



State of Delaware

*The Department of Services for
Children, Youth and Their Families*

RFP #16

**Request for Proposals
For Professional Services
Bid under Title 29 Chapter 69 Section 6981**

DESCRIPTION

Evidence-Based Substance Abuse Prevention

MANDATORY INFORMATIONAL BIDDERS CONFERENCE:

Wednesday April 20, 2011 @ 10 am ET

PROPOSALS DUE: Wednesday, May 25, 2011 by 2 pm ET

REQUEST FOR PROPOSALS TIMELINE

Questions? Contact: H. Ryan Bolles, Contract Administrator at herbert.bolles@state.de.us
OR (302) 633-2701

**Wednesday
4/20/11 @
10 am ET** There will be a **MANDATORY** informational bidders' conference held as follows:
Delaware Youth & Family Center
1825 Faulkland Road
Room 199
Wilmington, DE 19805

**Proposals
Due** Sealed Cover Letter and Proposals shall be submitted as follows:

**Wednesday
5/25/2011
By 2 pm ET** Please submit 1 original paper proposal marked "ORIGINAL" and 6 paper copies marked "COPY". Also, submit 1 electronic copy (CD or DVD) of your proposal along with 1 copy (either electronic or paper) of your most recent business fiscal audit or tax filing.

If you are or plan to be a new business organization without a previous fiscal audit or tax filing please indicate that in your Cover Letter.

Sealed letter and proposals must be delivered by **2:00PM ET on Wednesday, May 25, 2011**. Letters and proposals arriving after 2:00pm ET will not be accepted.

For these purposes an electronic copy can be either CD or DVD.

Express Courier or hand deliver the sealed bids as follows:

State of Delaware
Ryan Bolles
1825 Faulkland Road
Administration Building #2, Room 177
Wilmington, DE 19805

A date/time receipt for your records is available upon request.

Although it is not recommended to ship by the US Postal Service, if this is your preferred delivery method, please address as follows:

State of Delaware
Ryan Bolles, Grants & Contracts
1825 Faulkland Road
Wilmington, DE 19805

The proposing firm bears the risk of delays in delivery. The contents of any proposal shall not be disclosed to competing entities during the negotiation process.

As soon as possible The Department will work diligently to complete the proposal review and selection process in an expeditious fashion. Bidders may be asked to be available to respond to questions from the review panel by telephone or in person, if necessary. However, proposals are expected to stand alone based upon the written information submitted.

Minority or Women Owned Business Enterprise?

Visit <http://gss.omb.delaware.gov/omwbe/index.shtml> to register with the State of Delaware.

**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES
REQUEST FOR PROPOSAL FOR
EVIDENCE-BASED SUBSTANCE ABUSE PREVENTION PROGRAMS, PRACTICES AND
POLICIES
FOR CHILDREN AND YOUTH, AGES 0-17 AND THEIR FAMILIES**

Executive Summary:

The Department of Services for Children, Youth and Their Families, Division of Prevention and Behavioral Health Services is accepting proposals to implement evidence-based substance abuse prevention programs, practices and policies for children and youth, ages 0-17 and their families. The eligible Bidders must work with a coalition(s) to implement comprehensive prevention strategies to address the following substance abuse prevention priorities identified in the Delaware Substance Abuse Prevention Strategic State Plan for youth in Delaware:

- Underage Alcohol Use and Abuse
- Marijuana Use and Abuse
- Prescription Drug Abuse /Opiates
- Heroin abuse

**Note: The data for youth under the age of 18 does not support Heroin as a priority for youth; however, eligible Bidders who want to focus on Heroin or another additional substance abuse priority must provide relevant data to support its approval.

Funding Opportunity Title: Evidence-based Substance Abuse Prevention Programs, Practices, and Policies for Children and Youth, Ages 0-17 and Their Families.

Funding Source: These awards will be made available through the 20% prevention set-side of the Substance Abuse Prevention and Treatment Block Grant administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. The Division of Prevention and Behavioral Health Services receive a percentage of the 20% prevention set-aside from the Delaware Department of Health and Social Services, Division of Substance Abuse and Mental Health to implement primary prevention services for individuals who do not require treatment for substance abuse.

Total Available Funding: Approximately \$835,000 of which a minimum of \$50,000 must be allocated for the development of a statewide Youth Strategy in collaboration with the Division of Prevention and Behavioral Health Services. The successful bidder must accept full payment by conventional check and/or other electronic means and/or procurement (credit) card at the State's option, without imposing any additional fees, costs or conditions.

Method of Compensation: DSCYF's preference is for unit cost proposals. However; in this instance DSCYF will accept either cost reimbursable or unit cost proposals with the goal of moving to a unit cost methodology as soon as practical. Cost reimbursable proposals shall include a completed DSCYF Budget Form, Salary Schedule and a supporting narrative which describes calculations made to obtain the numbers on the DSCYF Budget Form. The required Budget and Salary Detail forms are included in Appendix G of this document and available online www.kids.delaware.gov then click on "Contracts" under the Information section on the left side.

Estimated Number of Awards: Multiple awards will be made to ensure comprehensive evidence-based prevention strategies are implemented in the four sub-state planning areas (City of Wilmington; New Castle County; Kent County; and Sussex County) or statewide.

Length of Award Period: Up to three years contingent upon available funding, and Bidder progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Eligible Bidders: Eligible Bidders are domestic public, private nonprofit and for profit entities (associations, coalitions, community-based agencies, state and local governments; public or private colleges and universities; faith-based organizations; local school districts). [See Section IV-Bidder Eligibility Requirements for complete eligibility information.]

I. INTRODUCTION

Organization and System Overview

Department of Services for Children, Youth and Their Families - *“Our children, Our future, Our responsibility.”*

The Department of Services for Children, Youth and their Families (The Delaware Children’s Department) was established in 1983 by the General Assembly of the State of Delaware. Its primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, neglect, adjudication, mental illness, or substance abuse. Its services include prevention, early intervention, assessment, treatment, permanency, and after care.

The Children’s Department employs approximately 1200 staff at 31 locations, who serve over 8,000 children on any given day. Among the workforce are 52 Family Crisis Therapists (FCTs), who work in elementary schools throughout the state. Additionally, the Department provides licenses to nearly 2,200 daycare operations, which provide services for more than 49,000 children in Delaware.

The mission of the Delaware Children's Department is to assist children, youth and families in making positive changes through services that support child and public safety, behavioral health and individual, family and community well-being.

The Children’s Department wants every child to be safe, live in a stable home, learn and grow in self-esteem, and embrace a sense of hope about the future. The Department leads a system of care approach (both community based and residential) that is child centered and assures effective, timely and appropriate support for Delaware’s children.

The Department is comprised of four divisions. There are three service divisions and one management support division. They are as follows:

- Division of Prevention and Behavioral Health Services
- Division of Family Services
- Division of Youth Rehabilitative Services
- Division of Management Support Services

Division of Prevention and Behavioral Health Services

On July 1, 2010, the Division of Child Mental Health and the Office of Prevention and Early Intervention merged to become the new Division of Prevention and Behavioral Health Services (DPBHS). *The mission of DPBHS is to provide accessible, effective prevention and behavioral health treatment services for children in collaboration with families and service partners. Our vision is children and families reaching their fullest potential.*

DPBHS provides a statewide continuum of prevention services, early intervention services, and mental health and substance abuse (behavioral health) treatment programs for children and youth. These services have graduated levels of intensity and restrictiveness that are child-centered and family focused.

DPBHS also provides behavioral health services to children up to the age of 18 and their families who:

- Could benefit from treatment and care management services that promote health and well-being
- Do not have insurance to cover behavioral health services; have exhausted their insurance benefits
- Have Medicaid and who require more than the basic Medicaid 30-hour annual outpatient benefit available

These services are provided through routine crisis services, outpatient services, and if necessary a continuum of more intensive, community based and residential treatment services that are accessed through DPBHS intake unit. These services are provided through contracts with private agencies or are state operated clinical services. These agencies are licensed where required, and accredited by nationally recognized accrediting agencies. Where necessary, the providers of services are licensed clinicians and/or services are provided under licensed clinical supervision. A number of these providers implement evidence based or research based models for treatment. DPBHS is accredited as a Health Care Organization by the Commission on Accreditation of Rehabilitation Facilities (CARF).

DPBHS' prevention and early intervention services focus on promoting safe and healthy children, nurturing families and strong communities through community and school-based initiatives. These services are funded through a number of federal grants, block grants, Title IV Part B and state funds to provide:

- Primary prevention of substance use
- Support health and wellness in families and relationships
- Provide early intervention to support children and families to reduce or avoid the need for department services
- Support community agencies, organizations and councils in building coalitions working for healthy communities
- Provide educational and informational materials for the community

These services are provided through contracts with community coalitions and/or agencies, and some state operated services. Services are provided within the parameters of the IOM classifications: universal (direct or indirect), selective or targeted interventions and through prevention strategies: information dissemination, education, alternatives, problem identification and referral, community based process or environmental strategies.

DPBHS collaborates with the Single State Agency, Division of Substance Abuse and Mental (DSAMH), in the development and implementation of a state strategic plan for substance abuse prevention, coordination of federal substance abuse prevention funding, and development of standards for the certification and approval of substance abuse prevention programs and professionals. Through this collaboration, DSAMH allocates a percentage of the 20% primary prevention set-aside of the Substance Abuse Prevention and Treatment (SAPT) Block Grant to DPBHS to provide primary substance abuse prevention services for individuals who do not require treatment for substance abuse. The prevention set-aside of the SAPT Block Grant is administered through the federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention.

II. Purpose

Evidence-Based Substance Abuse Prevention Programs, Practices and Policies for Children and Youth, ages 0-17 and their Families

DPBHS is seeking proposals from eligible community based organizations [See Section IV-Bidder Eligibility Requirements] to develop a Coalition(s) to implement evidence-based substance abuse prevention programs, practices, and policies to children and youth, ages 0-17 and their families. Implementation of these comprehensive evidence-based strategies and interventions must occur within the four sub-state planning regions (City of Wilmington, the remainder of New Castle County, Kent County and Sussex County) and/or statewide. The focus of services must address preventing use/abuse of the substances identified in the Delaware Substance Abuse Prevention State Plan: 1)Alcohol; 2)Marijuana; 3)Prescription Opiates; and 4) Heroin.

The goals of this Request for Proposals (RFP) may include:

- Prevent the onset and reduce the progression of substance use and abuse for youth and their families through the reduction of risk factors and increasing identified protective factors;
- Provide primary prevention activities to prevent substance use and abuse through a comprehensive use of evidence-based strategies including education, information dissemination, environmental, community-based and alternative activities; and
- Build prevention capacity and infrastructure at the community level.

Eligible Bidders must address one of the four Substance Abuse Prevention Priorities identified by Delaware's Epidemiological Outcomes Workgroup, also known as the Delaware Alcohol Tracking Alliance (DDATA). Based on a comprehensive assessment of the substance abuse consumption and consequences patterns in Delaware, the following substances were identified as Substance Abuse Prevention Priorities:

- Underage Alcohol Use and Abuse
- Marijuana
- Prescription Drug Abuse including Opiates and Psychotropics
- Heroin Abuse

****Note:** The data for youth under the age of 18 does not support Heroin as a priority for youth; however, eligible Bidders who want to focus on Heroin or another additional substance abuse priority must provide relevant data to support its approval.

III. Availability of Funds

A total of \$835,000 is available for this Request For Proposal (RFP) through the primary prevention set-aside of the Substance Abuse Prevention and Treatment (SAPT) Block Grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).

The SAPT Block Grant provides financial assistance to states to plan, carry out, and evaluate activities to prevent and treat substance abuse and for related public health activities. States are required to spend no less than 20% on primary substance abuse prevention for individuals who do not require treatment for substance abuse.

The Division of Prevention and Behavioral Health Services (DPBHS) receives a percentage of the 20% prevention set aside of the SAPT Block Grant from the Delaware Department of Health and Social Services, Division of Substance Abuse and Mental Health to provide primary substance abuse prevention services.

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention has defined Primary Prevention as activities designed and directed at individuals who do not require treatment for substance abuse. Primary prevention activities are not services implemented with individuals that have been in treatment or are currently in treatment. Primary prevention is not part of an individual's treatment plan.

Multiple awards may be granted under this RFP to ensure that comprehensive evidence-based strategies are implemented in the four substate planning regions designated by the State or statewide. The substate planning regions are: the City of Wilmington, New Castle County, Kent County, and Sussex County.

The initial contract period will begin on or before July 1, 2011 through June 30, 2012. Subsequent contract terms will be for one or more year periods for a total of two (2) additional years, starting July 1 and ending June 30. Continuation of contracts will depend on the availability of funds, Bidder progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

IV. Bidder Eligibility Requirements

Eligible Bidders are domestic public, private nonprofit entities (i.e., associations, coalitions, agencies, state and local governments; public or private colleges and universities, faith-based organizations; local school districts).

For-profit as well as non-profit organizations must keep in mind that they cannot profit from Health and Human Services grants. Also, for-profit as well as non-profit cannot place grant funds into an interest bearing bank account whereby they may profit from interest income.

Bidders must adhere to the following criteria in the proposal submission process:

- Individual Proposal – One organization may serve as the Bidder for funding. Under this option, the organization is solely responsible for the development and implementation of the proposed evidence-based prevention program, practice, and policy.
- Consolidated Proposal – A group of organizations may partner in developing and implementing the proposed evidence-based prevention program, practice, and policy. Under this option, grant funding will go to one key/lead non-profit organization that will be solely responsible for administering the program and will be the Bidder and recipient of funds. The other partner organizations will be funded through subcontractor agreements with the one-key/lead organization and be referred to as subcontractors. The lead organization will be responsible for programmatic oversight, financial

administration of the total grant award, distribution of grant funds to subcontractors, program management of subcontractors and oversight of the evaluation component of the program. Government departments, divisions and agencies, including state, county and local agencies may partner with a non-profit organization and apply for funding under this option.

In situations where a consolidated proposal is submitted, all organizations involved in the collaboration or partnership must submit a detailed Letter of Commitment. The Letter of Commitment must document the specific nature of collaboration, role in implementing the comprehensive evidence-based strategy and any resources/support that will be committed.

- All Bidders (and proposed subcontractors) must have a minimum of one year experience in delivering services that address the comprehensive evidence-based prevention strategies and interventions described in the program narrative. Bidders will be evaluated on the documented experience of all organizations included in the proposal.

V. Scope of Services

Strategic Prevention Framework

Bidders are required to submit a proposal adhering to the five-steps of the Strategic Prevention Framework (SPF). The SPF model is a public health, outcome-based prevention approach developed by SAMHSA/CSAP.

The SPF is a structured, community-based approach to substance abuse prevention. The framework aims to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the individual's life span. This approach provides information and tools that can be used by States and communities to build an effective and sustainable prevention infrastructure.

Research has shown that to effectively change attitudes, perception, and ultimately behavior, prevention strategies must include a comprehensive approach that addresses both the individual and the environment. Substance abuse prevention strategies that address the shared environment are the most effective approach for large populations and are the most cost effective. It is critical for Delaware to develop an infrastructure that supports the implementation of the most effective programs, policies and practices. The SPF provides an effective prevention process, a direction and a common set of goals to be adopted and integrated at all levels.

The SPF Implementation Principles provide broad guidelines that inform each step of the process, from strategic planning and capacity building, through evaluation and sustainability. These principles are intended to promote a comprehensive, systems-oriented approach to prevention. The principles are:

- The SPF promotes a systems-based approach to substance abuse prevention: Communities and prevention providers work to support the development of a system that has both long- and short-term effects on bringing down the rates of substance abuse. This process involves gradual change over a long period of time. It also calls for States and communities to work together strategically to foster the principles of cultural competency and sustainability throughout the SPF process.
- The SPF allows States and communities to build capacity and sustain a culturally-competent infrastructure: The SPF affords States the opportunity to assess and mobilize community capacity by engaging the workforce, financial, and organizational resources to build prevention infrastructure. In working with diverse populations, the principles of cultural competence can ensure that environments as well as relationships are built on inclusion and mutual respect. By

addressing sustainability, States and communities can ensure the longevity of prevention systems and their program outcomes.

- The SPF is an example of outcome based prevention: The SPF is designed to systematically collect, analyze, interpret, and apply findings from epidemiological and community readiness data about substance use and consequences. Understanding the nature and extent of consumption and consequences from the beginning is critical. This data driven process guides State and community level efforts in identifying problems and setting priorities to determine the selection of policies, practices and programs that can best address issues affecting the health and well-being of communities.
- The SPF requires evidence-based programs, policies and practices as the basis for program implementation: Evidence-based principles are approaches and strategies that have been found to be effective in reducing the impact of social and population-based substance abuse issues. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. States and communities are required to implement evidence-based programs, policies and practices to ensure accountability and effectiveness in community-level prevention efforts.
- The SPF encourages community-level change: Communities support what they help to create, and local people solve local problems. Within the community, the SPF takes a public health approach to preventing substance related problems. This approach focuses on population-level change (change among groups that have one or more personal or environmental characteristic in common). Implementing the SPF via the five steps gives States and communities the tools to determine the substance abuse problems affecting their constituents and the most effective strategies to address them.
- The SPF requires States and communities to address substance abuse issues across the life span: States and communities are encouraged to examine substance abuse related issues and consequences among youths as well as adults. Since community perceptions and norms impact youth behavior, addressing substance abuse related problems across the life span will sustain healthy behaviors over time.

