Intervention Name</b>	<b># of Cycles (Frequency)</b>	<b># of Sessions/ Cycles (Dosage)</b>	<b>Length of Time/ Session (Time)</b>	<b># of People Served/ Cycle</b>	<b>Dates Start/End</b>

## Appendix C

### Evaluation Design Template

#### I. Overview and Desired Outcomes

- Indicate who your outside evaluator will be, include the roles and responsibilities of those who will assist with the evaluation design.
- Identify your target population and project goals.

Short-term outcomes: *(Refer to your Logic Model.)*

Long-term outcomes: *(Refer to your Logic Model.)*

#### II. Indicators

Output indicator(s): *(Refer to Data Reporting Table.)*

Process indicator(s): *(Refer to Action Plan)*

Short-term indicator(s): *(Refer to Logic Model.)*

Long-term indicator(s): *(Refer to Logic Model.)*

#### III. Data Collection and Timeline

Data Source	Date(s)
<i>(List all data sources that will measure the indicators listed above. For example, attendance sheets, staff survey, focus groups, community student survey, etc.)</i>	<i>(List date(s) of anticipated data collection.)</i>

#### IV. Data Management and Analysis

*(Explanation of how and by whom the data will be managed and analyzed. Description of method(s) to be used for analyzing the data, such as specific quantitative and qualitative techniques.)*

#### V. Communicating Results

- Reporting Progress and Impact  
*(Description of how the information will be used for program improvements, such as but not limited to, continued mobilization of support from stakeholders and the community, inform agency staff, inform other substance abuse prevention providers, etc.)*
- Dissemination of Evaluation Data  
*(Description of how the information will be shared/disseminated, such as but not limited to in-person,*

*presentation, other printed materials, etc. Identify who your audience will be (i.e. coalition members, potential partners, community members, etc.)*

- Reporting Timeline

<b>Data Reporting Activity</b>	<b>Date(s)</b>
<i>(Refer to descriptions above.)</i>	
<i>(Sample) Conduct presentations on evaluation findings to stakeholders</i>	<i>March 2017</i>

**ADAD Prevention Services**  
**Comprehensive Strategic Plan Template**

ASO Log No.: Contract Year: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Service Name: Agency Name:

Contact Person: Email Address:

Identified Community:

Executive Summary:

Introduction:

Assessment Findings:

Community Description:

Target Population:

Assessment:

Capacity:

Planning Process:

Logic Model:

Action Plan:

Evaluation Design:

Updating and Disseminating Comprehensive Strategic Plan:

Appendix (If any)

## Request to Adapt an Evidence-Based Program

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of Request \_\_\_\_\_

Name of evidence-based program \_\_\_\_\_

A. Proposed adaptation/changes:

B. Please mark the areas of proposed changes in column A and fill out columns B and C.

		Check (A)	Original (B)	Proposed Change (C)
1.	Prevention/Behavior focus	<input type="checkbox"/>		
2.	Focus population	<input type="checkbox"/>		
3.	Capacity building (e.g. staff training)	<input type="checkbox"/>		
4.	Implementer qualifications	<input type="checkbox"/>		
5.	Staffing ratio	<input type="checkbox"/>		
6.	Setting/Geographic scope / Environmental context	<input type="checkbox"/>		
7.	Dosage (e.g., # and length of sessions)	<input type="checkbox"/>		
8.	Duration (e.g., days, hours)	<input type="checkbox"/>		
9.	Method of implementation (e.g., in person, web-based)	<input type="checkbox"/>		
10.	Core content	<input type="checkbox"/>		
11.	Non-essential content	<input type="checkbox"/>		
12.	Sequence of topics/content delivered	<input type="checkbox"/>		
13.	Activities and interactions	<input type="checkbox"/>		
14.	Skill-building	<input type="checkbox"/>		
15.	Cultural focus	<input type="checkbox"/>		
16.	Support / Increase sense of community	<input type="checkbox"/>		
17.	Environmental or Policy Strategy	<input type="checkbox"/>		
18.	Other, specify: _____	<input type="checkbox"/>		

C. Please provide justification for the proposed change(s)

D. Please note if the core components were

- ☐ identified in the program materials      ☐ identified by the program developer  
☐ identified by study evidence and data      ☐ not identified yet      ☐ other

E. What are the core components of the program (e.g. content—knowledge, values, norms, skills; methods; strategies; and logistics)?

