

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

Request for Proposals
RPF No. HTH 440-23-PB
Substance Misuse Prevention Services

February 7, 2022

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.*

Some Hawaiian words use diacritical markings that signify special pronunciation. The 'okina (glottal stop) signifies a clean break between two vowels. The kahoko (macron, consisting of a horizontal line over a vowel) lengthens the pronunciation of that vowel. As these 'okina and kahoko have no counterpart in HTML code and might be interpreted differently by various browsers, we have taken liberties with the 'okina, using a sign open quote ('), to enable maximum number of users to view this document. The kahoko will not be used.

February 7, 2022

REQUEST FOR PROPOSALS

SUBSTANCE MISUSE PREVENTION SERVICES RFP NO. HTH 440-23-PB

The Department of Health, Alcohol and Drug Abuse Division (ADAD), Prevention Branch, is requesting proposals from qualified applicants to procure services to prevent substance use disorders (SUD) by addressing risk and protective factors that influence the likelihood of substance use, misuse, or abuse and related behaviors. The ADAD supports the implementation of the Strategic Prevention Framework (SPF), a data-driven planning process that can be applied to prevention systems at both the state and local levels to select and deliver effective prevention interventions appropriate across the Institute of Medicine (IOM) Categories (universal, selective, and indicated) and using the Center for Substance Abuse Prevention (CSAP) Strategies. The contract term will be from October 1, 2022 through September 30, 2024.

Proposals shall be postmarked by the United States Postal Service on or before March 15, 2022 and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30pm, Hawaii Standard Time (HST), on March 15, 2022, 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 online Orientation on **February 10, 2022 from 9:00am to 12:00pm, HST**, via Zoom.

Topic: DOH - ADAD RFP ORIENTATION - RFP No. HTH 440-23-PB

Register in advance for this webinar:

https://hawaii-gov.zoom.us/webinar/register/WN_p2iTHn8JQiq27WVOX4hdIg

Meeting: 939 2496 7283

After registering, you will receive a confirmation email containing information about joining the webinar.

All prospective applicants are encouraged to attend the online Orientation via Zoom. Participation in this online Orientation is optional and not required in order to respond to this RFP.

Organization: ADAD
RFP No.: HTH 440-23-PB
Date: February 7, 2022

The deadline for submission of written questions is **4:30pm, HST, on February 15, 2022**. All written questions will receive a written response from the State by **February 18, 2022**.

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

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 1 original hard copy and 1 USB

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **March 15, 2022** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

All Mail-ins

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

Department of Health RFP Coordinator

Cheryl Labuguen Phone: 808-692-7519 Fax: 808-692-7521 Email: Cheryl.labuguen@doh.hawaii.gov
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ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), March 15, 2022.** 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 15, 2022.**

Drop-off Sites

Department of Health Alcohol and Drug Abuse Division Prevention Branch 601 Kamokila Boulevard, Room 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)	<u>February 7, 2022</u>
Distribution of RFP	<u>February 7, 2022</u>
RFP orientation session	<u>February 10, 2022</u>
Closing date for submission of written questions for written responses	<u>February 15, 2022</u>
State purchasing agency's response to applicants' written questions	<u>February 18, 2022</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>TBD</u>
Proposal submittal deadline	<u>March 15, 2022</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>TBD</u>
Final revised proposals (optional)	<u>TBD</u>
Proposal evaluation period	<u>March 16, 2022</u>
Provider selection	<u>April 11-14, 2022</u>
Notice of statement of findings and decision	<u>April 18, 2022</u>
Contract start date	<u>October 1, 2022</u>

1.2 Website Reference

Item	Website
1 Procurement of Health and Human Services	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/
2 RFP website	http://hawaii.gov/spo2/health/rfp103f/
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the “References” tab.
4 General Conditions, AG-103F13	http://hawaii.gov/forms/internal/departments-of-the-attorney-general/ag-103f13-1/view
5 Forms	http://spo.hawaii.gov Click on the “Forms” tab.
6 Cost Principles	http://spo.hawaii.gov Search: Keywords “Cost Principles”
7 Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8 Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9 Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10 Department of Taxation	http://tax.hawaii.gov
11 Department of Labor and Industrial Relations	http://labor.hawaii.gov
12 Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click “Business Registration”
13 Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14 Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

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, Room 360
Kapolei, Hawaii 96707
Phone: (808) 692-7519
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

1.7 Online Orientation

The Alcohol and Drug Abuse Division will conduct an online orientation on **February 10, 2022 from 9:00am to 12:00pm, HST**, via Zoom.

Topic: DOH - ADAD RFP ORIENTATION - RFP No. HTH 440-23-PB

Register in advance for this webinar:

https://hawaii-gov.zoom.us/webinar/register/WN_p2iTHn8JQjq27WVOX4hdIg

Meeting: 939 2496 7283

After registering, you will receive a confirmation email containing information about joining the webinar.

All prospective applicants are encouraged to attend the online Orientation via Zoom. Participation in this online Orientation is optional and not required in order to respond to this RFP.

Applicants are encouraged to submit written questions prior to the online Orientation via email (cheryl.labuguen@doh.hawaii.gov). 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 online Orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

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:

Date: February 15, 2022 **Time:** 4:30PM HST

State agency responses to applicant written questions will be provided by:

Date: February 18, 2022

1.9 Submission of Proposals

- A. **Forms/Formats** – All 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-2 Proposal Application Checklist for the location of program specific forms.
1. **Proposal Application Identification (Form SPOH-200)** (Refer to sample in **Section 5, Attachment A-1** and **SPO Website**). Provides applicant proposal identification.
 2. **Proposal Application Checklist** (Refer to sample in **Section 5, Attachment A-2**). 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** (Refer to sample in **Section 5, Attachment A-3**). 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** (Refer to **Section 5, Attachments A-1 to A-9**). Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions.
- B. **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.
- C. **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.

- D. **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.
- E. **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.
- F. **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 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

- A. 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.
- B. 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.

Head of State Purchasing Agency	Procurement Officer
Name: Elizabeth Char, MD	Name: John Valera
Title: Director of Health	Title: Acting Administrator
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 Boulevard, Room 360 Kapolei, Hawaii 96707
Business Address: State of Hawaii Department of Health 1250 Punchbowl Street Honolulu, Hawaii 96813	Business Address: Department of Health Alcohol and Drug Abuse Division 601 Kamokila Boulevard, Room 360 Kapolei, Hawaii 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 necessary for the development and delivery of quality substance abuse 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 and treatment 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 (SUD) prevention system is to reduce the prevalence, incidence and consequences of alcohol, tobacco and other drugs (ATOD) by addressing community conditions that promote substance misuse and by enhancing community conditions that buffer individuals from the consequences of SUDs. The 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 the 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. General, Federal, and Federal discretionary grant funds 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 ATOD. Funded prevention programs and policies primarily focus on the provision practices categorized in at least one of the six Center for Substance Abuse Prevention (CSAP) strategies for identified target populations. Prevention interventions are comprehensive and culturally appropriate for universal, selected and/or indicated populations and strive to produce sustainable positive outcomes.

According to the 2018-2019 National Surveys on Drug Use and Health (NSDUH), substance use disorders in Hawaii affect roughly 6.08% of 12-17 year olds and 22.38% of 18-25 year olds. This is slightly below the national average of 6.34% and 24.39% respectively. In the United States, 6.18% of youth 12-17 and 23.66% of 18-25 year olds were in need of, but not receiving treatment at a Specialty

Facility for Substance Use (SU). Hawaii youth, ages 12-17 were above the national average for needing but not receiving SU treatment at 7.16%. In addition, 18-25 year olds were also above the national average for needing but not receiving SU treatment at 26.47%.

B. Planning activities conducted in preparation for this RFP

ADAD initiated three (3) Requests for Information (RFI) related to the implementation of the SPF process, prevention efforts and strategies to increase collaboration with the Substance Use Disorder (SUD) Continuum of Care (COC) and to use the SPF to select, implement, and evaluate programs and policies to best address prevention priorities. RFIs were issued on September 30, 2021, October 22, 2021 and December 9, 2021 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 substance abuse prevention system of services to meet the needs of Hawaii's communities. Comments, suggestions, and other feedback were sent to ADAD via Google Forms or in word document format and emailed to ADAD 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.

C. Description of the service goals

The goal of the requested service is to procure services to prevent SUD by addressing risk and protective factors that influence the likelihood of substance use, misuse, or abuse and related behaviors across the lifespan. The specific goal of the requested services is to use the Strategic Prevention Framework (SPF) to select, implement, and evaluate prevention programs and policies to best address prevention priorities according to the APPLICANT's needs assessment. APPLICANTS may propose to begin at the assessment, planning, or implementation step of the SPF.

The SPF is a five (5) step data-driven process to understand and address substance misuse and related behavioral health problems. The SPF steps include:

1. Assessment: Identify local prevention needs based on data (What is the problem?);
2. Capacity: Build local resources and readiness to address prevention needs (What do you have to work with?);
3. Planning: Find out what works to address prevention needs and how to do it well (What should you do and how should you do it?);

4. Implementation: Deliver programs and, policies, and practices as intended (How can you put your plan into action?); and
5. Evaluation: Examine the process and outcomes of programs and, policies, and practices (Is your plan succeeding?).

The SPF also includes two (2) guiding principles:

1. Cultural Awareness: The ability to understand and interact effectively with people who have different values, lifestyles, and traditions; and
2. Sustainability: The process of building an adaptive and effective system that achieves and maintains desired long-term results.

For more information on the SPF refer to, [A Guide to SAMHSA's Strategic Prevention Framework](#).

For the purposes of this RFP, prevention programs and policies are as follows:

- Programs include predetermined, structured, and coordinated activities, which shall be implemented by community-based organizations; and
- Policies include activities to create and/or change policies, which shall be implemented by community coalitions.

All prevention programs and policies shall meet at least one of the following criteria:

- Included in a registry for substance misuse prevention programs and policy;
- Reported in a peer-reviewed journal with positive effects on the primary target outcome;
- Documented effective by other sources of information and the consensus judgement of the ADAD and the Evidence-Based Workgroup or other informed experts; or
- Programs and policies that do not meet any of the three (3) criteria above shall work towards meeting the third (3rd) criteria by the end of the contract period. The ADAD will provide guidance as needed.

For more information on federal registries and peer-review journals refer to the Prevention Technology Transfer Center's, [Evidence-Based Programs, Policies, and Practices Toolkit](#).

If an APPLICANT is proposing more than one type or prevention service (i.e., program and policy), the APPLICANT shall submit a separate Strategic Plan and Rate Table (cost proposal) for each proposed prevention service.

Proposed costs will be considered by ADAD in determining contract awards with consideration to availability of funds, resource allocation priorities, conceptual and practical fit of the proposed delivery plan.

D. Description of the target population to be served

- The general target populations identified for services include youth ages 9-17 and young adults ages 18-24.
- Secondary target populations for this RFP include those that directly or indirectly impact the primary target population, which include their families, schools, and communities.
- Target populations are categorized by the Institute of Medicine (IOM) Categories (i.e., universal, selected and indicated). For information on the IOM Categories, refer to pages 3-7 and 3-8 of the [Surgeon General's report on prevention](#).

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 within the state.

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

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

The anticipated amount of funding per Contract Year is based on the availability of General, Federal, and Federal discretionary grant funds.

- ADAD anticipates awarding contracts with time of performance of two (2) years as defined below with the possibility of extensions of up to two (2) additional contract years. In this RFP, a contract year is defined as October 1st to and including September 30th.

- Anticipated funding amounts are estimated based on current resources allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from anticipated amounts due to evolving budgetary circumstances.
- ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of ADAD as well as operate within budgetary limitations and pending availability of General, Federal, and Federal discretionary grant funds. The source of Federal funds is the Substance Abuse Prevention and Treatment Block Grant (SABG) (CFDA 93.959) and the source of the Federal discretionary funds is the Strategic Prevention Framework-Partnerships for Success (SPF-PFS) (CFDA 93.243).
- 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 SPF-PFS funds will be allocated towards prevention programs and policies focusing on underage drinking.

For all contract awards, ADAD shall award a Not-To-Exceed (NTE) funding limit for a two (2)-year period.

ADAD reserves the right to shift resources at any time during the contract period when there is a monthly pattern of underutilization. The reallocation of funds shall be determined by ADAD at its discretion to best meet the needs of ADAD.

ADAD reserves the right to increase the NTE funding limit of a contract, by not more than twenty percent (20%) of the contract amount, without a contract modification, subject to the availability of funds.

ADAD reserves the right to adjust the individual rates on the rate table without a contract modification, subject to the availability of funds.

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

1. Temporarily withhold payments pending correction of a deficiency or delinquency in submission of required report by the contractor;
2. Disallow all or part of the cost; and/or
3. Suspend or terminate the contract.

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, rate schedule, and/or NTE funding limits. There may be unique circumstances, currently unanticipated by ADAD, which may require these modifications be made in order to continue or improve services and adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds and adjust prevention service rates at its discretion in order to best meet the needs of ADAD as well as operate within budgetary limitations.

2.2 Contract Monitoring and Evaluation

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

- Performance/Outcome Measures
- Strategic Plan
- Output Measures
- Quality of Care/Quality of Services
- Financial Management
- Administrative Requirements
- Program Reports
- 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 the most recent audited Financial Statement:
 - a) APPLICANTS shall not use funds for major capital improvements or other cost listed as allowable 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 OCCURRENCE 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 operating 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. They are subject to approval by the primary purchaser and Chief Procurement Officer (CPO).

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 of the State determines that the service(s) are still needed.

2.4 Scope of Work

The APPLICANT shall use the Strategic Prevention Framework (SPF) process to select, implement, and evaluate programs and policies to best address prevention priorities for the target population(s) in the identified service area(s). The APPLICANT shall identify the:

1. Type of prevention service (i.e., program or policy);

2. SPF step they intend to begin with (i.e., assessment, planning, or implementation);
3. Service area(s); and
4. Target population(s) and IOM Categories (i.e., universal, selective and/or indicated).