Bidders must comprehensively describe how the Strategic Prevention Framework (SPF) planning process will be implemented within their Coalition(s) and subrecipient communities. Each element of the five-step evidence-based process for community planning and decision-making must be addressed in the Bidder's proposal.



The Five Steps of the Strategic Prevention Framework (SPF) are:

1. *Assessment:* Profile population needs, resources, and readiness to address needs and gaps in service delivery;
2. *Capacity Building:* Mobilize and/or build capacity to address needs;
3. *Planning:* Develop a comprehensive Strategic Plan;
4. *Implementation:* Implement evidence-based prevention programs, policies, and/or practices;
5. *Evaluation:* Monitor and evaluate programs, policies, and practices.

Cultural competence and sustainability must be incorporated into all five steps of the SPF.

Refer to www.prevention.samhsa.gov for more information on SAMHSA, CSAP and SPF.

Using Evidence-Based Practices

DPBHS will only fund programs, practices and policies that have a demonstrated evidence base and that are appropriate for the identified subrecipient communities/coalitions. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. DPBHS will fund infrastructures that can support the implementation of a broad array of programs, policies and practices in communities selected through the needs assessment process. Eligible Bidders must ensure that their coalition/community comprehensive plans contain EBP's as described below. Bidders should use the criteria listed below to guide the work of their subrecipient communities/coalitions as they develop their comprehensive plans.

As Bidders' subrecipient communities/coalitions choose their evidence-based programs, policies, and practices, they will need to carry out the following tasks:

- Identify the evidence-based program, policy or practice to be implemented in the subrecipient community/coalition.
- Identify and discuss the evidence that shows that the program, policy or practice is effective. [Refer to guidelines in the note below.]
- Discuss the population(s) for which the program, policy or practice has been shown to be effective and show that it is appropriate for the proposed community and/or target population. [Refer to guidelines in the note below as outlined by SAMHSA.]

Note: SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Bidders proposing to serve a population with an intervention that has not been formally evaluated for that population are encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus.

Evidence may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the people reviewing your application.

Environmental Strategies

Eligible Bidders must incorporate environmental strategies into the development of their comprehensive plans. Environmental strategies are based on the belief that substance abuse is a product of multiple environmental conditions and circumstances. Environmental strategies incorporate prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems, and policies. More specifically, environmental strategies seek to: (1) limit access to substances, (2) change the culture and context within which decisions about substance use are made, and/or (3) shift the consequences associated with substance use. Examples include changing or modifying an ordinance; decreasing access to alcohol, tobacco, and illicit drugs through effective enforcement practices; changing the physical aspects of a community that contribute to drug activity (e.g., lighting); and strengthening laws and regulations. Today, ample evidence exists that well-conceived and implemented policies—local, State, and national—can reduce community-level alcohol, tobacco, and other drug problems.

Environmentally-based approaches reach entire populations and reduce collective risk, making them cost effective prevention strategies. Bidders should be mindful that DPBHS requires the planning and implementation of environmental strategies as part of their comprehensive efforts to reduce youth substance use.

For more information on environmental strategies, please see http://www.cadca.org/files/Beyond_the_Basics_EnvironmentalStrategies.pdf.

Cultural Competence

Eligible Bidders must address cultural issues in their applications in terms of the design and implementation of programs, policies and practices, including the overall comprehensive plan and coalition's organizational structure. Cultural competence refers to a system of policies, skills, and attitudes that enable a coalition to effectively respond to differences in cultural beliefs, behaviors, and communication styles. For prevention efforts to be truly effective, diverse representation is needed early in the planning process as well as throughout the implementation of the comprehensive plan.

More information on cultural competence for coalitions can be found at http://www.cadca.org/files/cultural_competence_jan09.pdf.

Community

In order to increase the likelihood of the results described above, the Bidder must clearly define and understand the unique characteristics of the community/coalition it seeks to serve. For the purposes of this RFP, a community must encompass a geographic area defined by the Bidder, while considering the four substate planning areas designated by the State (City of Wilmington, New Castle County, Kent County and Sussex County). As every community has unique characteristics, local expertise is needed to define what constitutes a meaningful community in which the Bidder will work. Bidders may use various physical demarcations, including neighborhoods, census tracts, zip codes, school districts, township, or county, among others, to define their community. When determining the size/boundaries of the community, Bidders are encouraged to be realistic about the area in which the coalition will have the ability to create change. For example, choosing a community that is too large may be problematic due to inclusion of neighborhoods that have significantly different problems or systems to address. When determining the parameters of a community, Bidders should be mindful of the fact that multiple Bidders may not serve the same zip codes unless there is written evidence of cooperation between the overlapping coalitions.

Center for Substance Abuse Prevention Strategies

Primary prevention activities are those directed at individuals who do not require treatment for substance abuse. In implementing the comprehensive prevention programs, practices and policies, the Bidder must use a variety of strategies including but not limited to the six (6) Prevention Strategies below.

- Information Dissemination – This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.
- Education – This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy.

- Alternatives – This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and drugs through these activities.
- Problem Identification and Referral – This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted however, that this strategy does not include any activity designed to determine if a person is in need of treatment.
- Community-based Process – This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.
- Environmental – This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population.

Institute of Medicine

The Bidder may also classify or identify their prevention strategies using the Institute of Medicine classification. These classifications are:

- Universal: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
 - *Universal 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, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions)
 - *Universal Indirect* - Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.
- Selective: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- Indicated: Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. (*Adapted from The Institute of Medicine Model of Prevention*)

VI. Target Population

The target population is children and youth ages 0-17, and their families in the four substate planning regions.

Delaware is divided into four sub-state planning areas designated by SAMHSA's Office of Applied Studies and adopted by Delaware's State Epidemiological Outcomes Workgroup (SEOW), also known as the Delaware Drug and Alcohol Tracking Alliance (DDATA). The planning areas are defined as follows: the city of Wilmington, the remainder of New Castle County, Kent County and Sussex County. The State Epidemiological Outcomes Workgroup, DDATA, has completed assessments of trends in substance abuse prevalence (consumption and consequences) at the state and sub-state (Sussex, Kent, Wilmington, rest of New Castle) level. In addition, treatment data at the state level and information reported from

providers was used to develop an Epidemiological Profile for Delaware. The Epidemiological Profiles illustrate the need for prevention programs for children, youth and adults in Delaware.

Delaware is growing. The 2010 U.S. Census puts Delaware's population at 900,877, with the 13th highest percentage increase in the nation in the past decade, about a 15% increase (News Journal Dec. 2010)). Delaware is comprised of three counties [New Castle County- 534,634 residents; Kent County-157,741 residents; and Sussex County- 192,747 residents, 2009 U.S. Census estimates]. The State is distinctive in that the northernmost county, New Castle, is decidedly urban, while the two southern counties, Kent and Sussex, have more rural characteristics. That too is changing with the new Census indicating larger population growths in Kent and Sussex Counties. Delaware's largest city is Wilmington, located in New Castle County, with a population of 72,826 (2009 U.S. Census estimate). Wilmington and part of New Castle County are included in the Philadelphia Consolidated Metropolitan Statistical Area.

From 2000-2010, Delaware saw almost a 15% population growth and much of it has been driven by increases in minority populations (Delaware Population Consortium 2010). Over the next decade from 2010 to 2020, there is an anticipated 6% growth in the 10 – 19 year old population in the State of Delaware. These demographic trends and Delaware's growing multicultural communities make the needs of youth and young adults, and their families even more compelling as data suggest these populations are most in need of resources.

The following information is illustrative, but not exhaustive, of high risk populations for each of the identified substance abuse priorities for identified in the Delaware Substance Abuse Prevention Strategic Plan:

1) Alcohol Use and Abuse by those under 18:

Prevalence (Delaware School Survey 2010) -- 2% of 5th graders, 19% of 8th grade students, and 37% of 11th graders report past month alcohol use. These numbers actually represent recent declines in use by youth, but alcohol use remains the most prevalent substance of abuse for youth. Using a definition of 3 or more drinks at the same time in the past two weeks, 9% of Delaware 8th graders and 21% of 11th graders report binge drinking in the past two weeks (DSS 2010). Alcohol is the most used and abuse illegal substance for youth in Delaware.

2) Marijuana Use by Youth:

Prevalence -- less than one-half percent of 5th graders used marijuana in the past month in Delaware in 2010, but 12% of 8th graders and 24% of 11th graders reported use in the past month. These numbers represent a rising trend and are the highest numbers reported since 2003-2004 for junior and senior high school students in Delaware (DSS 2010). The prevalence rates are higher than national averages (Monitoring the Future 2010). Moreover, 7% of Delaware 11th graders report using marijuana on 20 or more days in the past month, again higher than national estimates. Most troubling is that Delaware middle and high school students are less likely to perceive great risk from regular marijuana use than are students nationally (DSS 2010, MTF 2010). In 2007, Delaware high school students ranked first in the percentage reporting past 30 day marijuana use and 10th in the percentage reporting use before the age of 13 (MMWR 2008); by 2009, Delaware's rank in past 30 day use had fallen to 4th but risen to 4th highest in percentage reporting use before age 13 (MMWR 2010). For youth in treatment in Delaware, marijuana is the most reported drug of abuse (State Epidemiological Profile 2010). Marijuana is the substance where use is increasing and is above national estimates for youth.

3) Prescription Drug Abuse [by Youth] including Opiates:

Prevalence -- 21% of Delaware 11th graders have misused at least one prescription drug in the past year (DSS 2010); 21% of high school students misused a prescription painkiller in their lifetime (MMWR 2008); 10% of 11th graders have done so in the past year, and 5% of 11th graders have misused psychoactive drugs like Ritalin and Adderall that are otherwise prescribed for behavioral reasons (DSS 2010). There has been a steady and significant increase in admissions to treatment for “other opiates and synthetics” (State Epidemiological Profile 2010). Prescription drug misuse and abuse is the most rapidly increasing category of substance abuse among youth in Delaware.

4) Heroin Use/Abuse:

As noted above, the data does not support this as a priority for youth, and choosing this substance or any other substance must be supported by a needs assessment of the population you will be addressing in your application.

This information represents some highlights related to the four identified priority areas. Most of these data come from the State Substance Abuse Epidemiological Profiles. The Epidemiological Profiles, in their entirety, can be found at DDATA’s website, www.udel.edu/delawaredata. At the site, there are both State and Substate Profile reports. The data for Delaware youth include information from the Delaware School Surveys (DSS), the Youth Risk behavior Survey (YRBS), and the National Survey of Drug use and Health (NSDUH) among other sources. If other data sources are locally available, Bidders are encouraged to utilize such local level assessment data as well.

VII. Project Narrative

Bidders must write their narrative using the Strategic Prevention Framework (SPF) as the model in which they implement comprehensive strategies and develop their Action Plans. The SPF is a five-step evidence-based process for community planning and decision-making.

The five-step process includes:

1. **Assessment:** Identify local youth substance use problems and the community conditions that contribute to the specific drug use issues identified.
2. **Capacity Building:** Mobilize/build capacity to change the conditions and address the youth substance use problems.
3. **Planning:** Develop a Logic Model, and comprehensive 12-month Action Plan
4. **Implementation:** Implement the plan with multiple activities, practices, strategies, or interventions.
5. **Evaluation:** Collect, monitor, and analyze data in order to sustain, improve, or replace prevention activities, efforts, and strategies.

Bidders submitting proposals must address one of the four state substance abuse priorities identified by the State Epidemiological Outcomes Workgroup (SEOW), also known as the Delaware Drug and Alcohol Tracking Alliance (DDATA) based on a comprehensive assessment of the substance abuse consumption and consequence patterns in Delaware. The Substance Abuse Prevention Priorities are:

- Underage Alcohol Use and Abuse
- Marijuana
- Prescription Drug Abuse including Opiates
- Heroin [**not supported by data for population under 18**]

Step 1- Assessment

Bidder must identify which substance abuse prevention priority their community/coalition or organization intends to address. The Substance Abuse Prevention Priorities are:

- Underage Alcohol Use and Abuse
- Marijuana
- Prescription Drug Abuse including Opiates
- Heroin or other substance if supported by a local needs assessment that indicates that substance is a priority for your community.

Bidders must provide a statement of need (or problem statement) that identifies specific areas of substance abuse prevention focus. Bidders must develop a preliminary set of goals and objectives and performance measures that can be used to determine satisfactory progress.

Bidders must submit a preliminary assessment which will include consumption and consequence data. The assessment data will include local level data, in addition to epidemiological data available through state or national resources.

Bidders must thoroughly describe the nature of the problem and the extent of the need (i.e., current consumption and consequences; trends and patterns). The documentation of need may come from a variety of qualitative and quantitative sources including, but not limited to: State Epidemiological Profiles (www.udel.edu/delawaredata); related State Needs Assessments; SAMHSA's National Survey on Drug Use and Health; National Center for Health Statistics/Centers for Disease Control). The data must identify the following: magnitude of the problem to be addressed; geographic areas where the problem is greatest; and the risk and protective factors associated with the problem.

Bidders must describe the proposed target populations/and or community. Target populations may be universal, selective, and/or indicated based on risk and need of the identified community (**See Appendix A Institute of Medicine (IOM) Classification System; and Appendix B Institute of Medicine Continuum of Care**).

Bidders must thoroughly describe the geographic region to be served and provide data that supports the selection of the community or communities.

Bidder must describe the process by which they will complete a comprehensive community level assessment. (**See Appendix C Resources**)

Step 2 – Capacity Building

Bidders describe must describe readiness and capacity to implement evidence-based prevention strategies. Bidder must discuss the capability and experience with similar projects and populations, including experiences in providing culturally appropriate/competent services.

Bidders must describe the process by which they plan to mobilize and build capacity to address the community needs. Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to, convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and service providers; organizing agency networks; leveraging resources; and engaging stakeholders to help sustain the activities.

Bidders must describe the resources available for the proposed project (i.e., facilities, equipment). Bidders must describe their current capacity to implement prevention strategies/approaches. Bidders must clearly describe experience working with target populations and with the identified coalition(s) and communities.

Bidders must identify what will be needed to build readiness and ensure success of prevention initiatives (e.g. staff training and technical assistance, development of appropriate data and financial systems, etc.). In addition, Bidders should identify how to develop cultural competence and build on the existing prevention infrastructure within their organization and community.

Bidders must clearly describe and provide documentation of organizational structure (i.e., Board of Directors; Organizational chart; letters of incorporation or 501c3 status). Bidders must describe organizational or community strengths, weaknesses, opportunities for improvement and barriers to the effective implementation of proposed activities.

Bidders will be required to determine the focus of their prevention strategies; determine and identify key stakeholders at the state and community levels; create a viable infrastructure that will be able to effectively implement the strategies using evidence-based practices at the end of the planning phase.

Bidders should submit letters of support specifying community and key stakeholders' participation in the planning of prevention activities.

Bidders must describe a process by which current prevention resources are identified in the selected communities; gaps in services and determine the capacity and readiness to act.

Step 3 – Planning

Successful Bidders must develop a data driven strategic plan that articulates not only a vision for their efforts, but also strategies for organizing and implementing prevention/reduction efforts. The strategic plan must be based on documented needs, build on identified resources, set measurable objectives, and include the performance measures and baseline data against which progress will be monitored.

Bidders will use the findings from their needs assessments to guide planning, selection, and implementation of programs, policies, and practices.

Successful Bidders must describe process for the identification and selection of evidence-based or environmental strategies. Prevention strategies shall be built on the principles endorsed by the Center for Substance Abuse Prevention (CSAP), the National Institute of Drug Abuse (NIDA), the National Institute of Alcoholism and Alcohol Abuse (NIAAA), the National Registry for Evidence-based Programs and Practices (NREPP), or recognized researchers. **(See Appendix A IOM Classification System; Appendix B IOM Continuum of Care; Appendix D Center for Substance Abuse Prevention Strategies; and Appendix E Center for Substance Abuse Prevention Domains).**

In this proposal, Bidders are required to create a preliminary Logic Model. The Logic Model must describe the community specific causal factors of the priority problem, possible interventions to address problem/intervening variables, and the resources required to implement the possible interventions. The logic model should be based on the statement of need(s) identified in Step 1 – Assessment. **(See Appendix F Logic Model).**

Bidders will identify the planning process that will be used to determine how to address the statewide priority, including how the community will use data to make program decisions. Bidders that want to

address the secondary priority must identify the planning process to substantiate the selection of an additional priority.

Bidders must clearly identify their target population and community or communities to be served. Target populations may be defined by one or more of the following classifications: age, educational background, ethnicity, faith, gender, geographic location, race, sexual orientation, or socio-economic status (this depicts examples of population classifications, and is not an exhaustive list).

Bidders must identify the process for identifying, engaging, and retaining members of the target population.

Step 4 - Implementation

Describe how implementation of the Strategic Prevention Framework will lead to the achievement of the program goals and objectives. Bidders must describe how the implementation of the goals and objectives will increase the capacity to support an effective, comprehensive substance abuse prevention services system.

Bidders must describe the process to be used for identification of evidence-based, practices to be utilized in the implementation of the proposed project.

Examples of prevention strategies may be found in **Appendix D Center for Substance Abuse Prevention Strategies**. In addition, Bidders may reference the National Registry of Evidence-based Programs and Practices (NREPP) for a listing of interventions supporting substance abuse prevention, as well as mental health promotion substance abuse treatment (<http://www.nrepp.samhsa.gov/>). NREPP is not an exhaustive list of all substance abuse prevention interventions.

Bidder must describe how it will ensure fidelity of implementation mechanisms that ensure innovative programs or adaptations of evidence-based programs are theoretically sound.