- F. Please assess the extent to which the proposed change(s) will affect the success of the program.
- G. Did you consult with the program developer about your proposed change(s)? If so, what were their comments?
- H. Did you consult with your evaluator about your proposed change(s)? If so, what were their comments?
- I. Did you consult with or field test any of the proposed changes with your local target population? Or did you consult with local specialists who work with your specific target population? If so, what were their comments?
- J. Did you consult with any other specialists/consultants about your proposed change(s)? If so, what were their comments?
- K. Other comments

## ADAPTATION GUIDELINES<sup>1</sup>

*Here are some general guidelines to follow when adapting a program:*

- **Select programs with the best practical fit to local needs and conditions.**

This will reduce the likelihood that you will need to make any significant adaptations.

- **Select programs with the largest effect size.**

In general, a program with a large effect size is less likely than a similar program with a small effect size to have the relevant outcome reduced by an adaptation.

- **Change capacity before changing the program.**

It may be easier to change the program, but changing local capacity to deliver it as it was designed is a safer choice.

- **Consult with the program developer.**

Consult with the program developer to determine what experience and/or advice he or she has about adapting the program to a particular setting or circumstance.

- **Retain core components.**

There is a greater likelihood of effectiveness when a program retains the core component(s) of the original intervention.

- **Be consistent with evidence-based principles.**

There is a greater likelihood of success if an adaptation does not violate an established evidence-based prevention principle.

- **Add, rather than subtract.**

It is safer to add to a program than to modify or subtract from it.

For more information:

SAMHSA. (2015, October 1). *Step 4: Implement*. Retrieved from <http://www.samhsa.gov/capt/applying-strategic-prevention-framework/step4-implement>

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<sup>1</sup> Implementation tool borrowed directly from a 2013 SAMHSA website document. This particular reference is no longer available on their website. However, a very similar resource can be found here: <http://www.samhsa.gov/capt/applying-strategic-prevention-framework/step4-implement>



## **Sustainability Plan**

Sustainability planning is an intentional process of looking critically at your agency's current capacity and infrastructure with an eye toward developing the necessary resources to sustain meaningful program outcomes beyond current funding.

This plan must articulate how agencies will ensure the continuation of effective programs and practices if or when Federal or State assistance is no longer available. The plan must identify specific strategies in order to sustain the positive outcomes of the Evidence-Based Programs and Practices/Innovative Intervention (EBP/II). For more information, see "Keys to Sustainability" (<https://www.ok.gov/odmhsas/documents/Handout%20-%20SAPST%20Keys%20to%20Sustainability.pdf>). The plan must also identify specific strategies in order to sustain the agency's capacity and infrastructure to support the EBP/II. This includes staffing/human resources, financial, technology, intellectual, physical assets, etc.

Sustainability Preparation – a strong Sustainability Plan requires reflective thinking.

1. Ultimately, the work of the program should focus on creating local level change that overtime will prevent and reduce substance abuse.
2. The agency should focus on the long-term needs of the EBP/II in order to continue to be able to manage, implement and evaluate initiatives that are deemed necessary to sustain.
3. The Sustainability Plan should fall in line with the Logic Model and Comprehensive Strategic Plan.
4. Consider who should know about this effort and what is the agency's communication strategy for marketing its needs and requests for support.

### **1. Identify What Needs To Be Sustained**

- Identify specific EBP/II outcomes the agency wants to sustain.
- Identify what the agency needs to sustain in order to achieve/maintain those EBP/II outcomes.
- Determine what parts of the agency needs to be sustained in order to continue to support the EBP/II? (i.e., staffing, human resources, technology, intellectual, physical assets, etc.)

### **2. Identify What Resources are required**

- Identify what resources (i.e., in-kind resources, human capital, space, technology, time, funding, etc.) the agency will need in order to sustain the EBP/II outcomes overtime.
- Identify what resources the agency will need to sustain its capacity and infrastructure to continue to support the EBP/II program.

### **3. Create Case Statements**

- Case Statements are impact statements used to clearly identify what must be sustained, why and how. They are usually about three sentences long and can become the statement that drives forward the planning process.
- Describe why the EBP/II work is needed in the identified community?
- Describe the impact of the EBP/II in the identified community to create local level change? Why is the work important?

- Describe the consequences of not having the EBP/II work in the identified community.
- Include specific needs of support in your case statement (i.e. volunteers, space, money etc.).
  - **Example:** The ABC County organization has been instrumental in reducing marijuana and alcohol use by youth in our community. The EBP program our organization implements makes a difference by utilizing strategies that have been proven successful and are driven by scientific research. It is imperative to sustain our work, which has produced a verified decrease in substance usage and made significant strides in building resilient youth for ABC County.