If the APPLICANT intends to apply for **prevention programs**, refer to A. Service Activities – Prevention Programs. If the APPLICANT intends to apply for **prevention policies**, refer to B. Service Activities – Prevention Policies. APPLICANTS may apply for either prevention service (i.e., program or policy), or both under one proposal.

The Scope of Work encompasses the following tasks and responsibilities:

A. Service Activities – Prevention Programs implemented by community-based organizations

If the APPLICANT intends to begin with the **assessment** step, the APPLICANT must provide initial data showing the need for prevention services in the identified area(s) and intended target population(s), which shall be submitted as part of their proposal. Please advance to Item 1. Assessment.

If the APPLICANT intends to begin with the **planning** step, the APPLICANT must have completed the assessment step and produced a Community Needs Assessment, which shall be submitted as part of their proposal. Refer to Section 5, Attachment C-2 for guidance. Please advance to Item 2. Planning.

If an APPLICANT intends to begin with the **implementation** step, the APPLICANT must have completed the assessment and planning steps of the SPF, and produced a Strategic Plan, which shall be submitted as part of their proposal. Refer to Section 5, Attachments C-1 to C-8 for the Strategic Plan guide and template. Please advance to Item 3. Implementation.

Refer to [A Guide to SAMSHA's Strategic Prevention Framework](#) for guidance on conducting the SPF.

1. **Assessment:** Conduct assessment of existing and trending substance misuse problems and the capacity to address the problems in the service area. Information gathered through this assessment shall be used to develop a Strategic Plan and make data-driven decisions.
 - a) Assess substance misuse problems and related behaviors.
 - (1) Collect quantitative and qualitative data.
 - (2) Develop a survey to be used to collect qualitative data.

- b) Identify priority problem(s).
 - c) Assess risk and protective factors associated with the priority problem(s). Refer to Attachment D-1 for a list of approved risk and protective factors.
 - d) Assess community capacity (i.e., resources and [readiness](#)) for prevention.
 - e) Share your findings with prevention stakeholders and community members.
 - f) Submit to ADAD for approval a Community Needs Assessment with the assistance of an external evaluator within six (6) months of the start of the Contract.
2. **Planning:** Develop a Strategic Plan (SP) by facilitating a collaborative planning process and utilizing information gathered from the assessment and selecting an appropriate prevention program to implement and evaluate.
- a) Prioritize risk and protective factors associated with the substance misuse problem(s) that have been identified in the assessment.
 - b) Select an appropriate prevention program to address each priority factor. The prevention program must meet at least one (1) of the four (4) criteria listed on page 2-3.
 - c) Develop a Logic Model with stakeholders and submit to ADAD for approval within one (1) month of an approved Community Needs Assessment. Refer to Attachment C-3 for the Logic Model template.
 - d) Complete the remaining components of the SP and submit to ADAD for approval within three (3) months of an approved logic model. Refer to Attachments C-1 to C-8 for SP templates, guidance, and samples.
 - e) Annually update the SP by making informed adjustments.
3. **Implementation:** Implement the prevention program to the identified target population(s).
- a) Maintain fidelity of the program by implementing it as designed and adhering to the core components of the program.
 - b) If applicable, establish and maintain on-going communication with the developer of the selected program.

- c) In addition to implementing the program, provide alternative activities to reinforce the program's core components. These activities shall not supersede the implementation of the program.
 - d) As applicable, identify program participants that have experimented with substance(s) and assist them with appropriate next steps.
- 4. **Evaluation:** Evaluate the process and outcomes of the prevention program. Work with an external evaluator to develop and submit to ADAD:
 - a) A progress evaluation report, which covers the first two (2) quarters of the contract year, within thirty (30) calendar days after the second quarter of each contract year. This report shall describe the degree to which the prevention program is being implemented as detailed by the SP and if applicable, as intended by the developer. Include any improvements and mid-course corrections as needed; and
 - b) A final evaluation report, which includes process and outcome data results, within thirty (30) calendar days after the end of each contract year.
- 5. **Capacity:** Build capacity and mobilize support for the selected prevention program.
 - a) Build capacity within your prevention program. This may include, but not limited to:
 - (1) Attending trainings related to prevention, the selected program, and alcohol, tobacco, and other drugs (ATOD); and
 - (2) Obtaining the Certified Prevention Specialist credential.
 - b) Mobilize support and build local capacity within the identified service area(s) to garner resources and increase readiness to support prevention efforts. This may include, but not limited to:
 - (1) Engaging with various key stakeholders to obtain buy-in and expand partnerships; and
 - (2) Providing community awareness of the priority substance misuse problem(s) and the selected prevention program, to include activities, such as, speaking engagements, health fairs, media campaigns, public service

announcements, prevention-focused websites, social media, and/or prevention-focused email blasts.

6. **Sustainability:** Develop sustainability strategies to sustain a data informed process and positive outcomes. Refer to page 29 of [A Guide to SAMHSA's Strategic Prevention Framework](#).
 - a) Develop and submit to ADAD a sustainability plan by the end of the first contract year.
 - b) In subsequent year(s), submit to ADAD an updated sustainability plan by the end of the subsequent year.
7. **Cultural Awareness:** Integrate cultural awareness in each step of the SPF. Refer to page 27 of [A Guide to SAMHSA's Strategic Prevention Framework](#).

B. Service Activities - Prevention Policies implemented by community coalitions

If the APPLICANT intends to begin with the assessment step, the APPLICANT must provide initial data showing the need for prevention services in the identified area(s) and intended target population(s), which shall be submitted as part of their proposal. Please advance to Item 1. Assessment.

If the APPLICANT intends to begin with the planning step, the APPLICANT must have completed the assessment step and produced a Community Needs Assessment, which shall be submitted as part of their proposal. Refer to Section 5, Attachment C-2 for guidance. Please advance to Item 2. Planning.

If an APPLICANT intends to begin with the implementation step, the APPLICANT must have completed the assessment and planning steps of the SPF, and produced a Strategic Plan, which shall be submitted as part of their proposal. Refer to Section 5, Attachments C-1 to C-8 for the Strategic Plan guide and template. Please advance to Item 3. Implementation.

Refer to [A Guide to SAMSHA's Strategic Prevention Framework](#) for guidance on conducting the SPF.

1. **Assessment:** Conduct an assessment of the existing and trending substance misuse problems and the capacity to address the problems in the service area. Information gathered through this assessment shall be used to develop a Strategic Plan and make data-driven choices.
 - a) Create a coalition community assessment workgroup to include individuals from a diverse array of agencies (e.g., law enforcement, schools, public health, social services, and treatment who may have access to their organization's data).

- b) Assess and gather data on substance misuse, review existing consumption and consequence data in the community (e.g., 2019 Youth Risk Behavior Survey, crash statistics, liquor law arrests); gather additional existing data from local sources, including data specific to disparate populations, in the community.
 - (1) Collect qualitative data from stakeholders and the target populations through methods such as focus groups, key informant interviews, observations, environmental scans and/or one-on-one interviews. Work with an external evaluator to collect, analyze and summarize this information.
 - (2) Identify data gaps and collect additional information in the community to fill the identified gaps. If community level data is not available, Coalitions must work with an external evaluator to collect this information. This data must be collected as part of the community assessment as well as the evaluation to measure change in substance misuse rates within the community.
 - (3) Determine a community's readiness and ability to recognize substance misuse and related issues as a problem. This will ensure that planned strategies will be appropriate given the attitudes, level of awareness, and political will to change the cultural norms of substance misuse within the community.
 - (4) Identify current resources that could be directed towards addressing the community's priorities such as fiscal resources (e.g. other funding streams and in-kind support), human resources (e.g. skills, knowledge and partners to implement each of the SPF steps and policies), and organizational resources (e.g. existing programs, policies, technology and physical resources).
- c) Submit to ADAD for approval a Community Needs Assessment with the assistance of an external evaluator within six (6) months of the start of the Contract.

2. **Planning:** Develop a Strategic Plan (SP) by facilitating a collaborative planning process and utilizing information gathered from the assessment and selecting an appropriate prevention policy to implement and evaluate.

- a) Engage and involve stakeholders in the planning process to review the assessment findings to identify the substance misuse problem behaviors, related issues, and local conditions to help guide the prioritization of risks and protective factors and local conditions.

- b) Select an appropriate policy to achieve desired outcomes and community level change. Informed by local data and guided by assessment findings, the Coalition must select a policy to implement with the resources of this RFP. The selected policy should be relevant to the community's identified priorities, and appropriate given the community's identified capacity. The selected policy must meet at least one (1) of the four (4) criteria listed on pages 2-3. For more information on policies, refer to [Environmental Strategies Catalog_Final.pdf \(spfhawaii.org\)](#).
 - c) Develop a Coalition Logic Model that describes the link between identified problems and local conditions to the desired outcomes. Submit to ADAD for approval within one (1) month of an approved Community Needs Assessment. See Section 5, Attachment C-5 for template and sample of a Logic Model.
 - d) Develop an Action Plan of the Coalition's activities to implement the selected policy. See Section 5, Attachment C-6 for a sample and template of an Action Plan.
 - e) Submit the Coalition's SP to address substance misuse to ADAD for approval within three (3) months of an approved logic model. See Section 5, Attachments C-1 to C-8 for templates, guidance, and samples.
 - f) Update the SP on an annual basis and amend based on ongoing assessment, monitoring, and evaluation. The Coalition should share and distribute necessary components of the strategic plan to key stakeholders to ensure accountability.
3. **Implementation:** Implement the prevention policy.
- a) Ensure fidelity by maintaining core components.
4. **Evaluation:** Evaluate the process and outcomes of the prevention policy with an external evaluator.
- a) Create an evaluation workgroup to include coalition members who are suited to and interested in sharing the story of the coalition. Members of this workgroup should collaborate to conduct the evaluation along with participation from the external evaluator and submit to ADAD:
 - (1) A progress evaluation, which covers the first two (2) quarters of the contract year, within thirty (30) calendar days after the second quarter of each contract year. This report shall describe the degree to which the prevention policy is being

implemented as detailed by the Strategic Plan and if applicable, as intended by the developer. Include any improvements and mid-course corrections as needed; and

- (2) A final evaluation report, which includes process and, if applicable, outcome data results within thirty (30) calendar days after the end of each contract year.
 - b) Compile, summarize, and share the evaluation information with key stakeholders for the purpose of improving the effectiveness of the planned strategies and the SPF process. Ensure cultural awareness by involving and consulting with diverse stakeholders, Coalition members, youth, and cultural liaisons throughout the evaluation process. This should include analyzing, synthesizing, interpreting, and disseminating findings.
 - c) Organize Coalition members to conduct one-on-one interviews with community members minimally annually to assess individual stakeholder interests regarding the community Coalition and project as well as foster the development of prevention champions. This task should not be the sole responsibility of the coalition coordinator, but of the Coalition as a whole, and serves as a capacity building/outreach strategy.
5. **Capacity:** Build capacity and mobilize support for the selected prevention policy to increase the ability and skills of individuals, groups, and organizations to plan, undertake and manage initiatives and resources and to improve the community's readiness to address substance misuse and to engage in all components of the SPF. A Coalition shall not be solely composed of staff from the agency that is managing funds for coalition work. Therefore, the coalition shall:
- a) Engage a multidisciplinary partnership of formal and informal leaders and achieve representation from the following twelve (12) sectors within the first year:
 - (1) Youth (18 or younger) and young adults
 - (2) Youth-serving organizations
 - (3) Parents
 - (4) Business community
 - (5) Media
 - (6) Schools
 - (7) Law enforcement agencies
 - (8) Faith-based organizations
 - (9) Civic and volunteer groups
 - (10) Healthcare professionals (i.e., doctors, nurses, substance abuse treatment providers)

- (11) State, local, or tribal agencies with expertise in substance misuse or related issues
 - (12) Other organizations involved in addressing substance misuse
-
- b) Develop internal administrative structures and adopt supportive policies for the coalition. This shall include adopting by-laws that allow all members to have influence over decisions, make processes accessible to the community being served and identify a volunteer chairperson for the coalition.
 - c) Form subcommittees or workgroups to accomplish specific tasks as needed.
 - d) Hold at least eight (8) regular coalition-wide meetings each year. These meetings should be action-oriented to ensure that the coalition continues to make progress towards achieving its goals.
 - e) Develop and utilize coalition documents such as membership forms, memorandums of understanding and/or agreement to formalize relationships and solidify ongoing community engagement.
 - f) Create materials that can be easily accessed and used to orient new stakeholders and coalition members to the coalition and project (e.g., coalition website, orientation or new member packet, electronic newsletter).
 - g) Support annual attendance of the coalition coordinator, member(s), and contracted evaluator at trainings and/or conferences to gain new knowledge and skills to improve coalition-building efforts and effectively address substance misuse in the community.
 - h) Evaluate the Coalition's operations and administration to determine how the Coalition functions and the capacity of its members to apply the SPF. The results will guide the work of the Coalition and gauge current strengths and areas for improvement.
 - i) Assess the Coalition membership semi-annually, at minimum, to ensure proper sector and community member representation and appropriate expertise. This approach ensures the involvement of representatives from key community organizations and institutions who provide varying perspectives and interests in substance misuse prevention and related consequences.
 - j) Build upon existing community relationships and engage key stakeholders to promote coordination and collaboration, make sufficient use of community resources, ensure cultural awareness and achieve population-level change.

6. **Sustainability:** Develop sustainability strategies to sustain a data informed process and positive outcomes. Refer to page 29 of [A Guide to SAMHSA's Strategic Prevention Framework](#).
 - a) Develop and submit to ADAD a sustainability plan by the end of the first contract year.
 - b) In subsequent year(s), submit to ADAD an updated sustainability plan by the end of the subsequent year.
7. **Cultural Awareness:** Integrate cultural awareness in each step of the SPF. Refer to page 27 of [A Guide to SAMHSA's Strategic Prevention Framework](#).

C. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

- 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) 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.
- c) 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. These individuals are also known as preceptors.
- d) Maintain documentation for each employee of an initial and annual tuberculosis (TB) screening, skin test, or chest X-ray, and a copy of the results shall be placed in the personnel file of each staff member employed by this program.