Bidders must describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender.

Bidders must include a management plan with related tasks, timelines, and persons responsible. Provide an organizational chart for the project detailing key staff personnel for the Bidder organization (and fiscal agent as applicable). A Staffing and Organization chart must accompany the narrative depicting how project staff will be organized and the percentage of time (FTE) for each person in the table.

Bidders must provide a realistic timeline for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. The timeline should be part of the narrative.

Bidders must provide a brief narrative that describes all staff collaborators, and supporters of the program, their roles, responsibilities and relationship to each other. Bidders must include a management and staffing plan that clearly describes relevant prevention experience, experience with target population(s), knowledge of identified community (-ies), and description of relevant accomplishments to date.

Bidders must include resumes, biographical sketches, and Job Descriptions proposed Project Director and other key positions to be funded through the proposal. Provide a Staffing and Organizational chart for the project detailing key staff personnel for the Bidder organization (and fiscal agent as applicable). Please include a staffing chart to show how staff will be organized and the percentage of time (FTE) for each person. Discuss how key staff has demonstrated experience in serving the target population and are

familiar with the population's culture and language. Bidders should describe their plan to sustain the project outcomes. Also describe how program continuity will be maintained when there is a change in the operational environment (i.e., staff turnover, change in leadership) to ensure continuity over time.

Step 5 - Evaluation

Bidders must clearly describe the process to be used in the development of an evaluation plan that includes both process and outcome strategies. All evaluation efforts will address all five steps of the SPF. DPBHS Evaluation Team will provide training and technical assistance to successful Bidders. The Evaluation Plan must include both process and outcomes to evaluation project goals and objectives.

Questions to be addressed in the Project Narrative

Bidders must ensure their proposal address the following questions based on the Strategic Prevention Framework (SPF), the required mobilization and planning method.

1. **What are the community's youth substance use-related problems?**

Responses should address, but are not limited to, the following:

- Youth substance use data/trends
- Data related to youth access to substances that can be abused
- Data related to youth consequences (i.e., social indicators) such as crime data, juvenile justice/social services referrals, school failure, impaired driving rates, emergency room data, substance abuse treatment admissions, teen pregnancy rates, and dating violence and sexual assault statistics

2. **What factors contribute to the community's youth substance use-related problems?**

(Responses should address, but are not limited to, the following:

- Environmental factors/conditions (e.g., outlet density)
- Policies and practices (e.g., licensing laws, local ordinances)
- Community norms (e.g., denial, lack of readiness)
- Inconsistent enforcement of laws and policies
- Lack of coordination of existing agencies, organizations, and services
- Insufficient involvement of key community leaders and decision makers
- Inadequate financial resources
- Access to services (e.g., treatment)

3. **What resources are available in the community to address youth substance use?** Responses should address, but are not limited to, the following:

- Effective collaborations
- Partners and systems supportive of positive youth development
- Youth and adult volunteers, including time utilized for in-kind match
- Financial resources, including in-kind match
- Policies, practices, programs, and services
- Training opportunities

4. **How will the Bidder use data to inform and mobilize the community?** (Responses should address, but are not limited to, the following:

- Traditional media (e.g., radio/newspaper PSAs, brochures, community report cards)
- Social media (e.g., Web sites, blogs, listserves)
- Interactive feedback sessions (e.g., town halls, world cafés)

5. **How did the coalition organize/mobilize to respond to the identified youth substance use issues?** Responses should address, but are not limited to, the following:
 - Brief coalition history
 - Coalition's mission and vision
 - Coalition's evolution over time, including organizational maturation and response to changing community situations
 - Explanation of when and how youth substance use prevention was included in or added to the coalition's focus

6. **What are the major duties and relevant experience of the coalition's key paid staff and volunteer leadership?** Responses should address, but are not limited to, the following:
 - History/connection of the Bidder entity to youth substance use prevention/reduction (if applicable)
 - Duties and experience of the Program Director/Project Coordinator (provide resumes and/or job descriptions)
 - Duties and experience of volunteer leaders (e.g., chairperson, committee chairs)
 - Coordination/collaboration between key leaders (paid staff and volunteer leaders), including the distribution of duties and strategies for shared leadership

7. **How has the coalition engaged volunteers/partners, and sector members?** Responses should address, but are not limited to, the following:
 - Key activities of volunteers/partners
 - Shared ownership of coalition's efforts
 - Sector contribution of resources
 - Access to community leaders and decision makers
 - Engagement of diverse populations within the community
 - Available board leadership or youth substance use prevention training

8. **What are the coalition's operational structures?** Responses should address, but are not limited to, the following:
 - Leadership and committee structure (include Organizational Chart) Coalition's decision-making process, including a description of the types of decisions routinely made by the following: staff, elected coalition leaders, coalition committees (if applicable), and general coalition membership
 - Leadership selection processes, including the selection process for current leaders and office/role term limits

9. **What is the coalition's financial structure?** Responses should address, but are not limited to, the following:
 - Coalition's role in planning and allocating resources, monitoring grant funds, and making personnel decisions
 - Bidder's role in planning and allocating resources, monitoring grant funds, and making personnel decisions (if applicable)
 - Systems, policies, and procedures related to financial decision-making

10. **What are the coalition's communication mechanisms?** Responses should address, but are not limited to, the following:
 - Internal and external communication structures or processes

- Use of appropriate technology for the community
- Culturally appropriate communications for all members of the community

11. **What planning process has the coalition used to address youth substance use?** Responses should address, but are not limited to, the following:

- Coalition members' involvement in planning
- Community participation (beyond coalition membership)
- Use of data and current research
- Prioritization process for determining what to address and in what order

12. **What key environmental strategies will the coalition employ to create community change?** Responses should address, but are not limited to, the following:

- Connection between identified problems and strategies
- Identification of policies and practices that will be changed by the strategies
- Evidence that the strategies will impact the identified problems
- Reference the Logic Model (**Appendix F**), if desired

13. **What is the coalition's plan for addressing youth substance use in the first 12 months after the awarding of the proposal?** Provide the Strategic Action Plan in table format) for the first year of funding. The Action Plan must include goals, objectives, strategies and activities that target at least one of the Substance Abuse Prevention Priorities (Underage Alcohol Use and Abuse; Marijuana; Prescription Drug Abuse including Opiates and Psychotropics). The Plan must include objectives, strategies, and activities that will strengthen the coalition's internal capacity (e.g., leadership, management, board structure, recruitment, resource attainment), as well as increase overall community collaboration. The Plan must also include objectives, strategies, and activities that will impact community youth substance use (e.g., policy changes, enforcement efforts, physical design changes, media advocacy).

VIII. Selection Process and Review Criteria

All proposals submitted in response to this RFP will be reviewed by an evaluation team composed of representatives of the Division of Prevention and Behavioral Health Services, Division of Substance Abuse and Mental Health, and others as may be deemed appropriate by the Department. Each proposal will be independently reviewed and rated against review criteria. Selection will be based upon the recommendations of the review committee.

Proposal Evaluation Criteria

The Project Narrative describes what you intend to do with your project and includes the following evaluation criteria. Proposals will be reviewed and scored according to the quality of the response to the requirements of an Implementation Grant (Steps 1 – 5).

Step 1 - Assessment

15 points

An Assessment section shall include a Statement of Need which will state an identified community priority to be addressed. Support of this priority shall be provided through indicated magnitude, geographical location, population, risk and protective factors.

Step 2 - Capacity

15 points

Proposals shall demonstrate the Bidder's capacity and readiness to implementation evidence-based programs, policies and practices and prevention strategies within their community. Proposals shall demonstrate community readiness by identifying community resources and supports.

Step 3 - Planning

15 points

Proposals must include a plan for their intended program design, inclusive of a logic model with goals and objectives. Bidders will identify a priority to address in their proposal. The proposal must be very specific in regard to the following:

WHO is the targeted population?

WHAT primary prevention strategy will be used?

WHEN will the strategy be conducted?

WHERE the strategy will be conducted; and

HOW the identified target population will be reached; and HOW outcomes will be sustained.

Prevention strategies shall be built on the principles endorsed by the Center for Substance Abuse Prevention (CSAP), the National Institute of Drug Abuse (NIDA), the National Institute of Alcoholism and Alcohol Abuse (NIAAA), the National Registry for Evidence-based Programs and Practices (NREPP), or recognized researchers.

Proposals must include plans to implement culturally competent prevention services within each step of the SPF. In addition, proposal must indicate how outcomes and strategies will be sustained once the grant ends.

Step 4 - Implementation

25 points

Proposals must include an implementation plan with tasks, timelines, and persons responsible. Proposals must include a management plan with related tasks, timelines, and persons responsible. A Staffing and Organization Chart must accompany the narrative.

Step 5 - Evaluation

15 points

Bidders shall provide an evaluation plan for measuring performance and outcome measures in accordance with the program design and logic model. Bidders must indicate in proposals agreement to comply with all data collection and reporting requirements.

Other Review Criteria

Bidder Experience, Reputation and Demonstrated Ability

10 points

History of the bidding organization with DSCYF and/or other State agencies with this or other services (ie. accessibility, responsiveness, and effectiveness).

Proposal Cost

5 points

Is the proposed cost/budget reasonable; i.e., can the objectives be accomplished with the funding available? Has the bidder clearly explained the cost or budget items? Has the bidder secured matching funds (*in-kind or cash assistance*) to support the project?

Total:

100 points

***Please note that successful Bidders will be required to participate in trainings to ensure the successful implementation of evidence-based practices, policies and programs.

APPENDIX A

Institute of Medicine (IOM) Classification System

The IOM model, often referred to as a continuum of services, care, or prevention, classifies prevention interventions according to their target population. Classification by population provides clarity to differing objectives of various interventions and matches the objectives to the needs of the target population. The IOM identifies the following three categories based on level of risk: Universal, Selective, and Indicated.

- **Universal**

Universal interventions target the general population and are not directed at a specific risk group.

Universal prevention measures address an entire population (national, local, community, school, or neighborhood) with messages and programs aimed at preventing or delaying the use of alcohol, tobacco, and other drugs. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals with the information and skills necessary to prevent the problem. The entire population is considered at risk and able to benefit from prevention programs.

- **Selective**

Selective interventions target those at higher-than-average risk for substance abuse; individuals are identified by the magnitude and nature of risk factors for substance abuse to which they are exposed.

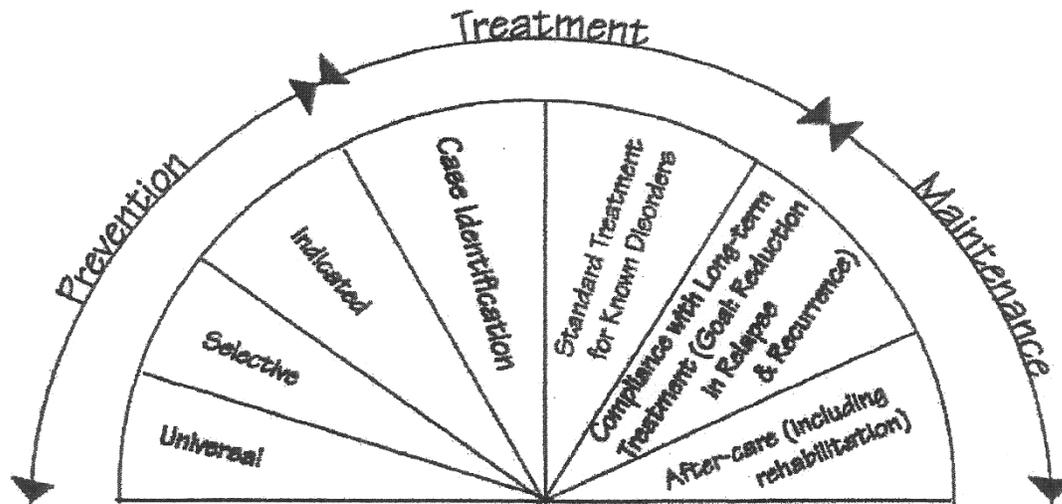
Selective prevention measures target subsets of the total population that are considered at risk for substance abuse by virtue of their membership in a particular segment of the population. Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group.

- **Indicated**

Indicated interventions target those already using or engaged in other high-risk behaviors to prevent heavy or chronic use.

Indicated prevention measures are designed to prevent the onset of substance abuse in individuals who do not meet the medical criteria for addiction, but who are showing early danger signs. The mission of indicated prevention is to identify individuals who are exhibiting problem behaviors and to involve them in special programs.

Institute of Medicine Continuum of Care



Institute of Medicine Continuum of Care – Prevention Definitions

Universal

Universal prevention strategies address the entire population (e.g. national, local community, school, grade, neighborhood, pregnant women, gender groups, elderly, etc.) with messages, policies and programs aimed at preventing or delaying the abuse of alcohol, tobacco and other drugs. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population are seen to share the same general risk for substance abuse, although risk levels may vary greatly between individuals. Universal prevention is delivered to large groups without any prior screening for risk. The entire population is assessed as capable of benefiting from prevention.

APPENDIX B- Institute of Medicine Continuum of Care *(continued)*

Selective

Selective prevention strategies focus on subsets of the total population that are deemed to be exposed to greater levels of risk for substance abuse by virtue of their membership in a particular population segment (e.g. children of substance abusers, students who are failing academically, or those exposed to other risk factors.) Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994) and focused sub-groups may be defined by age, gender, family history, place of residence, such as high drug-use or low-income neighborhoods, etc. Selective prevention focuses on the entire subgroup regardless of the degree of risk of any individuals within the group. One individual in the subgroup may be at low personal risk for substance abuse, while another person in the same subgroup may already be abusing substances. The selective prevention strategy is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the higher risk subgroup.

Indicated

Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet the DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol or other drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to focus on them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a subclinical level (IOM 1994).

APPENDIX B - Institute of Medicine Continuum of Care (concluded)

INFORMATION SHEET

Prevention Strategies for the School, Family, and Community

SITE OF INTERVENTION	UNIVERSAL	SELECTIVE	INDICATED
School	<p>Information and education:</p> <ul style="list-style-type: none"> • media campaigns • health education curricula • school assemblies <p>Competency skills training:</p> <ul style="list-style-type: none"> • social influence • normative education • social skills training <p>School improvement:</p>	<p>Alternative programs:</p> <ul style="list-style-type: none"> • skills training • after-school activities • mentoring • special clubs <p>Competency skills training:</p> <ul style="list-style-type: none"> • cultural pride • tutoring <p>Peer leadership</p>	<p>Alternative programs:</p> <ul style="list-style-type: none"> • mentoring <p>Peer leadership and resistance</p> <p>Parent-peer groups</p> <p>Peer counseling:</p> <ul style="list-style-type: none"> • student crisis hot line <p>In-school suspension</p> <p>Alternative classes and schools:</p> <ul style="list-style-type: none"> • vocational training
Family	<p>Parent education:</p> <ul style="list-style-type: none"> • prenatal/infancy • early childhood • adolescent/teen <p>Parent involvement programs</p>	<p>Parenting skills training</p> <p>Family skills training</p> <p>Family case management</p> <p>Parent support groups</p>	<p>Family skills training</p> <p>Parent-peer groups for troubled youth</p> <p>Parent self-help groups</p> <p>Family therapy</p>
Community	<p>Public awareness campaigns</p> <p>Information clearinghouses</p> <p>Community coalitions</p> <p>Health policy changes</p> <p>Community policing</p>	<p>Alternative programs:</p> <ul style="list-style-type: none"> • youth clubs • mentoring <p>Tutoring:</p> <ul style="list-style-type: none"> • community service 	<p>Alternative programs:</p> <ul style="list-style-type: none"> • rites of passage programs • gang and delinquency prevention <p>Skills training:</p>

APPENDIX C

Resources

To obtain further information about the Strategic Prevention Framework, data driven planning, and effective policies, programs, and practices, Bidders are strongly encouraged to use the resources listed below.

National Resources

- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
- SAMHSA's Prevention Platform: <http://preventionplatform.samhsa.gov/>
- Center for Substance Abuse Prevention (CSAP): <http://prevention.samhsa.gov/>
- CSAP Centers for the Application of Prevention Technologies (CAPT): <http://captus.samhsa.gov/>
- NIAAA (National Institute on Alcohol Abuse and Alcoholism): <http://www.niaaa.nih.gov/>
- National Institute of Drug Abuse (NIDA): <http://drugabuse.gov/> or www.nih.gov
- NREPP (National Registry of Evidence-based Practices): <http://www.nrepp.samhsa.gov/>
- CSAP Prevention Pathways http://pathwayscourses.samhsa.gov/ev/ev_toc.htm
- CADCA (Community Anti-Drug Coalitions of America): <http://cadca.org/>
 - Handbook for Community Anti-Drug Coalitions
<http://www.cadca.org/resources/detail/handbook-community-anti-drug-coalitions>

State Resources

- Delaware SPF-SIG: <http://www.dhss.delaware.gov/dhss/dsamh/spfsig.html>
 - Division of Substance Abuse and Mental Health (DSAMH):
<http://www.dhss.delaware.gov/si06/about.html>
 - Division of Prevention and Early Intervention (DPBHS): <http://kids.delaware.gov/pbhs/pbhs.shtml>
- Delaware Drug and Alcohol Tracking Alliance (DDATA): www.udel.edu/delawaredata

APPENDIX D

Substance Abuse Prevention and Treatment (SAPT) Prevention Strategies

As a result of the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) CSAP developed and recognizes the delivery of prevention services through a comprehensive, multi-strategic prevention approach. Using as many or all six of the following strategies has the greatest potential to reduce and prevent substance abuse by reducing risk and increasing protective factors: Information Dissemination, Prevention Education, Alternative Activities, Community Based Processes, Environmental Approaches, and Problem Identification and Referral.