#### 4. Determining Funding Strategies

- Describe how the agency plans to provide or develop needed resources to continue to fund the EBP/II. This should include thinking about how the agency would implement the following three (3) aspects of funding strategies:
  - Share: Will the agency share resources with other partners and/or how will partners support the work with their resources;
  - Ask: Does or will the agency ask for donations from individuals/organizations; and/or
  - Earn: Does or will the agency earn income through entrepreneurial activities?
- Funding from other entities may be available (i.e., other federal programs, foundations, city/county/town council, state, etc.). Outline how the agency will seek assistance in this way.

#### 5. Action Plan

List what strategy tasks will be completed, steps to be taken, by whom and by when.

<b>Sample Sustainability Action Plan</b>			
Strategy Task	How? (action steps)	By whom?	By when?
Research and identify potential stakeholders	<ul style="list-style-type: none"> <li>• Solicit ideas from other agencies, schools, and faith communities who might share interests with your program.</li> <li>• Talk to local businesses about how your program can benefit their interests.</li> </ul>	Program Supervisor, Prevention Specialist	Months 1-3
Initiate relationship with potential stakeholders	<ul style="list-style-type: none"> <li>• Schedule community/partner meetings.</li> <li>• Prepare written materials for potential stakeholders outlining the program's purpose, vision, and case statement.</li> </ul>	Prevention Specialist, Program Supervisor	Ongoing
Analyze Program Cost	<ul style="list-style-type: none"> <li>• Map current spending and analyze funding gaps.</li> <li>• Develop financing strategies, evaluate options, and develop recommendations.</li> </ul>	Program Supervisor, Program Specialist, Fiscal	Ongoing



# **Alcohol and Drug Abuse Division**

## **Prevention Branch**

### **Quarterly Report**

#### **INSTRUCTIONS**

- Complete this form for ADAD contracted service only.
- A response is required for all questions. If no response, indicate “N/A”.
- Include your ASO Log No.
- Submit one (1) report per ASO Log No.
- Feel free to add additional page(s) as needed.
- Email submission of this report is preferred. If doing so, convert your file to a PDF and send to your ADAD assigned contract manager. Be sure to keep a copy of the email in your program file as evidence of submission. If you are unable to submit via email, please send your report to:

#### **ADAD-PB**

**601 Kamokila Blvd., Room 360**

**Kapolei, Hawaii 96707**

**ATTN: [Insert name of your contract manager]**

**ALCOHOL AND DRUG ABUSE DIVISION**  
**PREVENTION BRANCH**  
**Quarterly Report**

<b>Agency Name:</b>		<b>ASO Log No.</b>	
<b>Identified Community:</b>			
<b>Name of Evidence-Based Intervention(s):</b>			
<b>Fiscal Year:</b>		<b>Quarter:</b> <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
<b>ADAD Contract Manager:</b>			
<b>Name and Title of Person Submitting this Report:</b>		<b>Phone #:</b>	
		<b>Email:</b>	
<b>Signature:</b>		<b>Date:</b>	

**NARRATIVE**

1. **Accomplishments.** Indicate the accomplishments achieved during this period, relative to the contracted services for the evidence-based intervention(s).
  
  
  
  
  
  
  
  
  
  
2. **Challenges.** Indicate any challenge(s) your agency and/or staff experienced implementing contracted services during this period. Include any efforts your agency and/or staff have made to meet these challenges.
  
  
  
  
  
  
  
  
  
  
3. **Technical Assistance and Training Request.** Indicate technical assistance and/or training that may help your agency and/or staff better implement contracted services and/or management of the Contract. Include specific information about the area(s) of interest.

4. **Staffing.** Complete the chart below. If staff left the program during this period, enter an end date. **If new staff have been hired during this period, submit their name(s), contact information, resume(s), and position description(s) to your ADAD Contract Manager.**

Position title	Name	FTE to Agency	FTE to Contracted Services	Start Date	End Date
(Sample) Prevention Specialist	Kahea Lee	1.0	.5	07/01/20	N/A
Prevention Specialist	Mark Diaz	1.0	.5	07/01/20	11/15/20