- e) 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. Administrative

- a) Obtain prior approval from ADAD for all media and messages intended for public distribution, including but not limited to radio, TV, video, posters, newspaper ads, and public service announcements.
- b) Acknowledge the STATE, ADAD, and appropriate General, Federal, and/or Federal Discretionary grants as the APPLICANT's program sponsors by stating such on displays, public service announcements, written or electronic material distributed by the program.
- c) Refund to the STATE any funds unexpended or expended inappropriately.

3. Quality assurance and evaluation specifications

- 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.

4. Output and performance/outcome measurements

- a) The APPLICANT shall measure, track, and report information according to their evaluation plan.
- b) ADAD will review the APPLICANT's evaluation results and may request a plan of improvements as deemed necessary.
- c) (Program only) The APPLICANT shall collect the following indicators among persons aged 9-24:
 - (1) 30-day alcohol use among persons aged under 21;
 - (2) 30-day binge drinking;
 - (3) 30-day marijuana use;
 - (4) Age of first use (alcohol and marijuana);
 - (5) Perception of risk or harm (alcohol and marijuana);
 - (6) Perception of parental disapproval of use (alcohol and marijuana);
 - (7) Lifetime prescription drug use without doctor's prescription;
and
 - (8) Family communication around substance use.

5. Experience

The APPLICANT shall have experience operationalizing projects/contracts pertinent to the proposed services, including at least one (1) year of experience:

- a) Providing or coordinating prevention services, substance misuse specific prevention services, and services to the identified population and within the targeted service area; and
- b) Managing government or foundation funded contracts or projects of similar size and complexity.

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.

The APPLICANT shall report monthly, through ADAD's management information system. The monthly data report is due on the 15th of the following month and shall include the following:

- (1) Prevention Program
 - i. Unduplicated count of individuals served under the Education Strategy;
 - ii. Number of individuals served under the CSAP Strategies;
 - iii. Number of individuals served by IOM category;
 - iv. Number of evidence-based strategies implemented;
 - v. Number of trainings attended by staff;
 - vi. Number of meetings attended by staff;
 - vii. Number of meetings facilitated by staff;
- (2) Prevention Policy
 - i. Number of individuals served under the CSAP Strategies;
 - ii. Number of individuals served by IOM category;
 - iii. Number of policies implemented;
 - iv. Number of evidence-based strategies implemented;
 - v. Number of trainings attended by staff and coalition members;
 - vi. Number of meetings attended by staff and coalition members; and
 - vii. Number of meetings facilitated by staff and coalition members.

The APPLICANT shall submit narrative Quarterly and Year-End Reports summarizing accomplishments and challenges of the SPF as it relates to the prevention programs and/or policies. Quarterly reports are due within

fifteen (15) calendar days after the end of each quarter. 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 electronic invoice within fifteen (15) calendar days after the last day of each calendar month. If no invoices are submitted within 15 (15) calendar days after the last day calendar month. The APPLICANT shall notify ADAD that no invoices are being submitted for the calendar month.

All APPLICANTS must submit data in the manner and format specified by ADAD.

c. End of Contract Year Documentation

In this RFP, a contract year is defined as October 1st to and including September 30th.

- (1) The APPLICANT shall submit the following documentation within fifteen (15) calendar days after the last day of each contract year:
 - a. Final Invoices;
 - b. Financial Statements;
 - c. Single Audit Report (if applicable); and
 - d. Other contract close-out documentation as specified by ADAD.
- (2) If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be completed and submitted to ADAD as directed in accordance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements 2 CFR 200/45 CFR Part 75 if the APPLICANT expends \$750,000.00 or more in Federal Funds in a year.
- (3) APPLICANTS, upon award of a contract, shall comply with all laws governing entities doing business in the State. APPLICANTS shall produce certificates to ADAD to demonstrate compliance with the Hawai'i State Department of Taxation (DOTAX), Internal Revenue Services (IRS), Department of Labor and Industrial Relations (DLIR), and Department of Commerce and Consumer Affairs (DCCA). APPLICANTS are encouraged to register with Hawai'i Compliance Express (HCE) to obtain electronic verification. It is the policy of ADAD to process only those invoices that

have a valid certificate of good standing on file at the time of receipt.

NOTE: ADAD will perform periodic audit of the APPLICANT to assure that services provided and billed have been documented accurately. The audit shall, at minimum, include confirming billing service with service documentation and other documents as requested by ADAD.

D. 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 disabilities (e.g., speech, hearing, psychological, etc.).

2.5 COMPENSATION AND METHOD OF PAYMENT

- A. The method of pricing shall be a rate schedule. The purchasing agency will pay the provider a pre-determined rate for services specified in the contract. A rate table (cost proposal) for two (2) years is required. The APPLICANT shall submit separate rate tables (cost proposal) for each prevention service (i.e., programs or policies). Refer to Section 5, Attachment A-8 for the Rate Table (Cost Proposal) template.
- B. ADAD reserves the right to add services to a contract, without a modification, provided that the APPLICANT submits a request for approval by ADAD. The request shall include a logic model for the service, the target population(s), and service area(s).
- C. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of ADAD as well as operate within budgetary limitations and pending availability of General, Federal, and Federal Discretionary Grant funds.
- D. ADAD reserves the right to shift resources at any time during the contract period when there is a monthly pattern of under-utilization indicating funds are better applied elsewhere. The reallocation of funds shall be determined by ADAD at its discretion to best meet the needs of ADAD following Utilization Management Protocol.
- E. ADAD may, at its discretion, revise all or part of the pricing structure listed in the Rate Schedule.

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 applicant organization and RFP identification information should be on the top right-hand corner of each page.
- 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.
- 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 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.

The Proposal Application is comprised of the following sections:

- Attachment A-1 Proposal Application Identification Form
- Attachment A-2 Proposal Application Checklist
- Attachment A-3 Table of Contents
- Attachment A-4 Program Overview
- Attachment A-5 Experience and Capability
- Attachment A-6 Project Organization and Staffing
- Attachment A-7 Service Delivery
- Attachment A-8 Financial
- Attachment A-9 Other

3.1 Program Overview (Refer to Section 5, Attachment A-4)

A. The APPLICANT shall provide a brief overview to orient evaluators as to the prevention service(s) being offered and shall also indicate the following:

1. Type of prevention service(s) (i.e., program and/or policy).
APPLICANTS may propose for either service, or both services under one proposal.
2. Strategic Prevention Framework (SPF) step they intend to begin with (i.e., assessment, planning, or implementation) for each prevention service.
3. Service area(s) for each prevention service; and
4. Target population(s) and IOM Categories (i.e., universal, selective and/or indicated).

B. Program Overview Statement of Agreement.

The APPLICANT shall acknowledge and sign the Program Overview Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will meet the mandatory requirements for all services, in strict compliance with requirements, terms, and conditions of the RFP.”

3.2 Experience and Capability (Refer to Section 5, Attachment A-5)

A. Necessary Skills and Experience

The APPLICANT shall list projects/contracts of verifiable experience pertinent to the proposed service(s) within the most recent one (1) year. The APPLICANT shall include point of contacts, addresses, and e-mail/phone numbers. ADAD reserves the right to contact references to verify experience. Documentation shall be made available to ADAD upon request.

B. Quality Assurance and Evaluation

1. Quality Assurance and Evaluation Statement of Agreement.

The APPLICANT shall acknowledge and sign the Quality Assurance and Evaluation Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will provide mandatory requirements stated in Sections 2.4 B.3 and B.4. For all services, in strict compliance with requirements, terms, and conditions of the RFP.”

C. Coordination of Services

1. The APPLICANT shall provide a list of formal agreements such as contracts, letters of intent, memorandums of understanding/intent/agreement, including agreements with schools, other community agencies and stakeholders, etc. Documentation shall be made available to ADAD upon request.
2. Coordination of Services Statement of Agreement

The APPLICANT shall acknowledge and sign the Coordination of Services Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will provide the mandatory requirements stated in Section 2.4. B.6. for all services, in strict compliance with requirements, terms, and conditions of this RFP.”

D. Facilities

1. The APPLICANT shall complete a Facilities List that includes the address locations of sites where services will be provided, and ensure each site meets all Federal, State, and County requirements including Americans with Disabilities Act (ADA) requirements. If facilities are not presently available, describe plans to secure facilities.
2. Facilities Statement of Agreement.

APPLICANT shall acknowledge and sign the Facilities Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will ensure all sites where services will be provided meet all Federal, State, and County requirements including Americans with Disabilities Act (ADA) requirements. _____ (APPLICANT Name) will maintain an updated Facilities List. Documentation shall be made available to ADAD upon request.”

3.3 Project Organization and Staffing (Refer to Section 5, Attachment A-6)

A. Project Organization

Project Organization Statement of Agreement

The APPLICANT shall acknowledge and sign the Project Organization Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will maintain an updated Program Organization Chart and an Organization-Wide Chart. Documentation shall be made available to ADAD upon request.”

B. Staffing

1. Staff List.

The APPLICANT shall complete a Staff List that includes names, qualifications, position and responsibilities, FTEs, and status of Certified Prevention Specialist certification.

2. Staffing Statement of Agreement.

The APPLICANT shall acknowledge and sign the Staffing Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will maintain an updated Staff List. Documentation shall be made available to ADAD upon request.”

3.4 Service Delivery (Refer to Section 5, Attachment A-7)

A. Strategic Plan (SP)

1. If an APPLICANT is proposing more than one type of prevention service (i.e., program and policy), the APPLICANT shall submit a separate Strategic Plan for each proposed prevention service.
2. If the APPLICANT is proposing to begin with the **assessment** step, the APPLICANT must provide initial data showing the need for prevention services in the identified area(s) and the intended target population(s) by

completing the Assessment and Capacity sections of the SP with the initial data.

3. If the APPLICANT is proposing to begin with the **planning** step, the APPLICANT must have completed the assessment step and shall complete the Assessment and Capacity sections of the SP with the compiled data.
4. If an APPLICANT is proposing to begin with the **implementation** step, the APPLICANT must have completed the assessment and planning steps and shall complete all sections of the SP.

B. Service Delivery Statement of Agreement

The APPLICANT shall acknowledge and sign the Service Delivery Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will comply with all prevention service requirements listed in the RFP.

3.5 Financial (Refer to Section 5, Attachment A-8)

A. Rate Table (Cost Proposal)

The APPLICANT shall complete two (2) Rate Tables (Cost Proposals) for each type of prevention service (i.e., program and/or policy) – one (1) for the first year and another for the second year of the time of performance. The APPLICANT shall list the number of projected services for each year. All services shall be conducted in accordance with Section 2, 2.4 Scope of Work.

B. Other Financial Related Materials

1. The APPLICANT shall submit a Single Audit Report (SAR) or Financial Audit Report that indicates minimal or no material deficiencies (Financial Audit must be completed by an independent auditor)

OR

If the APPLICANT is not required to provide a SAR or Financial Audit Report, the following Financial Reports for the most current fiscal year shall be submitted (including supplemental information about the financial condition of the company, without which the Financial Statements cannot be fully understood). The APPLICANT submitted the following:

- a) Profit and Loss Statement (P&L);
- b) Balance Sheet;
- c) Statement of Cash Flow;
- d) General Ledger; and
- e) Notes to Financial Statement

3.6 Other (Refer to Section 5, Attachment A-9)

A. 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. Meets/does not meet criteria will be utilized to maximize the objectivity of the evaluation. *ADAD reserves the right to award contracts based on the best configuration of services and to best meet the needs of the STATE.*

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:

- A. Phase 1 - Evaluation of Proposal Requirements
- B. Phase 2 - Evaluation of Proposal Application
- C. Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Proposal Application

1.	Program Overview (Statement of Agreement Required)	Meets/Does Not Meet
2.	Experience and Capability	Meets/Does Not Meet
3.	Program Organization and Staffing	Meets/Does Not Meet
4.	Service Delivery	Meets/Does Not Meet
5.	Financial	Meets/Does Not Meet
6.	Other (Litigation)	N/A

4.3 Evaluation Criteria

A. Evaluation of Proposal Application

1. Proposal Application Requirements

- a. Attachment A-1 Proposal Application Identification Form (SPOH-200) (<https://spo.hawaii.gov/spoh-200/>)
- b. Attachment A-2 Proposal Application Checklist
- c. Attachment A-3 Table of Contents

- d. Attachment A-4 Program Overview
 - e. Attachment A-5 Experience and Capability
 - f. Attachment A-6 Project Organization and Staffing
 - g. Attachment A-7 Service Delivery
 - h. Attachment A-8 Financial
 - i. Attachment A-9 Other
2. **Proposals will be evaluated to be considered Technically Acceptable using the following Meets/Does Not Meet Criteria. To determine that the APPLICANT has met the following criteria, each proposal shall be evaluated to determine that every individual requirement has been met (Refer to Section 5, Attachment B-1).**
3. **If the APPLICANT submits a proposal for both types of prevention services (i.e., programs and policies), the service delivery and financial sections of each service will be evaluated separately. (Refer to Section 5, Attachments A-7 and A-8.) If both prevention services are awarded, separate contracts will be issued.**

Evaluation Categories

1. ***Program Overview***

The STATE will evaluate the APPLICANT's program overview and ensure the Program Overview Statement of Agreement is provided.

Note: If Program Overview Statement of Agreement is not provided, the evaluation of application will not proceed.

2. ***Experience and Capability***

The STATE will evaluate the APPLICANT's experience and capability relevant to the proposal through an evaluation of the items noted below, and found in **Section 5, Attachment B-2: Proposal Evaluation Protocol**.

a. **Necessary Skills and Experience**

- 1) List projects/contracts of verifiable experience pertinent to the proposed service(s) within the most recent one (1) year. Include points of contacts, addresses, and e-mail / phone numbers.

b. **Quality Assurance and Evaluation**

- 1) Quality Assurance and Evaluation Statement of Agreement, attesting that mandatory requirement stated in Sections 2.4 B.3 and B.4 are provided.

c. **Coordination of Services**

- 1) List of formal agreements such as contracts, letters of intent, memorandums of understanding / intent / agreement, including agreements with schools, other community agencies and stakeholders.
- 2) Coordination of Services Statement of Agreement, attesting that mandatory requirement stated in Section 2.4 B.6 for all services, in strict compliance with requirements, terms, and conditions of this RFP are provided.

d. **Facilities**

- 1) List the facilities, that includes the address locations of sites where services will be provided, and ensure each site meets all Federal, State and County requirements including Americans with Disabilities Act requirements.
- 2) Statement of Agreement ensuring all sites where services will be provided meet all Federal, State, and County requirements including Americans with Disabilities Act requirements.