○ **Information Dissemination**

This strategy provides information about the nature of drug use, abuse, addiction and the effects on individuals, families and communities. It also provides information of available prevention programs and services. The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two.

Examples of methods used for this strategy include the following:

- Clearinghouse and other information resource centers
- Resource Directories
- Media Campaigns
- Brochures
- Radio and Television Public Service Announcements
- Speaking Engagements
- Health Fairs

○ **Prevention Education**

This strategy provides information and activities aimed to affect critical life and social skills, including decision-making, refusal skills and critical analysis. Prevention education is characterized by two-way communication based on an interaction between the educator and the participants.

Examples of methods used for this strategy include the following:

- Classroom and Small Group Sessions
- Parenting and Family Management Classes
- Peer Leader and Peer Helper Programs
- Education Programs for Youth Groups
- Groups for Children of Substance Abusers

Substance Abuse Prevention and Treatment (SAPT) Prevention Strategies

○ **Alternative Activities**

This strategy provides for the participation of the target populations in activities that exclude alcohol and drug use through the provision of constructive and healthy activities.

Examples of methods used for this strategy include the following:

- Drug-free Social and Recreational Activities (i.e. Dances or Parties)
- Youth and Adult Leadership Activities
- Community Drop-in Centers
- Community Service Activities
- Mentoring Programs

APPENDIX D (continued)

○ **Community-Based Process**

This strategy aims to enhance the ability of the community to more effectively provide substance abuse prevention services. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions and networking.

Examples of methods used for this strategy include the following:

- Community and Volunteer Training (i.e. neighborhood action training, training of key people in the system)
- Systematic Planning
- Multi-Agency Coordination and Collaboration (i.e. leveraging resources, developing strategic partnerships)
- Accessing Service and Funding
- Community Team-Building

○ **Environmental Strategies**

This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the incidence and prevalence of drug abuse in the general population.

Examples of methods used for this strategy include the following:

- The Establishment and Review of Drug Policies in Schools
- Technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs.
- The review and modification of alcohol and tobacco advertising practices
- Product pricing strategies
- Social norms strategies
- Media literacy

Substance Abuse Prevention and Treatment (SAPT) Prevention Strategies

○ **Problem Identification & Referral**

This strategy aims to identify those who have indulged in the illegal use of drugs in order to assess if 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.

Examples of methods used for this strategy include the following:

- Driving-while-intoxicated Education Programs
- Employee Assistance Programs
- Student Assistance Programs
- Teen Courts

APPENDIX E

Center for Substance Abuse Prevention (CSAP) Domains

CSAP articulates that risk and protective factors and an individual's character interact through six life or activity domains. Within each domain are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention. The six domains are as follows: Individual, Family, Peer, School, Community, and Environment/Society.

- **Individual**
Lack of knowledge in negative consequences of alcohol, tobacco, and other drug use, favorable attitudes towards use, early onset of use, biological or psychological disposition, antisocial behavior, sensation seeking, and lack of adult supervisions are risk factors associated within the individual or personal domain.
- **Family**
Parental and sibling drug use or approval of use, inconsistent or poor family management practices, and lack of parental involvement, family conflict, generational differences in family acculturation, and low family bonding are risk factors associated within the family domain.
- **Peer**
Peer use, peer norms favorable towards use, peer activities favorable to use, high rates of substance use in a community, and participation in social activities where use takes place are risk factors associated within in the peer domain.
- **School**
Lack of commitment to education, poor grades, negative school climate, and lenient school policies or unclear norms regarding use of substances are risk factors associated with the school domain.
- **Community**
Lack of bonding/attachment to social and community institutions, lack of community awareness of substance abuse problems, community norms favorable to use and tolerant of abuse, and inability for a community to address a substance abuse issue are risk factors within the community domain.
- **Environment/Society**
Norms are tolerant of use and abuse, existing policies which enable use and abuse, and lack of enforcement of laws are risk factors within the environment/society domain.

Center for Substance Abuse Prevention (CSAP) Domains

Based on the target population within the domains universal, selective, and/or indicated interventions may be utilized (**Refer to Appendices A and B for IOM Classification**). For example, the risk factors associated within the individual domain may be addressed by indicated interventions aimed change (increase) knowledge about and attitudes towards substance abuse as a means of influencing behavior.

The Logic Model for Program Planning and Evaluation

Paul F. McCawley
Associate Director
University of Idaho Extension

What is the Logic Model?

The Logic Model process is a tool that has been used for more than 20 years by program managers and evaluators to describe the effectiveness of their programs. The model describes logical linkages among program resources, activities, outputs, audiences, and short-, intermediate-, and long-term outcomes related to a specific problem or situation. Once a program has been described in terms of the logic model, critical measures of performance can be identified.¹

Logic models are narrative or graphical depictions of processes in real life that communicate the underlying assumptions upon which an activity is expected to lead to a specific result. Logic models illustrate a sequence of cause-and-effect relationships—a systems approach to communicate the path toward a desired result.²

A common concern of impact measurement is that of limited control over complex outcomes. Establishing desired long-term outcomes, such as improved financial security or reduced teen-age violence, is tenuous because of the

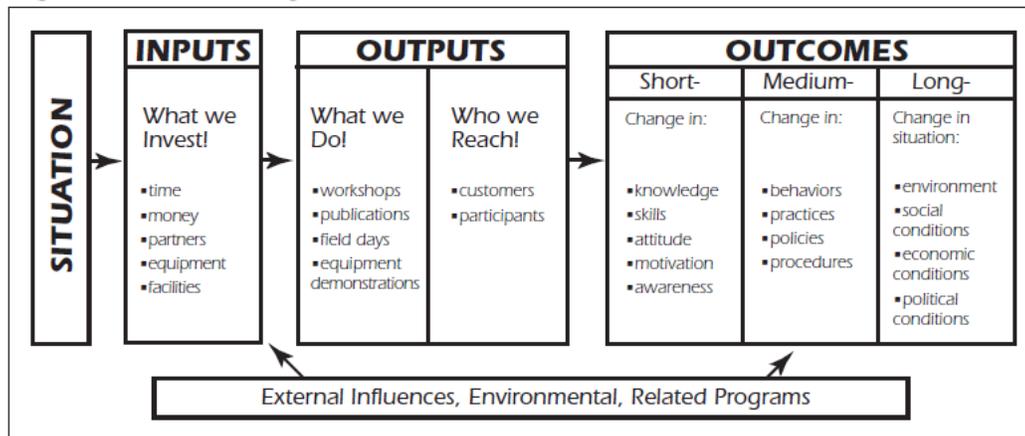
limited influence we may have over the target audience, and complex, uncontrolled environmental variables. Logic models address this issue because they describe the concepts that need to be considered when we seek such outcomes. Logic models link the problem (situation) to the intervention (our inputs and outputs), and the impact (outcome). Further, the model helps to identify partnerships critical to enhancing our performance.

Planning Process

The logic model was characterized initially by program evaluators as a tool for identifying performance measures. Since that time, the tool has been adapted to program planning, as well. The application of the logic model as a planning tool allows precise communication about the purposes of a project, the components of a project, and the sequence of activities and accomplishments. Further, a project originally designed with assessment in mind is much more likely to yield beneficial data, should evaluation be desired.

In the past, our strategy to justify a particular program often has been to explain what we are doing from the perspective of an insider, beginning with why we invest allocated resources. Our traditional justification includes the following sequence:

Figure 1. Elements of the Logic Model.³



- 1) We invest this time/money so that we can generate this activity/product.
- 2) The activity/product is needed so people will learn how to do this.
- 3) People need to learn that so they can apply their knowledge to this practice.
- 4) When that practice is applied, the effect will be to change this condition;
- 5) When that condition changes, we will no longer be in this situation.

The logic model process has been used successfully following the above sequence. However, according to Millar *et al.*,⁷ logic models that begin with the inputs and work through to the desired outcomes may reflect a natural tendency to limit one's thinking to existing activities, programs, and research questions. Starting with the inputs tends to foster a defense of the status quo rather than create a forum for new ideas or concepts. To help us think "outside the box," Millar suggests that the planning sequence be inverted, thereby focusing on the outcomes to be achieved. In such a reversed process, we ask ourselves "what needs to be done?" rather than "what is being done?" Following the advice of the authors, we might begin building our logic model by asking questions in the following sequence.

- 1) What is the current situation that we intend to impact?
- 2) What will it look like when we achieve the desired situation or outcome?
- 3) What behaviors need to change for that outcome to be achieved?

- 4) What knowledge or skills do people need before the behavior will change?
- 5) What activities need to be performed to cause the necessary learning?
- 6) What resources will be required to achieve the desired outcome?

One more point before we begin planning a program using the logic model: It is recognized that we are using a linear model to simulate a multi-dimensional process. Often, learning is sequential and teaching must reflect that, but the model becomes too complicated if we try to communicate that reality (figure 2). Similarly, the output from one effort becomes the input for the next effort, as building a coalition may be required before the "group" can sponsor a needed workshop. Keep in mind that the logic model is a simple communication device. We should avoid complications by choosing to identify a single category to enter each item (i.e., inputs, outputs or outcomes). Details of order and timing then need to be addressed within the framework of the model, just as with other action planning processes.

Planning Elements

Using the logic model as a planning tool is most valuable when we focus on what it is that we want to communicate to others. Figure 3 illustrates the building blocks of accountability that we can incorporate into our program plans (adapted from Ladewig, 1998). According to Howard Ladewig, there are certain characteristics of programs that inspire others to value and support what we do. By describing the characteristics of our programs that communicate relevance, quality, and impact, we foster buy-in from our stakeholders and audience. By including these characteristics within the various elements of the logic

Figure 2. Over-complicated, multi-dimensional planning model.

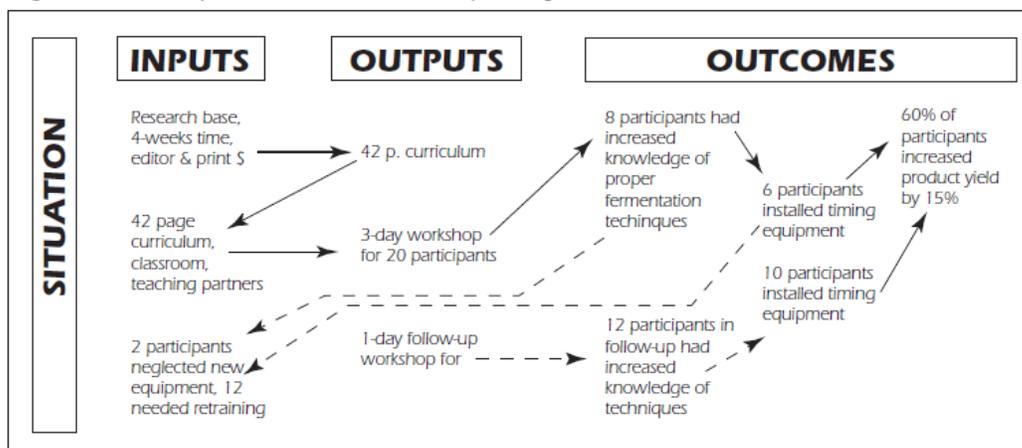
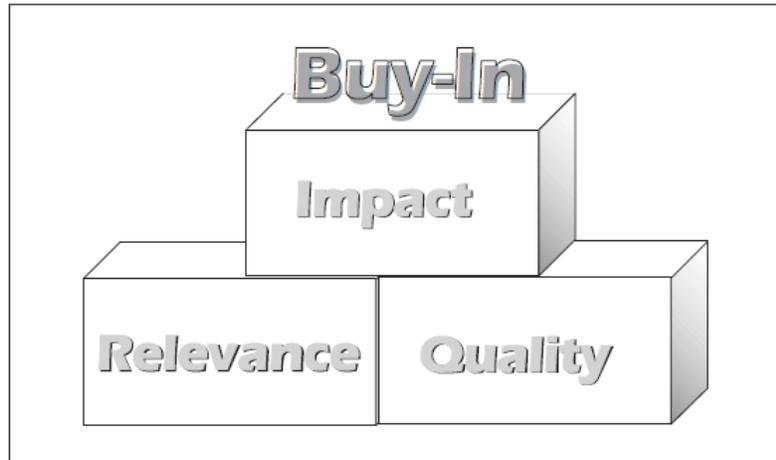


Figure 3. Structure of Accountability.



model, we communicate to others why our programs are important to them. The elements of accountability are further described in the context of the logic model, below.

Situation

The situation statement provides an opportunity to communicate the relevance of the project. Characteristics that illustrate the relevance to others include:

- A statement of the problem, (What are the causes? What are the social, economic, and/or environmental symptoms of the problem? What are the likely consequences if nothing is done to resolve the problem? What are the actual or projected costs?);
- A description of who is affected by the problem (Where do they live, work, and shop? How are they important to the community? Who depends on them—families, employees, organizations?);
- Who else is interested in the problem? Who are the stakeholders? What other projects address this problem?

The situation statement establishes a baseline for comparison at the close of a program. A description of the problem and its symptoms provides a way to determine whether change has occurred. Describing who is affected by the problem allows assessment of who has benefited. Identifying other stakeholders and programs builds a platform to measure our overall contribution, including increased awareness and activity, or reduced concern and cost.

Inputs

Inputs include those things that we invest in a program or that we bring to bear on a program, such as knowledge, skills, or expertise. Describing the inputs needed for a program provides an opportunity to communicate the quality of the program. Inputs that communicate to others that the program is of high quality include:

- human resources, such as time invested by faculty, staff, volunteers, partners, and local people;
- fiscal resources, including appropriated funds, special grants, donations, and user fees;
- other inputs required to support the program, such as facilities and equipment;
- knowledge base for the program, including teaching materials, curriculum, research results, certification or learning standards etc.
- involvement of collaborators - local, state, national agencies and organizations involved in planning, delivery, and evaluation.

Projects involving credible partners, built on knowledge gained from research and delivered via tested and proven curricula, are readily communicated as quality programs. Assessing the effectiveness of a program also is made easier when planned inputs are adequately described. By comparing actual investments with planned investments, evaluation can be used to improve future programs, justify budgets, and establish priorities.

Outputs

Outputs are those things that we do (providing products, goods, and services to program customers) and the people we reach (informed consumers, knowledgeable decision

makers). Describing our outputs allows us to establish linkages between the problem (situation) and the impact of the program (intended outcomes). Outputs that help link what we do with program impact include:

- publications such as articles, bulletins, fact sheets, CISs, handbooks, web pages;
- decision aids such as software, worksheets, models;
- teaching events such as workshops, field days, tours, short courses;
- discovery and application activities, such as research plots, demonstration plots, and product trials.

The people we reach also are outputs of the program and need to be the center of our model. They constitute a bridge between the problem and the impact. Information about the people who participated and what they were taught can include:

- their characteristics or behaviors;
- the proportion or number of people in the target group that were reached;
- learner objectives for program participants;
- number of sessions or activities attended by participants;
- level of satisfaction participants express for the program.

Outcomes

Program outcomes can be short-term, intermediate-term, or long-term. Outcomes answer the question “What happened as a result of the program?” and are useful to communicate the impacts of our investment.

Short-term outcomes of educational programs may include changes in:

- awareness—customers recognize the problem or issue;
- knowledge—customers understand the causes and potential solutions;
- skills—customers possess the skills needed to resolve the situation;
- motivation—customers have the desire to effect change;
- attitude—customers believe their actions can make a difference.

Intermediate-term outcomes include changes that follow the short-term outcomes, such as changes in:

- practices used by participants;
- behaviors exhibited by people or organizations;

- policies adopted by businesses, governments, or organizations;
- technologies employed by end users;
- management strategies implemented by individuals or groups.

Long-term outcomes follow intermediate-term outcomes when changed behaviors result in changed conditions, such as:

- improved economic conditions—increased income or financial stability;
- improved social conditions—reduced violence or improved cooperation;
- improved environmental conditions—improved air quality or reduced runoff;
- improved political conditions—improved participation or opportunity.

External Influences

Institutional, community, and public policies may have either supporting or antagonistic effects on many of our programs. At the institutional level, schools may influence healthy eating habits in ways that are beyond our control but that may lead to social change.⁵ Classes in health education may introduce children to the food pyramid and to the concept of proportional intake, while the cafeteria may serve pizza on Wednesdays and steak fingers on Thursdays. The community also can influence eating habits through availability of fast-food restaurants or produce markets. Even public policies that provide support (food bank, food stamps) to acquire some items but not others might impact healthy eating habits.

Documenting the social, physical, political, and institutional environments that can influence outcomes helps to improve the program planning process by answering the following:

- Who are important partners/collaborators for the program?
- Which part(s) of the issue can this project realistically influence?
- What evaluation measures will accurately reflect project outcomes?
- What other needs must be met in order to address this issue?

Evaluation Planning

Development of an evaluation plan to assess the program can be superimposed, using the logic model format. The evaluation plan should include alternatives to assess the processes used in planning the program. Process indicators should be designed to provide a measurable response to questions such as:

- Were specific inputs made as planned, in terms of the amount of input, timing, and quality of input?
- Were specific activities conducted as planned, in terms of content, timing, location, format, quality?
- Was the desired level of participation achieved, in terms of numbers and characteristics of participants?
- Did customers express the degree of customer satisfaction expected?