5. **Success Stories.** Share any “success stories” that illustrate the effectiveness and/or the impact of the contracted services on the lives of the youth, families, and/or communities your agency and/or staff serves. Please assure individuals’ privacy by changing their names. ADAD reserves the right to use your response without notice or warning.
6. **Trends.** Describe any trends your agency and/or staff have observed in the youth, families, and/or communities that you serve. (e.g. any new substance use, like flakka; drug parties, like skittle parties; drug use in a common location, or new locations; etc.)
7. **IOM and Risk Categories.** If applicable, indicate any unduplicated subpopulations you served that are classified as selective or indicated and their associated risk category (i.e. children of substance abusers, pregnant teens, drop-outs, violent and delinquent behavior, mental health problems, economically disadvantaged, physically disabled, abuse victims, already using substances, homeless and/or runaway youth, other-specify).
8. **Other Comments**

## Suggested Resources and Helpful Information

Item	Website
SPF Hawaii	<a href="https://www.spfhawaii.org">https://www.spfhawaii.org</a>
Assessment Primer: Describing Your Community, Collecting Data, Analyzing the Issues and Establishing a Road Map for Change	<a href="https://www.cadca.org/resources/assessment-primer-describing-your-community-collecting-data-analyzing-issues-and">https://www.cadca.org/resources/assessment-primer-describing-your-community-collecting-data-analyzing-issues-and</a>
Planning Primer: Developing a Theory of Change, Logic Models and Strategic and Action Plans	<a href="https://www.cadca.org/resources/planning-primer-developing-theory-change-logic-models-and-strategic-and-action-plans">https://www.cadca.org/resources/planning-primer-developing-theory-change-logic-models-and-strategic-and-action-plans</a>
Implementation Primer: Putting Your Plan into Action	<a href="https://www.cadca.org/resources/implementation-primer-putting-your-plan-action">https://www.cadca.org/resources/implementation-primer-putting-your-plan-action</a>
Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan	<a href="https://www.cadca.org/resources/cultural-competence-primer-incorporating-cultural-competence-your-comprehensive-plan">https://www.cadca.org/resources/cultural-competence-primer-incorporating-cultural-competence-your-comprehensive-plan</a>

### Other information on evidence-based prevention programs and practices for prevention practitioners and individuals working in related behavioral health fields:

#### Behavioral Health

- [Blueprints for Healthy Youth Development](#) identifies youth violence, delinquency, and drug prevention and intervention programs that meet a strict scientific standard of program effectiveness.
- [Matrix of Children's Evidence-based Interventions at Co-Occurring Disorders Information Center – 2006 \(PDF | 169 KB\)](#) Developed by NRI, Inc., provides a comprehensive snapshot of prevention, intervention, and/or treatment programs related to child and adolescent mental health services.
- [SAMHSA's Suicide Prevention Research Center \(SPRC\): Best Practices Registry](#) identifies, reviews, and disseminates information about best practices.

#### Substance Misuse

- [Drug Facts: Lessons from Prevention Research at the National Institute on Drug Abuse \(NIDA\)](#) includes a description of 16 principles derived from long-term research studies results on the origins of drug misuse behaviors and the common elements of effective prevention programs.
- [Identifying and Selecting Evidence-Based Interventions Guidance Document](#) is designed to help apply SAMHSA's Strategic Prevention Framework (SPF) to identify and select evidence-based interventions that address local needs and reduce substance misuse issues.
- [SAMHSA's Evidence-based Practices \(EBP\) Web Guide](#) websites that contain information about specific evidence-based practices and/or comprehensive reviews of research findings.
- [Stop Underage Drinking](#) is a federal portal of comprehensive research and resources on underage drinking prevention developed by the Interagency Coordinating Committee on the Prevention of Underage Drinking.

#### Federal Registries

- [Crime Solutions.gov](#) is a federal website that uses rigorous research to determine what works in criminal justice, juvenile justice, and crime victim services. Resource assists in practical decision making and program implementation by gathering information on specific justice-related programs and reviewing the existing evaluation research against standard criteria.
- [Program Directory Search at Youth.gov](#) describes evidence-based programs designed to prevent and/or reduce delinquency or other behavioral issues among youth.
- [Model Programs Guide at the Office of Juvenile Justice and Delinquency Prevention \(OJJDP\)](#) is a searchable database of evidence-based programs that address the entire continuum of youth services, from prevention through sanctions to reentry.
- [Teen Pregnancy Prevention Evidence Review at the Department of Health and Human Services \(HHS\)](#) includes a searchable database of program models with evidence of effectiveness for impacting rates of pregnancy, sexually transmitted infections, or sexual risk behaviors (sexual activity, contraceptive use, number of sexual partners, etc.).