3. ***Project Organization and Staffing***

The STATE will evaluate the APPLICANT's overall project organization and staffing approach of the proposed services through an evaluation of the items noted below, and found in **Section 5, Attachment B-2: Proposal Evaluation Protocol**.

a. **Project Organization**

- 1) Acknowledgement by signing the Project Organization Statement of Agreement certifying that the APPLICANT will maintain an updated Program Organization Chart and an Organization-Wide Chart.

b. **Staffing**

- 1) Staff listing that includes names, qualifications, position and responsibilities, FTEs, and status of Certified Prevention Specialist certification.
- 2) Staffing Statement of Agreement certifying that an updated Staff List will be maintained.

4. ***Service Delivery***

The STATE will evaluate the APPLICANT's overall service delivery through an evaluation of the items noted below and found in **Section 5, Attachment B-2: Proposal Evaluation Protocol**.

a. **Strategic Plan (SP)**

- 1) If an APPLICANT is proposing more than one type of prevention service (i.e., program and policy), the APPLICANT shall submit a separate SP for each proposed prevention service.
- 2) If the APPLICANT is proposing to begin with the assessment step, provide initial data showing the need for prevention services in the identified area(s) and the intended target population(s) by completing the Assessment and Capacity section with initial data.
- 3) If the APPLICANT is proposing to begin with the planning step, the assessment step must have been completed and the Assessment and Capacity sections of the SP shall be completed with the compiled data.
- 4) If the APPLICANT is proposing to begin with the implementation step, the assessment and planning steps must have been completed and all sections of the SP shall be completed.

b. **Service Delivery Statement of Agreement**

- 1) Service Delivery Statement of Agreement certifying all prevention service requirements listed in RFP will be complied with.

5. Financial

The STATE will evaluate the APPLICANT's overall approach to financial management through an evaluation of the items noted below and found in **Section 5, Attachment B-2: Proposal Evaluation Protocol.**

- a. **Cost Proposals for each prevention service (i.e., program and/or policy) (Refer to Section 5, Attachment A-8)**
- b. **Single Audit Report or Financial Audit Report** or if a SAR or Financial Audit report is not required the following Financial Reports for the most current year shall be submitted: (Refer to Section 3, 3.5 Financial)
 - 1) Profit and Loss Statement (P&L)
 - 2) Balance Sheet
 - 3) Statement of Cash Flow
 - 4) General Ledger; and
 - 5) Notes to Financial Statement

6. Other

- a. Litigation (as applicable)

B. 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.

Section 5

Attachments

Section 5

Attachments

- A. Proposal Application Attachments
 - A-1. Proposal Application Identification Form (SPOH-200)
(<https://spo.hawaii.gov/spoh-200/>)
 - A-2. Proposal Application Checklist
 - A-3. Table of Contents
 - A-4. Program Overview
 - A-5. Experience and Capability
 - A-6. Project Organization and Staffing
 - A-7. Service Delivery
 - A-8. Financial
 - A-9. Other
- B. Proposal Evaluation Attachments
 - B-1. Proposal Evaluation Protocol Instructions
 - B-2. Proposal Evaluation Protocol
- C. Strategic Plan Templates, Guidance and Samples
 - C-1. Strategic Plan Template
 - C-2. Strategic Plan Guide
 - C-3. Program Logic Model Template and Sample
 - C-4. Program Action Plan Template and Sample
 - C-5. Policy Logic Model Template and Sample
 - C-6. Policy Action Plan Template and Sample
 - C-7. Evaluation Plan
 - C-8. Program Adaptation Request Form and Guidelines
- D. Resources
 - D-1. Approved Risk and Protective Factors
 - D-2. Institute of Medicine (IOM) Categories and Center for Substance Abuse Prevention (CSAP) Strategies Definitions
 - D-3. Resource Links

Section 5 A
Proposal Application Attachments
Attachments A-1 to A-9

- A. Proposal Application Attachments
 - A-1. Proposal Application Identification Form (SPOH-200)
(<https://spo.hawaii.gov/spoh-200/>)
 - A-2. Proposal Application Checklist
 - A-3. Table of Contents
 - A-4. Program Overview
 - A-5. Experience and Capability
 - A-6. Project Organization and Staffing
 - A-7. Service Delivery
 - A-8. Financial
 - A-9. Other

STATE OF HAWAII STATE PROCUREMENT OFFICE PROPOSAL APPLICATION IDENTIFICATION FORM									
STATE AGENCY ISSUING RFP: _____ RFP NUMBER: _____ RFP TITLE: _____									
Check one: <input type="checkbox"/> Initial Proposal Application <input type="checkbox"/> Final Revised Proposal (Completed Items _____ - _____ only)									
1. APPLICANT INFORMATION Legal Name: _____ Doing Business As: _____ Street Address: _____ Mailing Address: _____	Contact person for matters involving this application: Name: _____ Title: _____ Phone Number: _____ Fax Number: _____ e-mail: _____								
2. BUSINESS INFORMATION Type of Business Entity (<i>check one</i>): <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Partnership If applicable, state of incorporation and date incorporated: State: _____ Date: _____									
3. PROPOSAL INFORMATION Geographic area(s): _____ Target group(s): _____									
4. FUNDING REQUEST <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">FY _____</td> <td style="width: 50%;">FY _____</td> </tr> <tr> <td>FY _____</td> <td>FY _____</td> </tr> <tr> <td>FY _____</td> <td>FY _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Grand Total _____</td> </tr> </table>		FY _____	FY _____	FY _____	FY _____	FY _____	FY _____	Grand Total _____	
FY _____	FY _____								
FY _____	FY _____								
FY _____	FY _____								
Grand Total _____									

I certify that the information provided above is to the best of my knowledge true and correct.

_____	_____
<i>Authorized Representative Signature</i>	<i>Date Signed</i>

<i>Name and Title</i>	

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
General:				
Proposal Application Identification Form (SPOH-200)	Sections 1 and 5, RFP	SPO Website* and Attachment A-1	X	
Proposal Application Checklist	Sections 1 and 5, RFP	Attachment A-2	X	
Table of Contents	Sections 1 and 5, RFP	Sample, Attachment A-3	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website* and Attachments A-4 to A-9	X	
Provider Compliance	Section 1.9 C., RFP	SPO Website*	X	
Cost Proposal (Rate Schedule)	Sections 2, 3 and 5, RFP	Attachment A-8	X	
SPO-H-205	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	Not Needed	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	Not Needed	
SPO-H-206A	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-206B	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-206C	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-206D	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-206E	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-206F	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-206G	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-206H	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-206I	Section 3, RFP	SPO Website*	Not Needed	
SPO-H-206J	Section 3, RFP	SPO Website*	Not Needed	

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

Proposal Application Table of Contents

1.0	Program Overview (Attachment A-4)	1
2.0	Experience and Capability (Attachment A-5)	1
1.	Necessary Skills and Experience	2
2.	Quality Assurance and Evaluation	5
3.	Coordination of Services	6
4.	Facilities	6
3.0	Project Organization and Staffing (Attachment A-6)	7
A.	Project Organization	7
B.	Staffing	10
4.0	Service Delivery (Attachment A-7)	11
A.	Strategic Plan for Prevention Programs	11
B.	Strategic Plan for Prevention Policies	20
C.	Service Delivery Statement of Agreement	31
5.0	Financial (Attachment A-8)	32
A.	Rate Table (Cost Proposal) Year 1	32
B.	Rate Table (Cost Proposal) Year 2	34
C.	Other Financial Related Materials	36
6.0	Litigation (Attachment A-9)	37
A.	Litigation (as applicable)	37

Program Overview

3. The APPLICANT shall provide a brief overview to orient evaluators as to the prevention service(s) being offered and shall also indicate the following:

- a. Type of prevention service(s) (i.e., program and/or policy). APPLICANTS may propose for either service, or both services under one proposal.
- b. SPF step they intend to begin with (i.e., assessment, planning, or implementation) for each prevention service.
 - i. If an APPLICANT intends to begin with the implementation step, the APPLICANT must indicate which of the following criteria the program or policy meets:
 - Included in a registry for substance misuse prevention programs and policies;
 - Reported in a peer-reviewed journal with positive effects on the primary target outcome;
 - Documented effective by other sources of information and the consensus judgement of the ADAD and the Evidence-Based Workgroup or other informed experts; or
 - Programs and policies that do not meet any of the three (3) criteria above shall work towards meeting the third (3rd) criteria by the end of the contract period. The ADAD will provide guidance as needed.
- c. Service area(s) for each prevention service; and
- d. Target population(s) and IOM Categories (i.e., universal, selective and/or indicated).

4. Program Overview Statement of Agreement

The APPLICANT shall acknowledge and sign the Program Overview Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will meet the mandatory requirements for all services, in strict compliance with requirements, terms, and conditions of the RFP.”

SIGNATURE:

DATE:

TITLE:

Experience and Capability

1. Necessary Skills and Experience

The APPLICANT shall list projects/contracts of verifiable experience pertinent to the proposed service(s) within the most recent one (1) year. The APPLICANT shall include point of contacts, addresses, and e-mail/phone numbers. ADAD reserves the right to contact references to verify experience. Documentation shall be made available to ADAD upon request.

- a. Project/ Contract
- b. Description of Services
- c. Period of Performance
- d. Point of Contact Name
- e. Address/Email/Phone

2. Quality Assurance and Evaluation Statement of Agreement

The APPLICANT shall acknowledge and sign the Quality Assurance and Evaluation Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will provide mandatory requirements stated in Sections 2.4 B.3 and B.4. For all services, in strict compliance with requirements, terms, and conditions of the RFP.”

SIGNATURE:

DATE:

TITLE:

3. Coordination of Services

- a. The APPLICANT shall provide a list of formal agreements such as contracts, letters of intent, memorandums of understanding/intent/agreement, including agreements with schools, other community agencies and stakeholders, etc. Documentation shall be made available to ADAD upon request.
 - i. Name of Organization
 - ii. Description of Services
 - iii. Type of Agreement (MOA/MOU/ Contract/LOI)
- b. Coordination of Services Statement of Agreement

The APPLICANT shall acknowledge and sign the Coordination of Services Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will provide the mandatory requirements stated in Section 2.4. B.6. for all services, in strict compliance with requirements, terms, and conditions of this RFP.”

SIGNATURE:

DATE:

TITLE:

4. Facilities

- a. The APPLICANT shall complete a Facilities List that includes the address locations of sites where services will be provided, and ensure each site meets all Federal, State, and County requirements including Americans with Disabilities Act (ADA) requirements. If facilities are not presently available, describe plans to secure facilities. Documentation shall be made to the State upon request.

- i. Facility Name(s)
- ii. Address
- iii. Services Available at Specific Facility

- b. Facilities Statement of Agreement.

APPLICANT shall acknowledge and sign the Facilities Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will ensure all sites where services will be provided meet all Federal, State, and County requirements including Americans with Disabilities Act (ADA) requirements. _____ (APPLICANT Name) will maintain an updated Facilities List. Documentation shall be made available to ADAD upon request.”

SIGNATURE:

DATE:

TITLE:

Project Organization and Staffing

1. Project Organization

Project Organization Statement of Agreement

The APPLICANT shall acknowledge and sign the Project Organization Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will maintain an updated Program Organization Chart and an Organization-Wide Chart. Documentation shall be made available to ADAD upon request.”

SIGNATURE:

DATE:

TITLE:

2. Staffing

a. Staff List

The APPLICANT shall complete a Staff List that includes names, qualifications, position and responsibilities, FTEs, and status of Certified Prevention Specialist certification.

b. Staffing Statement of Agreement

The APPLICANT shall acknowledge and sign the Staffing Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will maintain an updated Staff List. Documentation shall be made available to ADAD upon request.”

SIGNATURE:

DATE:

TITLE:

Service Delivery

1. Strategic Plan (SP)

- a. If an APPLICANT is proposing more than one type of prevention service (i.e., program and policy), the APPLICANT shall submit a separate Strategic Plan for each proposed prevention service. Refer to Attachment C-1 to C-8 for SP templates, guidance, and samples.
- b. If the APPLICANT is proposing to begin with the assessment step, the APPLICANT must provide initial data showing the need for prevention services in the identified area(s) and intended target population(s) by completing the Assessment and Capacity sections of the SP with the initial data.
- c. If the APPLICANT is proposing to begin with the planning step, the APPLICANT must have completed the assessment step and shall complete the Assessment and Capacity sections of the SP with the compiled data.
- d. If an APPLICANT is proposing to begin with the implementation step, the APPLICANT must have completed the assessment and planning steps and shall complete all sections of the SP.

2. Service Delivery Statement of Agreement

The APPLICANT shall acknowledge and sign the Service Delivery Statement of Agreement, which shall include the following:

“I hereby certify on behalf of _____ (APPLICANT Name) that _____ (APPLICANT Name) will comply with all prevention service requirements listed in the RFP.

SIGNATURE:

DATE:

TITLE:

Financial

1. Rate Table (Cost Proposal)

The APPLICANT shall complete two (2) Rate Tables (Cost Proposals) for each type of prevention service (i.e., program and/or policy) – one (1) for the first year and another for the second year of the time of performance. The APPLICANT shall list the number of projected services for each year. All services shall be conducted in accordance with Section 2, 2.4 Scope of Work.