The evaluation plan also should identify indicators appropriate to the desired outcomes, including short-, medium- and long-term outcomes. Outcome indicators also should be measurable, and should be designed to answer questions such as:

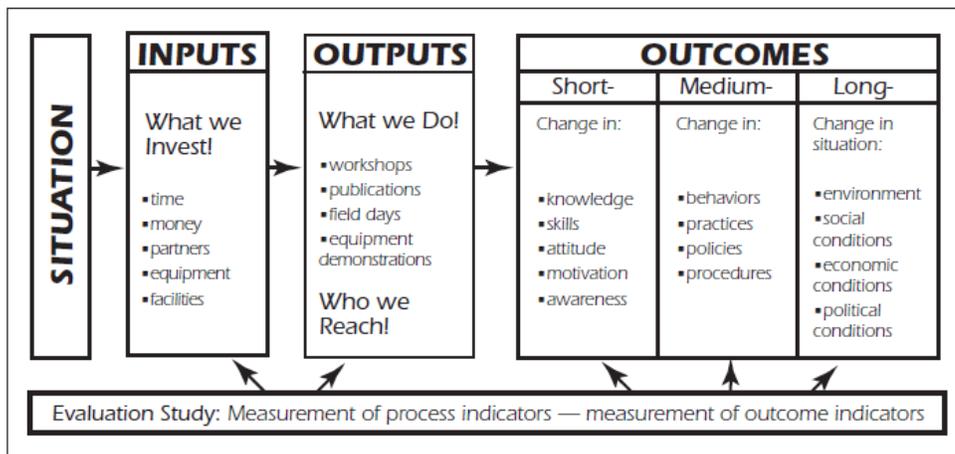
- Did participants demonstrate the desired level of knowledge increase, enhanced awareness, or motivation?
- Were improved management practices adopted, behaviors modified, or policies altered to the extent expected for the program?

- To what extent were social, economic, political, or environmental conditions affected by the program?

Conclusion

Developing appropriate and measurable indicators during the planning phase is the key to a sound evaluation. Early identification of indicators allows the program manager/team to learn what baseline data already may be available to help evaluate the project, or to design a process to collect baseline data before the program is initiated. The logic model is useful for identifying elements of the program that are most likely to yield useful evaluation data, and to identify an appropriate sequence for collecting data and measuring progress. In most cases, however, more work on a project will be required before indicators are finalized. Outcome indicators to measure learning should be based on specific learner objectives that are described as part of the curriculum. Indicators to measure behavioral change should specify which behaviors are targeted by the program. Conditional indicators may require a significant investment of time to link medium-term outcomes to expected long-term outcomes through the application of a targeted study or relevant research base.

Figure 4. Insertion of evaluation plan into the logic model.



¹ McLaughlin, J.A. and G.B. Jordan. 1999. Logic models: a tool for telling your program's performance story. *Evaluation and Planning* 22:65-72.
² Millar, A., R.S. Simeone, and J.T. Carnevale. 2001. Logic models: a systems tool for performance management. *Evaluation and Program Planning* 24:73-81.
³ Adapted from Taylor-Powell, E. 1999. *Providing leadership for program evaluation*. University of Wisconsin Extension, Madison.
⁴ Ladewig, Howard. 1998-1999. Personal communication during sessions on "building a framework for accountability" with ECOP Program Leadership Committee (Tannersville, PA, 1998) and the Association of Extension Directors/ECOP (New Orleans, LA, 2000). Dr. Ladewig was a professor at Texas A&M University at the time of communication; he now is at the University of Florida.
⁵ Glanz, K. and B.K. Rimer. 1995. *Theory at a glance: a guide for health promotion practice*. NIH pub. 95-3896. National Institutes of Health-National Cancer Institute. Bethesda, MD.

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APPENDIX G:

BIDDER'S FORMS AND INSTRUCTIONS

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES

Submission Instructions

Failure to follow Departmental procedures may disqualify an Bidder organization.

I. FORMAT

Proposals must be printed on 8 1/2" x 11" paper and should be formatted with 1" margins using size 12 Times New Roman font and double sided whenever possible. To be considered all proposals must be submitted in writing and respond to the items outlined in this RFP. Videos will not be presented to the panel. Binding, color graphics and extensive attachments are unnecessary.

To be considered, vendors must submit a complete response to this RFP. An official authorized to bind the vendor to the proposal must sign proposals. The successful vendor must be in compliance with all licensing requirements of the State of Delaware.

Vendors may be called, only at the discretion of the issuing office, for an interview concerning their proposal. The State reserves the right to reject any non-responsive or non-conforming proposals.

II. QUESTIONS

All questions regarding this request should be directed to H. Ryan Bolles at Herbert.Bolles@State.DE.US or at 302-633-2701. Content questions will be forwarded to the appropriate DSCYF program administrators. Updates and answers to significant content questions will be posted on the State of Delaware Bid Solicitation Portal web site (www.bids.delaware.gov). Please check back for updates regularly.

III. ETHICS LAW RESTRICTIONS

Neither the Contractor, including its parent company and its subsidiaries, nor any subcontractor, including its parent company and subsidiaries, may engage, directly or indirectly, any person who, while employed by the State of Delaware during two years immediately preceding the date any Contract entered into as a result of this request for proposals, gave an opinion, conducted an investigation, was directly involved in, or whom otherwise was directly and materially responsible for said service described herein in this request for proposal in the course of official duties as a state employee, officer or official. The Department shall determine, at its sole discretion, whether a person was directly and materially responsible for said program, project, or contract or any other program, project, or contract related to the service described in any contract entered into as a result of this request for proposals.

IV. PROPOSALS BECOME STATE PROPERTY

All proposals become the property of the State of Delaware and will not be returned to the contractor. Proposals to the State may be reviewed and evaluated by any person other than competing vendors at the discretion of the State. The State has the right to use any or all ideas presented in reply to this RFP. Selection or rejection of the proposal does not affect this right.

V. RFP AND FINAL CONTRACT

The contents of the RFP may be incorporated into the final contract and become binding upon the successful bidder. If the bidder is unwilling to comply with the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the State.

VI. PROPOSAL AND FINAL CONTRACT

The content of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The content of the successful proposal may be included by reference in any resulting contract. All prices, terms, and conditions contained in the proposal shall remain fixed and valid

for ninety (90) days after the proposal due date. Contract negotiations will include price re-verification if the price guarantee period has expired.

VII. MODIFICATIONS TO PROPOSALS

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

VIII. COST OF PROPOSAL PREPARATION

All costs of proposal preparation will be borne by the bidding contractor. All necessary permits, licenses, insurance policies, etc., required by local, state or federal laws shall be provided by the contractor at his/her own expense.

IX. EVALUATION REQUIREMENTS AND PROCESS

The Proposal Review Committee shall determine the firms that meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981, 6982. The Committee may interview at least one of the qualified firms. The Committee may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The Committee shall make a recommendation regarding the award to the contracting Division Director of this RFP, who shall have final authority, subject to the provisions of this RFP and 29 Del. C. § 6982 to award a contract to the successful firm in the best interests of the State of Delaware. The Proposal Review Committee reserves the right to award to one or more than one firm, in accordance to 29 Del. C. § 6986.

The Proposal Review Committee shall assign up to the maximum number of points as stated in this Section for each Evaluation Item to each of the proposing firms. All assignments of points shall be at the sole discretion of the Proposal Review Committee.

The Proposal Review Committee reserves the right to:

- Select for contract or for negotiations, a proposal other than that with the lowest costs.
- Accept/Reject any and all proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all contractors during the review and negotiation.
- Negotiate any aspect of the proposal with any firm and negotiate with more than one firm at the same time. The Department reserves the right to contract with more than one vendor.

All proposals shall be evaluated using the same criteria and scoring process. Bidders may be scheduled to make oral presentations in support of their written proposals. The Review Panel will assess the strength and clarity of any oral presentation and combine the evaluations of both written and oral presentations (when applicable) in determining the overall evaluation of the proposal and in making recommendations. A summary of the Panel's recommendations will be available for review upon request.

X. REJECTION OF PROPOSALS

DSCYF reserves the right to reject any/all proposals received in response to this RFP. Any information obtained will be used in determining suitability of proposed support.

Any proposal called "not accepted" will mean that another proposal was deemed more advantageous or that

all proposals were not accepted. Respondents whose proposals were not accepted will be notified as soon as a selection is made, or if it is decided, that all proposals are not accepted.

Any proposal failing to respond to all requirements may be eliminated from consideration and declared not accepted.

The proposal must conform to the requirements of the Proposal Procedures and the Required Information Sections of the RFP. The State specifically reserves the right to waive any informalities or irregularities in the proposal format.

XI. RESERVED RIGHTS OF THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

Notwithstanding anything to the contrary, the Department reserves the right to:

- o Reject any and all proposals received in response to this RFP
- o Select for contract or for negotiations a proposal other than that with the lowest costs
- o Waive or modify any information, irregularities, or inconsistencies in proposals received
- o Consider a late modification of a proposal if the proposal itself was submitted on time; and, if the modifications make the terms of the proposal more favorable to the Department, accept such proposal as modified
- o Negotiate as to any aspect of the proposal with any proposer and negotiate with more than one proposer at the same time
- o If negotiations fail to result in an agreement within a reasonable period of time, terminate negotiations and select the next most responsive proposer, prepare and release a new RFP, or take such other action as the Department may deem appropriate
- o Negotiate a renewal of the contract resulting from this RFP with appropriate modifications.

XII. STANDARDS FOR SUBCONTRACTORS

The prime contract with the contractor will bind sub or co-contractors to the terms, specifications, and standards of this RFP, resulting prime contracts, and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the Department under this RFP with respect to the services to be performed by the sub or co-contractor. Nothing in the RFP shall create any contractual relation between any sub or co-contractor and the Department of Services for Children, Youth and Their Families.

All sub or co-contractors must be identified in the Contractor's proposal. The proposal's workplan must also state which tasks the sub or co-contractor will perform. Approval of all sub and/or co-contractors must be received from the Department prior to the contract negotiation.

The prime bidder will be the State's primary contractor.

XIII. CONTRACT TERMINATION CONDITIONS

The State may terminate the contract resulting from this RFP at any time that the Contractor fails to carry out its provisions or to make substantial progress under the terms specified in this request and the resulting proposal.

The State shall provide the Contractor with 15 days notice of conditions which would warrant termination. If after such notice the Contractor fails to remedy the conditions contained in the notice, the State shall issue the

Contractor an order to stop work immediately and deliver all work and work in progress to the State. The State shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

With the mutual agreement of both parties, upon receipt and acceptance of not less than 30 days written notice, the contract may be terminated on an agreed date prior to the end of the contract period without penalty to either party.

Notwithstanding any other provisions of this contract, if funds anticipated for the continued fulfillment of this contract are at any time not forthcoming or insufficient, through the failure of the State of Delaware to appropriate funds or through discontinuance of appropriations from any source, the State of Delaware shall have the right to terminate this contract without penalty by giving not less than 30 days written notice documenting the lack of funding.

XIV. NON-APPROPRIATION

In the event that the State fails to appropriate the specific funds necessary to continue the contractual agreement, in whole or in part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

XV. FORMAL CONTRACT AND PURCHASE ORDER

The successful firm shall promptly execute a contract incorporating the terms of this RFP within twenty (20) days after the award of the contract. No bidder is to begin any service prior to receipt of a State of Delaware Purchase Order signed by two authorized representatives of the agency requesting service, properly processed through the State of Delaware. The Purchase Order shall serve as the authorization to proceed in accordance with the bid specifications and the special instructions, once the successful firm receives it.

XVI. INDEMNIFICATION

By submitting a proposal, the proposing firm agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, DSCYF, its agents, and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the firm, its agents and employees' performance of work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, in whole or in part, to the State, its employees or agents.

XII. LICENSES AND PERMITS

In performance of this contract, the firm is required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful firm. The firm shall be properly licensed and authorized to transact business in the State of Delaware as defined in Delaware Code Title 30, Sec. 2502.

XIII. INSURANCE

A. As a part of the contract requirements, the contractor must obtain at its own cost and expense and keep in force and effect during the term of this contract, including all extensions, the insurance specified below with a carrier satisfactory to the State.

1. Workers' Compensation Insurance under the laws of the State of Delaware and Employer's Liability Insurance with limits of not less than \$100,000 each accident, covering all Contractors' employees engaged in any work hereunder.

2. Comprehensive Liability -Up to one million dollars (\$1,000,000) single limit per occurrence including:
 - a. Bodily Injury Liability -All sums which the company shall become legally obligated to pay as damages sustained by any person other than its employees, caused by occurrence.
 - b. Property Damage Liability -All sums which the company shall become legally obligated to pay as damages because of damages to or destruction of property, caused by occurrence.
 - c. Contractual liability, premises and operations, independent contractors, and product liability.
 3. Automotive Liability Insurance covering all automotive units used in the work with limits of not less than \$100,000 each person and \$300,000 each accident as to bodily injury or death, and \$100,000 as to property damage.
- B. Forty-five (45) days written notice of cancellation or material change of any policies is required.

XIX. NON-DISCRIMINATION

In performing the services subject to this RFP, the firm agrees that it will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The successful firm shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

XX. COVENANT AGAINST CONTINGENT FEES

The successful firm warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees and/or bona-fide established commercial or selling agencies maintained by the bidder for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul the contract without liability or at its discretion and/or to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

XXI. CONTRACT DOCUMENTS

The RFP, the Purchase Order, and the executed Contract between the State and the successful firm shall constitute the Contract between the State and the firm. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: Contract, Contract Amendments, RFP, Purchase Order and Vendor Proposal. No other documents shall be considered. These documents contain the entire agreement between the State and the firm.

XXII. APPLICABLE LAW

The Laws of the State of Delaware shall apply, except where Federal law has precedence. The successful firm consents to jurisdiction and venue in the State of Delaware.

XXIII. SCOPE OF AGREEMENT

If the scope of any provision of this Contract is too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

PROPOSAL SECTIONS:

APPLICATION FORMS

Each Bidder **shall** complete the following forms which are included:

- o Organization Fact Sheet (**please insert as page 1 of proposal**)
- o Assurances
- o Certification, Representation, and Acknowledgements
- o Budget Forms (**Budget Forms available in Excel format via the web at www.kids.delaware.gov scroll and click on “Contracts” under “Information”**)
- o Staff Qualifications Summary

Failure to complete these forms may seriously affect the ability of the review panel to evaluate the Bidder's proposal and may be a factor in proposal rejections.

NARRATIVE DESCRIPTION OF THE PROJECT

As defined above in RFP body.

DESCRIPTION OF THE ORGANIZATION

The purpose of this section is to assist the Review Committee to determine the ability of the organization to provide the services described in the application. The response should contain at a minimum the following information:

- o Brief history of the organization including accreditation status if applicable
- o Bidder's experience, if any, providing similar service.

This section should not extend beyond three (3) pages (excluding an organizational chart if one is attached).

ORGANIZATION REFERENCES

- o Bidding agency shall provide a list of all State and/or Federal contracts currently held or held in the past 3 years along with a contact name and phone number for the State and/or Federal agency

BUDGET SECTION

The Review Committee will examine all budget materials. Costs presented in the proposal will be considered as binding for successful applications. Cost reimbursable proposal shall contain a Budget Section supporting all elements of the total bid cost which has the following:

- o A **Budget Form and Salary Schedule**, which are attached in the request for proposal package, are to be filled out by the Bidder (also available in Excel format @ www.kids.delaware.gov scroll and click on “Contracts” under “Information”)
- o A **Budget Narrative** which details the assumptions used in preparing the budget (See instructions included with form.)

All costs bid are to be fully-loaded. There shall be no additional costs beyond the bid price.

FOR YOUR RECORDS

One component of every DSCYF contract is the “Statement of Agreement”. This document spells out the legal obligations under which both the DEPARTMENT and the CONTRACTOR must operate. The document is included below as a courtesy for your review as you propose entering into a contractual agreement with the Department. This document is part of all contracts as they are being routed for signature to the successful bidders.

STATEMENT OF AGREEMENT

THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

WHEREAS, the DEPARTMENT has determined that:

The services described herein are required by the DEPARTMENT;

The CONTRACTOR possesses the necessary experience and skills and is equipped to efficiently and effectively perform any duties and assignments required to provide such services;

The CONTRACTOR is willing to provide such services and has provided a proposed budget or unit cost schedule for these services;

The CONTRACTOR’s proposal and budget or unit cost schedule are acceptable;

NOW, WHEREFORE, in consideration of the foregoing recitals and mutual covenants contained herein, the PARTIES do hereby agree to the following:

ARTICLE I: DUTIES OF THE PARTIES

A. Duties of the DEPARTMENT

The DEPARTMENT shall:

1. Contract Manager. Identify a Contract Manager who shall be the primary program liaison with the CONTRACTOR on behalf of the DEPARTMENT.
2. Policies and Procedures. Provide the CONTRACTOR with the policies, reimbursement and operating guidelines and any other written documentation held or developed by the DEPARTMENT that the CONTRACTOR may reasonably request in order to perform its duties hereunder.