Rate Schedule (Cost Proposal) YEAR 1					
Service	Rate		Applicability	Proposed Units	Total Annual Amount
Assessment					
One-on-one interviews	\$75	Per Occurrence	All		
Focus groups/listening sessions	\$100	Per Occurrence	All		
Survey	\$75	Per Survey	All		
Administer Survey	\$150	Per Occurrence	All		
Community Needs Assessment	\$5,000	Per Assessment	All		
Capacity					
Training	\$200	Per Hour Attended	All		
	\$500	Per Hour Facilitated			
Meetings	\$200	Per Hour Attended	All		
	\$500	Per Hour Facilitated			
Prevention - focused web sites	\$200	Per Occurrence	All		
Prevention - focused email blasts	\$200	Per Occurrence	All		
Media, Radio and TV public service announcements	\$1,000	Per Occurrence	All		
Social Media	\$200	Per Occurrence	All		
Speaking engagements/Presentations	\$700	Per Occurrence	All		

Certified Prevention Specialist Application	\$100	Per Application	All		
Certified Prevention Specialist Certification	\$2,000	Per Certification	All		
Certified Prevention Specialist Renewal	\$300	Per Renewal	All		
Semi-Annual Coalition Membership List	\$100	Per List	Policies		
Planning					
Logic Model	\$5,000	Per Logic Model	All		
Strategic Plan	\$4,000	Per Plan	All		
Updated Strategic Plan	\$3,500	Per Updated Plan	All		
Implementation					
Substance-free social/recreational activities	\$800	Per Occurrence	All		
Community service activities	\$800	Per Occurrence	All		
Mentoring programs	\$800	Per Occurrence	All		
Youth/adult leadership activities	\$800	Per Occurrence	All		
Education programs for adult groups (18 years old and over)	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			
Education programs for youth groups (17 years old and under)	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			

Ongoing classroom and/or small group sessions	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			
Parenting and family management	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			
Peer leader/helper programs	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			
Problem Identification and Referral	\$200	Per Referral	Programs		
Problem Statement	\$8,000	Per Statement	Policies		
Draft of Policy Language	\$15,000	Per Policy Language	Policies		
Introduction of Policy	\$5,000	Per Policy	Policies		
Policy Adopted (changing local codes, ordinances, regulations and laws)	\$10,000	Per Policy	Policies		
Evaluation					
Annual Evaluator Agreement	\$6,000	Per Agreement	All		
Progress Evaluation Report	\$9,000	Per Report	All		
Final Evaluation Report	\$9,000	Per Report	All		
Sustainability					
Sustainability Plan	\$5,000	Per Plan	All		

Reports					
Monthly Management Information System Data Entry	\$1,000	Per Month	All		
Quarterly Report	\$2,500	Per Quarter	All		
Year-End Report	\$3,000	Per Year	All		
TOTAL ANNUAL AMOUNT FOR ALL SERVICES					

Rate Schedule (Cost Proposal) YEAR 2					
Service	Rate		Applicability	Proposed Units	Total Annual Amount
Assessment					
One-on-one interviews	\$75	Per Occurrence	All		
Focus groups/listening sessions	\$100	Per Occurrence	All		
Survey	\$75	Per Survey	All		
Administer Survey	\$150	Per Occurrence	All		
Community Needs Assessment	\$5,000	Per Assessment	All		
Capacity					
Training	\$200	Per Hour Attended	All		
	\$500	Per Hour Facilitated			
Meetings	\$200	Per Hour Attended	All		
	\$500	Per Hour Facilitated			
Prevention - focused web sites	\$200	Per Occurrence	All		
Prevention - focused email blasts	\$200	Per Occurrence	All		
Media, Radio and TV public service announcements	\$1,000	Per Occurrence	All		
Social Media	\$200	Per Occurrence	All		
Speaking engagements/Presentations	\$700	Per Occurrence	All		
Certified Prevention Specialist Application	\$100	Per Application	All		
Certified Prevention Specialist Certification	\$2,000	Per Certification	All		
Certified Prevention Specialist Renewal	\$300	Per Renewal	All		
Semi-Annual Coalition Membership List	\$100	Per List	Policies		

Planning					
Logic Model	\$5,000	Per Logic Model	All		
Strategic Plan	\$4,000	Per Plan	All		
Updated Strategic Plan	\$3,500	Per Updated Plan	All		
Implementation					
Substance-free social/recreational activities	\$800	Per Occurrence	All		
Community service activities	\$800	Per Occurrence	All		
Mentoring programs	\$800	Per Occurrence	All		
Youth/adult leadership activities	\$800	Per Occurrence	All		
Education programs for adult groups (18 years old and over)	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			
Education programs for youth groups (17 years old and under)	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			
Ongoing classroom and/or small group sessions	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			

Parenting and family management	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			
Peer leader/helper programs	\$1000	Per Session (Universal)	Programs		
	\$1100	Per Session (Selective)			
	\$1200	Per Session (Indicated)			
Problem Identification and Referral	\$200	Per Referral	Programs		
Problem Statement	\$8,000	Per Statement	Policies		
Draft of Policy Language	\$15,000	Per Policy Language	Policies		
Introduction of Policy	\$5,000	Per Policy	Policies		
Policy Adopted (changing local codes, ordinances, regulations and laws)	\$10,000	Per Policy	Policies		
Evaluation					
Annual Evaluator Agreement	\$6,000	Per Agreement	All		
Progress Evaluation Report	\$9,000	Per Report	All		
Final Evaluation Report	\$9,000	Per Report	All		
Sustainability					
Sustainability Plan	\$5,000	Per Plan	All		
Reports					
Monthly Management Information System Data Entry	\$1,000	Per Month	All		
Quarterly Report	\$2,500	Per Quarter	All		
Year-End Report	\$3,000	Per Year	All		
TOTAL ANNUAL AMOUNT FOR ALL SERVICES					

2. Other Financial Related Materials

The APPLICANT shall submit a Single Audit Report (SAR) or Financial Audit Report that indicates minimal or no material deficiencies (Financial Audit must be completed by an independent auditor)

OR

If the APPLICANT is not required to provide a SAR or Financial Audit Report, the following Financial Reports for the most current fiscal year shall be submitted (including supplemental information about the financial condition of the company, without which the Financial Statements cannot be fully understood). The APPLICANT submitted the following:

- a. Profit and Loss Statement (P&L);
- b. Balance Sheet;
- c. Statement of Cash Flow;
- d. General Ledger; and
- e. Notes to Financial Statement

Other

1. Litigation

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

Section 5 B
Proposal Application Attachments
Attachments B-1 to B-2

B-1. Proposal Evaluation Protocol Instructions

B-2. Proposal Evaluation Protocol

Proposal Evaluation Protocol Instructions

1. Scoring Criteria

- a. To be acceptable and eligible for evaluation, proposals shall be prepared in accordance with the instructions given in Section 3 of this RFP.
- b. By submission of a proposal, the APPLICANT accepts all the terms and conditions of the RFP. Proposals that take exception to the terms and conditions will be determined technically unacceptable and the APPLICANT will be so advised.
- c. Proposals will be evaluated to be considered Technically Acceptable using the following Meets/Does Not Meet Criteria. To determine that the APPLICANT has met the following criteria, each proposal shall be evaluated to determine that every individual requirement has been met.
- d. If the APPLICANT submits a proposal for both types of prevention services (i.e., programs and policies), the service delivery and financial sections of each service will be evaluated separately. If both services are awarded, a separate contract will be issued.

2. Criteria for Multiple Technically Acceptable proposal

In the event that multiple proposals for a service meets the minimum requirements, each proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

- a. Interest of the STATE to have geographic coverage.
- b. Readiness to initiate or resume activities.
- c. Cost Proposals.

Proposal Evaluation Protocol

Date of Review:	
Applicant:	
RFP Receipt No:	
Service Type:	
SPF Step:	
Geographic Area:	
Evaluation Review Committee Members:	

Summary

Proposal Application	Meets/Does Not Meet
1. Program Overview	
2. Experience and Capabilities	
3. Project Organization and Staffing	
4. Service Delivery	
5. Financial	
6. Other (Litigation)	N/A

Evaluation Criteria

I. Program Overview	Meets/Does Not Meet
<p>A. APPLICANT provided brief overview of the program/services being offered.</p> <p>B. APPLICANT provided Program Overview Statement of Agreement.</p> <p>NOTE: If Does Not Meet, do not proceed.</p> <p>Comments:</p>	

II. Experience and Capability	Meets/Does Not Meet
<p>A. Necessary Skills and Experience</p> <ol style="list-style-type: none"> 1. APPLICANT provided list of projects/contracts of verifiable experience pertinent to the proposed services. <p>B. Quality Assurance and Evaluation</p> <ol style="list-style-type: none"> 1. APPLICANT provided Quality Assurance and Evaluation Statement of Agreement. <p>C. Coordination of Services</p> <ol style="list-style-type: none"> 1. APPLICANT provided list of formal agreements. 2. APPLICANT provided Coordination of Services Statement of Agreement. <p>D. Facilities</p> <ol style="list-style-type: none"> 1. APPLICANT provided Facilities List. 2. APPLICANT provided Facilities Statement of Agreement. <p>Comments:</p>	
III. Project Organization and Staffing	Meets/Does Not Meet
<p>A. Project Organization</p> <ol style="list-style-type: none"> 1. APPLICANT provided Project Organization Statement of Agreement. <p>B. Staffing</p> <ol style="list-style-type: none"> 1. APPLICANT provided Staff List. 2. APPLICANT provided Staffing Statement of Agreement. <p>Comments:</p>	
IV. Service Delivery	Meets/Does Not Meet
<p>A. Strategic Plan (SP)</p> <ol style="list-style-type: none"> 1. APPLICANT completed a SP for each proposed prevention service (i.e., program and/or policy). <p>B. Service Delivery Statement of Agreement</p> <ol style="list-style-type: none"> 1. APPLICANT provided Service Delivery Statement of Agreement. <p>Comments:</p>	

V. Financial	Meets/Does Not Meet
<p>A. Rate Table (Cost Proposal)</p> <p>1. APPLICANT completed Rate Table (Cost Proposal) for Year 1 and Year 2 for each type of prevention service (i.e., program and/or policy).</p> <p>B. Financial Related Materials</p> <p>1. APPLICANT provided Single Audit Report, Financial Audit Report, or other Financial Reports, as applicable.</p> <p>Comments:</p>	
VI. Other	Meets/Does Not Meet
<p>A. Litigation</p> <p>1. APPLICANT disclosed and explained any pending litigation.</p> <p>Comments:</p>	

Section 5 C
Strategic Plan Templates, Guidance and Samples
Attachments C-1 to C-7

- C-1. Strategic Plan Template
- C-2. Strategic Plan Guide
- C-3. Program Logic Model Template and Sample
- C-4. Program Action Plan Template and Sample
- C-5. Policy Logic Model Template and Sample
- C-6. Policy Action Plan Template and Sample
- C-7. Evaluation Plan
- C-8. Program Adaptation Request Form and Guidelines

ADAD Prevention Services

Strategic Plan Template

ASO Log No.: TBD

Contract Year:

Date:

Agency Name:

Contact Person & E-mail:

Program or Policy Name:

- I. Executive Summary**
- II. Community Needs Assessment**
- III. Capacity**
- IV. Planning**
- V. Logic model**
- VI. Action Plan**
- VII. Adaptations, if applicable**
- VIII. Evaluation Plan**
- IX. Updating the Strategic Plan**
- X. Appendix (if any)**

ADAD Prevention Branch

Strategic Plan Guide

The purpose of this document is to guide the development of a strategic plan (SP), which is a road map of prevention services and goals. This document highlights all areas to be addressed in the strategic plan, which follows the Strategic Prevention Framework. A separate SP shall be completed for each type of prevention service (i.e., program or policy).

The plan shall include the following sections: Executive Summary, Introduction, Community Needs Assessment, Capacity, Planning Process, Logic Model, Action Plan, Evaluation Plan, and Updating the Strategic Plan.

All awardees are to use the templates provided in this guiding document.

I. Executive summary

- A brief summary of the plan, highlighting the purpose and objectives of the project and key components of the plan that can be easily shared with community stakeholders.
- Mission and vision of the agency, program, and/or coalition.

II. Community Needs Assessment

- Describe the community.
- Identify high risk and/or target populations.
- Summarize assessment of substance misuse issues (prevalence, consequence, risk/protective factors, local conditions [*Policy only*]).
- Use both quantitative and qualitative data to support major findings and provide proper citation for data sources used.
- Summarize the current resources available in the community to address substance misuse.
- Summarize the current [readiness](#) of the community to address substance misuse.
- Describe existing gaps identified in the capacity assessment (e.g., organizational resources, programs, human resources, training).

III. Capacity

- Describe training and technical assistance to be provided to the agency or coalition.
- Describe training and technical assistance needed to effectively address prevention needs of the community.

IV. Planning process

- Describe activities that helped to inform the planning process and include information such as: Who were involved? What sectors did they represent? How did they contribute to the planning process and/or development of the logic model?
- Describe how risk and protective factors, and local conditions (*Policy only*) were prioritized. Describe the selection process of the program or policy (i.e., conceptual fit, practical fit, and evidence of effectiveness). Indicate which of the following criteria the program or policy meets:

- Included in a registry for substance misuse prevention programs and policies;
- Reported in a peer-reviewed journal with positive effects on the primary target outcome;
- Documented effective by other sources of information and the consensus judgement of the ADAD and the Evidence-Based Workgroup or other informed experts; or
- Programs and policies that do not meet any of the three (3) criteria above shall work towards meeting the third (3rd) criteria by the end of the contract period. The ADAD will provide guidance as needed.

V. **Logic model**

- State the substance misuse problem. Include an indicator, baseline data, and cite the data source including the year.
- State the prioritized risk and protective (optional) factors. Cite the source including the year.
- State the prioritized local condition (*Policy only*). Cite the source including the year.
- State the prevention program or policy.
- State the short-term outcomes by describing the result/change expected to occur immediately. Include by how much (percentage), by when (year), and how it will be measured (indicator/data source). These outcomes typically change knowledge, attitudes, beliefs, and skills.
- State the intermediate outcomes (*Policy only*) by describing the result/change expected to occur after some time. Include by how much (percentage), by when (year), and how it will be measured (indicator/data source).
- State the long-term outcomes by describing the result/change expected to occur after an extended period of time. Include by how much (percentage), by when (year), and how it will be measured (indicator/data source). These outcomes typically change the substance misuse problem behavior.
- See Attachments C-3 and C-5 for logic model templates and samples.