B. Duties of the CONTRACTOR

The CONTRACTOR shall:

1. Contract Manager. Identify a Contract Manager who shall be the primary contact with the DEPARTMENT on behalf of the CONTRACTOR for this Contract.
2. Program of Services (and/or Products). Provide the program of services (and/or products) as set forth in Attachment A, Description of Services, which is made a part of this Contract. The program operated by the CONTRACTOR pursuant to this Contract must satisfy all mandatory State and Federal requirements. In providing said services under this Contract the CONTRACTOR agrees to conform to service eligibility priorities established by the DEPARTMENT.
3. Satisfy Licensure, Certification, and Accreditation Standards. Comply with all applicable State and Federal licensing standards and all other applicable standards as required by this Contract, to assure the quality of services provided under this Contract.
 - a. Compliance with Operating Guidelines. The CONTRACTOR agrees to abide by the DEPARTMENT's Operating Guidelines and to operate in accordance with procedures delineated therein. (see www.kids.delaware.gov/ click *Contracts*)
 - b. Notification of Status Change. The CONTRACTOR shall immediately notify the DEPARTMENT in writing of any change in the status of any accreditations, regulations, professional, program or other licenses or certifications in any jurisdiction in which they provide services or conduct business. If this change in status is the result of the CONTRACTOR’s accreditation, licensure, or certification being suspended, revoked, or otherwise impaired in any jurisdiction, the CONTRACTOR understands that such

- change may be grounds for termination of the Contract. CONTRACTOR shall notify the DEPARTMENT of any criminal charges against or criminal investigations of CONTRACTOR.
- c. By signature on this contract, the CONTRACTOR represents that the CONTRACTOR and/or its Principals, along with its subcontractors and/or assignees under this contract, are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded for procurement or non-procurement activities by any Federal government department or agency.
4. Compliance with Laws and Regulations. Be responsible for full, current, and detailed knowledge of and compliance with published Federal and State laws, regulations, and guidelines (ie, Health Insurance Portability and Accountability Act (HIPAA) of 1996) pertinent to discharging the CONTRACTOR's duties and responsibilities hereunder.
 - a. Compliance with Drug-Free Work Place Act of 1988. If applicable, the CONTRACTOR agrees to comply with all the terms, requirements, and provisions of the Drug-Free Work Place Act of 1988 as detailed in the Governor's Certification Regarding Drug-Free Work Place Requirements that is available from the DEPARTMENT upon request.
 - b. Compliance with Section 6032 of the Deficit Reduction Act of 2005 (Public Law 109-171). (see www.kids.delaware.gov click *Contracts*)
 5. Assistance with Federal Entitlement Revenue Maximization. In entering into this contract, the CONTRACTOR understands that, as a provider of services to children, they may be subject to the requirements of various Federal entitlement programs included in the Department's Cost Recovery initiative. The CONTRACTOR hereby agrees to assist the DEPARTMENT's Cost Recovery Unit in its efforts to recover Federal funds (i.e., Medicaid and/or Title IV-E). The DEPARTMENT reserves the right to recover from the CONTRACTOR an amount equal to any Federal Medicaid or Title IV-E reimbursements that are disallowed as a result of the CONTRACTOR's violations of the terms of this contract. Information that may be required by the DEPARTMENT's Cost Recovery Unit includes, but is not limited to:
 - a. Proof of licensure, certification, accreditation, etc. or other information as may be necessary to support enrollment in the Delaware Medical Assistance Program.
 - b. If applicable, a list of the usual and customary charges charged to the general public for the same type(s) of service purchased by the DEPARTMENT.
 - c. If enrolled in the Medicaid program of another state or the Federal Medicare program: the rates paid by those programs for the type(s) of service purchased by the DEPARTMENT, and notification of any current or prior sanctions or requests or pending requests for sanctions by the Centers for Medicare and Medicaid Services (CMSS), U.S. DHHS.
 - d. Identification of the proportion of any expenses, whether unit cost or cost reimbursable, charged to the DEPARTMENT that cover the cost of educational services (i.e. teacher salaries, textbooks, etc.).
 - e. If the CONTRACTOR is a non-accredited provider of residential mental health or behavioral rehabilitative services, the CONTRACTOR shall cooperate with the DEPARTMENT in identifying the proportion of expense incurred by the DEPARTMENT that may be covered by the Medicaid or Title IV-E (room and board) programs.
 - f. When appropriate, documentation including certificates of medical necessity related to substantiating the provision of services to individual children.
 - g. If the CONTRACTOR is a provider of residential mental health, or behavioral rehabilitative services, the CONTRACTOR shall provide required information such as professional credentials and NPIs of attending physicians and/or other health professionals involved in treating DEPARTMENT children.
 - h. Where appropriate, residential CONTRACTORS will participate in a time study process every three years to identify Medicaid reimbursable portions of services rendered to the DEPARTMENT's children in the CONTRACTOR's care.
 6. Confidentiality. Establish appropriate restrictions and safeguards against access by unauthorized personnel to all data and records. Confidentiality of all data, records, and information obtained by the CONTRACTOR shall be governed by Federal and State statutes and regulations, and DEPARTMENT policy.
 7. Cooperation with Third Parties. Cooperate fully with any other party, contractor, consultant, or agency identified by the DEPARTMENT in writing as necessary to the performance of this Contract.
 8. Independent Contractor Status. Recognize that it is operating as an independent contractor and that it solely is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or damage to any and all property, of any nature, arising out of the CONTRACTOR's negligent performance under this Contract, and particularly

without limiting the foregoing, caused by, or resulting from, or arising out of any act or omission on the part of the CONTRACTOR in its negligent performance under this Contract. The CONTRACTOR agrees to save, hold harmless and defend the DEPARTMENT from any liability that may arise as a result of the CONTRACTOR's negligent performance under this Contract.

9. Insurance. Recognize that it can either elect to be self-insured or to carry professional liability insurance to deal with the above-described liability; provided, however, that proof of sufficient insurance or proof of sufficient assets for self-insurance may be required by the DEPARTMENT, upon request at any time, as a condition of this Contract.
10. Grievances. Establish a system through which recipients of services under this Contract may present grievances about said services or the operation of the service program. The CONTRACTOR shall advise recipients of this right and shall also advise applicants and recipients of their right to appeal the grievance to the DEPARTMENT.
11. Best Efforts for Supplies and Materials at Lowest Cost. The CONTRACTOR shall use its best efforts to obtain all supplies and materials incidental for use in the performance of this Contract at the lowest practicable cost and to contain its total costs where possible by competitive bidding whenever practical.

C. Duties of Both PARTIES

1. Communication. Formal communication concerning the Contract, program activities, treatment methods, reports, etc., shall be made via written correspondence between the Contract Managers of both PARTIES. Communications of a contractual nature shall be accomplished via written correspondence between designated officials of both PARTIES. Each PARTY shall designate, in writing, its authorized official representative to the other PARTY prior to the effective date of the Contract. Each PARTY shall notify the other, in writing, of any change of their official representative.

ARTICLE II: PAYMENT

- A. Contract Subject to Availability of Funds. This Contract is entered into subject to the availability of funds for the services covered by the Contract. In the event funding to the DEPARTMENT is not available or continued at an aggregate level sufficient to allow for purchase of the indicated quantity of agreed upon services, the obligations of each PARTY under this Contract shall thereupon be terminated. Any termination of this Contract resulting therefrom shall be without prejudice to any and all obligations and liabilities of either PARTY already accrued prior to such termination.
- B. Reimbursement Amount. The DEPARTMENT agrees to pay the CONTRACTOR as described in Attachment B.
- C. Requirement of Purchase Order. This Contract is subject to the CONTRACTOR's receipt of a Purchase Order, approved by the Department of Finance. The State of Delaware shall not be liable for expenditures made or services delivered prior to the CONTRACTOR's receipt of the Purchase Order.
- D. Withholding of Payments to the Contractor. The DEPARTMENT may throughout the contract period withhold payment for failure to provide goods or perform services as specified under this contract. The DEPARTMENT has a right to recovery and a right to withhold payment in the event of the CONTRACTOR's failure to deliver services or complete necessary records or deliverables. In the event of CONTRACTOR failure in the regular course of business and normal periodic billing to timely and adequately provide record documentation of services provided under this Contract, the DEPARTMENT may withhold the final amount of a billing or the specified portion of billing relating to such services until such adequate record documentation is received by the DEPARTMENT, provided that such documentation is received within a reasonable time following normal periodic billing and record documentation in the regular course of business for the services provided. In no event however shall the Department be liable for services provided for which a) the CONTRACTOR has not provided timely and adequate record documentation during the regular course of business and periodic billing, and b) the DEPARTMENT has thereafter reasonably requested or demanded adequate record documentation or billing for any services provided for a period of time at issue, and c) the CONTRACTOR has thereafter unreasonably delayed in providing billing or record documentation following such a request or demand for record documentation or billing.

ARTICLE III: ANTI-DISCRIMINATION

- A. Equal Employment Opportunity Practices. The CONTRACTOR agrees to comply with all the terms, provisions, and requirements of Title VII of the Civil Rights Act of 1964, Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in U.S. Department of Labor regulations and any other applicable Federal, state, local, or other equal employment opportunity act, law, statute, regulation and policy, along with all amendments and revisions of these laws, in the performance of this Contract.
- B. Non-Discrimination Provisions and Requirements. The CONTRACTOR agrees to comply with all the terms, requirements, and provisions of Titles VI and VII of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, and any other applicable Federal, State, local, or other anti-discriminatory act, law, statute, regulation, or policy, along with all amendments and revisions of these laws, in the performance of this Contract, and the CONTRACTOR agrees not to discriminate against any employee or applicant for employment because of race, creed or religion, age, sex, color, national or ethnic origin, disability, or upon any other discriminatory basis or criteria.

ARTICLE IV: TERMINATION

- A. Condition of Termination. This Contract may be terminated by: (1) The DEPARTMENT for any unsatisfactory performance of this Contract documented by the DEPARTMENT, including, but not limited to, failure of the CONTRACTOR to deliver satisfactory products or services, as specified, in a timely fashion, or (2) The DEPARTMENT or the CONTRACTOR for violation of any term or condition of this Contract upon thirty (30) days written notice to the other PARTY, or (3) The DEPARTMENT or the CONTRACTOR as a result of loss or reduction of funding for the stated services as described in Attachment A (Description of Services), effective immediately as provided by Article II.A of this Contract.
- B. Rights Upon Termination. In the event this Contract is terminated for any reason, the DEPARTMENT shall, in the case of cost reimbursable contracts, retain without cost ownership of all case records maintained by the CONTRACTOR in the execution of its duties hereunder. Upon written request from the DEPARTMENT, said CONTRACTOR shall provide copies of all case records within fifteen (15) days of receipt of the termination notice. In the event the CONTRACTOR fails to provide such records in a timely manner, the CONTRACTOR shall reimburse the DEPARTMENT for any legal or administrative costs associated with obtaining such records. Any service expenditure, specified under this Contract, incurred prior to the date of termination shall be authorized and paid for in accordance with the terms of the Contract even though payment occurs subsequent to the termination date.

ARTICLE V: ADMINISTRATIVE PROCEDURES

- A. Amendment, Modification and Waiver.
1. Procedure for Amendment. This Contract may be amended by written agreement duly executed by authorized officials of both PARTIES. No alteration, variation, modification or waiver of the terms and provisions of this Contract shall be valid unless made in writing and duly signed by the PARTIES. Every amendment shall specify the date on which its term and provision shall be effective.
 2. Nullification. In the event of amendments to current Federal or State of Delaware laws that nullify any term or provision of this Contract, the remainder of the Contract will remain unaffected.
 3. Waiver of Default. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of this Contract shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Contract unless stated to be such in writing, signed by an authorized representative of the DEPARTMENT and attached to the original Contract.
- B. Notice Between the Parties. Any notice required or permitted under this Contract shall be effective upon receipt and may be hand delivered with receipt requested and granted or by registered or certified mail with return receipt requested. Either PARTY may change its address for notices and official formal correspondence upon five (5) days' written notice to the other.

- C. Coordination with Federal Funding. The CONTRACTOR certifies that any Federal funds to be used under this Contract do not replace or supplant State of Delaware or local funds for already-existing services. The CONTRACTOR warrants that any costs incurred pursuant to this Contract will not be allocable to or included as a cost of any other Federally financed program in the current, a prior, or a subsequent period. The CONTRACTOR further certifies that the services to be provided under this Contract are not already available without cost to persons eligible for social services under the Public Assistance Titles of the Social Security Act. In the event the DEPARTMENT will utilize Federal funds as all or part of the compensation agreed to hereunder, the CONTRACTOR shall execute the US Department of Health and Human Services Certification Regarding Lobbying required by section 1352, title 31 U.S. Code.
- D. Subcontracts. The CONTRACTOR shall not enter into any subcontract for any portion of the services covered by this Contract, except with the prior written approval of the DEPARTMENT, which shall not be unreasonably withheld. The requirements of this paragraph do not extend to the purchase of articles, supplies, equipment, and other day-to-day operational expenses in support of staff providing the services covered by this Contract. No provision of this paragraph and no such approval by the DEPARTMENT of any subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation by the DEPARTMENT in addition to the total agreed upon cost under this Contract. For the purpose of this Agreement, licensed independent professionals including, but not limited to, physicians, psychologists, social workers and counselors shall not be considered "subcontractors" as that term is used in this paragraph.
- E. Non-Assignability. The CONTRACTOR shall not assign the contract or any portion thereof without prior written approval of the DEPARTMENT and subject to such conditions and provisions as the DEPARTMENT may deem necessary. No such approval by the DEPARTMENT of any assignment shall be deemed to provide for the incurrence of any obligations of the DEPARTMENT in addition to the total agreed upon price of the Contract.
- F. Interpretation.
1. Third Party Beneficiary Exclusion. This Contract is executed solely for the mutual benefit of the PARTIES. It is the express intention of the PARTIES that no provision of this Contract should be interpreted to convey any rights or benefits to any third party.
 2. Choice of Law. This Contract shall be interpreted and any disputes resolved according to the laws of the State of Delaware. The CONTRACTOR agrees to be bound by the laws of the State of Delaware and to bring any legal proceedings arising hereunder in a court of the State of Delaware. For the purpose of Federal jurisdiction, in any action in which the State of Delaware or the DEPARTMENT is a party, venue shall be in the United States District Court for the State of Delaware.
 3. Headings. The article, section and paragraph headings used herein are for reference and convenience only and shall not enter into the interpretation hereof.
- G. Qualifications to Conduct Business. (Not applicable for Contracts with other Delaware State Agencies or Delaware Municipalities.)
1. Qualification to Provide Service. The CONTRACTOR warrants that it is qualified to do business in Delaware or the state in which services under this Contract shall be provided, and is not prohibited by its articles of incorporation, bylaws, or the law under which it is incorporated from performing the services required under this Contract.
 2. Documentation of Business Status. The CONTRACTOR shall submit to the Contract Manager copies of all licenses, accreditations, certifications, sanctions, and any other documents that may reasonably be required as specified by the DEPARTMENT. If the CONTRACTOR conducts business in Delaware, the CONTRACTOR must possess a valid Delaware Business License, obtainable from the State of Delaware Division of Revenue. The CONTRACTOR shall submit a copy of the license at the time of signature of the Contract; provided, however, that if the CONTRACTOR is a non-profit organization, the CONTRACTOR shall instead submit, at the time of signature of the Contract, written approval from the U.S. Internal Revenue Service of this non-profit status.
 3. Change in Business Status. The CONTRACTOR shall promptly notify the DEPARTMENT of any change in its ownership, business address, corporate status, and any other occurrence or anticipated occurrence that could materially impair the qualifications or ability of the CONTRACTOR to conduct business under this Contract.
 4. Suspension/Exclusion from Medicaid/Medicare. If the CONTRACTOR is suspended or excluded from participation in the Medicaid Assistance Program of the State of Delaware or another state or from the

Medicare Program, or charged with sanctions or violation of such programs, the CONTRACTOR shall promptly notify the DEPARTMENT in writing of such charges, sanctions, violations, suspension or exclusion. CONTRACTOR agrees such suspension, exclusion, violations, sanctions, or charges may, at the DEPARTMENT's discretion, be deemed a material breach of this Contract and good cause for immediate termination of this Contract, and the DEPARTMENT shall not be liable for any services provided after the date of such termination.

H. Records and Audits.

1. Maintenance. The CONTRACTOR shall maintain books, records, documents, and other evidence pertaining to this Contract to the extent and in such detail as shall adequately document the provision of reimbursed services for purposes of programmatic or financial audit. The CONTRACTOR agrees to maintain specific program records and statistics as may be reasonably required by the DEPARTMENT. The CONTRACTOR agrees to preserve and, upon request, make available to the DEPARTMENT such records for a period of five (5) years from the date services were rendered by the CONTRACTOR. Records involving matters in litigation shall be retained for five years or one (1) year following the termination of such litigation (whichever is later).
2. Availability for Audits and Program Review. The CONTRACTOR agrees to make such records available for inspection, audit, or reproduction to any official State of Delaware representative in the performance of his/her duties under the Contract. The CONTRACTOR agrees that an on-site program review, including, but not limited to, review of service records and review of service policy and procedural issuances may be conducted at any reasonable time, with or without notice, by the DEPARTMENT when it is concerned with or about the services performed hereunder. Failure by the CONTRACTOR to accord the DEPARTMENT reasonable and timely access for on or off-site program review or to necessary records for programmatic or organizational audit may, at the DEPARTMENT'S discretion, be deemed a material breach of this Contract and good cause for immediate termination of this Contract, and the DEPARTMENT shall not be liable for any services provided after the date of such termination.
3. Costs Owning. The cost of any Contract audit disallowances resulting from the examination of the CONTRACTOR's financial records will be borne by the CONTRACTOR. Reimbursement to the DEPARTMENT for disallowances shall be drawn from the CONTRACTOR's own resources and not charged to Contract costs or cost pools indirectly charging Contract costs.
4. Contract Termination. The CONTRACTOR shall maintain program records for a period of five (5) years from the date services were rendered by the CONTRACTOR and shall make these records available on request by the DEPARTMENT, notwithstanding any termination of this Contract.

- I. Assignment of Causes of Action Relating to Antitrust Laws. In the event the CONTRACTOR is successful in an action under the antitrust laws of the United States and/or the State of Delaware against a vendor, supplier, subcontractor, or other party who produces particular goods or services to the CONTRACTOR that impact on the budget for this Contract, the CONTRACTOR agrees to reimburse the DEPARTMENT the pro rata portion of the damages awarded that are attributable to the goods and/or services used by the CONTRACTOR to fulfill the requirements of this Contract. In the event the CONTRACTOR refuses or neglects after reasonable notice by the DEPARTMENT to bring such antitrust action, the CONTRACTOR will be deemed to assign such action to the DEPARTMENT.

ORGANIZATION FACT SHEET

RFP Title: Evidence-Based Substance Abuse Prevention

Sub-State Planning Area of Proposal (circle all that apply)

City of Wilmington; New Castle County; Kent County; Sussex County, Statewide.

CORPORATE INFORMATION							
Corporation Name: _____							
Home Office Address: _____ _____ _____							
Contact Person: _____							
Home Office Phone #: _____							
Fax Number: _____							
E-mail Address: _____							
Indicate below with an "X" all that apply:							
<input type="checkbox"/>	Non-Profit Agency	<input type="checkbox"/>	Woman Owned Agency	<input type="checkbox"/>	Minority Owned Agency	<input type="checkbox"/>	Disadvantaged Business Enterprise

BIDDING OFFICE INFORMATION (IF DIFFERENT)	
Name:	_____
Address:	_____ _____ _____
Clinical License (if any)	_____
Contact Person:	_____
Contact Phone #:	_____
Fax Number:	_____
E-mail address:	_____

Vendor EI#: _____ Delaware Business License#: _____
(Not required to bid)

A Delaware Business License is not required to bid, but a copy of the license is required at or before the time of contract signing **IF** the bidder will be providing services within the State of Delaware.

PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL

ASSURANCES

The bidder represents and certifies as a part of this offer that:

The organization will complete or provide any information necessary for enrollment in Medicaid requested by the Department, concerning, but not limited to, such areas as licensure and accreditation, Medicaid rates paid by other states for services provided by the organization, the usual and customary charges for medical services, and/or past sanctioning by the Centers for Medicare and Medicaid Services (CMS).

The organization will maintain records, documents, and other required evidence to adequately reflect the service under contract.

The organization agrees to maintain or to make available at a location within the State, such records as are necessary or deemed necessary by the Department to fully disclose and substantiate the nature and extent of items and services rendered to the Department clients, including all records necessary to verify the usual and customary charges for such items and services. Organizations that show cause may be exempted from maintaining records or from making such records available within the State.

The organization understands that all records shall be made available at once and without notice to authorized federal and state representatives, including but not limited to Delaware's Medicaid Fraud Control Unit, for the purpose of conducting audits to substantiate claims, costs, etc., and to determine compliance with federal and state regulations and statutes.

The organization shall retain medical, financial, and other supporting records relating to each claim for not less than five (5) years after the claim is submitted.

The organization will maintain accurate accounts, books, documents, and other evidentiary, accounting, and fiscal records in accordance with established methods of accounting.

In the event that the Contract with the organization is terminated, the organization's records shall remain subject to the Department's regulations.

The organization will physically secure and safeguard all sensitive and confidential information related to the service given. This includes service activities and case record materials.

The organization shall comply with the requirements for client confidentiality in accordance with 42 U.S.C. 290 and/or 290 cc-3.

The organization will cooperate with designated program monitors, consultants, or auditors from the Department of Services for Children, Youth and Their Families or the Criminal Justice Council in connection with reviewing the services offered under contract.

The organization will comply with all applicable State and Federal licensing, certification, and accreditation standards, including the Department's Generic Program Standards, and it will submit documentation of annual renewals of applicable licenses/certifications at whatever point they are renewed during the contract year.

The organization will not let subcontracts without prior approval from the contracting Division.

The organization will attempt to obtain all supplies and materials at the lowest practicable cost and to contain its total cost where possible by competitive bidding whenever feasible.

The organization will, upon signature of the contract, provide written assurance to the Department from its corporate counsel that the organization is qualified to do business in Delaware.

The organization agrees to comply with all requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Federal Equal Employment Opportunity and Non-Discrimination regulations, and any other federal, state, or local anti-discriminatory act, law, statute, regulation, or policy along with all amendments and revisions of these laws, in the performance of the contract. It will not discriminate against any applicant or employee or service recipient because of race, creed or religion, age, sex, color, national or ethnic origin, handicap, or any other discriminatory basis or criteria.

The organization shall comply with: the Uniform Alcoholism and Intoxication Treatment Act (16 Del.C., Chapter 22 as amended; Licensing of Drug Abuse Prevention, Control, Treatment, and Education Programs (16 Del.C., Chapter 48 as amended); Drug Free Work Place Act of 1988.

The organization shall comply, when applicable, with the Methadone Regulations (21 CFR, Part III), which prohibit use of methadone for children and youth.

The organization will establish a system through which clients receiving the service under contract may present grievances. Clients will be advised of their appeal rights by the organization.

The organization agrees that it is operating as an independent contractor and as such, it agrees to save and hold harmless the State from any liability which may arise as a result of the organization's negligence.

The organization will abide by the policies and procedures of the Department and will comply with all of the terms, conditions, and requirements as set forth in the contract. The organization understands that failure to comply with any of the terms, conditions, and provisions of the contract may result in delay, reduction, or denial of payment or in sanctions against the organization. The organization also understands that penalties may be imposed for failure to observe the terms of Section 1909, Title XIX of the Social Security Act.

Name of Organization's Authorized Administrator

Signature of Authorized Administrator

Date

PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL

CERTIFICATION, REPRESENTATION, AND ACKNOWLEDGEMENTS

By signing below, bidding contractors certify that:

- They are an established vendor in the services being procured
- They have the ability to fulfill all requirements specified for development within this RFP
- They have neither directly nor indirectly entered into an agreement, participated in any collusion, nor otherwise taken any action in restraint of free competitive bidding in connection with this proposal
- They are accurately representing their type of business and affiliations
- They have included in their quotation all costs necessary for or incidental to their total performance under contract
- They are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency

The following conditions are understood and agreed to:

- No charges, other than those shown in the proposal, are to be levied upon the State as a result of a contract.
- The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

Name of Organization's Authorized Administrator

Signature of Authorized Administrator

Date

**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES
BUDGET PREPARATION GUIDE FOR PURCHASE OF SERVICE CONTRACTS**

General Budget Guidelines

Please read these guidelines thoroughly before beginning to complete the budget form.

Depending on the type of contract, agencies may be required to complete the attached budget form in order to determine the appropriateness of agency costs allocated to DSCYF contracts and to assist DSCYF in making cost comparisons among similar programs and services. Those contracts include cost reimbursable contracts and contracts that have previously been cost reimbursable but have been converted to a unit cost contract. A separate budget form must be filled out for each program or facility funded in this contract.

TYPES OF COSTS

The total cost of contracts is comprised of the allowable program costs, plus the allocable portion of agency administrative costs. Therefore, for purposes of this budget form, contracted costs are categorized into those two separate and distinct types: Program Costs and Administrative Costs. Definitions of these costs are provided below. Certain costs incurred by contractors may be deemed unallowable for inclusion in DSCYF contracts and, therefore, should not be included in the proposed budget on the Budget Form. These are enumerated later in this document.

Program Costs

Program costs are defined as those costs incurred in the provision of services to clients (see Cost Category 7 for a further discussion of the difference between program costs and administrative costs of personnel). Examples of program costs are: salaries and applicable other employment costs, travel, contractual services (such as telephone, postage, and rent), supplies, and capital outlay/equipment.

One method of distinguishing administrative personnel from program service personnel is by their proximity to client services. For instance service workers would include staff working with clients and their supervisor, if they spend 100% of their time in supervision. As appropriate, the next level of supervision/management may also be considered as part of the program staff if their principal accountability is related to the on-site oversight of the program. All levels of personnel above this level should be considered administrative staff. Full Time Equivalent (FTE) positions should be prorated if they spend time working in multiple programs. Administrative costs should be detailed in Cost Category 7, Administrative Costs.

Certain costs, such as those for space or utilities, can be either administrative or program-related, depending on what type of employee occupies the space.

Administrative Costs

Administrative costs are defined as those costs incurred to provide central support functions to the service components of the program. Administrative costs are those that have been incurred for the overall general executive and administrative offices of the organization and other expenses of a general nature that do not relate solely to any major program area of the organization. In general, administrative costs cannot be readily identified to a specific program objective without effort disproportionate to the results. This category may also include the allocable share of salaries and fringe benefit costs, operation and maintenance expense, depreciation and use allowances, and interest costs. Examples of costs that fit in this category include central office functions, such as the director's office, the office of finance, business services, budget and planning, personnel, payroll, safety and risk management, general counsel and management information systems.

UNALLOWABLE COSTS

The department will not pay for the following costs:

1. Costs incurred before the effective date or after the termination date of any contract.
2. Costs incurred prior to the Contractor's receipt of the Purchase Order from the Delaware State Department of Finance.
3. Costs incurred in violation of any provision of the DSCYF contract or the DSCYF Generic Standards.

4. Costs of acquisition, renovation or improvement of facilities or land, unless specifically approved by the Cabinet Secretary of the department in writing and in advance of any work being performed. Ongoing costs of facility maintenance and repair are distinguished from improvement and are allowable.
5. Costs of political activities, including: transportation of voters or prospective voters to the polls, activities in connection with an election or a voter registration effort, contributions to political organizations and expenses related to lobbying.
6. Costs of idle facilities. Idle facilities means completely unused facilities that are excess to the organization's current needs. Unallowable costs related to the idle facility include: maintenance, repair, rent, property tax, insurance and depreciation or use allowances.
7. Interest payments, late payment fees and penalties charged by vendors as a result of late payments.
8. Costs related to fines or penalties imposed on the agency or legal fees related to the defense of the agency or any of its employees in any civil or criminal action.

In determining which costs are unallowable, the department used, in part, OMB (Office of Management and Budget) Circular A-87 Federal Cost Principles for State, Local and Indian Tribal Governments. A copy of this document is available on the OMB website (<http://www.whitehouse.gov/omb/circulars/index.html>) or will be made available to the contractor upon request.

Definitions and Budget Justification Requirements

The first 6 categories relate to the operation of the program or service. Administrative costs that fall into one of these 6 reporting categories should be reported under Cost Category #7, Administrative Costs. For instance, a portion of the salary of the agency Executive Director would be recorded under Administrative Costs either by direct or indirect allocation (see the section entitled Cost Allocation Methodologies for appropriate methods of allocating costs).

Cost Category 1 - SALARIES

Definition: Compensation paid to all regular and part-time employees of the organization (as opposed to contracted workers) who directly participate in the successful completion of program objectives. (See IRS **Pub. 15-A**, Employer's Supplemental Tax Guide, for more information on how to determine whether an individual providing services is an independent contractor or an employee.)

The percentage of salary cost allocated to this contract for each position should be equal to the proportion of time that that position spends working in the contracted program. Salary costs may be allocated to DSCYF programs by either an indirect allocation methodology or a direct allocation methodology depending on which is most appropriate for each position (see the section entitled Cost Allocation Methodologies for a list of acceptable allocation methodologies). *DO NOT report the salaries of administrative staff in this section even if they are allocated to individual programs by a direct allocation methodology such as a time study. Salaries of administrative staff should only be reported in Cost Category 7, Administrative Costs.*

Salary increases, where they can be accommodated within DSCYF contracted budget resources, should be calculated in accordance with established agency personnel policies. For example, if a salary increase is not scheduled until April of the proposed program year, the budgeted salary should be calculated at the current salary rate through March of the proposed year, and at the new rate beginning in April for the remainder for the program year.

Salaries for new positions should be budgeted for the number of months that they can reasonably be anticipated to be filled. The agency should provide a written explanation if it anticipates that a new position will be filled for a period greater than ten months.

JUSTIFICATION REQUIREMENTS: If not already on file with the department or if new position categories are added or position requirements changed, the Contractor shall provide a copy of job descriptions for each staff position that is necessary for the accomplishment of program objectives with the signed contract. The job description should

state the major duties to be performed and the necessary qualifications of the individual hired to perform them. A Salary Detail Sheet must be completed with the information for all positions that are included in this cost category. Instructions for the Salary Detail Sheet are included as a separate attachment.

Cost Category 2 - OTHER EMPLOYMENT COSTS

Definition: Includes employee benefits and taxes related to positions paid for under this contract. Costs may include the following line items:

Unemployment Insurance, Pensions, Health Insurance, Worker's Compensation, FICA, Medicare Tax and other benefits

The percentage of "Other Employment Costs" for any position that is only partially allocated to this contract cannot exceed the percentage of salary charged in the contract for that position. For instance, if 25% of a salary is requested, no more than 25% of any applicable "Other Employment Cost" may be requested.

JUSTIFICATION REQUIREMENTS: Show computation for each employment cost item specified in the budget. Other employment costs should be calculated at CURRENT RATE, not at projected rates, unless the contractor has received notice of a mandated change in benefit rates. Specify the nature of "other benefits" and show relevant computation. This type of cost must be in accordance with written agency personnel policy.

Cost Category 3 - TRAVEL

Definition: Cost of transportation, lodging, and related cost of travel for trips necessary for carrying out contract objectives. Overnight trips must be authorized as provided for in contractor agency personnel policies.

- a. Mileage:** Reimbursement for miles traveled by agency employees/volunteers in private vehicles for the purpose of carrying out program plan objectives must be in accordance with established contractor agency policies. Mileage cost related to travel to and from an employee's principal place of business is not allowable.
- b. Common Carrier:** Bus, train, taxi, or airplane fares.
- c. Meals:** Applies to out-of-state travel only and includes tips for meals. Alcoholic beverages may not be charged.
- d. Lodging:** Applies to overnight travel only.
- e. Other Travel:** Tolls, parking fees, tips for service, baggage check fees. Does not include conference registration.

JUSTIFICATION REQUIREMENTS: The agency should indicate the reimbursement per mile and reimbursement per meal, etc. in their agency policy. Show computation of budgeted figure. Briefly describe the general purposes of travel.

Cost Category 4 - CONTRACTUAL SERVICES

Definition: Services performed by people who are not in the employ of your agency (see definition of employee in Cost Category 1 – SALARIES). Allowable services include the following line items:

- a. Other Professional Services:** Includes professional services such as legal, educational or medical which are not specifically defined in other line items and which assist in successful Postage accomplishment of program objectives.
- b. Postage and Freight:** Includes the costs of postage and/or shipping of program-related correspondence and items when such expenses are not billed as part of the original cost of the item.
- c. Telephone:** All telephone charges related to the operation of program functions.
- d. Utilities:** Includes water and sewerage, electricity, gas for heating (natural and propane), and other heating fuels (listed separately on the budget narrative).
- e. Insurance:** Includes insurance for building, contents, motor vehicles and liability insurance for employees who work in the program (general liability insurance should be included under Administrative Costs).

f. Rental/Mortgage - Building/Office/Land (see line item g for facility Use Allowance): Includes rental on all space related to the operation of the program. Rental costs are allowable to the extent that costs are reasonable in light of such factors as: rental cost of comparable property, if any, current market value in the area, alternatives available, and the type, life expectancy, conditions, and the value of the property leased. Agencies may be asked to produce data that demonstrates that the cost per sq. ft. is reasonable for the area in question. Funds shall not be requested for rental of facilities that are not utilized for program objectives or that are in excess of the reasonable space necessary to carry out such objectives. In determining the reasonableness of the rent charged, the department will use *OMB Circular A-87, section 38. Rental Costs*. Where utilities are included in the rental amount they must be clearly identified. Mortgage costs are allowable to the extent that they are proportionate to the square footage used by the program and to the value of the property. Where an agency holds a clear title to a facility, one of the methods in line item g should be used to charge for space costs. (see * at end of this section)

g. Use Allowance and Depreciation: This category is appropriately used to record space costs related to DSCYF contracted programs or services where the agency holds a clear title to a building or equipment.

In this case, the agency may use one of two methods but, once chosen, a methodology may not be changed without the approval of the contract manager in accordance with IRS guidelines. The two methods are:

- i. Use allowance: where this method is followed, the use allowance for buildings and improvements, including land improvements, such as paved parking areas, fences and sidewalks, will be computed at an annual rate not exceeding two percent of the acquisition cost. The use allowance for equipment will be computed at an annual rate not exceeding 6 2/3 percent of acquisition cost.
- ii. Depreciation: where this method is followed, the straight-line method shall be used in the absence of clear evidence indicating another method shall be used and the Contractor should provide a depreciation schedule.

In either case, the method chosen (in accordance with OMB Circular A-87) shall be documented

and initiated by the independent CPA firm that prepares the annual financial statements and

agency audit. Final approval shall be made by DSCYF.