VI. **Action Plan**

- Provide a timeline outlining activities/tasks for each identified program or policy.
- (*Program only*) Complete a Data Reporting Table indicating the projected number of cycles, sessions, people served, and length of time.
- See Attachments C-4 and C-6 for action plan template and a sample.

VII. **Adaptations, if applicable**

- If you anticipate making any adaptations for the program and/or policy please complete the items below, accordingly, for ADAD approval. Adaptations must be approved prior to implementing them.
- Program
 - Complete an Adaptation Request Form. See Attachment C-8 for the form.
- Policy
 - What is the policy statement? Describe any components such as goals, outcomes, capacity to move towards outcomes, and parties involved. Also specify information that would make this strategy effective, including enforcement details and consequences of noncompliance. Please indicate if

- a policy statement has yet to be developed, or if it is a draft or a revision.
- Does any part of your policy statement differ from what the literature suggests are best practices of the strategies you are using? Please provide any sources you have used to make this determination. If you have not made the comparison, please indicate the steps you would take to do so. If you have made the comparison, please list each component or specific practice separately and address the next two questions: (1) What is the impact of this change to the effectiveness of the strategy? (2) Please provide justification of the change.
-

VIII. Evaluation plan

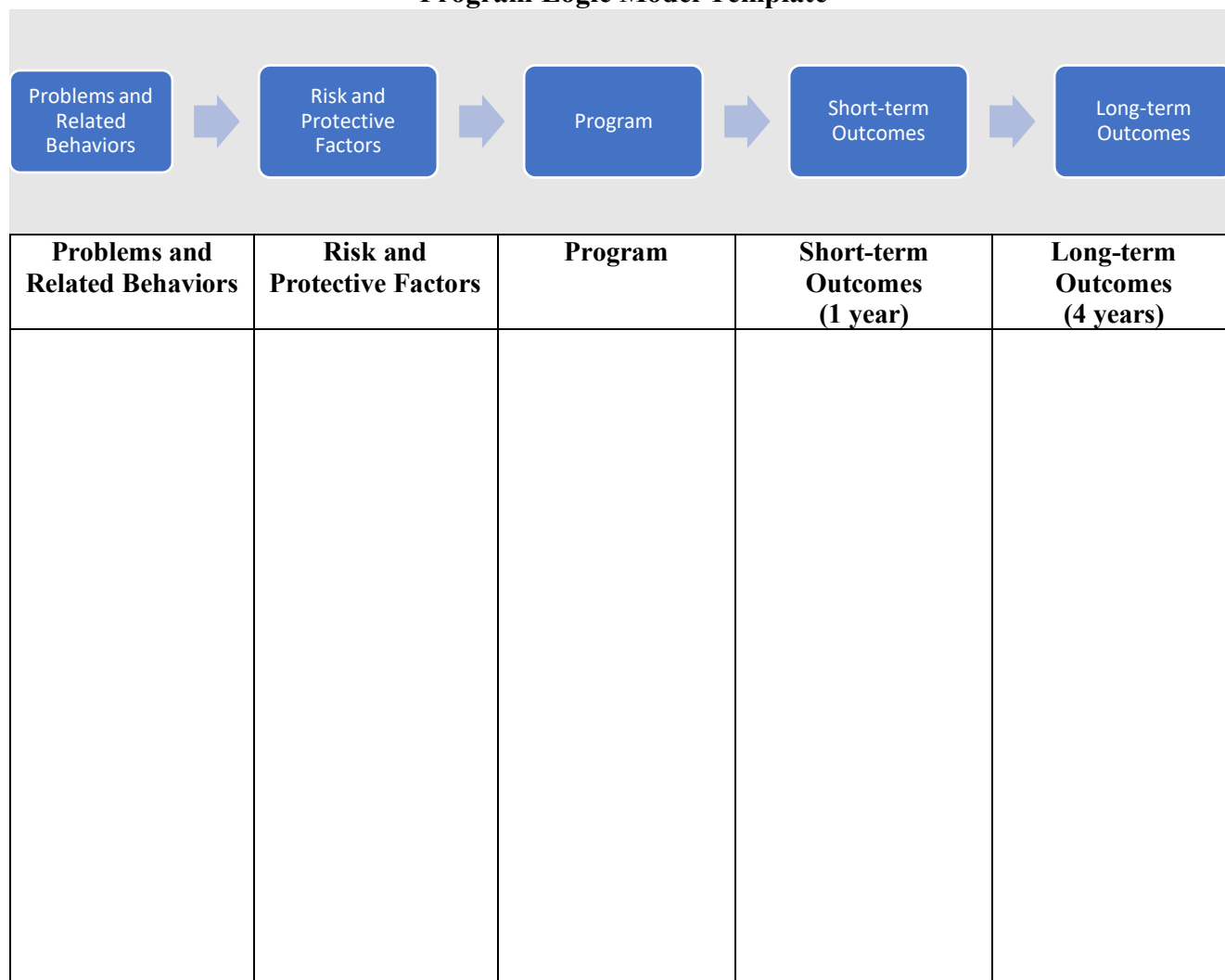
- All awardees shall work with a qualified external evaluator to assist in designing a process and outcome evaluation.
- Describe short-, intermediate (*Policy only*), and long-term outcome indicators for the identified program or policy.
- Describe how fidelity of the program or policy will be monitored and measured.
- Describe how the evaluation data will be collected, managed, and analyzed.
- Describe how you will use the evaluation results to improve effectiveness of the identified program or policy.
- Describe how you will share the evaluation results with stakeholders.
- See Attachment C-7 for evaluation plan template.

IX. Updating the Strategic Plan

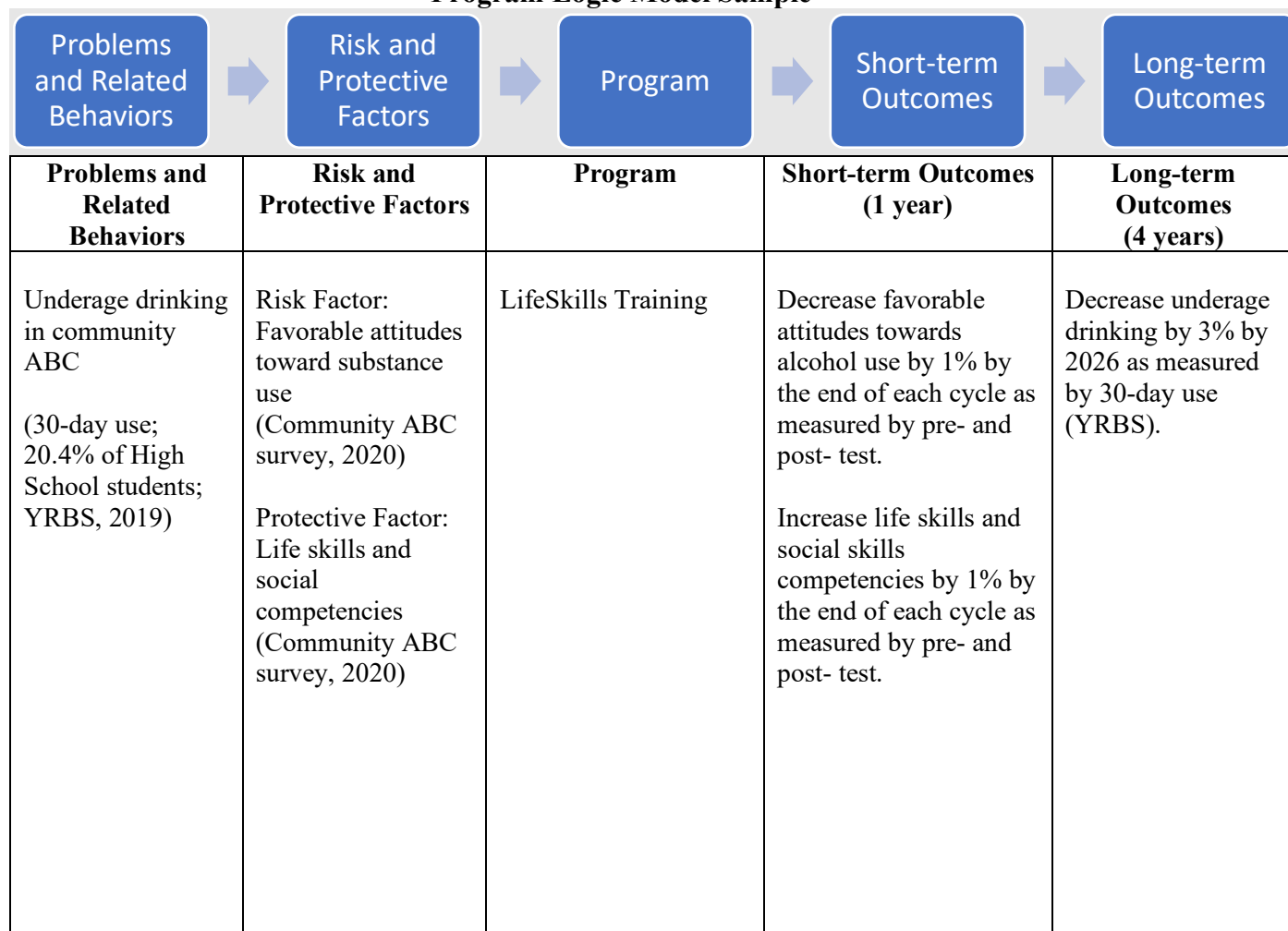
- Make changes to the SP annually to update various components, as applicable, including, but not limited to:
- Community Needs Assessment;
- Capacity;
- Action Plan; and
- Evaluation Plan.

X. Appendix (if any)

Program Logic Model Template



Program Logic Model Sample



Program Action Plan Template

Program:			
Risk and Protective Factor(s) to be addressed: <i>(Insert information from logic model)</i>			
Activities	Person(s) Responsible	Resources Needed	Timeline (Start and end dates)
<i>Include activities such as but not limited to: Communicate with program developer, acquire materials, train staff, mobilize support, participant recruitment, administer pre- and post- tests, begin cycles, monitor fidelity, etc.</i>			

*One Action Plan for each program

Annual Program Data Reporting Table Template

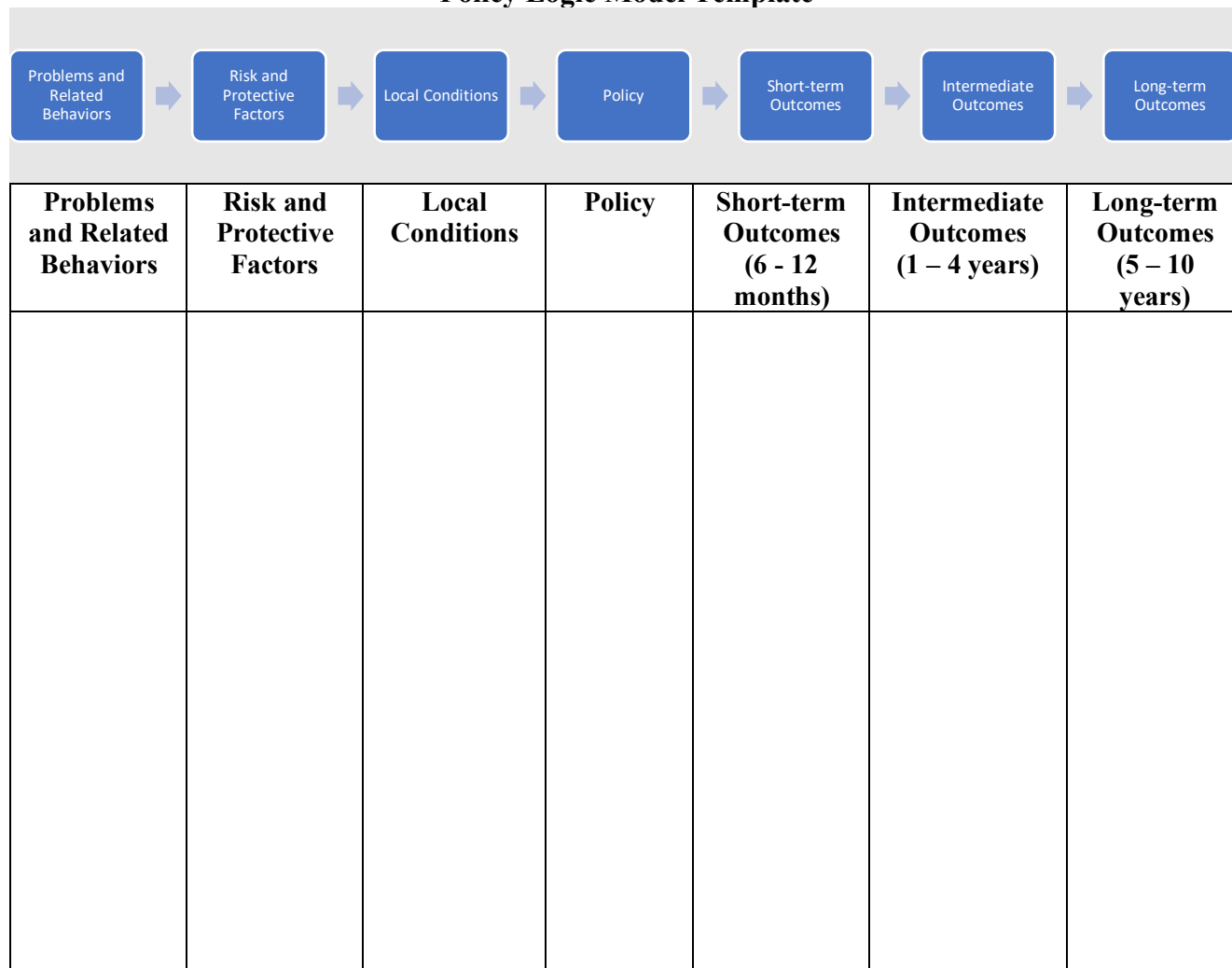
Program Name	# of Cycles (Frequency)	# of Sessions/ Cycles (Dosage)	Length of Time/Session (Time)	# of People Served/ Cycle	Start/ End Dates

*One Annual Program Data Reporting Table Template for all programs

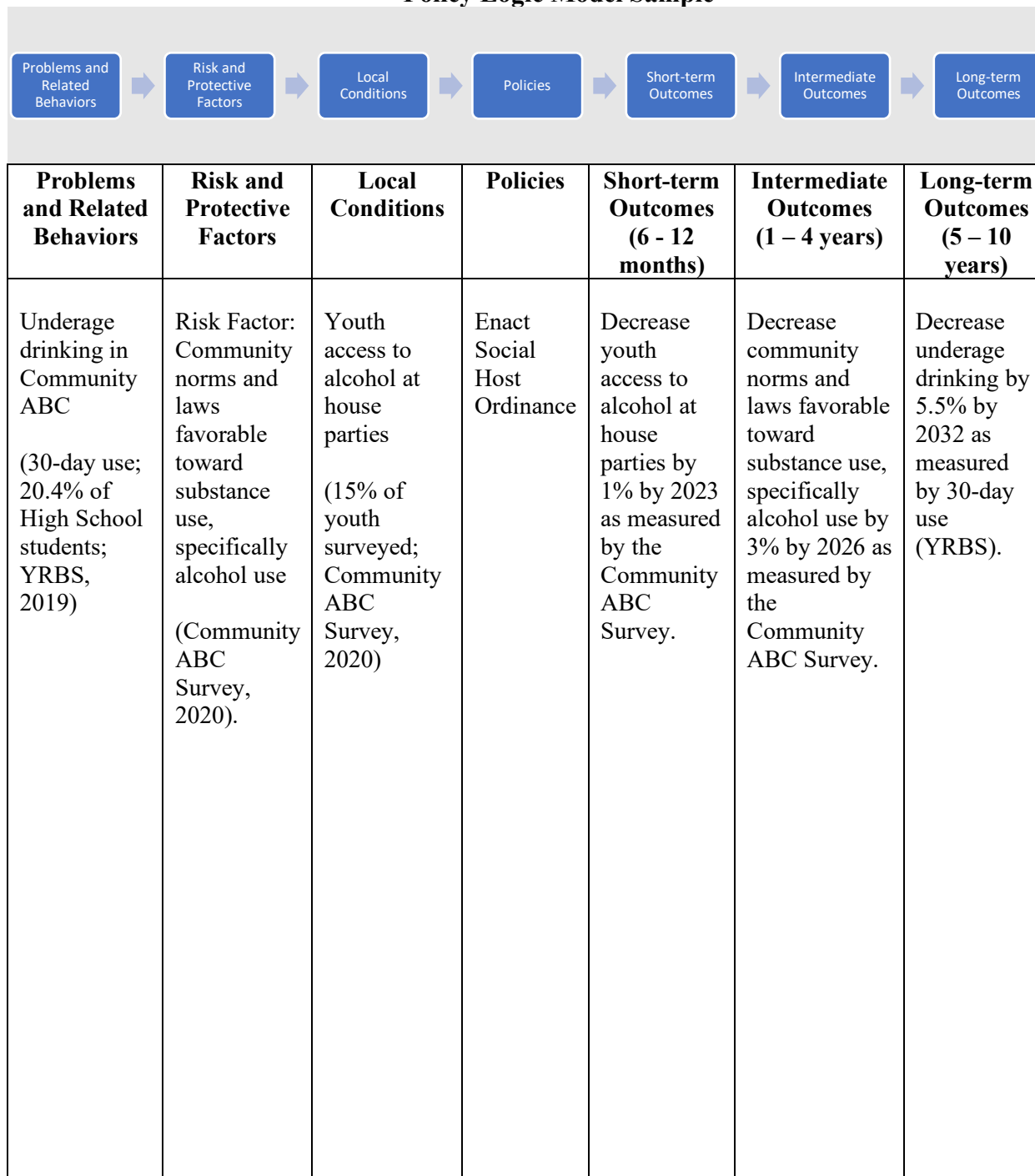
Program Action Plan Sample

Program: LifeSkills Training (LST)			
Risk and Protective Factor(s) to be addressed: Favorable attitudes towards substance use; life skills and social competencies.			
Activities	Person(s) Responsible	Resources Needed	Timeline (Start and end dates)
Train staff	Program Supervisor, Program Developer	Training from developer	Oct-Nov 2022; Ongoing
Meet with school personnel to coordinate implementation	Prevention Specialist	Overview of curriculum, program calendar	Ongoing
Implement LST according to core components	Prevention Specialist	LST curriculum	Ongoing
Monitor fidelity of the program implementation	Program Supervisor, Prevention Specialist, External Evaluator	Fidelity checklist, Evaluation Survey	Ongoing
Collect data	Prevention Specialist, External Evaluator	Pre- and post-test Evaluation survey	Per cycle, Fourth Quarter 2023

Policy Logic Model Template



Policy Logic Model Sample



Policy Action Plan Template

Policy Name/Description:			
Risk and Protective Factor(s) to be addressed: <i>(Insert information from logic model)</i>			
Local Condition(s) to be addressed: <i>(Insert information from logic model)</i>			
Activities	Person(s) Responsible	Resources Needed	Timeline (Start and end dates)
<i>Include activities such as but not limited to: maintain visibility of coalition, 10 policy steps, disseminate information, expand partnerships, etc.</i>			

*One Action Plan for each policy

Policy Action Plan Sample

Policy Name/Description: Enact Social Host Ordinance			
Risk and Protective Factor(s) to be addressed: Community norms and laws favorable to substance use, specifically alcohol			
Local Condition(s) to be addressed: Youth access to alcohol at house parties			
Activities	Person(s) Responsible	Resources Needed	Timeline (Start and end dates)
Develop coalition member packet	Coalition leadership group		October 2022
Create problem statement	Coalition members	Training, CADCA primers	November 2022
Gather and analyze data	Coalition members	Staffing (enforcement officers, you	November 2022-February 2023
Monitor and evaluate progress	Evaluation workgroup External evaluator	Evaluation survey Fidelity measures	Ongoing

Evaluation Plan Template

Work with the identified external evaluator to assist in designing a process and outcome evaluation.

A. Overview and Desired Outcomes

- Name of program or policy
- Short-term outcomes
- Intermediate outcomes (*Policy only*)
- Long-term outcomes

B. Indicators

- Process indicators
- Short-term indicators
- Intermediate Indicators (*Policy only*)
- Long-term indicators

C. Fidelity Measures

- Description of how the program or policy will be monitored and measured for fidelity.

D. 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, YRBS 30-day use, etc.</i>	<i>List date(s) of anticipated data collection</i>

E. Data Management and Analysis

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

F. Communicating Results

- Description of how the information will be used to improve effectiveness of program or policy.
- Use of evaluation results.

Who	What	Why	How	When
<i>Who will want to know about the evaluation results? (e.g., partners, coalitions, funders, etc.)</i>	<i>What will they want to know about the evaluation? (e.g., updated data on outcomes, process information, etc.)</i>	<i>Why would the reviewers want to know about the evaluation results? (e.g., for funding, value of support, etc.)</i>	<i>How will the evaluation results be shared? (e.g., presentation, infographic, full report, etc.)</i>	<i>When will the information be disseminated?</i>

Request to Adapt a Program

Name _____ Organization _____

Phone _____ Email _____ Date of Request _____

Name of program _____

A. Proposed adaptation/changes:

Please mark the areas of proposed changes in column I and fill out columns II and III.

		Check (I)	Original (II)	Proposed Change (III)
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.	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
☐ identified by study evidence and data ☐ developer 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 GUIDELINES¹

- **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.

¹ Implementation tool borrowed directly from a 2013 SAMHSA website document. This particular reference is no longer available on their website.

Section 5 D
Resources
Attachments D-1 to D-3

D-1. Approved Risk and Protective Factors

D-2. Institute of Medicine (IOM) Categories and Center for Substance Abuse Prevention (CSAP)
Strategies Definitions

D-3. Resource Links

Approved Risk and Protective Factors

Definitions for Risk Factors

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. (Source: Substance Abuse Mental Health Services Administration).

Individual Level

Early initiation of substance use - The earlier young people begin using substances, the greater the likelihood that they will continue use later in life.

Early and persistent antisocial behavior - This factor includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people who feel they are not part of society, not bound by rules, and don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of substance abuse.

Favorable attitudes toward substance use - Youth attitudes (perception of minimal harm or risk).

Constitutional factors - Constitutional factors may have a biological or physiological basis. These factors are often seen in young people who engage in sensation-seeking and low harm-avoidance behavior and those who demonstrate a lack of impulse control. Examples include fetal alcohol and drug exposure, brain injuries, chronic conditions, adverse childhood experiences, impulsiveness, mental health and, in some cases, ADHD (Attention Deficit Hyperactivity Disorder).

Relationship Level

Family history of substance use - If children are raised in a family with a history of alcohol/drug addiction, it increases the likelihood that children will also have alcohol and other drug problems.

Family management problems - Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children – knowing where they are and whom they are with, and excessively severe or inconsistent punishment.

Family conflict - Persistent, serious conflict between primary caregivers or between caregivers and children appears to increase children's risk for substance use. For example, domestic violence in a family increases the likelihood that young people will engage in delinquent behaviors and substance abuse.

Favorable parental attitudes and involvement in substance use - Parental attitudes and behaviors toward substances influence the attitudes and behaviors of their children.

Friends who engage in substance use - Young people who associate with peers who engage in substance use are more likely to engage in the same problem behavior.

Community Level

Transitions and mobility - Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use result. When communities are characterized by frequent nonscheduled transitions, problem behaviors increase. Communities with high rates of mobility (*families moving frequently from home to home*) appear to be linked to an increased risk of drug problems. The more often people in the community move, the greater the risk of drug-related problems in families.

Low neighborhood attachment and community disorganization - Higher rates of drug problems occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low-income neighborhoods; they can also be found in wealthier neighborhoods.

Poverty (extreme economic deprivation) - Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problem behaviors.

Academic failure beginning in elementary school - Academic failure that begins in the late elementary grades (grades 4-6), increases the risk of substance use. This is also true for a student who has repeated one or more grades. Children fail for many reasons, social as well as academic. The experience of failure, not necessarily lack of ability, appears to increase the risk of problem behaviors.

Lack of commitment to school - Low commitment to school means the young person has ceased to see the role of student as a valuable one. Those who do not have commitment to school are at higher risk for substance use.

Availability of substances - The more available substances are in a community, the higher the risk that young people will abuse them. Perceived availability of drugs is also associated with risk. In schools where children think that drugs are more available, a higher rate of drug use occurs.

Societal Level

Community norms and laws favorable toward substance use – Community norms (attitudes) and policies surrounding substance use are communicated in different ways. Formally, they are communicated through laws and written policies and enforcement (examples: alcohol taxes, liquor licenses, drunk driving laws, infractions for selling to minors). Informally, norms,

expectations and social practices by parents and the community may communicate a climate of acceptance, approval or tolerance of problem behaviors.

Definitions for Protective Factors

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

Individual Level

Engagement in Meaningful Activities – This refers to activities involving volunteering and helping others in community or peer-based programs, or service-learning projects. Programs increase skills and positive development when youth are involved in all phases: planning, organizing, implementation and evaluation.

Life Skills and Social Competencies - This refers to the abilities that equip young people to make positive choices, maintain healthy relationships, and succeed in life.

- Communication Skills: The ability to communicate appropriately with people of different ages, backgrounds and status. It includes listening skills.
- Cultural Competence: The knowledge of and comfort shown with people of different cultural / racial / ethnic backgrounds.
- Conflict Resolution Skills: The ability to manage and resolve conflicts in constructive ways.
- Empathy Skills: The ability to be sensitive to the feelings and experiences of others and to act in a caring way towards others.
- Resistance Skills: The ability to resist negative peer pressures and thereby avoid possible dangerous situations.
- Life Skills: The skills of problem solving, decision making, stress management and critical thinking.

Positive personal qualities - Personal qualities associated with the likelihood of engaging in fewer risk behaviors include: an easy-going temperament, a sense of purpose and positive future, a feeling of control over one's environment, and internal motivation.

Positive self-concept - This protective factor refers to the perceptions and judgments youth have and make about themselves. A youth with a positive self-concept believes that he or she is a person of worth, likes himself/herself, feels loved and wanted, and has positive characteristics.

Religious or spiritual beliefs - The personal importance placed on religion, prayer or spiritual beliefs is associated with decreased use of substances. A religious identity is defined by the degree to which a young person affiliates with a religion and, if so, frequency of prayer and perception as religious.

Relationship Level

Connected to Family – Family connectedness has several components. Connectedness refers to the feelings of warmth, love and caring children get from their parents. Children who feel support and connection report a high degree of closeness, feelings of being understood, loved, and wanted. A parental presence is related to connection; it refers to a parent being present during key times: before school, after school, dinner, bedtime and doing activities together.

Positive parenting style – Involves high expectations, clear family rules, fair and consistent discipline practices and age-appropriate supervision and monitoring of behavior, friends and whereabouts.

Two parent families – National research has found that children who grow up in a family with two parents are less likely to engage in adolescent problem behaviors.

Higher parent education - Children whose parents have graduated from high school and have received higher education training are less likely to engage in risk behaviors.

High parental school expectations - Children who have parents with higher expectations for school success, high school and college completion, and personal achievement are less likely to engage in risk behaviors.

Positive connection to other adults – This refers to the support and caring youth receive in relationships with adults, other than family members (i.e. neighbors, coaches, teachers, mentors, etc.). As children grow, they become involved in an expanded network of significant relationships. This broad network includes many adults who can provide regular contact, mentoring, support, and guidance.

Positive peer role models - This protective factor relates to youth who have friends with the following qualities: a positive attitude about health, good grades, no involvement in risk behaviors, and close relationships with parents.