Additional restrictions on the use of these two methodologies are as follows:

- i. The computation of depreciation or use allowance shall be based on the acquisition cost of the assets involved.
- ii. Any portion of the cost of buildings and equipment donated by the Federal, State or Local government including the land cost is disallowed.
- iii. Any portion of the cost of buildings and equipment contributed by the organization in satisfaction of a matching requirement is disallowed.
(see * at end of this section)

For additional guidance on how to depreciate property see IRS Publication 946 or form 4562 or visit the IRS website at <http://www.irs.gov/pub/irs-pdf/p946.pdf> - 454.8KB.

d. Rental - Equipment: Includes rental of all equipment necessary to carry out program objectives.

i. Repair/Service/Maintenance: Includes repair, servicing and maintenance of program facilities, motor vehicles, office equipment, and all other equipment that is necessary to carry out the program.

j. Printing and Binding: Includes printing and preparing for distribution of all program related printed matter, including brochures, flyers, etc. for the promotion of program objectives. This does not include office stationery (see Stationery and Office Supplies) or newspaper display ads (see Advertising).

k. Association Dues and Conference Fees: Includes all membership fees and registration/attendance fees at conference/workshops where such activity or membership is directly related to the accomplishment of program objectives.

l. Advertising: Includes advertising for bids for contracted services, advertising for program positions or advertising for program activities in the public media, etc.

m. Other Contractual Services: Includes costs that cannot be classified under contractual services line items a through l above. Examples of such costs include property taxes, stipends, temporary employment agency fees, etc.

* JUSTIFICATION REQUIREMENTS: For items f & g above, the agency must specify the owner of the building in which the program will operate and the relationship of the building owner to the contracted organization. For all items, above give general purpose and basis for each item requested in this cost category.

Cost Category 5 - SUPPLIES AND MATERIALS

Definition: Supplies and materials must have a cost per unit of less than \$1,000 regardless of the item's expected useful life.

- a. **Food:** Includes food purchased for human consumption as part of a service program.
- b. **Linens and Blankets:** Includes the purchase and repair of linens and blankets for use as part of a service program for residential services.
- c. **Stationery and Office Supplies:** Includes all office stationery and office supplies necessary for program activities.
- d. **Housekeeping Supplies:** Includes supplies necessary for building maintenance and client personal hygiene as part of a site-based program or service.
- e. **Educational, Recreational, Cultural Supplies and Subscriptions:** Includes all such materials useful in the development of program activities or in the provision of direct services through educational means.
- f. **Motor Vehicles - Accessories, Tires, Parts, Motor Oil/Grease:** Includes expendable items, which are purchased and installed by agency personnel. Such expenditures are limited to the repair and servicing of agency-owned or leased vehicles only. Motor vehicle repairs performed by garages, etc. should be budgeted under "Contractual Services" (see #4i).
- g. **Gasoline:** Includes gasoline purchased for the necessary operation of agency-owned or leased motor vehicles used for program activities.
- h. **Other Supplies and Materials:** Includes all supplies and materials that cannot be properly classified above, and that are necessary for program activities.

JUSTIFICATION REQUIREMENTS: Give purpose and basis for each category requested in this line item.

Cost Category 6 - CAPITAL OUTLAY/EQUIPMENT

Definition: Capital outlay items have a cost per unit of \$1,000 or more and a useful life of more than one year.

JUSTIFICATION REQUIREMENTS: Itemize and give purpose for requested costs. All capital purchases shall be the property of DSCYF.

Cost Category 7 – ADMINISTRATIVE COSTS

A more detailed definition of Administrative Costs as distinguished from Program Costs was provided at the beginning of this document. Examples of costs that fit in this category include central office functions, such as the director's office, the office of finance, business services, budget and planning, personnel, payroll, safety and risk management, general counsel and management information systems.

Types of costs that may be included under this category include:

- a. Salaries
- b. Unemployment Compensation
- c. Pensions
- d. Health Insurance
- e. Workers Compensation
- f. FICA
- g. Other Benefits (specify in narrative)
- h. Other Support costs (specify in narrative, including cost per sq. ft. for buildings)
- i. Agency local office administrative costs allocated to DSCYF contracted programs
- j. Agency central office administrative costs allocated to DSCYF contracted programs

In most cases the agency will use either the line item format to report its local agency (as opposed to central headquarters) administrative costs that is represented by items a through h above or it may lump all of those cost items into item I, for instance, if such costs have been allocated to this DSCYF service using a single allocation percentage. If the agency does not have a “parent corporation”, usually located outside of Delaware, for which an administrative cost is allocated to the DSCYF contract, item j. will be left blank.

JUSTIFICATION REQUIREMENTS: The allocation of each line item cost in this category must be supported by a valid methodology that fairly and equitably distributes costs to the program component of the contract in direct proportion to the benefit derived. For each line item, the agency must provide a valid methodology for allocating the cost. The attached Salary Detail Sheet must be completed with the information for all positions that are directly charged in this cost category. Instructions for the Salary Detail Sheet are included as a separate attachment. **COSTS OF THIS TYPE MUST BE REQUESTED AND JUSTIFIED ON A LINE-ITEM BASIS.** Agencies should include an organizational chart that identifies the relationship between the contracted program or service and the rest of the organization.

Additional General Budget Preparation Guidance

Start up costs: such proposed costs for new programs must be clearly identified separately from on going program costs.

Federally Negotiated Indirect Cost Rates: Some agencies may have an Indirect Cost Rate that has been negotiated with one or more federal cognizant agencies. While the Department may choose to accept this rate as the administrative cost percentage for its contracts, nothing in state or federal law or regulation obligates the department to do so. Acceptance of this Indirect Cost Rate must be negotiated with the contract.

Documentation: Even where the Department does not require the agency to provide a narrative justification with the contract, contractors must maintain documentation in their files to support the legitimacy of all costs charged to this contract.

COST ALLOCATION METHODOLOGIES

For each central administrative function, the agency will have to choose an allocation methodology, which will result in a fair and equitable assignment of costs within the organization to each program or service. Where an agency operates only one program or service at a single location, administrative costs can most likely be wholly allocated to that program or service. Where an agency operates multiple programs or services, however, central administrative costs must be apportioned between those programs or services. Program costs may at times need an allocation methodology, such as when program staff split their time between two or more programs or locations. This will be addressed in paragraph five of this section.

Cost allocation is a process whereby the cost of maintaining the central administrative functions of an organization are distributed or apportioned to the specific programs or services operated by the organization. In cost allocation terminology, these programs or services are called *final cost objectives*, i.e. the final purpose for which both types of costs, program and administrative, are being incurred. Within the department, we define this “final purpose” as the provision of such services as: outpatient mental health services, family preservation services or residential rehabilitative services for juvenile offenders. These are just examples of the many services purchased via contract by the department. Administrative costs cannot usually be easily distributed or allocated to final cost objectives where multiple programs exist within an organization. For instance, most large organizations have a human service function that engages in such activities as recruitment, hiring, training, benefit administration and payroll. The cost of operating this function is incurred for the common purpose of the organization. Without keeping detailed records of activities performed and for which final cost objective of the organization those activities were performed (i.e. which distinct service or program benefited from the activity), however, it would be nearly impossible to assign the appropriate share of the cost of the human resources function to a particular program or service.

This is why an organization needs to engage in cost allocation. A sound cost allocation process or methodology allows an agency to allocate the cost of central functions like human resources to final cost objectives in a manner that

conceptually approximates the workload expended on behalf of or for the benefit of the final cost objectives. Using the human resource function as an example again, an easily obtainable piece of data that is commonly used to allocate central human resource costs to programs or services is the number of FTE's who work in those programs or services. One can easily see the relationship between the number of positions employed with a program and the workload required for recruiting, hiring and administering benefits, etc. for those employees. The more people assigned to a particular area of the organization – the greater the workload of the human resources staff, generally speaking. Other representative units of work (like FTE's in the previous example) or *allocation bases* that are commonly used in the cost allocation process are the number of dollars expended on the provision of a program or service at the client level (in the case of human service programs) or the amount of revenue that a program or service generates for the organization. This method of apportioning administrative costs to programs on the basis of the relative dollar amount spent on or generated by the program is commonly used to allocate multiple central agency administrative functions where no other easily obtainable, more accurate basis for cost distribution is available. Again, the key is that the basis chosen should allocate the cost of central functions to final cost objectives in a manner that *reasonably approximates* the benefits that accrue to the final cost objective as a result of the central function being performed.

An allocation of central administrative costs to programs or services can be either by *direct or indirect* assignment. Where agencies can specifically identify a central service with a benefiting final cost objective, a direct method of allocation is generally preferred. For example, continuing with the example in the preceding paragraph of the human resources function, suppose that an organization operated three programs and the organization had assigned specific human resources staff to work exclusively with each of these programs. Given that the salary and fringe benefit costs for these positions can be easily identified, the agency may wish to assign those costs directly to each program. This would be known as a *direct allocation* of cost in cost allocation terminology. The alternative would be to use a representative *allocation basis*, such as the number of FTE positions or expenditures or revenue related to each program or service to allocate the cost of the human resource function to those programs or services. Using an *indirect* indicator of workload would be called an *indirect allocation* of costs. Indirect allocation methods result in a percentage being applied to the cost of the central function. For example, consider a scenario where the agency operates three programs: Program A has 2 staff, Program B has 3 staff and Program C has 5 staff. If the agency chose the number of employees in each program as its allocation basis to allocate its HR function, then the result would be that Program A would be assigned 20% of the HR costs, Program B would get 30% and Program C would get 50%. Note that in this example, the number of staff in each program is used as the determinant of cost allocation precisely because there is a direct connection between the number of people employed in a program and the amount of human resources work required to support that program. This would be an *indirect* allocation of the human resources costs. Regardless of which allocation methodology is chosen, the agency will have to justify in the narrative why it chose that particular methodology (either a *direct or indirect allocation* of cost) and why it chose a particular allocation basis if the allocation is an indirect one.

So far, we have only addressed administrative costs. However, when staff work directly with clients in multiple agency programs or services, it will be necessary to choose an allocation methodology for those costs as well. For example, an agency that operates several residential programs may have a nurse that rotates his or her time between those programs in some proportion. If, for example, the agency had 5 programs and the nurse spent one day a week at each program, then the agency could allocate .2 FTE or 20% of the nurse's cost to each program. This would constitute a direct allocation. Alternatively, the agency could use the number of clients served in each program (expressed as a percentage of total clients) to allocate the cost of nursing services across programs if that is a stable, more appropriate measure of workload.

Common acceptable allocation bases used to allocate shared costs (either administrative or program) that benefit more than one program or service include:

1. the percentage of agency revenue/expenditures by program
2. the percentage of total personnel costs
3. the number of FTE positions assigned to agency programs (If this method is used, the agency MUST identify all of the other programs or functions to which the person has been allocated and the proportion allocated to each which adds up to a single 1.0 FTE. Furthermore, the agency must be prepared to explain the method it used to determine the proportion of the FTE that could be allocated to each function, program or contract.)
4. Square footage of shared building space allocated to a specific program
5. the number of client "slots" or clients served or expected to be served

6. Time and effort (by time study or on-going activity logs)

The essential consideration in selecting an allocation methodology (either direct or indirect) and an allocation basis (see examples in the preceding paragraph) is that it is the one best suited for assigning costs to programs or services. In choosing a basis upon which to allocate costs, it is usually best to start with those functions where a cause/effect or workload/benefit relationship can easily be identified. Certain types of costs, for instance, lend themselves to a more direct cause and effect relationship than others, like the relationship between the number of staff and the workload of the Human Resources function.

When the expenses in a cost grouping are more general in nature, however, such as the cost of the CEO or Executive Director of the organization, the allocation should be made through the use of an allocation base that produces results that are equitable to both the Department and the Contractor. For example, within DSCYF in our Medicaid rate setting process, the HR function is allocated by FTE's, the accounting function by accounting transactions and the rest of the administrative functions, such as leadership at the department level, planning, and information systems support are combined into a single pool which is allocated based on prior year expenditures incurred by each of three operating divisions. If the Contractor wishes to allocate administrative staff time as a direct cost to programs or services, it may be necessary to conduct time studies in order to substantiate this allocation.

In the final analysis, the methodology(ies) used to allocate costs to DSCYF contracted services must be fully explained and justified in the narrative.

DSCYF Line Item Budget Form

Agency: _____
Service/Facility: _____
Prepared by: _____
Contract Term: _____

Contract Budget

Allocation
% allocated to
DSCYF contract

LINE ITEM

Expense Item

1 SALARIES:

	\$0
Subtotal (1a):	\$0

2 OTHER EMPLOYMENT COSTS:

a. Unemployment Compensation	\$0
b. Pensions	\$0
c. Health Insurance	\$0
d. Workmen's Compensation	\$0
e. FICA	\$0
f. Other Benefits (specify in narrative)	\$0
Subtotal (2a-f):	\$0

3 TRAVEL:

a. Mileage	\$0
b. Common Carrier	\$0
c. Meals	\$0
d. Lodging	\$0
e. Other Travel (specify in narrative)	\$0
Subtotal (3a-e):	\$0

4 CONTRACTUAL SERVICES:

a. Other Professional Services	\$0
b. Postage & Freight	\$0
c. Telephone	\$0
d. Utilities	\$0
e. Insurance	\$0
f. Rental/Mortgage -Building/Office/Land	\$0
g. Use Allowance and Depreciation	\$0
for f. & g. identify the cost per sq. ft. for rental properties in narrative	
h. Rental - Equipment	\$0
I. Repair/Service/Maintenance	\$0
j. Printing and Binding	\$0
k. Association Dues and Conference Fees	\$0
l. Advertising	\$0
m. Other Contractual Services	\$0
Subtotal (4a-m):	\$0

5 SUPPLIES/MATERIALS:

a. Food	\$0	
b. Linens & Blankets	\$0	
c. Stationery/Office Supplies	\$0	
d. Housekeeping Supplies	\$0	
e. Educational, Recreational, Cultural Supplies and Subscriptions	\$0	
f. Motor Vehicle - Accessories, Tires, Parts, Motor Oil/Grease	\$0	
g. Gasoline	\$0	
h. Other Supplies/Materials (specify in narrative)	\$0	
Subtotal (5a-h):	\$0	

6 CAPITAL OUTLAY/EQUIPMENT:

a. Capital Outlay/Equipment		
Subtotal (6a):	\$0	

Direct Service Budget Subtotal \$0

7 ADMINISTRATION COSTS:

PERSONNEL COSTS:

a. Salaries	\$0	
b. Unemployment Compensation	\$0	
c. Pensions	\$0	
d. Health Insurance	\$0	
e. Workmen's Compensation	\$0	
f. FICA	\$0	
g. Other Benefits (specify in narrative)	\$0	
h. Other Support costs (specify in narrative, including cost per sq. ft. for buildings)	\$0	
i. Agency local office administrative costs allocated to DSCYF contracted programs	\$0	
	\$0	
j. Agency central office administrative costs allocated to DSCYF contracted programs	\$0	
Subtotal (7a-j):	\$0	

8 BUDGET TOTAL

Total (1-7) \$0

Salary Detail Instructions

In the column marked 1 Name of Person: Indicate the name of each person whose time is directly allocated to this contract (use a separate line for each person/position). If a person occupies two positions, show both positions with the appropriate time for each. Staff includes full and part-time staff.

In the column marked 2 Position Title: Indicate the position title (and work location, if appropriate). Position Titles should agree with job descriptions.

In the column marked 3 FTE: Indicate the Full Time Equivalent for each position to be charged to this service/facility. Show this number in relationship to the number of hours per week the person works for the agency.

Example: The standard workweek for your agency is 40 hours per week but the person on the line works only 30 hours per week. Column 3 would show 0.75

In the column marked 4 Percentage of Time Spent on Contract: Indicate for each staff person the percentage of his/her total weekly work hours (rounded to the nearest whole number) which will be spent on activities related to the contract.

In the column marked 5 Total Annual Salary: Indicate for each staff person the total annual salary (Note that the total annual salary of each staff person should be included here, regardless of the percent of time spent on the contract.)

In the column marked 6 Salary Charged to Service/Facility: This is the amount of funds requested from DSCYF for this position. The amount should not exceed the total annual salary (Column 5) times the percent of time spent on the contract (Column 4)

In the column marked 7 Salary Paid from Other Sources: This is the amount of funds paid from all other sources for this position.

In the column marked 8 Program \$: This is the amount of salary charged to the service/facility that is related to the provision of services under the program. The total amount from this column should be entered on line 1a of the DSCYF budget form.

In the column marked 9 Administrative \$: This is the amount of salary charged to the service/facility that is related to administration. The total amount from this column should be entered on line 7a of the DSCYF budget form.

Insert the total of column #8 and #9 on the bottom line.

DSCYF Salary Schedule

Salary Detail

Agency _____

Period Covered _____

Service/Facility _____

1	2	3	4	5	6	7	8	9
Name of Staff Person	Position/Title	FTE	% Time Spent on Service/Facility	Total Annual Salary	Salary Charged to Service/Facility	Salary Paid from Other Sources	Program \$	Administrative \$
Totals								

a

b

- a* Enter the total from this column on line 1a of the DSCYF Budget Form
- b* Enter the total from this column on line 7a of the DSCYF Budget Form

RFP

STAFF QUALIFICATIONS SUMMARY

Please complete the following information on each staff member involved in the proposed project. Attach additional forms if necessary.

Name _____

Degree and profession _____

Years experience in profession? _____ with agency? _____

Licensure status, if applicable _____

Languages spoken _____

% of time in proposed project _____
(Based on full time equivalency)

Brief description of any special qualifications for this project _____

Name _____

Degree and profession _____

Years experience in profession? _____ with agency? _____

Licensure status, if applicable _____

Languages spoken _____

% of time in proposed project _____
(Based on full time equivalency)

Brief description of any special qualifications for this project _____