Community Level

Connected to School – Students feel connected (attached/bonded) to their school based on their feelings about the people at school, both staff and other students. Connectedness is described as being treated fairly by teachers, feeling close to people at school, being safe and feeling like a part of the school.

Caring school climate - This protective factor refers specifically to whether or not youth feel that their schools provide a caring, supportive, and encouraging environment. Characteristics that contribute to a positive school climate include: 1) High expectations for student academics, behavior and responsibility; 2) Use of proactive classroom management strategies, interactive teaching and cooperative learning and maintain a positive atmosphere; 3) Consistent acknowledgement all students, and recognition for good work; 4) Student voice in school activities and classroom management.

Student participation in extracurricular activities - Student participation and contribution include activities such as tutoring, peer programs, school clubs, and service learning. Peer programs involve youth in the planning, implementation and/or evaluation of programs directed toward students of the same age or younger. These programs aim to enhance the positive impact of peer groups and minimize their potential negative impact.

Early intervention services - Student assistance programs, counseling support groups, and school linked health centers provide the learning supports that are often critical to helping students stay in school. Student assistance programs provide prevention and intervention services to those students whose lives have been impacted by alcohol and drug abuse, violence, divorce, death, child abuse, stress or depression. This may include support or education in problem solving, self-esteem, social skills, and conflict resolution.

Strong community infrastructure - Infrastructure refers to the effective and accessible clinical services for physical health, mental health, and substance abuse disorders.

High grade-point average - Students with higher grades in school are more likely to be connected to school, and less likely to be involved in problem behaviors.

Societal Level

Local and state policies - Local and state policies that support healthy norms and child youth programs can reduce risk behaviors on several levels. Examples include: restrictions or bans on alcohol sales, higher taxes on tobacco or alcohol, restrictions on liquor licenses, etc.

Source: http://dhss.alaska.gov/dbh/Documents/Prevention/programs/tobacco/Risk_Protective_Factors.pdf

Institute of Medicine (IOM) Categories and Center for Substance Abuse Prevention (CSAP) Strategies Definitions

Introduction

The Alcohol and Drug Abuse Division (ADAD) is required to report on statewide prevention efforts. Therefore, for each activity you are implementing via ADAD funding, you will need to choose the appropriate Institute of Medicine Classification as well as Center for Substance Abuse Prevention Strategy. This tool has been developed to help you categorize your prevention efforts.

IOM Prevention Categories

The IOM has developed a framework for classifying prevention that divides the continuum of services into promotion, prevention, treatment, and maintenance. Prevention is further divided into three main classifications: universal, selective and indicated. The Substance Abuse and Mental Health Administration (SAMHSA) has adopted these classifications to categorize substance use prevention efforts. Each prevention classification is described below.

IOM Prevention Classifications	
Universal – Direct & Indirect	<p>Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.</p> <p>Direct – Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk. (e.g., school curriculum, parenting class). This could also include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).</p> <p>Indirect – Interventions support population-based programs and environmental strategies (e.g., establishing alcohol, tobacco and other drug [ATOD] policies). This could also include programs and policies implemented by coalitions.</p> <p>Examples: Community policies that promote access to early childhood education, implementation or enforcement of anti-bullying policies in schools, education for physicians on prescription drug misuse, and social skills education for youth in schools.</p>
Selective	<p>Activities targeted to individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average.</p> <p>Examples: Prevention education for new immigrant families living in poverty with young children, and peer support groups for adults with a history of family mental illness and/or substance abuse.</p>

Indicated	Activities targeted to individuals identified as having minimal but detectable signs/symptoms foreshadowing disorder or biological markers indicating predisposition but not yet meeting diagnosis levels. Examples: Information and referral for young adults who violate campus or community policies on alcohol and drugs, and screening, consultation, and referral for families of older adults admitted to emergency rooms with potential alcohol related injuries.
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Center for Substance Abuse Prevention (CSAP) Strategies & Sub-Categories

In order to help classify interventions implemented as part of its State Incentive Grants (SIG) SAMHSA's CSAP has categorized prevention strategies into six main categories: Alternative Activities, Community-Based Processes, Education, Environmental, Information Dissemination, and Problem ID and Referral. Each of these strategies are described below and include a description of common sub-categories as well as examples.

Alternative Activities This strategy provides the opportunity to participate in healthy, positive, and constructive activities that exclude substance use. These activities are assumed to offset the attraction to and/or meet the needs filled by alcohol and drugs, thereby reducing the likelihood of substance use. It is recommended to implement alternative activities as part of a comprehensive substance use prevention plan since research has shown that implementing these activities alone is not enough to prevent substance use.	
ATOD Free Social/Recreational Activities	Social and recreational activities for individuals that specifically exclude the use of alcohol, tobacco, and other drugs (ATOD). Examples: Outdoor activities and programs (such as Outward Bound), sports, games, program events, school dances, community events/parties.
Community Service Activities	Activities in which youth and/or adults provide a variety of community services. Examples: Community or neighborhood clean-up, repairing/painting homes, support to the elderly or persons with disabilities, Meals on Wheels, developing a community park.
Mentoring Programs	Activities that provide youth with structured time with a mentor. Examples: Homework help/assistance, afterschool programs, one-to-one mentoring activities.

Youth/Adult Leadership Activities	<p>Services through which youth and adults serve as role models who work with youth.</p> <p>Examples: Tutoring programs, coaching activities, Big Brothers, Big Sisters.</p>
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<p>Community-Based Process</p> <p>This strategy aims to enhance the ability of the community to more effectively provide prevention services. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, interagency collaboration, building coalitions and networking. “Individuals involved in these strategies are either members of coalitions (formal or informal) that represent various groups within the community or else are working on providing support to such collaborative.”</p>	
Accessing Services & Funding	<p>Increasing or improving capacity by developing resources to support activities.</p> <p>Examples: Develop and maintain a resource listing of federal, state, and local funding, accessing and coordinating federal, state, and local grants, etc.</p>
Community & Volunteer Training	<p>Education or instruction of knowledge, skills, and competencies with the goal of building a person’s capacity and performance. This includes the development of, delivery, and participation in training. Training is considered a structured event that is intended to develop proficiency in program design, development, and delivery of skills.</p> <p>Examples: Training of Trainers, skill-building activities, board trainings, neighborhood action training, impactor training, staff/officials training, training instructors.</p>
Community Technical Assistance	<p>Refers to the delivery of expert programmatic, scientific, and specialized support to organizations and communities to aid in the design, implementation, and evaluation of prevention-related topics and to enhance promotion of activities.</p> <p>Examples: Addressing cultural competence, capacity-building, quality assurance/improvement, conducting evaluations, developing funding and resources, organizational development.</p>

Facilitated Community Team-Building	Any activity that establishes some sort of trust and dedication between the organization and the community. This relationship is used to help build a community identity. Examples: Outdoor/indoor pursuits, workshops, social events, community service or charitable work, changes to work practices.
Multi-Agency Coordination & Collaboration/Coalition	Establishing coalitions, committees and workgroups with representatives from multiple agencies/organizations to collaborate to address a specific issue /topic. Examples: Youth Coalition, Underage Drinking Prevention Committee.

Education This strategy involves two-way communication between educator/facilitator and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills and critical analysis.	
Education Programs for Adult Groups	Structured substance abuse prevention lessons, seminars, or workshops directed to adult groups. Examples: Curriculum for college-aged groups.
Education Programs for Youth Groups	Structured substance abuse prevention lessons, seminars, or workshops directed to youth in after school/community settings. Examples: Youth groups such as the Boys & Girls Club, Boy/Girl Scouts, etc.
Ongoing Classroom &/or Small Group Sessions	Lessons, seminars or workshops that are presented as a recognized curriculum or course of study in a classroom setting. Examples: Life Skills Training, Project ALERT, etc.
Parenting & Family Management	Structured classes and programs intended to assist parents and families in skills development. Examples: Parent/family management classes, Strengthening Families Program, Family Effectiveness Training.

Peer Leader/Helper Programs	<p>A structured recurring activity that use peers (people of the same rank, ability, or standing) to provide guidance, support and other activities for youth or adults.</p> <p>Examples: Peer resistance development/peer/cross-age tutoring, teen leadership institutes, peer support activities.</p>
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<p>Environmental</p> <p>This strategy seeks to change physical, legal, economic and social processes of communities and establish, change or influence community standards, codes and attitudes, thereby influencing the incidence and prevalence of alcohol and drug abuse in the general population.</p>	
Changing Local Codes, Ordinances, Regulations and Laws	Strategies that include advocating for change in existing laws or developing new laws.
Compliance Checks	<p>Strategies related to increasing the enforcement of laws and policies regarding sales to minors.</p> <p>Examples: Enforcement programs, enforcing impaired driving laws, and alcohol restriction at community events.</p>
Modifying Alcohol/Tobacco Practices	<p>Strategies intended to limit access and prevent the sale and use of alcoholic beverages and tobacco products to minors, such as placing signs in bars, restaurants and other establishments as well as efforts to educate servers, vendors and law enforcement personnel about these issues.</p> <p>Examples: Social or commercial host training and vendor carding programs.</p>
Party Patrol/Party Dispersal	Strategies to effectively prevent and safely disperse underage drinking parties.
Prescription Drug Drop Boxes/Take Back	<p>Strategies for safe and proper disposal of unused and/or expired medication.</p> <p>Examples: Take Back program.</p>

Prescription Drug Monitoring Programs	Programs to reduce prescription drug abuse and diversion and safeguard public health and safety while supporting the legitimate use of controlled substances.
Product Pricing Strategies/Tax Strategies	Strategies to reduce alcohol consumption by raising alcohol taxes, which in turn, increases unit prices.
Promoting Establishment/Review of ATOD Use Policies in Schools/Workplace	Strategies intended to establish schools and workplaces that are free of alcohol, tobacco, and other drug (ATOD) products and use. Examples: Conducting environmental scans or establishing drug-free school zones or workplaces, school use policies and procedures, or business use policies and procedures.
Public Policy Efforts	Strategies intended to develop or change public policy. Examples: Developing uniform law enforcement policies within a jurisdiction or jointly with surrounding jurisdictions in order to provide a community standard in the management of underage drinking, smoking and related behaviors.
Servers Training/Education and Enforcement	Training and enforcement on laws that prohibit alcohol sales to people under the legal age. Examples: Responsible Beverage Training and Enforcement.
Sobriety Checkpoints	Strategies to deter driving while under the influence.
Third Party Transaction Enforcement	Strategies to deter adults from purchasing alcohol and/or tobacco products for underage use. Examples: Shoulder tapping.

Information Dissemination This strategy provides awareness and knowledge of the nature and extent of substance use, abuse and addiction, and their effects on individuals, families and communities as well as available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience with limited contact between the two. It is recommended to use this strategy as part of a comprehensive substance use prevention plan since research has shown that information dissemination alone is not enough to prevent substance use.	
Health Fairs, Other Health Promotion	Having a booth or exhibit at a fair or event that displays or disseminates information and that has a focus on an ATOD prevention message related to the target population. Examples: Health fairs, health screenings, conferences, meetings, seminars.
Prevention-Focused Email Blasts	Sharing prevention and/or program related information via email. Examples: Newsletters, listserv.
Prevention-Focused Websites	Sharing prevention and/or program related information via websites. Examples: Information on existing websites, program website.
Printed Materials Disseminated	Materials that provide information on a specific topic. Examples: Rack cards, brochures, fact sheets, infographics, newsletters.
Media, Radio and TV Public Service Announcements	A media message or campaign provided through public airways that are designed to inform and educate audiences concerning a specific topic. Examples: Television PSA, Radio PSA, newspaper advertisements/announcements.
Social Media	Sharing prevention and/or program related information via social media. Examples: Instagram, Facebook, Twitter, Snapchat, etc.
Speaking Engagements/Presentations	Activities intended to impart information about specific issues to general or targeted audiences. Examples: Speeches, one-time presentations, assemblies, news conferences.

Problem ID and Referral This strategy aims to classify those who have indulged in illegal use of alcohol or drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment.	
DUI/DWI Education Programs	Structured education activities intended to change the behavior of individuals who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle. Examples: Alcohol-related highway traffic safety classes, alcohol and other drug awareness seminars, court-mandated alcohol and other drug awareness education programs.
Employee Assistance Programs	Activities intended to provide information for individuals whose problems may be interfering with work performance. Examples: Workplace education programs, referrals to another agency, follow-up services, health education and health programs for employees, workplace policy development.
Prevention Assessment & Referral	Other Problem ID and Referral activities that do not fit into defined subcategories. Examples: Home visits to check in, office visits, in-depth telephone conversations, case management, advocacy, treatment services, treatment planning, crisis intervention, screening/assessment/evaluation.
Student Assistance Programs	Structured activities intended to provide for students whose problems may be interfering with school performance. Examples: School Counselor's early identification of student problems, referrals, follow-up services, in-school support groups, school policy development.

Suggested Resources and Helpful Information

Item	Website
SPF Guidance	20190620-samhsa-strategic-prevention-framework-guide.pdf
SPF Hawaii	https://www.spfhawaii.org
Surgeon General's Report	Chapter 3 Prevention Programs and Policies, The Surgeon General's Report on Alcohol, Drugs, and Health
Community Readiness	Chapter 2. Other Models for Promoting Community Health and Development Section 9. Community Readiness Main Section Community Tool Box (ku.edu)
PTTC Evidence-Based Programs, Policies, and Practices Toolkit	Evidence-Based Programs, Policies, and Practices Toolkit Prevention Technology Transfer Center (PTTC) Network (pttcnetwork.org)
Environmental Strategies/Policies	Enviro Strategies Catalog_Final.pdf (spfhawaii.org)
Policy Implementation Primer	implementation.pdf (cadca.org)
Coalition Resources	Resources CADCA
Prevention Resources	Products and Resources Prevention Technology Transfer Center (PTTC) Network (pttcnetwork.org)
Certified Prevention Specialist	Alcohol and Drug Abuse Division Substance Use Professionals – Certification (hawaii.gov)